



**Ohio Medical Marijuana Control Program
Continuing Education Record**



Dispensary Info			
Dispensary Name:			
Dispensary License #:			
Employee Name:			
Employee License #:		Date of Hire:	

Training Element	Name of Training Material	Developer of Training Material	Hours	Date Completed	Certificate (Y/N)	Instructor / Designated Representative Signature	Participant Signature
Risks associated with medical marijuana, including possible drug interaction							
Support to patients related to the patients' symptoms							
Recognizing signs and symptoms of substance abuse							



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Training Element	Name of Training Material	Developer of Training Material	Hours	Date Completed	Certificate (Y/N)	Instructor / Designated Representative Signature	Participant Signature
Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana							
The safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices							
Training related to legal updates for the Ohio medical marijuana control program							
Other (training materials that will be utilized, but are not intended to fulfil the required training elements)							



**STATE OF
OHIO**
BOARD OF PHARMACY

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All certificates of completion, if applicable shall be attached to this document.

Employees hired after October 30, 2022 date will be required to have this document on file to verify continuing education has been completed.