



Section A: Demographic Information

A-1 Business Information		
A-1.1 Business Name (as it appears on the Applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents):		
A-1.2 Other Trade Names and DBA (doing business as):		
A-1.3 Business Address:		
A-1.4 City:	A-1.5 State:	A-1.6 Zip Code:
A-1.7 Phone Number:	A-1.8 Email Address:	
A-2 Primary Contact or Registered Agent Information		
A-2.1 Please select: <input type="checkbox"/> Primary Contact or <input type="checkbox"/> Registered Agent		
A-2.2 First Name:	A-2.3 Middle Name:	A-2.4 Last Name:
A-2.5 Address:		A-2.6 City:
A-2.7 State:	A-2.8 Zip Code:	A-2.9 Phone Number:
A-2.10 Email Address:		



A-3.1 Check One: <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (explain)		
A-3.2 State of Incorporation of Registration:		A-3.3 Date of Formation:
A-3.4 Business Name on Formation Documents:		
A-3.5 Federal Employer ID number:		
A-3.6 Ohio Unemployment Compensation Account Number:		
A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio):		
A-3.8 Ohio Workers' Compensation Policy Number (if Applicant is currently doing business in Ohio):		
A-3.9 The Applicant attests that workers' compensation insurance will be obtained by the time the State of Ohio Board of Pharmacy determines the Applicant to be operational under the Act and regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



A-3.10 Has the Applicant operated and conducted business in Ohio or any other jurisdiction other than Ohio in the past three years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the Applicant answered yes to question A-3.10, please provide the following information:			
A-3.10.1 Legal Business Name:			
A-3.10.2 Business Address:			
A-3.10.3 Federal Employer ID number:			
A-4 Economically Disadvantaged Business			
A-4.1 The Applicant attests that at least fifty-one percent of the business, including corporate stock if a corporation, is owned by persons who belong to one or more of the groups set forth in this division, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. (3796.10)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-5 District Information			
A-5.1 Please check to indicate the medical marijuana dispensary district for which the Applicant is applying for a dispensary license: Northeast, Southeast, Southwest, Northwest.			
<input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest <input type="checkbox"/> Northwest			
<i>[Note: the final application will include a drop down for box for Applicants to select district and county.]</i>			
A-6 Prospective Associated Key Employees Details (One per Person)			
A-6.1 First Name:	A-6.2 Middle Name:	A-6.3 Last Name:	A-6.4 Suffix:
A-6.5 Occupation:			
A-6.6 Title in the Applicant's business:		A-6.7 Applicant's business-related compensation:	
A-6.8: Number of shares owned:		A-6.9 Types of shares owned:	



A-6.10 Percent interest in Applicant's business:		A-6.11 Voting Percentage:		
A-6.12 Proposed Role: (Drop down box will include the following selections: Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Other)				
A-6.13 Please include any contributions of money, equipment, real estate and expertise:				
A-6.14 Date of Birth:		A-6.15 Social Security Number:		
A-6.16 Street Address:				
A-6.17 City:		A-6.18 State:		A-6.19 Zip Code:
A-6.20 Phone:		A-6.21 Email:		
A-6.22 Race/Ethnicity (Only answer if applying as an Economically Disadvantaged Business):				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Minority
A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:				



A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

(1) Unexpired, valid state-issued driver's license; (2) Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state; or (3) Unexpired, valid United States passport.

A-6.25 Tax Authorization (*Attachment*)

Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. ([3796.10](#); [3796:6-2-02](#))



Section B: Compliance

B-1 Compliance with Applicable Laws and Regulations		
B-1.1 By checking "Yes," the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-1.2 By checking "Yes," the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of \$50,000 as a condition precedent to receiving a medical marijuana certificate of operation. (3796:6-2-11)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-2 Civil and Administrative Action		
B-2.1 Has the Applicant been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain:		
B-2.2 Has the Applicant been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please explain:		



<p>B-2.3 Has criminal, civil, or administrative action been taken against the Applicant for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?</p>	<p style="text-align: center;"><input type="checkbox"/> Yes</p>	<p style="text-align: center;"><input type="checkbox"/> No</p>
<p>If "Yes", please explain:</p>		
<p>B-2.4 Has criminal, civil, or administrative action been taken against the Applicant under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to any of the Applicant's prospective associated key employee of the Applicant's, profession or occupation?</p>	<p style="text-align: center;"><input type="checkbox"/> Yes</p>	<p style="text-align: center;"><input type="checkbox"/> No</p>
<p>If "Yes", please explain:</p>		



B-2.4.1 If yes to any question in B-2, provide the following:

Respondent/ Defendant	Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved	Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

B-3 Prospective Associated Key Employees

Applicants are required to submit the following for each Prospective Associated Key Employees in this application:

