

NARCAN DISTRIBUTION DAY  
CERTIFICATION OF COMPLIANCE WITH PILOT PROGRAM  
BY PARTICIPATING PHARMACISTS

I have read the Pilot Program document for the distribution of opioid antidotes for Narcan Distribution Day on September 14, 2019, and agree to comply with all requirements to participate in the program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name and License Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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(Printed Name and License Number)

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(Signature)

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(Signature)

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(Printed Name and License Number)