Application for Admission

DISPENSARY AGENT FUNDAMENTALS

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3223 • TDD (636) 789-5772 • www.jeffco.edu

______________________________  ____________________________
LAST                      FIRST                     MI                     PREVIOUS NAME

______________________________  ____________________________
CURRENT ADDRESS                      CITY, STATE, ZIP CODE

______________________________  ____________________________
SOCIAL SECURITY NUMBER                      DATE OF BIRTH

Do you have a high school diploma?  Yes ____   No ____    HiSET  Yes ____   No____ Please attach copy with application.
Note: Some employers may require a high school diploma or equivalent for employment.

______________________________  ____________________________
HOME PHONE NUMBER                        CELL PHONE NUMBER

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.

12/21/21
The Essential Functions of Dispensary Agent Fundamentals

This course prepares students for entry-level employment as a medical cannabis dispensary agent in the state of Missouri. Topics include compliance and control, product selection, regulatory and business principles, patient consultation, industry ethics and professionalism, and standard operating procedures.

I UNDERSTAND THAT UPON SUCCESSFUL COMPLETION OF THE PROGRAM INCLUDING STUDENTS SHOULD LEARN THE OBJECTIVES BELOW AND BE PREPARED FOR A POSITION AS A DISPENSARY AGENT.

Due to the current status of federal law related to marijuana, participation in this program could have a potential impact on any immigration or visa process in which the participant is involved. If you are not a U.S. citizen or presently in the United States on a visa, please consult with an immigration attorney regarding the possible effects of participating in this program.

Student learning objectives Dispensary Agents include:

- Compliance and Control including inventory and security
- Product knowledge and selection including cannabinoids, terpenes, and modes of assimilations
- Regulatory and business principles including packaging requirements, understanding quantities, scale work and pricing, and financial and business operations.
- Patient consultation and regulatory requirements
- Medical cannabis industry expectations and ethics
- Standard operating procedures

I have read the above statements and answered all questions to the best of my knowledge.

Signature of Applicant ___________________________ Date 12/21/21
Please complete the following:

1) Do you have sufficient access to a personal computer/internet to complete course requirements?  ❑ Yes ❑ No
   If no, how do you plan to complete this course?
   __________________________________________________________________________________________
   __________________________________________________________________________________________

2) Are you proficient:
   a. using a personal computer? Yes ___ No ___
   b. in Microsoft Word? Yes ___ No ___
   c. In Microsoft Excel? Yes ___ No ___

3) Are you being sponsored by an employer to attend this course?  ❑ Yes ❑ No
   Name and phone number of Employer: ____________________________

EMERGENCY INFORMATION

Emergency Contact: ____________________________ Phone #: ____________________________
Physician: ____________________________ Phone #: ____________________________
Allergies: _________________________________________________________________________________________

Please make sure that all sections of this application are complete with accurate up-to-date information.

I have read the above statement and have answered to the best of my knowledge,

___________________________________________________________
___________________________________________________________
Signature of Applicant Date

12/21/21