B-3.1 First Name:	B-3.2 Middle Name:	B-3.3 Last Name:

B-3.4 Proposed Role:
(Drop down box will include the following selections: Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Other)

B-3.5 Position/Title:

B-3.6 Brief description of role:



B-3.7 Has the individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or elsewhere in the United States?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.7.1 If yes, please provide the entity Name and Address:							
B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.8.1 If yes, please provide the entity Name and Address:							
B-3.9 Has this individual ever been convicted of, or are charges pending for, a disqualifying offense ? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section 2953.32 of the Revised Code , or the equivalent thereof in another jurisdiction.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.9.1 If yes, please provide the following:							
Defendant	Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)		



B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B-3.10.1 If yes, please provide the following:

Defendant	Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)



B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B-3.11.1 If yes, please provide the following:

Defendant	Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B-3.12.1 If yes, please provide the following:

Name	License Number	Name and Address of Licensing Board	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved



Please respond to the following statements by checking "Yes" or "No." Unless otherwise indicated, if the individual checks "Yes," the reason for doing so must be provided below:

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.16 By checking "Yes," this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions, or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



B-3.20.1 If yes, provide the following:

Defendant	Name of Case and Docket Number	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved	Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

By checking "Yes," the Applicant attests to the following statements:

B-3.21 None of the Applicant's Prospective Associated Key Employees is a physician who has a certificate to recommend medical marijuana or who intends to apply for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.22 None of the Applicant's Prospective Associated Key Employees has an ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796. of the Revised Code or an Applicant for a license to conduct laboratory testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section C: Business Plan

C-1 Property Title, Lease, or Option to Acquire Property Location		
C-1.1 Attach one of the following:		
C-1.1a Evidence of the Applicant’s clear legal title or option to purchase the proposed site and facility. (Attachment)		
C-1.1b A fully-executed copy of the Applicant’s unexpired lease for the proposed site and facility and a written statement from the property owner that the Applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the initial provisional license. (Attachment)		
C-1.1c Other evidence that shows that the Applicant has a location to operate its medical marijuana dispensary. (Attachment)		
C-1.2 Business Name, as it appears on the Applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents:		
C-1.3 Trade names and DBA (doing business as) names:		
C-1.4 Business Address:		
C-1.5 City:	C-1.6 State:	C-1.7 Zip Code:
C-1.8 Phone:	C-1.9 Email:	



C-2 Site and Facility Plan
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:
C-2.1a If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility. <i>(Attachment)</i>
C-2.1b If the facility is in existence at the time that the provisional license application is submitted, and the Applicant plans to make alterations to the facility, submit renovation plans and specifications for the interior and exterior of the facility. <i>(Attachment)</i>
C-2.1c If the facility does not exist at the time that the provisional license application is submitted, submit a plot plan that shows the proposed location of the facility and an architectural drawing of the facility, including a detailed drawing, to scale, of the interior of the facility. <i>(Attachment)</i>
C-2.2 The Applicant also must submit evidence that it is in compliance with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration, license or permit. If no relevant zoning restrictions have been enacted, provide a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code. (3796:5-5-01) <i>(Attachment)</i>
C-2.3 Provide a location area map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a prohibited facility or a community addiction services provider as defined under section 5119.01 of the Revised Code. In establishing the distance between a proposed dispensary and such a facility, the distance shall be measured linearly and shall be the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider. The map may must be clearly legible and labeled and may be divided into 8.5*11 inch sections. (3796:5-5-01) <i>(Attachment)</i>



C-3 Business Startup Plan

C-3.1 A business startup plan is required for all dispensary provisional license applications. The business startup plan must provide a comprehensive set of activities necessary for the startup of the facility within six months of receiving a provisional license. Provide a timeline describing the process, methods, or steps used to execute a compliant business startup plan that includes, at a minimum: (1) Security and surveillance; (2) Employee qualifications and training; (3) Storage of medical marijuana products; (4) Inventory management; (5) Recordkeeping; and (6) Prevention of medical marijuana diversion.

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C-3.2 The Business Startup Plan must also describe how the Applicant’s proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to: (1) Security and surveillance; (2) Employee qualifications and training; (3) Storage of medical marijuana products; (4) Inventory management; (5) Recordkeeping; and (6) Prevention of medical marijuana diversion.

