**Sample   
Opioid Overdose Prevention Staff Training Log Summary**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of NYSDOH Approval for Opioid Overdose Prevention Program and Use of Naloxone \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions:**   
This log should be kept in the school health office or area designated by the Program Director. NYSDOH approved training must be completed every two years. **This form should be retained for no less than 7 years.**

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| **Date Trained** | **Print Staff Member Name** | **Staff Member Signature** | **Job Title** | **Building Location**  **Room #** |
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This sample resource is located on the NYS Center for School Health website at [www.schoolhealthny.com](http://www.schoolhealthny.com) 2/2019