



Medical Cannabis Consultant Certificate Application Packet

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA
98507-1099

Send other documents not sent with initial application to:

Medical Cannabis Consultant
Credentialing
P.O. Box 47877
Olympia, WA
98504-7877

Contact us:
360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

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

Application Fee. This fee is **non-refundable**. You can check the online [fee page](#) for current fees.

Select if the following applies:
Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information:
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information about your certification. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. WAC 246-72-080 requires you to notify the department if your address changes.

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change.

2. Personal Data Questions:

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any of these questions, you must provide an appropriate explanation and certified copies of all related court documents with your application. If you do not provide this, your application is incomplete and it will not be considered.

- Question 1 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, tribal or military authority.

3. Education and Training:

List your training and education. Attach additional pages if you need more space.

4. Cardiopulmonary resuscitation (CPR) Attestation:

You must complete a cardiopulmonary resuscitation (CPR) course that included both a written and skills demonstration test. Attach a copy of the front and back of your cardiopulmonary resuscitation (CPR) card or certificate as proof of completion.

5. Applicant’s Attestation:

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

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse’s or registered domestic partner’s military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state’s declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

Certificate Requirements

Thank you for applying to become a Medical Cannabis Consultant in Washington State. In order to qualify for certification you must complete the following:

- Complete and submit the application, with an original signature, date, and [fee](#).
- You must be 21 years of age or older as required under [WAC 246-72-020](#). Acceptable forms of proof are a copy of your valid driver's license or other government-issued identification card, United States passport, or certified birth certificate.

Note: If your legal name has changed since birth, please provide legal documentation of your name change. Legal documentation may include an official marriage certificate or an order by a court.

- Education and Training: You must successfully complete a training program approved by the secretary that has a minimum of 20 instruction hours as identified in [WAC 246-72-110](#). Provide a certificate of completion as proof of completion.
- Cardiopulmonary resuscitation (CPR): You must complete a cardiopulmonary resuscitation (CPR) course that included both a written and skills demonstration test. Attach a copy of the front and back of your cardiopulmonary resuscitation (CPR) card or certificate as proof of completion.

Other Information:

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- The initial certification will expire on your birthday unless the license is issued within 90 days of your birthday.
- Certifications must be renewed every year on your birthday. A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the Medical Cannabis Consultant program is available on our [website](#).

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Date
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Medical Cannabis Consultant Certificate Application

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

Select if the following applies: Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> X
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
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Country

Phone (Enter 10 digit #)	Cell (Enter 10 digit #)
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Email address

Mailing address (if different from above)

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No
If yes, list name(s):

Will documents be received in another name? Yes No
If yes, list name(s):

2. Personal Data Questions

Yes No

1. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile for a felony crime in any state or jurisdiction?
2. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile for any crime relating to drugs or controlled substances in the state of Washington?
3. Have you ever been found in any civil, administrative or criminal proceeding to have:
 - a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?

Note: If you answered “yes” to any of these questions, you must send certified copies of all related court documents with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal, civil, and administrative history. A criminal conviction or a civil or administrative finding may not automatically bar you from obtaining a certification. However, failure to report criminal history or a civil or administrative finding may result in extra cost to you and the application may be delayed or denied.

3. Education and Training

List in date order, most recent to later, your educational preparation and training. Attach additional pages if you need more space.

Schools Attended Full Name, City and State	Attendance	
	From (mm/dd/yyyy)	To (mm/dd/yyyy)

I certify that I have completed a training program approved by the secretary that has a minimum of 20 instruction hours as identified in [WAC 246-72-110](#).

I have attached a copy of my certificate of completion as proof of completion.

Applicant's Initials	Date

4. Cardiopulmonary Resuscitation (CPR) Attestation

I certify that I have completed a Cardiopulmonary Resuscitation (CPR) Course that included both a written and skills demonstration test.

I have attached a copy of my Cardiopulmonary Resuscitation (CPR) Course card or certificate as proof of completion.

Applicant's Initials	Date

5. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)

the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

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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 Web Page](#)