

EMERGENCY EPINEPHRINE CERTIFICATE HOLDER APPLICATION

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-463-3464 ext. 78417

I. FACILITY		
FACILITY DIRECTOR/OPERATOR NAME	FACILITY NAME	LICENSE NUMBER
FACILITY MAILING ADDRESS	FACILITY TYPE	<input type="checkbox"/> Institution of Higher Education
	<input type="checkbox"/> Youth Camp	<input type="checkbox"/> Food Service Facility
CITY STATE ZIP CODE	DIRECTOR/OPERATOR WORK PHONE	
DIRECTOR/OPERATOR EMAIL	DIRECTOR/OPERATOR CELL PHONE	

II. AGE

ARE YOU AT LEAST 18 YEARS OLD? YES NO

III. TRAINING COURSE

A) HAVE YOU SUCCESSFULLY COMPLETED AN EMERGENCY EPINEPHRINE EDUCATIONAL TRAINING PROGRAM APPROVED BY THE DEPARTMENT?

YES NO

B) NAME OF APPROVED TRAINING COURSE

C) HAVE YOU ATTACHED A COPY OF YOUR TRAINING CERTIFICATE? YES NO

IV. WRITTEN POLICY

DOES THE ATTACHED COPY OF YOUR WRITTEN POLICY INCLUDE THE FOLLOWING:

- A) Your Designated Agents?
- B) The Name of the Approved Training Program?
- C) Procedures to:
 - 1) Store emergency auto-injectable epinephrine?
 - 2) Notify parent or guardian that emergency auto-injectable epinephrine is available at camp?
 - 3) Maintain the emergency auto-injectable epinephrine in a secure manner?
 - 4) Report the use of emergency auto-injectable epinephrine according to COMAR 10.16.07.06?
 - 5) Train the emergency epinephrine certificate holder and agent(s) annually?
 - 6) Maintain documentation of training for emergency epinephrine certificate holder and agent(s) for 3 years?

V. OPERATOR'S SIGNATURE

I have carefully read this application and when teaching, agree to comply with all applicable laws, including COMAR 10.16.07 regarding emergency epinephrine at youth camps and COMAR 10.13.04 regarding emergency epinephrine at food service facilities and institutions of higher education. I understand that providing false information on this application or violating, Md. Code Ann., Health-General Title 13, Subtitles 7 and 7A; Title 14, Subtitle 4; or any regulation adopted by the Department under these subtitles may result in suspension or revocation of my course approval. If you have questions, please contact the Environmental Health Bureau at (866) 703-3266 or mdh.envhealth@maryland.gov.

X _____ DATE

APPLICANT'S SIGNATURE

FOR INTERNAL USE ONLY (Do Not Write Below This Line)

APPROVED DENIED Reason: _____ TRACKING #: _____

X _____ DATE

CHHCS CHIEF'S SIGNATURE