

**WREMAC Agency Letter of Intent**  
**for Participation in the BLS Naloxone Administration Program**

We the members of \_\_\_\_\_ hereby request  
*(name of agency)*  
permission to participate in the WREMAC BLS Naloxone Administration Program

*We agree to abide by the following:*

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.
2. All providers will complete the required Naloxone training.
3. Our agency is regionally certified at the CFR level, or above.
4. All agency and personnel must follow all policies, procedures and protocols set forth by the WREMAC and NY State.
5. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.
6. Our agency agrees to perform (internal) quality assurance evaluations on each administration for the initial six months of the program, or longer at the request of the medical director.
7. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital Naloxone treatment may be revoked or suspended by the WREMAC.
8. Any changes to the Required Agency Information will be reported to WREMAC within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this Regional program.

\_\_\_\_\_  
*Agency Captain/President*

\_\_\_\_\_  
*Agency Medical Director*