

Alabama Medical Cannabis Commission

Continuing Education Course Pre-Approval Application

Provider Information

Provider's Name	Pre-Approval Requested by:		
	Licensee		Third Party
Address	City	State	Zip
Contact Person	Email	Phone	

Course Information

Course Title	Pre-Approval for Calendar Year		
Licensee Representative(s) Eligible for Course (select all that apply):			
Owner	Board Member	Officer	Administrator
Salaried Employee	Hourly/Non-Salaried Employee	Transport Driver	Manager
Certified Dispenser			
Delivery Method (select all for which pre-approval is requested):			
Live In-Person / Date(s) & Location(s): _____			
Live Webinar / Date(s): _____			
On-Demand / Access URL: _____			

Course Length (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

Pre-Approval Application Checklist

Application Form

Course Time Schedule/Agenda and Slides/Handout Materials

Presenter/Speaker Credentials

AMCC USE ONLY

PROVIDER CERTIFICATION: The undersigned certifies that the above-named continuing education provider has developed and is authorized to disseminate the continuing education course for which pre-approval is sought in this application. The undersigned further certifies that the provider understands that pre-approval for each calendar year in which the course is offered and that the provider must immediately notify AMCC if the pre-approved course is no longer available (entirely or as to certain individuals or delivery methods).

Signature

Date

SUBMIT COMPLETED APPLICATION PACKET TO: compliance@amcc.alabama.gov