



Dispensary Info	
Dispensary Name:	
Dispensary License #:	

Please indicate the training element(s) being submitted for approval.

	Training Element	Name of Training Material
<input type="checkbox"/>	Risks associated with medical marijuana, including possible drug interactions	
<input type="checkbox"/>	Support to patients related to the patients' symptoms	
<input type="checkbox"/>	Recognizing signs and symptoms of substance abuse	
<input type="checkbox"/>	Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana	
<input type="checkbox"/>	The safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices	
<input type="checkbox"/>	Training related to legal updates for the Ohio medical marijuana control program	