

FOR OFFICE USE ONLY

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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## APPLICATION FOR PHARMACIST CERTIFICATION FOR NALOXONE DISPENSING

Incomplete or illegible applications will be returned to applicant for correction.

Name \_\_\_\_\_ RPh License No \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security Number XXX-XX-\_\_\_\_\_

**PLEASE INCLUDE YOUR PROOF OF EDUCATION AND TRAINING IN THE USE AND  
DISPENSING OF NALOXONE SET FORTH IN 201 KAR 2:360.**

**THE APPLICATION MUST BE DATED AND SIGNED.**

DATE

SIGNATURE