



**Ohio Medical Marijuana Control Program
Foundational Training Record**



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

Training Element	Name of Training Material	Developer of Training Material	Date Completed	Certificate (Y/N)	Instructor / Designated Representative Signature	Participant Signature
Prescription Monitoring Program Training	Foundational Training E- Course for Prescription Monitoring Program	MMCP				
State Inventory Tracking System	METRC Training	METRC				
Dispensary Confidentiality Requirements						
Maintaining Employee Licenses						



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Training Element	Name of Training Material	Developer of Training Material	Date Completed	Certificate (Y/N)	Instructor / Designated Representative Signature	Participant Signature
Toll-free Line Training						
Qualifying Conditions						
Forms & Methods of Medical Marijuana Use						
Adverse Events from Medical Marijuana						
Recognizing Medical Marijuana Abuse						
Security Measures and Controls						
Regulatory Inspections & Law Enforcement						

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

Employees hired after X date will be required to have this document on file to verify foundational training has been completed.