



*Illinois Department of Human Services
Division of Alcoholism and Substance Abuse*

DRUG OVERDOSE PREVENTION PROGRAM

Enrollment Package

2016



DRUG OVERDOSE PREVENTION PROGRAM ENROLLMENT FORM

Agency Name:

Date:

Address:

Suite, Floor, Room, P.O.Box No:

City:

State:

Zip Code:

County:

Authorized Provider Information:

Health Care Facility/Professional (Check all that apply)

DASA Drug Treatment Program

Not-for-Profit Community-Based Organization

Licensed Prescription Practitioner

Local Health Department

Law Enforcement Agency

Hospital/Urgent Care Facility

For-Profit Community-Organization

Other

Program Director's Name:

Address:

Suite, Floor, Room, P.O.Box no.:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

E-mail Address:

Health Care Professional (HCP) Name:

Address:

Suite, Floor, Room, P.O. Box no.:

City:

State:

Zip Code:

License Type (Check One)

Physician

Physician Assistant

Advanced Practice Nurse

Department of Financial and Professional Regulation License Number:

Affiliated Prescriber(s)

Name:

License Type (Check one)

Physician

Physician Assistant

Advanced Practice Nurse

Department of Financial and Professional Regulation License Number:



DRUG OVERDOSE PREVENTION PROGRAM ENROLLMENT FORM

I have reviewed the Public Act 099-0480(HB0001) and DHS/DASA Drug Overdose Prevention Program guidelines for Implementaion

Program Director's Printed Name

Signature

Date

Opioid Overdose Prevention Program Sites:	(Provide name of agency/facility/office and address)	
Agency Name:		
Address:		
Suite, Floor, Room, P.O. Box No.:		
City:	State:	Zip Code:
Telephone Number:	County:	
Agency Name:		
Address:		
Suite, Floor, Room, P.O. Box No.:		
City:	State:	Zip Code:
Telephone Number:	County:	
Agency Name:		
Address:		
Suite, Floor, Room, P.O. Box No.:		
City:	State:	Zip Code:
Telephone Number:	County:	
Agency Name:		
Address:		
Suite, Floor, Room, P.O. Box No.:		
City:	State:	Zip Code:
Telephone Number:	County:	



DRUG OVERDOSE PREVENTION PROGRAM ENROLLMENT FORM

DHS/DASA Drug Overdose Prevention Program (DOPP) Attestation

The authorized provider: (Program Name) submitting this enrollment application for registration attests that, upon being registered, it will abide by the provisions of Public Act 099-0480 (HB0001) governing Drug Overdose Prevention Program (DOPP) and by following requirements:

The Program Director will manage and have overall responsibility for the program and shall:

- Identify a physician, physician assistant, or advanced practice nurse to oversee the clinical aspects of the DOPP;
- Establish a training program, which is consistent with the SAMHSA toolkit and IDHS/DASA policies and procedures;
- Maintain and review DOPP records including quarterly training records, inventory of supplies and materials;

The Health Care Professional (HCP), who must be a physician, physician assistant, or advanced practice nurse, is responsible for clinical oversight for the program and shall:

- Serve as a clinical advisor and liaison concerning medical issues related to the Drug Overdose Prevention Program;
- Provide consultation to ensure that all trained Overdose Responders are properly trained;
- Adapt and approve training program content and protocols;
- Provide liaison with local emergency medical services and emergency dispatch agencies, where appropriate;
- Review reports of all administration of an opioid antagonist

The following information must be submitted via email to: DHS.DOPP.coordinator@illinois.gov and must be available for review by IDHS/DASA upon request:

- Total number of trained Overdose Responders and dates of training quarterly;
- All Overdose Naloxone Reversal Administration Reporting Forms within 5 days of the person(s) overdose and report;
- New, updated, or changed information in regards to the agency and program sites

Date

Program Director Signature

Note: Submission of this completed Drug Overdose Prevention Program Enrollment Package does not constitute enrollment until the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) issue a letter of acceptance and certificate.

Please scan and email this Enrollment Package including:

>Enrollment Form

>Attestation Page

to: DHS.DASA.coordinator@illinois.gov

QUESTIONS REGARDING REGISTRATION SHOULD BE DIRECTED TO:

Rosie Gianforte, LCSW

Email: DHS.DOPP.coordinator@illinois.gov

Phone: (312) 814-2136