



**Second Chance Project Overdose Response Training
Naloxone Monthly Report**

Provider Name	
Month/Year:	

PROFESSIONAL TRAININGS

Agency Name/ Training Location	Number of Professionals Trained	Total Time This Month to Train Professionals	Number of Group Trainings	Number of Individuals in Group Trained	Total Time This Month to Conduct Groups	Number of Individuals Trained	Total Time This Month to Train Individuals

GROUP TRAININGS

INDIVIDUAL TRAININGS

If additional space is required please attach a separate sheet

Number of Naloxone Kits Distributed	
Total Time Spent In Trainings:	

Narrative:



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FOR OFFICE USE ONLY

FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

- Contract Department Initial Receipt
- Contract Department Sent to _____ (Department)
- Contract Review by _____ (Staff)
- Return to Contract Department
- Contract Department Final Receipt (for processing)