

NMDOH Hepatitis and Harm Reduction Program

Syringe Services (SSP) and Overdose Prevention and Education (OPE) Registration

Please complete the registration and proposed schedule form and send to the NMDOH Hepatitis and Harm Reduction Program. The schedule should be updated annually or 30 days in advance of a proposed change (one-time changes due to holidays, inclement weather, or emergencies only require an email notifying the HHRP Program Manager). This form may be scanned and emailed to Dominick.Zurlo@state.nm.us and Chandelle.Chavez@state.nm.us. By submitting this form, the organization agrees to participate in training and evaluation activities, if approved.

PLEASE CHECK THE SERVICE(S) YOU ARE REGISTERING:

- Syringe Services Program (SSP)
 Overdose Prevention and Education (OPE)

1. New Program Start-up Date (est)	only complete this if new program
2. Program Name	
3. Organization Director Name	
4. Organization Director Email	
5. Organization Tax ID #	
6. Mailing Address	
7. Physical Location	
8. Telephone Number	
9. Contact Person (if different):	
10. Contact Email (if different):	
11. Contact Telephone (if different):	

Proposed service times and locations.

Mark which service(s) will be offered at each specific time/location (use a second sheet if necessary):

DAY	TIME	LOCATION	SSP and/or OPE
<input type="checkbox"/> Monday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Tuesday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Wednesday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Thursday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Friday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Saturday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE
<input type="checkbox"/> Sunday			<input type="checkbox"/> SSP <input type="checkbox"/> OPE

Does your agency have a syringe drop box: Yes No
If not, would your agency like to request one: Yes No

Organization Director Signature Date:

