



Dispensary Temporary Access Request Form

Updated 4-29-2022

This form must be submitted and approved prior to allowing temporary dispensary access to an individual who is not licensed by the MMCP. If access is approved, the Designated Representative must ensure compliance with rule 3796:6-3-23 of the Administrative Code. Follow the directions below to complete this form and allow no less than seven days for a response.

1. Complete all fields on this form.
2. Print and sign the form.
3. Scan the completed form and save to your computer in a PDF format compatible with the latest version of Adobe Reader.
4. Login into the Board of Pharmacy's website: <https://www.pharmacy.ohio.gov/upload> to upload the completed form. You will need your license number (MMD.07 followed by 5 digits) and eLicense security code to access the Compliance Upload Portal page.
5. Once logged in, complete all fields on the web page.
6. Follow the instructions to upload and submit the completed Dispensary Temporary Access Request Form.

Section A – Licensee Information			
A-1. Name of Dispensary		A-2. License No.	
A-3. Address		A-4. City	
A-5. State	A-6. Zip Code	A-7. Phone Number	
A-8. Name of Designated Representative		A-9. Employee License No.	
A-10. Email Address of Designated Representative			

Section B – Visitors (List all visitors by name along with the affiliation of each visitor)
B-1.
B-2.
B-3.
B-4.
B-5.
B-6.



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B-7. Dispensary Areas Requested (check all that apply)		
Waiting area	Dispensing area	Vault
Delivery area	Patient consult room	Product fulfillment area
<i>Please note that access to secure storage is strictly prohibited and visitors are only authorized to occupy/view the areas identified above.</i>		
B-8. Date (mm/dd/yyyy)	B-9. Length of visit (estimated)	
	Time-in (00:00 am/pm)	Time-out (00:00 am/pm)
B-10. Reason for visit		

C. Designated Representative's (DR) Acknowledgement and Affirmation (Initial each Box)	
DR Initials	C-1. I understand that the licensed dispensary assumes the liability and responsibility for actions taken by visitors or media representatives while on the premises of a licensed dispensary.
DR Initials	C-2. I understand that all persons on the licensed dispensary premises are expected to comply with Chapter 3796 of the Revised Code and the rules promulgated thereunder.
DR Initials	C-3. I attest that the primary purpose of this temporary access is to educate the public about lawful engagement in the Ohio Medical Marijuana Control Program.
DR Initials	C-4. I attest that any patients or caregivers who are identifiable in recordings, photographs, or film, not just those featured in any media report, will sign a legal waiver acknowledging that they are aware their likeness may be disseminated and that they are authorizing the release of personal health information.
DR Initials	C-5. I attest that the licensed dispensary will retain all signed waivers and make them accessible to the Board upon request.
DR Initials	C-6. I attest that all patients and caregivers will be notified that a visitor or media representative is present prior to entering the licensed dispensary.
DR Initials	C-7. I attest that any media coverage shall not serve as an advertisement for the dispensary, cultivator, or processor and that no more than one camera will be permitted in any limited access areas at a time.

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DR Initials	C-8. I attest that no recording devices shall record, photograph, or film patient records.
DR Initials	C-9. I attest that no recording device shall record, photograph, or film security measures or policies, which may compromise the security and integrity of the licensed facility.
DR Initials	C-10. I attest that no real products shall be featured in photograph or film.
DR Initials	C-11. I attest that no demonstrations, consumption, or use methods shall be recorded, photographed, filmed, or featured.
DR Initials	C-12. I understand that all requests for advertisements, including social media, and educational material shall be submitted and approved through the Board's advertisement portal prior to the event or use of material. Additionally, no tables, chairs, tents, or other items are permitted to be in the parking lot of the facility.
DR Initials	C-13. I understand that cultivator and processor employees licensed by the Department of Commerce may provide patient education provided that such education is not offered in the dispensary department and that patients must approach the employees of the licensed cultivator or processor for educational communication.

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 authorized to sign on behalf of the licensed dispensary listed in this request. I hereby acknowledge that by submitting this authorization, I submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of Ohio for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

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

Signature of Designated Representative	Date Signed
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