



**Request to Work at Multiple Dispensaries: Dispensary Employee**

Pursuant to [Rule 3796:6-2-09\(B\)](#) of the Ohio Administrative Code, an employee’s license authorizes the employee to work at any dispensary issued a certificate of operation to the same collective owners, as defined under [Rule 3796:6-2-03](#) of the Ohio Administrative Code. Employees seeking to work for dispensaries under different ownership must complete and submit a copy of this form for approval.

Submission instructions and next steps:

1. Log into your eLicense account.
2. From your license tile, select “OPTIONS” then “SUBMIT ADDITIONAL DOCUMENTATION”.
3. Upload and submit completed form.
4. Once the form is received, the requisite fee (\$250 for Key Employees and \$100 for Support Employees) will be applied to your eLicense cart. You will be notified at the address provided in Part 1 to process payment.
5. A proposal for a licensed dispensary employee to work for dispensaries licensed to different owners will be reviewed after the fee is paid. Please be aware that the Board may contact licensees for additional information in order to better understand submitted proposals.

Section A – Employee Information		
A-1. Name		A-2. Employee License No.
A-3. Home Address		A-4. Home City
A-5. Home State	A-6. Home Zip Code	A-7. Email Address

Section B – Dispensary Information		
B-1. Dispensary #1	B-2. Dispensary License No.	B-3. Estimated Hours Per Week
B-4. Dispensary #2	B-5. Dispensary License No.	B-6. Estimated Hours Per Week
B-7. Dispensary #3	B-8. Dispensary License No.	B-9. Estimated Hours Per Week
B-10. Dispensary #4	B-11. Dispensary License No.	B-12. Estimated Hours Per Week
B-13. Dispensary #5	B-14. Dispensary License No.	B-15. Estimated Hours Per Week



## Ohio Medical Marijuana Control Program



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 Employee identified in Part 1 of this form (“Employee”) and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee 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.

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



**Section C – 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.

<i>DR Initials</i>	<i>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.</i>
<i>DR Initials</i>	<i>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.</i>
<i>DR Initials</i>	<i>A dispensary employee shall promptly report, within five calendar days, to the dispensary designated representative and to the state board of pharmacy:</i>  <i>(1) An arrest and any subsequent conviction of a disqualifying offense;</i> <i>(2) Any change in information provided in a pending application for an employee identification card or renewal;</i> <i>(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.</i>

*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>Designated Representative</i>	<i>Dispensary License Number</i>
<i>Contact Phone Number</i>	<i>Designated Representative License Number</i>
<i>Signature of Designated Representative</i>	<i>Date Signed</i>