

Alabama Medical Cannabis Commission
Continuing Education Certificate of Completion

Individual Completing Continuing Education

Individual's Name

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

Course Title

Date Completed

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

Licensee Name

License Number

Licensee's Continuing Education Oversight Representative

Title

Email

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.

Signature

Date