



PRESCRIPTION DRUG MONITORING PROGRAM

Request for On-Site Training or Technical Assistance

1. CONTACT INFORMATION:

Please provide the following information about the Agency submitting this request for technical assistance or training.

Name of Agency: _____

Address: _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Office website _____

Person to Contact to discuss this request:

Name _____ Title _____

Agency _____

Telephone _____ E-mail _____

2. STATUS OF PRESCRIPTION DRUG MONITORING PROGRAM ACTIVITIES.

Please check all that apply;

- Enacted enabling legislation
- Operational PDMP program (please indicate date program began): _____
- No Legislation
- Legislation currently being drafted
- Legislation being revised
- No PDMP activity underway at this time

- Program has received BJA funding (if so, please indicate year(s) in which funding was received)

3. TECHNICAL ASSISTANCE OR TRAINING REQUESTED.

Please describe the nature of the technical assistance you are requesting.

4. TIME LINE

What is the proposed time frame for receiving these services?

Please submit this request electronically to:

Rebecca Rose, Policy Advisor
Substance Abuse and Mental Health
Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice
810 Seventh Street N.W.
Washington D.C. 20531
Tel: 202-514-0726 Fax: 202-307-0036
E-mail: Rebecca.Rose@usdoj.gov

Caroline Cooper or Joseph Trotter
PDMP Technical Assistance Project
Justice Programs Office, School of Public Affairs
American University
4400 Massachusetts Avenue, N.W., Brandywine # 100
Washington D.C. 20016-8159
Tel: 202-885-2875 Fax: 202-885-2885
E-mail: justice@american.edu
Web address: www.american.edu/justice