

Name _____

Email Address: _____



**Medical Marijuana Consultant Certification
Stakeholder Input – August 31, 2015**

1. Define curriculum and select vendors to provide training or education programs.			
Issue		What concerns do you have?	What would you like to see?
A. Subjects – what should be included in the training?			
B. Delivery – how should the training be offered (e.g. electronically? In person?)			
C. Vendors – what criteria should be used when selecting vendors?			
D. Hours for training – how many should be required?			
E. Other Issues			
2. Develop an application and renewal process for consultant certificate holders			
Issue		What concerns do you have?	What would you like to see?
A. Minimum Requirements - Besides the listed requirements, what else should be required of certificate holders?			
B. Education - Should level of			

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education be a factor?			
C. Fees for certification – How should a fee be determined? How much is reasonable?			
D. Other issues			
3. Specify the consultant services parameters			
Issue		What concerns do you have?	What would you like to see?
A. Services Allowed – What services should a consultant provide to patients?			
B. Not Allowed – What services are a consultant not allowed to provide?			
4. Other Concerns or Comments			

To return the comment worksheet to the Department of Health:

Mailing Address: DOH MMJ Program, PO Box 47852, Olympia WA 98504 | **Email:** medicalmarijuana@doh.wa.gov | **FAX:** 360-236-2901

Questions: Email or Phone: 360-236-4819