

MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513, 301 South Park Avenue 4th Floor
Helena, Montana 59620-0513
Phone (406) 841-2300 FAX (406) 841-2305
E-MAIL dlibsmed@mt.gov Website: www.emt.mt.gov

VERIFICATION FOR EMR and/or EMT NALOXONE ENDORSEMENT

Student Name: _____ License Number: _____

I certify that the above named individual is competent in the following terminal objectives regarding the EMR/EMT Naloxone Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

COGNITIVE OBJECTIVES

PSYCHOMOTOR OBJECTIVES

<p>Recognize signs and symptoms of opiate overdose</p> <p>Initiate appropriate treatments and interventions in the management of a suspected opiate overdose</p>	<p>Demonstrate the student can adequately ventilate a patient who is either having difficulty or not breathing due to a suspected opiate overdose</p> <p>Demonstrate the correct method to assemble Naloxone delivery device</p> <p>Demonstrate the correct method to successfully administer appropriate dosing of Naloxone</p>
--	--

Signature of Medical Director

PRINTED Name

Dated