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 NAME ____________________ FIRST NAME ____________________ MI ____________________ PREVIOUS NAME ____________________

CURRENT ADDRESS ____________________ CITY, STATE, ZIP CODE ____________________

SOCIAL SECURITY NUMBER ____________________ DATE OF BIRTH ____________________ EMAIL ____________________

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.
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

01_8_21
Please complete the following:

1) Do you have any prior experience working in the logistics industry?  ❑ Yes  ❑ No
   If yes, please provide a brief summary of your experience:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2) 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?
   __________________________________________________________________________
   __________________________________________________________________________

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

4) Do you understand this course will require a hands-on lab experience?  ❑ Yes  ❑ No

5) 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