

Iowa Harm Reduction Coalition

Opiate Overdose Response Training – Statement of Completion

This certifies that: _____ (name) of
_____ (address)

has completed an approved training program covering recognition of opiate overdose and its treatment, including proper administration of naloxone on _____ (date). This training and treatment is run by the Iowa Harm Reduction Coalition and/or Quad Cities Harm Reduction under the naloxone standing order that follows Iowa 2016 acts, senate file 2218 and house file 2460, enacted as rule 8.19(1), (7), and (8), as well as 8.31(1)-(8) under the Iowa Board of Pharmacy.

The above-named trained individual is authorized to administer naloxone in an opiate overdose emergency and to train other individuals to administer naloxone in the case of an opiate overdose.

Signature of Trainee

Date

Signature of Authorized Trainer

Date