



Medical Marijuana Dispensary Marketing and Advertising Certificate of Translator’s Competence

Pursuant to [Rule 3796:6-3-24\(C\)\(3\)](#) of the Ohio Administrative Code, the State Board of Pharmacy requires a line-by-line translation for each and every item submitted which appears in any language other than English. A translation must be typed. Any individual competent in both English and the second language included in the item submitted may translate. A separate translation page is required for each item translated from another language into English.

Part 1 – Certification by Translator

<i>Translator Name</i>	
<i>Dispensary Name</i>	
<i>Translator Initials</i>	<i>I certify that the translation provided in this submission is an exact and accurate translation of the original item in _____ language.</i>
<i>Translator Initials</i>	<i>I certify that I am competent in both English and _____ language to render a translation.</i>

*This form must be manually signed in ink. Digital signatures will **NOT** be accepted.*

<i>Signature of Translator</i>	<i>Date Signed</i>
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Part 2 – Attestation by the Designated Representative

*To be completed by the designated representative (DR) of the dispensary submitting the translated marketing or advertising item for approval. If an advertisement will be used for multiple locations under the same ownership the DR for any of those locations may initial and sign below. This form must be manually signed in ink. Digital signatures will **NOT** be accepted.*

<i>DR Initials</i>	<i>Due diligence was exercised in identifying, confirming the competence of and engaging the services of the translator identified in this certification.</i>
<i>DR Initials</i>	<i>It is the responsibility of the dispensary identified in this certification to ensure that information provided to patients and to caregivers complies with all relevant rules and statutes and is true and accurate.</i>
<i>DR Initials</i>	<i>Errors identified in the translation related to this certification will be promptly reported to the Board of Pharmacy along with any necessary corrections.</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 designated representative for the dispensary identified in this certification. I hereby acknowledge that by submitting this item for marketing or advertising 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.

<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>