



Dispensary Info	
Dispensary Name:	
Dispensary License #:	

Please indicate which training element(s) you are submitting for approval.

Training Element	Name of Training Material
<input type="checkbox"/> Prescription Monitoring Program Training	
<input type="checkbox"/> State Inventory Tracking System	
<input type="checkbox"/> Dispensary Confidentiality Requirements	
<input type="checkbox"/> Maintaining Employee Licenses	
<input type="checkbox"/> Toll-free Line Training	
<input type="checkbox"/> Qualifying Conditions	
<input type="checkbox"/> Forms & Methods of Medical Marijuana Use	
<input type="checkbox"/> Adverse Events from Medical Marijuana	
<input type="checkbox"/> Recognizing Medical Marijuana Abuse	
<input type="checkbox"/> Security Measures and Controls	
<input type="checkbox"/> Regulatory Inspections & Law Enforcement	

Please include either the file names for multiple files submitted or the page number of where the training materials are located.

Note: This attachment will be the document the Board refers to when reviewing and making the determination of the status of the foundational training materials.