



Medical Marijuana Dispensary Employment Attestation & Signature

Key & Support Employees

Updated 4-3-2018

To apply for a Medical Marijuana Dispensary Key or Support employee license, the applicant must have a conditional offer of employment from a prospective or licensed medical marijuana dispensary located in Ohio. If you are an individual who is required, pursuant to in Ohio Administrative Code [3796:6-2-03](#), to apply for an Associated Key employee license, the applicant must submit the [Associated Key Employment Attestation form](#).

The applicant, by submission of this form, is stating that the submitted application is true, correct, and complete. This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

Part 1 – Attestation by Applicant

<i>Applicant Name</i>		<i>License Type</i>
<i>Dispensary Name</i>		<i>Dispensary License Number</i>
<i>Applicant Initials</i>	<i>I agree to be enrolled in the Board of Pharmacy's continuous criminal monitoring system.</i>	
<i>Applicant Initials</i>	<i>I attest that I have submitted fingerprints to BCI and FBI Background Investigation.</i>	
<i>Applicant Initials</i>	<i>I agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.</i>	
<i>Applicant Initials</i>	<i>I attest that I am not a physician who has a certificate to recommend medical marijuana or who intends to apply for a certificate to recommend medical marijuana under section 4721.30 of the Revised Code.</i>	
<i>Applicant Initials</i>	<i>I attest that I have not been convicted of a disqualifying offense in any jurisdiction.</i>	



Part 2 – Signature of Applicant

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the individual identified as the Applicant in this Application and that this Application is true, correct, and complete. I hereby acknowledge that if the license applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

<i>Print or Type Name</i>	<i>Date Signed</i>
<i>Signature of Applicant</i>	

<i>Sworn to and signed before me this date:</i>
<i>Date</i>
<i>Signature of Notary</i>
<i>(SEAL)</i>



Part 3 – Attestation by the Designated Representative

To be completed by the designated representative (DR) of the dispensary where the applicant has received a conditional offer of employment. This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

DR Initials	A dispensary shall not employ any person who has been convicted of a felony relating to controlled substances, or who, at any time, has had a drug enforcement administration registration or any license or registration from a licensing agency under Chapter 4776. of the Revised Code, denied, revoked, or surrendered for cause. "For cause" means surrendering a registration in lieu of, or as a consequence of, any federal or state administrative, civil, or criminal action resulting from an investigation of the individual's handling of controlled substances.
DR Initials	A dispensary employee shall report to the state board of pharmacy a conviction of any offense and/or any arrest or charges pending of a felony or misdemeanor, other than a traffic violation or disqualifying offense in any jurisdiction, within fourteen calendar days of the conviction or arrest.
DR Initials	<p>A dispensary employee shall promptly report, within five calendar days, to the dispensary designated representative and to the state board of pharmacy:</p> <p>(1) An arrest and any subsequent conviction of a disqualifying offense;</p> <p>(2) Any change in information provided in a pending application for an employee identification card or renewal;</p> <p>(3) Knowledge that an employee dispensary identification card has been lost or stolen. Such employee shall submit or cause to be submitted a request for a replacement identification card and required fee.</p>

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the individual identified as the Applicant in this Application and that this Application is true, correct, and complete. I hereby acknowledge that if the license applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

Designated Representative	Dispensary License Number
Contact Phone Number	Designated Representative License Number (If applicable)
Signature of Designated Representative	Date Signed