ATTESTATIONS PAGE

By agreeing to serve as a Centralized Coordinating Entity, I hereby attest to the following:

1. My agency/office/entity, serving as a CCE, will ensure that individuals or groups receiving Naloxone through the state procured contract have been trained in accordance with one of the online training programs approved by the PA Department of Health and the PA Department of Drug and Alcohol Programs.

2. My agency/office/entity, serving as a CCE, will ensure that any law enforcement agency, fire department, or fire company receiving Naloxone has entered into an agreement with an EMS agency as required by Act 139 of 2014 with an attached Naloxone policy. We will require first responders to provide proof of said agreement to the CCE.

3. My agency/office/entity, serving as a CCE, will ensure that any first responder who is not a law enforcement agency, fire department or fire company has procured a prescription or standing order for Naloxone.

4. My agency/office/entity, serving as a CCE, will provide the following information to the Pennsylvania Commission on Crime and Delinquency on a quarterly basis during the project period:

1. Total number of naloxone kits distributed by CCE
2. Number of kits remaining at CCE by expiration date
3. Number of kits provided to each recipient
4. Number of doses of naloxone administered to individuals
5. Number of individuals to whom naloxone was administered
6. Number of naloxone administrations resulting in overdose reversal
7. Number of naloxone kits provided through leave behind programs

Click or tap here to enter text. Click or tap here to enter text.

Authorized Representative of Applicant Date