



Yolo County Emergency Medical Services Agency
Public Safety

Revised Date: July 15, 2019

PUBLIC SAFETY PROVIDER AGENCY INTRANASAL (IN)
NALOXONE (NARCAN) PROVIDER APPLICATION FORM

Initial Application Renewal Application

Please write clearly and answer all questions or your application may be rejected.

Agency or Organization: County of Operation:
Mailing Address:
City: State: Zip:
Program Liaison Name: Title:
Phone #: Fax: Email: (Required)

Please list the number (quantity) of Naloxone devices that are used by your organization.
(Attach additional sheets if necessary).

Table with 2 columns: 2 mg Preload or 4 mg Single Unit Device, Quantity

PROGRAM REQUIREMENTS AND LIAISON RESPONSIBILITIES:

STATEMENT OF COMMITMENT: The above named agency and program liaison hereby agree to meet the following responsibilities in order to be approved as a YEMSA Public Safety Agency, Intranasal (IN) Naloxone (Narcan) Provider.

- Fulfill requirements as defined in California Code of Regulations, Title 22, Division 9, Chapter 1.5, Article 3, § 100019 (f) for training and the YEMSA Public Safety Agency Intranasal Naloxone (Narcan) Provider Authorization Policy
Maintain current and accurate provider and liaison contact information with the YEMSA.
Provider agrees to comply with YEMSA Administrative Guidelines.

SIGNATURE OF APPLICANT: DATE:

FOR OFFICE USE ONLY

PSA Naloxone Provider #: Date Issued: Expires:

This application and all required items may be mailed or emailed.
If you would like to meet with someone to drop off your paperwork, please make an appointment by calling (530) 666-8665.