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C-4 Description of Employee Duties and Roles

C-4.1 Please provide a description of the duties, responsibilities, and roles of each Prospective Associated Key Employee. Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

(Attachment)

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C-5 Capital Requirements		
Applicants are required to submit the following as part of the financial plan:		
C-5.1 Type of Capital:	C-5.2 Source of Capital:	
C-5.3 Name and Address of financial institution:		
C-5.4 Account Number:		
C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensaries proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than \$250,000. Provide documentation from the Applicant's financial institution to support these capital requirements. (3796:6-2-02) (Attachment)		
C-6 Business History and Experience		
Applicants are required to submit the following as part of the business history and experience for each Prospective Associated Key Employee. Include the most relevant business experience within the past 5 years:		
C-6.1 First Name:	C-6.2 Middle Name:	C-6.3 Last Name:
C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee):		
C-6.5 Business Name:		
C-6.6 Business Address:		
C-6.7 Position of management or ownership of a controlling interest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C-6.8 Dates:		



C-6.9 Provide a narrative description not to exceed 1500 words demonstrating any previous experience at operating other businesses or non-profit organizations and any demonstrated knowledge or expertise with regard to the medical use of marijuana to treat qualifying conditions (for all Prospective Associated Key Employees with an ownership interest of ten percent or more in the prospective dispensary). Include the number of years of experience, the type of business, and any administrative discipline history associated with each business.

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Section D: Operations Plan

D-1 Dispensary Oversight		
D-1.1 By checking "Yes," the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. (3796:6-3-05)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-2 Security and Surveillance		
D-2.1 By checking "Yes," the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-2.2 Please provide a summary of the Applicant's proposed security and surveillance equipment and measures that will be in place at the proposed facility and site. These measures should cover, but are not limited to, the following: (1) General overview of the equipment, measures and procedures to be used; (2) Alarm systems; (3) Surveillance system; (4) Surveillance storage; (5) Recording capability; (6) Records retention; (7) Premises accessibility; and (8) Inspection/servicing/alteration protocols. (3796:6-3-16)		
<i>Large Fillable Box</i>		



D-3 Receiving of Product		
D-3.1 By checking "Yes," the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-3.2 By checking "Yes," the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. (3796:6-3-06)		
Large Fillable Box		



D-4 Storage of Product		
D-By checking "Yes" to any statement, the Applicant attests that it will comply with the following statements. If "No" is checked in response to any statement, state the reasoning for doing so at the end of the section. If issued a provisional license, the Applicant must be able to attest to each statement by the time the State Board of Pharmacy determines the Applicant to be operational. (3796:6-3-07)		
D-4.1 There will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-4.2 All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following: (1) Oversight of medical marijuana storage; (2) Physical security measures; (3) Record maintenance; (4) Persons who will have access to medical marijuana; (5) Climate control and lighting maintenance, including any necessary equipment; and (6) Sanitation of storage areas. (3796:6-3-07)		
<i>Large Fillable Box</i>		



D-5 Dispensing of Product		
D-5.1 By checking "Yes," the Applicant attests that it is prepared and willing to join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). (3796:6-3-08 ; 3796:6-3-10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-5.2 By checking "Yes," the Applicant attests that it will use the patient registry to verify the registration of a patient or caregiver. (3796:6-3-08)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only): _____		
D-5.4 By checking "Yes," the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. (3796:6-3-03)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labelling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory tracking system and for reporting to OARRS using the current ASAP format. Please attach a sample product label, with any identifiable information redacted or anonymized. (3796:6-3-08 ; 3796:6-3-09 ; 3796:6-3-10)		
Large Fillable Box		



D-6 Inventory Management of Product		
D-6.1 By checking "Yes" the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. (3796:6-3-20)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6.2 By checking "Yes" the Applicant attests that its written or electronic weekly and annual inventory records described in D-6.1 will include: (1) The date of the inventory; (2) A summary of the inventory findings; and (3) The employee identification numbers, and titles or positions, of the individuals who conducted the inventory. (3796:6-3-20)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6.3 By checking "Yes," the Applicant attests that it will use the state inventory tracking system. (3796.07 ; 3796:1-1-01 ; 3796:6-3-06)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking "Yes," the Applicant attests that it will maintain the following inventory data in its internal inventory control system. If "No" is checked in response to any statement, state the reasoning for doing so at the end of the section. If issued a provisional license, the Applicant must be able to attest to each statement by the time the State Board of Pharmacy determines the Applicant to be operational.		
D-6.4 Medical marijuana received from a cultivator or processor. (3796:6-3-20)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6.5 Medical marijuana dispensed to a patient or caregiver. (3796:6-3-08)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6.6 Expired, damaged, deteriorated, misbranded or adulterated medical marijuana awaiting return to a cultivator/processor or awaiting disposal. (3796:6-3-20)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D-6.7 Please provide an explanation for checking "No" in response to questions D-6.1 through D-6.6		
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D-6.8 Please describe the Applicant's approach regarding the implementation of an inventory management process. This approach must also include a process that provides for the recall of medical marijuana and the management of medical marijuana product returns from the proposed dispensary to the originating cultivator and/or processor. ([3796:6-3-20](#))

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D-6.9 Please describe the Applicant's process, procedures and controls regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of: (1) How patients and caregivers will be charged for such returns; (2) How returns will be tracked; (3) How any returned medical marijuana will be secured at the facility; and (4) The maximum amount of time that returned medical marijuana will be stored at the facility.

