



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION
DRUG CONTROL DIVISION

Date:

Rodrick J. Marriott, Director, Drug Control Division
State of Connecticut Department of Consumer Protection
450 Columbus Boulevard, Suite #901
Hartford, CT 06103-1840

Pharmacist Name

Re:

Pharmacy Name

Pharmacy Address

Pharmacy City

State

Zip Code

Director Marriott,

I respectfully submit the attached protocol for your approval so that I may prescribe and dispense Naloxone HCl outside the licensed pharmacy premise. I successfully completed an approved naloxone training certification course in accordance with Section 6(b) of Connecticut Public Act 15-198 on . I am aware that I may not prescribe and dispense Naloxone HCl outside the licensed pharmacy premise until I receive a signed approval letter to do so from the Drug Control Division.

Sincerely,

Event #1

Event/Location Name

Event Address

Event Date

Time of Event

Naloxone Product Used

Event #2 (if applicable)

Event/Location #2 Name

Event Address #2

Event Date #2

Time of Event #2

Naloxone Product Used #2

Event #3 (if applicable)

Event/Location Name #3

Event Address #3

Event Date #3

Time of Event #3

Naloxone Product Used #3

450 Columbus Boulevard, Suite 901, Hartford, Connecticut 06103
Phone: (860) 713-6065 Fax: (860) 713-7242 Email: dcp.drugcontrol@ct.gov
Internet Web Site: <http://www.ct.gov/dcp/dcd>