



Dispensary Info	
Dispensary Name:	
Dispensary License #:	

Training Materials Minimum Submission Requirements	
Type of Training:	<input type="checkbox"/> Foundational Training <input type="checkbox"/> Continuing Education
Please attach the Foundational Training Attachment and / or the General Continuing Education Attachment	
If Healthcare related, please attach Dispensary Healthcare-related Training Attestation	
Date of First Training:	
Must be at least 60 days after submission	

Review and complete the list of items below as part of your training and continuing education materials submission. If necessary, additional items can be attached as part of the submission. When attaching additional information in response to any of the questions below, please indicate by responding: "included as attachment."

Training Materials Approval Requirements
Name(s) qualifications of the persons responsible for training content:
Qualifications of the persons responsible for training content
Agenda with a detailed time schedule



**Ohio Medical Marijuana Control Program
Training & Continuing Education Submission Form**



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 designated representative for the dispensary identified in this submission. I hereby acknowledge that by submitting this content for foundational training or continuing education approval that the license-holder submits 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 Info	
Designated Representative Name:	Contact Phone Number:
Designated Representative License #:	
Signature of Designated Representative	Date Signed