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D-7 Diversion Prevention of Product

D-7.1 Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. ([3796:6-3-01](#), [3796:6-3-05](#), [3796:6-3-16](#))

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D-8 Sanitation and Safety

D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following: (1) Processes for contamination prevention; (2) Pest protection procedures; (3) Instruction to dispensary employees regarding the handling of medical marijuana; and (4) Hand-washing facilities. ([3796:6-3-02](#))

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D-9 Recordkeeping		
<p>D-9.1 "By checking "Yes," the Applicant attests that it will notify the State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. (3796:6-3-14)</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>D-9.2 Please provide a summary of the Applicant's recordkeeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained: (1) Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary; (2) Operating procedures and controls; (3) Audit records; (4) Staffing plans; Business records; (5) Surveillance records; (6) Attendance logs; and (7) Quality assurance review logs. (3796:6-3-17)</p>		
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D-10 Other

D-10.1 Please provide a summary of any other services or products to be offered by the Applicant at the dispensary. ([3796:6-2-02](#))

Large Fillable Box



D-10.2 Please provide a summary of intended services for veterans and/or the indigent. ([3796:6-2-02](#); [3796:6-3-22](#))

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D-10.3 Describe the Applicant's efforts to minimize the environmental impact of the proposed dispensary. ([3796:6-2-02](#))

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D-11 Security & Infrastructure Records

D-11.1 By checking "Yes," the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

Yes

No



Section E: Patient Care Plan

E-1 Staff Education and Training

E-1.1 Describe the Applicant's education and training plan and how it will meet the foundational and ongoing training required for dispensary employees to be authorized to dispense medical marijuana. Include a summary of the substantive training content, the number of hours each dispensary employee will receive for each mandatory training requirement, the number of training hours each dispensary employee will receive for any elective training, and the anticipated source of each type of training described. ([3796:6-3-19](#))

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E-1.2 Summarize how the Applicant's training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be updated, how new information will be incorporated into the training plan, the method for providing updated training to dispensary employees, and the frequency with which updated training will be provided to dispensary employees. ([3796:6-3-19](http://www.legis.state.oh.us/legislation/bills/2017/3796/3796-6-3-19))

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E-2 Patient Care and Education

E-2.1 Describe how dispensary employees will be trained to provide patient education regarding: (1) Recognizing the signs of abuse or adverse events in the medical use of marijuana; (2) Instruction on use of medical marijuana to treat a qualifying condition; (3) Risks associated with medical marijuana, including possible drug interactions; (4) Guidelines for support to patients related to the patient's symptoms; and (5) Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.

Include the sources of the training and the sources' qualifications to provide such training.
[3796:6-3-19](http://legislature.ohio.gov/legislation/legislation.cfm?ID=3796&Section=6-3-19)

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E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of: (1) How reports will be documented; (2) The circumstances that will require reports of adverse events will be reported to a cultivator, processor, and / or the State Board of Pharmacy; and (3) The timeframe for which to provide such reports.

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E-3 Patient Care Facilities

E-3.1 Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location: (1) The dispensary department; (2) Restricted access areas; (3) Waiting room; and (4) Patient care areas or other areas designated for patient and caregiver consultation and instruction.

Include a summary of the patient flow through each area, the maximum patient and caregiver occupancy in each area at any given time, the amount of time the Applicant expects to interact with both new and returning patients, and the number of dispensary employees who will staff each area.
 [\(3796:6-2-02\)](http://www.legis.state.oh.us/legislation/bills/3796/3796-6-2-02)

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E-4 Dispensary Operating Hours (3796:6-3-03)		
E-4.1 By checking "Yes," the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-4.2 Provide the proposed hours of operation during which the prospective dispensary will available to dispense medical marijuana to patients and caregivers. (Information Only)		
E-5 Patient Information		
E-5.1 By checking "Yes," the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. (3796:6-3-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E-5.2 By checking "Yes," the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. (3796:6-3-15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section F: Attestations and Acknowledgements

F-1.1 Fill out and attach the "Trade Secret Form" to Question F-1.1, specifying the question and / or attachment references of the application submission that are exempt from disclosure under Ohio public records law and articulate how the information meets the definition of "trade secret" under Ohio Revised Code section 1333.61(D). If no material is designated as trade secret information, a statement of "None" must be listed on the form.

F-2.1 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.