



**Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration
Prevention & Intervention Services Division
Narcan Workshop**



Day: **Friday** Date: **June 2, 2017** Time: workshop begins at **10:00 AM** Check in at 9:30 AM
Location: 899 North Capitol Street NE **4th Floor Conference Room Suite 407**

Training Coordinator: cynthia.green@dc.gov

Check the response which most accurately describes your **affiliation**:

Trainer: **Dr. Gayles**

Check the responses best describes the **services** your organization provides: (Check all that apply)

Federal/State/Local Agency	HIV/AIDS
Community- based Organization	Community Health
Private Industry	Education
Faith-based Organization	Drug Treatment
Other:	Other:

You role/responsibility: Check all that apply

HIV Counselor/Tester	Mental Health Provider	Social Worker
Health Educator	Nurse/Practitioner	Sub. Abuse Specialist
Outreach Specialist	Nutritionist	Treatment Specialist
Case Manager	Program Coordinator	Manager/Administrator
DIS/STD	Physician/Clinician	Other:

Check those that apply:

1. I have **never** attended a Narcan Workshop: YES NO 2. This is a new skill set for me: YES NO
3. This workshop is a refresher for me: YES NO Last workshop attended: / /

My agency/organization currently provides Narcan services: YES NO

Please type or print.

Today's date:		Organization/agency:	
Name:		Title: Ms. Mrs. Mr. Other	
Agency Address:		City, state, zip:	
Phone and ext.:	Fax:	Your Email:	
Title:	Duties:	Signature:	
Supervisor's signature:		Date:	
Telephone:	Fax:	Email:	

Space is limited! Participants must be pre-registered to ensure admission to workshop.

Registration priority and workshop parameters: For individuals who currently work for funded and indirectly funded organizations that provide Narcan services in the District of Columbia.

E-mail completed form to: cynthia.green@dc.gov or Fax to: **(202) 671-4860**

Please notify us if you are unable to attend this workshop. **(202) 671-5079** Thank you.