

**Alabama Medical Cannabis Commission  
Continuing Education Certificate of Completion**

**Individual Completing Continuing Education**

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Individual's Name

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Registered Agent Number

Current Position(s) with Licensee (select all that apply):

Owner

Board Member

Officer

Administrator

Manager

Salaried Employee

Hourly/Non-Salaried Employee

Transport Driver

Certified Dispenser

**Course Information**

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Course Title

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Date Completed

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Course Provider Name

Provider Type:

Licensee

Third Party

Course Time Completed (in minutes):

Medical Cannabis Education \_\_\_\_\_ minutes

Medical Cannabis Safety Training \_\_\_\_\_ minutes

Certified Dispenser Education \_\_\_\_\_ minutes

Driver/Transport Procedure Training \_\_\_\_\_ minutes

**Total Course Time Completed** \_\_\_\_\_ **minutes**

Delivery Method

Live In-Person / Location: \_\_\_\_\_

Live Webinar

On-Demand

**AMCC USE ONLY****Licensee Information**

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Licensee Name

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License Number

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Licensee's Continuing Education Oversight Representative

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Title

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Email

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Phone Number

**LICENSEE CERTIFICATION:** The undersigned certifies that the above-named individual has satisfied all requirements for completion of the continuing education course in the "Course information" section of this form. The undersigned, as the individual responsible for oversight of the above-named licensee's continuing education compliance, certifies that the licensee complies with all continuing education, reporting, and records retention obligations of Ala. Admin. Code r. 538-X-4-.04.

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Signature

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Date