

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 marijuana.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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**.

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 main office, along with copies of the course curriculum, before any marijuana handler education course provider application will be considered by the board.

| | Applicant l | nform | ation | | | | |
|---------------------------------|--|-----------|--------------------|------------|---------------|-------------|--|
| Enter information for the bu | siness seeking to be an approved marij | uana han | der permit educat | ion cours | е. | | |
| Applicant: | Mae L Good | | | | | | |
| Course Name: | Fast-track Certification Course AK | | | | | | |
| Mailing Address: | 7060 East Patricia Anne Circle | | | | | | |
| City: | Palmer | | State: | AK | ZIP: | 99645 | |
| Email Address: | mlgood5981@gmail.com Phone: (90 | | | (907) | 907) 202-6328 | | |
| Do you intend to provide apply. | this course in-person in a classroor | n-type so | etting, or online? | Check a | Ill that | In-person C | |
| Mae L Good | | | | 09/02/2022 | | | |
| Signature of Applicant | nature of Applicant Printed Name | | | | Date | | |
| OFFICE USE ONLY | | | | | | | |
| Board Meeting Date: | Approved Y/N | 1?: | | C | ourse #: | a v | |