



<b>Dispensary Info</b>	
<b>Dispensary Name:</b>	
<b>Dispensary License #:</b>	

<b>Training Materials Minimum Submission Requirements</b>	
<b>Type of Training:</b>	<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	
<b>Date of First Training:</b>	
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."

<b>Training Materials Approval Requirements</b>
<b>Name(s) qualifications of the persons responsible for training content:</b>
<b>Qualifications of the persons responsible for training content</b>
<b>The primary objective of the training and how it is intended to improve the participants' competency</b>



<b>Training Materials Approval Requirements</b>	
<b>The number of intended trainings for the next twelve-month period and the number of participants for each training</b>	
<b>Brochures describing the training activity attached (Required unless materials have been internally developed and are only for internal use)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Method or manner of presenting materials (e.g. in-person presentation, webinar, etc.)</b>	
<b>Agenda with a detailed time schedule</b>	
<b>Is there a set of training materials attached?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

*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.*



**STATE OF**  
**OHIO**  
BOARD OF PHARMACY

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



<b>Designated Representative Info</b>	
<b>Designated Representative Name:</b>	<b>Contact Phone Number:</b>
<b>Designated Representative License #:</b>	
<b>Signature of Designated Representative</b>	<b>Date Signed</b>