

VERIFICATION FOR EMR AND/OR EMT NALOXONE ENDORSEMENT

	Applicant Name				
First Name	Last Name	License Number			
•	competent in the following terminal objectiv conducted according to Board policies and p	,			

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
Recognize signs and symptoms of opiate overdose.	Demonstrate the student ca adequately ventilate a patient who is either having difficulty or not breathing
Initiate appropriate treatments and interventions in the management of a suspected opiate overdose.	due to a suspected opiate overdose.
	Demonstrate the correct method to assemble Naloxone delivery device.
	Demonstrate the correct method to successfully administer appropriate dosing of Naloxone.

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Signature of Medical Director	Printed Name	Date
ontana Physician License Number		

Submit your verification form to the address below.

Montana Board of Medical Examiners 301 S. Park Avenue, Fourth Floor Helena, MT 59601 or PO Box 200513 Helena, MT 59620-0513

If you need assistance with your endorsement verification, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at DLIBSDHELP@MT.GOV.