



**Pennsylvania Department of Health  
Office of Medical Marijuana**

**Application for Approval  
to Provide a 4-hour Training Course  
in the Medical Marijuana Program**

**Publication Release Date: May 24, 2017**

**For additional information please contact:  
The Pennsylvania Department of Health  
Office of Medical Marijuana  
[RA-DHMedMarijuana@pa.gov](mailto:RA-DHMedMarijuana@pa.gov)**

**The Department will begin accepting applications from applicants on June 5, 2017**

# **Instructions for Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program**

## **Required Submission**

An Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program must be submitted to the Department of Health (“Department”) by any entity that wishes to conduct a four-hour training course for continuing education credits to a physician registering to become a practitioner with the Medical Marijuana Program or any medical professional who wishes to be employed by a dispensary. A practitioner is a physician who is registered with the Department to issue patient certifications to patients with serious medical conditions (28 Pa. Code § 1141.21 (relating to definitions)). A medical professional is a physician, pharmacist, certified registered nurse practitioner or a physician assistant who will be employed by a dispensary under 28 Pa. Code § 1161.25 (relating to licensed medical professionals at facility).

In Section 3 (Program Instructors) of the Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program, an applicant must detail the areas of instruction that will be provided in the 4-hour training course, which must include, at a minimum, the following topics:

- (1) The provisions of the Medical Marijuana Act (35 P.S. §§ 10231.101-10231.2110) and its regulations that are relevant to the responsibilities of a practitioner or medical professional.
- (2) General information about medical marijuana under Federal and State law.
- (3) The latest scientific research on the Endocannabinoid System and medical marijuana, including the risks and benefits of medical marijuana.
- (4) Recommendations for medical marijuana as it relates to the continuing care of a patient in the following areas:
  - (i) Pain management, including opioid use in conjunction with medical marijuana.
  - (ii) Risk management, including drug interactions, side effects and potential addiction from medical marijuana use.
  - (iii) Palliative care.
  - (iv) The misuse of opioids and medical marijuana.
  - (v) Recommendations for use of medical marijuana and obtaining informed consent from a patient.
  - (vi) Any other area determined by the Department.
- (5) Use of the Prescription Drug Monitoring Program.
- (6) Best practices for recommending the form of medical marijuana and dosage based on the patient’s serious medical condition and the practitioner’s or medical professional’s medical specialty and training.

The 4-hour training course must also be approved for continuing education credits by the respective Board for whom the training will be offered:

- The State Board of Medicine and the State Board of Osteopathic Medicine.
- The State Board of Pharmacy.
- The State Board of Nursing.

## **Approval Process**

An Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program that is submitted to the Department will be reviewed as to whether the applicant's proposed training meets the training requirements listed above and is approved by one or more of the State Boards for continuing education credits. The Department will notify the applicant if it has any additional questions and if the training program submitted by the applicant has been approved. The training program outlined in an applicant's Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program is prohibited from being offered to any physician registering to become a practitioner in the program or any medical professional who will be employed by a dispensary until the applicant has been approved by the Department to offer the 4-hour training course, and the applicant has been listed as a training provider on the Department's website.

## **Incomplete Applications**

An Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program will be considered incomplete and will be returned to the applicant if it does not contain the material requested by the Department for each section of the application. The Department will also consider an application to be incomplete if it has not been signed by the applicant.

## **Completing the Application**

Complete every section of the application.

Unless the applicant is providing training materials to the Department through a website, the application and any supporting documentation must be saved as PDF files on a single USB drive, external hard drive, CD-ROM, or DVD, in accordance with the following file naming format: *Training Approval Application.pdf*.

Please make sure the application is properly signed, dated, scanned and provided electronically in a pdf file.

## **Submitting Your Application**

**Applications must be mailed to the following address:**

PA Department of Health  
Office of Medical Marijuana  
Training Approval  
Room 628, Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

## Section 1 - General Information

**Business Name:** List the legal name of the applicant that is offering the training course.

**Mailing Address:** Enter the complete mailing address for the applicant.

**Delivery Method:** Select the method that will be used to deliver the training program.

- Electronic
- In-Person
- Electronic and In-Person

**Training options:** Indicate whether the applicant's focus will be on training physicians registering with the program to become practitioners, medical professionals, or both. If the applicant checks medical professional, please indicate the group or groups who will be trained.

- A practitioner is a physician who is registered with the Department to issue patient certifications to patients with serious medical conditions.
- A medical professional is a physician, pharmacist, certified registered nurse practitioner or a physician assistant who will be employed by a dispensary under 28 Pa. Code § 1161.25 (relating to licensed medical professionals at facility).

**Continuing Education:** Indicate whether the 4-hour training course has been approved for continuing education credits. If the training course has been approved, indicate which State Board(s) has approved the materials for continuing education credits.

