



TESTING ADVISORY COUNCIL APPLICATION
Medical Marijuana Program

Please submit completed **application and resume** to M2Dispensaries@azdhs.gov.

APPLICANT INFORMATION

Full Legal Name of Applicant

Email Address

Phone Number (XXX) XXX-XXXX

Complete Mailing Address (Street, City, State, Zip)

ADVISORY COUNCIL POSITION

Pursuant to A.R.S. §36-2821, please select which position you are applying to fill.

- President/ED/Designee of Statewide Nonprofit Dispensary Association
- President/ED/Designee of Statewide Nonprofit Cannabis Testing Association
- President/ED/Designee of Medical Marijuana Trade Association
- Registered Dispensary Agent (3 years' cultivation experience)
- Registered Dispensary Agent (3 years' extraction experience; sends products for testing)
- Registered Dispensary Agent (3 years' edible production experience)
- Owner of Arizona-based cannabis testing laboratory
- Laboratory scientist (B.S. or Ph.D.; 3 years' experience in cannabis testing)
- Registered Qualifying Patient
- Registered Designated Caregiver
- Representative of Department of Public Safety
- Licensed Health Care Provider (5 years' experience; specializes in substance use disorders)

EXPERIENCE & INTEREST STATEMENT

Briefly describe your relevant experience and why you are interested in serving on the Testing Advisory Council.

ATTESTATION

I attest that I meet the requirements specified in AR.S. §36-2821 for the position selected above. I understand that, if selected, I will be required to complete an online public service orientation training and sign a loyalty oath. If selected, I am committed to attending Advisory Council meetings and working with the Department to prepare a report on testing medical marijuana by December 31, 2019.

Signature of Applicant

Date Signed