

Maryland Overdose Response Program  
**Licensed Health Care Provider Agreement**

An authorized private or public entity must enter into a written agreement with a licensed health care provider with prescribing authority to establish protocols for the prescribing and dispensing of naloxone as an Overdose Response Program (ORP). Contact [mdh.naloxone@maryland.gov](mailto:mdh.naloxone@maryland.gov) with any questions about this form.

**Identify** the Licensed Health Care Provider, Overdose Response Program, and ORP Training Director.

*Licensed Health Care Provider*

*Overdose Response Program Entity Name*

*ORP Training Director Name*

Licensed Health Care Provider and Overdose Response Program hereby agree to provide access to naloxone to individuals who receive education and training on its use in accordance with established dispensing protocols.

ORP Training Director agrees to provide oversight for the provision of naloxone to individuals in accordance with the following:

*Describe how employees and/or volunteers will be trained. Please note: the training director, whose signature is required below, serves as the primary contact of the ORP. Training director does not have to provide training and/or dispense naloxone.*

*Describe the procedure for and frequency of supervision to be provided by the licensed health care provider of employees and/or volunteers who dispense naloxone.*

\_\_\_\_\_  
*Licensed Health Care Provider Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*ORP Training Director's Signature*

\_\_\_\_\_  
*Date*