



Dispensary Info	
Dispensary Name:	
Dispensary License #:	

Please indicate the training element(s) being submitted for approval. For example, the name of the document should be listed as the "Name of the Training Material". Please include pages numbers/s (if applicable).

Training Element	Name of Training Material
<input type="checkbox"/> Risks associated with medical marijuana, including possible drug interactions	
<input type="checkbox"/> Support to patients related to the patients' symptoms	
<input type="checkbox"/> Recognizing signs and symptoms of substance abuse	
<input type="checkbox"/> Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana	
<input type="checkbox"/> The safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices	
<input type="checkbox"/> Training related to legal updates for the Ohio medical marijuana control program	
<input type="checkbox"/> Other (training materials that will be utilized, but are not intended to fulfil the required training elements)	