

Medical Cannabis Consultant Training Program Application Packet

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In order to process your request:

**Mail your application and
other documents to:**

Medical Cannabis Consultant
Training Program
PO Box 47877
Olympia, WA 98504-7877

Contact us:

Phone number: 360-236-4700

Fax number: 360-236-4818

Email address: hsqa.csc@doh.wa.gov

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Application Instructions Checklist

When the department receives your application for approval as a medical cannabis consultant training program it will be reviewed. You will be notified in writing of any outstanding documentation needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Select the delivery method for your training program.

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

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Workforce Training and Education Coordinating Board License ID: List the Workforce Training and Education Coordinating Board License ID of the training program if applicable.

Legal Owner/Operator Entity Name: List the legal name of the school, program or other entity.

Mailing Address: Enter the training program's complete mailing address.

Name of School or Program: Enter the name of the school or program as it appears on advertised signs, brochures, etc.

Physical Address: Enter the training program's complete physical address.

Mailing Address: Enter the training program's complete mailing address, if different from the physical address.

Phone and Fax Numbers: Enter the training program's phone and fax numbers.

Web Address: Enter the training program's web addresses, if applicable.

2. Contact Information:

List the name, title, phone number and email address of the person that can be contacted about your application.

3. Instructor(s):

List all of the instructors, their qualifications, and the subjects required in [WAC 246-72-110\(1\)\(a\)](#) and [WAC 246-72-120\(2\)\(b\)](#) that they will be teaching. Instructors must have demonstrated knowledge and experience related to cannabis and:

- An active license to practice as a health care professional as defined in [RCW 69.51A.010\(2\)](#);
- An active license to practice law in the state of Washington;
- A bachelor's degree or higher from an accredited college or university in agriculture, botany, or horticulture; **or**
- A bachelor's degree or higher in nursing and an active license to practice as a registered nurse under [Chapter 18.79.RCW](#).

4. Facility and Location Information:

List all facilities where training will be conducted. Attach additional pages if you need more space.

5. Applicant's Attestation:

You must sign and date this for us to process the application.

Additional Requirements:

All programs must provide the following documents with your application:

- A syllabus for your training program.
- A description of the method of selecting future instructors.
- A list of class objectives for your training program.
- A description of the evaluation methods for the course and the instructors.
- An outline of the curriculum plan showing all subjects and the length in hours of each subject is taught.
- Policies and procedures for maintaining training and testing records.
- Approval by the Workforce Training and Education Coordinating Board under [RCW 28C.10.060](#), unless exempt under [RCW 28.10.030](#). If claiming an exemption, submit a statement explaining which exemption and how it applies.
- A sample of the training program's certificate of successful completion as defined in [WAC 246-72-120](#). At minimum, the certificate must contain the following information:
 - (i) Name and license number of the training program;
 - (ii) Name of the student; and
 - (iii) Date the student successfully completed the program.

Date
Stamp
Here

Medical Cannabis Consultant Training Program Application

Select the delivery method for your training program In-Person Electronic Electronic and In-Person

Check One:

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Workforce Training and Education Coordinating Board License ID (If applicable)

Legal Owner/Operator Entity Name

Mailing Address

City	State	Zip Code	County
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Name of School or Program

Physical Address

City	State	Zip Code	County
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Mailing Address (if different from Physical)

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Web Address

2. Contact Information

Name	Title
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Phone Number	Email Address
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3. Instructor(s)

List the name of the instructors and their qualifications to provide training as required by [WAC 246-72-120](#).

Instructor Name	Instructor qualifications	Subjects Taught as required in WAC 246-72-110(1)(a)

4. Facility and Location Information

List all facilities where training will be conducted. Attach additional pages if you need more space.

Name of facility	Address	Phone (enter 10 digit #)

5. Signature

I _____ representing _____
Name of authorized representative Name of program

hereby acknowledge my understanding that the application process to be a medical cannabis consultant training program requires approval by the secretary of the Department of Health before classes can be offered. I further understand that I must notify the department within 30 days whenever significant changes, including instructors for the training program, occur.

Signature of authorized representative

Date (mm/dd/yyyy)



RCW/WAC and Online Website Links

RCW/WAC Links

[Medical Cannabis Consultant Rules, Chapter 246-72 WAC](#)

[Medical Cannabis Consultant Laws, Chapter 69.51A RCW](#)

Online

[Medical Cannabis Consultant Program Web Page](#)