



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

Provider Name	
Month/Year:	

PROFESSIONAL TRAININGS

Agency Name (Examples)	Number of Professionals Trained	Total Time This Month to Train Professionals	Number of Group Trainings	Number of Individuals in Group	Total Time This Month to Conduct Groups	Number of Individual Consumers Trained	Total Time This Month to Train Individual Consumers

GROUP TRAININGS

INDIVIDUAL TRAININGS

If additional space is required please attach a separate sheet

Naloxone Units 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)