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Alaska Marijuana Control Board

Form MJ-10: Education Course Provider Application

This marijuana handler permit education course provider application is required for all persons and entities seeking to have a marijuana handler permit education course approved or re-approved (every three years) by the Marijuana Control Board. Applicants should review **3 AAC 306.700 and 3 AAC 306.701.**

The course curriculum must cover at least the following topics:

- AS 17.37, AS17.38, and 3 AAC 306
- The effects of consumption of marijuana and marijuana products
- How to identify a person impaired by consumption of marijuana
- How to determine valid identification
- How to intervene to prevent unlawful marijuana consumption
- The penalty for an unlawful act by a licensee, an employee, or an agent of a marijuana establishment
- A written test, demonstrating that each student has learned the information correctly

This form must be submitted to AMCO's Anchorage office, along with copies of the course curriculum, before any marijuana handler education course provider application will be considered by the board.

	A	pplicant Informat	tion		
Enter information for the bu	siness seeking to be an	approved marijuana hande	r permit education	course.	
Applicant:					
Course Name:					
Mailing Address:					
City:			State:	ZIP:	
Email Address:			Phone:	,	
Check one:	rse application, \$500 fo	ee	rse review, \$500 fe	e	
Do you intend to provide th	·			,	In-person Online
You must be able to certify the	statement below. Read t	he following and then sign you	<u>ır initials in the box t</u>	o the right:	<u>Initials</u>
I hereby certify that I am the p and I know the full content the submitted are true and correc any attachment, or documents understand that it is a Class A falsification.	ereof. I declare that all of t t. I understand that any fa s to support this applicatio	the information contained her Isification or misrepresentatio on, is sufficient grounds for de	ein, and evidence or on of any item or resp nying or revoking a li	other documents conse in this applications cense/permit. I fur	ation, or ther
Printed Name of Applicant		Signature of Applicant			
		OFFICE USE ONLY			
Board Meeting Date:		Approved Y/N?:		Course #:	