**Note:** An Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program is prohibited from being approved unless the State Board of Medicine, the State Board of Osteopathic Medicine, the State Board of Pharmacy or the State Board of Nursing has approved the training course for continuing education credits.

**Business Type:** Check off the applicant's type of business that is registered with either the PA Department of State or PA Department of Revenue, as applicable.

**Federal ID Number:** Enter your Federal ID Number.

**Workforce Development Grants:** Check off whether the applicant's training course has received any local or state workforce development funding.

## Section 2 - Contact Information

**Contact Person:** List the name, title and contact information for the individual the Department is to contact with any questions concerning the Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program.

### **Section 3 – Program Instructors**

List the name of each instructor who will be providing instruction as part of the applicant’s 4-hour training course. For each instructor, also list his or her qualifications and the areas of instruction he or she will provide. Instructors must have demonstrated knowledge and experience related to medical marijuana and their respective areas of instruction. Please refer to the “Required Submission” section of this application for a list of topics that must be included in the applicant’s 4-hour training course.

### **Section 4 – Education Materials**

Submit all materials that will be used in the applicant’s 4-hour training course, including the following documents:

- A syllabus for your 4-hour training course.
- A list of class objectives for your 4-hour training course.
- A description of the testing methods used for the training course.
- An outline of the curriculum plan that shows all topics to be covered and the length of time, in hours, for each lecture.
- The policies and procedures that will be followed for maintaining records for physicians and medical professionals who completed the 4-hour training course.

If the training course material is contained on the web, the applicant must provide the web address and any access codes that are needed to view the training materials.

### **Section 5 – Training Facilities.**

List all facilities where the applicant’s training will be conducted, including a web address if the course is to be offered electronically. Attach additional pages if you need more space.

### **Section 6 – Signature.**

Provide the name, title and signature of the individual who is authorized to sign the Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program on behalf of the applicant, and the date the application was signed.

**Application for Approval to Provide a 4-hour Training Course  
in the Medical Marijuana Program**

**Section 1 - General Information**

Business Name:

Business Address:

City:

State:

Zip Code:

Select the delivery method of your training:

- In-Person       Electronic       Electronic and In-Person

Select the group(s) who will be offered training (check all that apply):

- Physicians       Medical professionals

If training will be provided to medical professionals, the type of medical professional to be trained (check all that apply):

- Physician     Pharmacist     Physician Assistant  
 Certified Registered Nurse Practitioner

Has the training course been approved for continuing education credits?

- Yes     No (If the answer is no, please attach a statement as to when the training course is expected to be approved.)

Please indicate the Board that has approved the training course material for continuing education credits (check all that apply).

- The State Board of Medicine  
 The State Board of Osteopathic Medicine  
 The State Board of Pharmacy  
 The State Board of Nursing

Business Type (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Association<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Municipality<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole Proprietor<br><input type="checkbox"/> Government Agency (Please name the agency)<br><hr/> |
|---|---|

Federal ID Number:	Is there funding from a workforce development grant being used for this training? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

**Section 2 - Contact Information**

Contact Person:	Title:
-----------------	--------

Phone Number (including area code):	Email Address:
-------------------------------------	----------------

**Section 3 - Instructors**

List the name of each instructor, his/her qualifications to provide training, and the areas of instruction. The areas of instruction must, at a minimum, cover those topics listed in the "Required Submission" section.

Instructor Name	Qualifications	Area(s) of Instruction

Please attach additional pages to this application if necessary.

**Section 4 - Educational Materials**

Please attach a copy of the educational materials that will be used in each area of instruction listed above. If the materials are web-based, please provide a web address and any access codes.

**Section 5 - Training Facilities**

List all facilities where training will be conducted. If training is to be performed electronically, please provide the web address and phone number for IT support.

Name of Facility	Address	Phone Number (including area code)

Please attach additional pages to this application if necessary.



**Section 6 - Signature**

I, \_\_\_\_\_, as an authorized agent for \_\_\_\_\_, hereby acknowledge that before training may be offered to physicians registering as practitioners, medical professionals, or both, the Department of Health must approve my Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program.

I understand that payment for the training is the responsibility of the physician or medical professional and that the applicant is not to seek payment from the Department of Health for any training provided to a physician or medical professional.

I also understand that I must contact the Department of Health 30 days prior to any changes being made to the 4-hour training course, including a change in instructors or educational materials.

A false statement made in this Application for Approval to Provide a 4-hour Training Course in the Medical Marijuana Program is punishable under the applicable provisions of 18 Pa. C.S. Chapter 49 (relating to falsification and intimidation).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title in Applicant's Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

A photocopy or other electronic version of this document shall be accepted as an original signature.