

BUREAU OF MEDICAL MARIJUANA REPORTING OR CORRECTING AN EMPLOYEE AFFILIATION WITH A MEDICAL MARIJUANA ORGANIZATION

Introduction:

An individual may not hold a volunteer position, position for remuneration, or otherwise be affiliated with a medical marijuana organization (MMO) or a clinical registrant if the individual has been convicted for the criminal charges outlined in 35 P.S. § 10231.614 and 28 Pa. Code § 1141a.31(d). A MMO is required to report to the Bureau of Medical Marijuana (Bureau) individuals who are to be affiliated as employees and individuals who will no longer be affiliated with the MMO.

The below “Reporting or Correcting an Employee Affiliation with a Medical Marijuana Organization” (Employee Affiliation Form) must be used to affiliate an employee, to report an individual who will no longer be affiliated with the MMO, or to make a minor correction to an employee’s existing affiliation record. The below form may not be used for affiliations regarding principals, financial backers, or operators.

Instructions:

A MMO must submit an Employee Affiliation Form for each employee. If the employee is to be affiliated or is affiliated with more than one permit number, a separate Employee Affiliation Form is required for each permit number.

The Employee Affiliation Form and required documentation must be submitted via email to: RA-DHMMOAFILIATIONS@pa.gov. The email subject line should use the following format: *Permittee Number_Permittee Name_Affiliation*. The email may only include documentation for the one permittee listed in the subject line. Any email containing several permittees will not be accepted or processed.

Please note: if the Employee Affiliation Form is for a Medical Professional and the Medical Professional’s affiliation must be expedited to allow consultations with patients, the email subject line should use the following format: *Permittee Number_Permittee Name_URGENT MED PRO Affiliation*. The request will be processed accordingly.

Failure to follow the instructions will result in the return of the documents for correction and delay the processing of your affiliations.

Hardcopy documents mailed, shipped, or delivered will not be accepted, processed or approved, unless specifically requested.

Criminal History Record Check

As employees of MMOs are required to receive a criminal history record check, the prospective employee must submit fingerprints for a federal criminal background check before completing the Employee Affiliation Form. Each individual must attach proof that their fingerprints were submitted and submit their state background check results as part of this Employee Affiliation Form.

Proof of fingerprint submission. The receipt from the location where the individual submitted fingerprints is acceptable proof. Enrollment to be fingerprinted is not acceptable proof. **Please note:** If the individual’s fingerprints are rejected due to poor quality of prints, the individual has 30 days to be reprinted.

State background check results. If the individual resides outside of Pennsylvania, the appropriate state background check must be submitted.

Two-Hour Training Course

The employee has 90 days from hire to complete the 2-hour training course. Proof of completion of the training must be kept at the employment location and made available to the Bureau upon request during an inspection.

MJ Freeway Access

You must specify which access type is to be granted to the person affiliating. Access to MJ Freeway is only granted to those who require it. “General Access” is appropriate for those wishing to access and transact the system’s “normal” operational functions. “Admin Access” should only be granted to select individual(s) who you wish to name as your custodian of the MJ Freeway system, the individual responsible for ensuring appropriate use by all affiliates.

Permittee Identification

Complete this section with the information to identify the MMO.

Permittee Name: this must be the legal business name as identified on the permit, not the trade or DBA (doing business as) name.

Permit Number: this may only be **one** permit number as a separate Employee Affiliation Form must be submitted for each permit.

Primary Contact: the name of the MMO’s authorized representative completing this form who can provide information on the contents, if needed.

Employee’s Information

Complete this section with information to identify the employee.

Please Notes: If using this form to correct an existing employee’s affiliation record, you must complete this section with the employee’s information as currently identified with the Bureau.

Employee to be Affiliated

Complete this section if this form is being used to affiliate the employee with the MMO.

Medical Professional: If the employee is to be processed as a Medical Professional, you must check the box.

Proof of employee fingerprint submission is attached. By checking the box, you acknowledge that you have attached the required proof of fingerprinting.

Employee No Longer Affiliated

Complete this section if this form is being used to remove an employee as an individual affiliated with the MMO.

By checking the box, the employee will no longer be affiliated with the MMO in the Bureau’s records and will no longer have access to MJ Freeway.

Correction to Employee Affiliation

Complete this section if the employee information currently in the Bureau’s records need to be corrected/updated. You should only provide information for the field(s) that need to be updated.

Attestation

Acknowledge each statement by selecting the box, sign, and date. Failure to acknowledge the statements will result in the return of the documents for correction and delay the affiliation processing.



BUREAU OF MEDICAL MARIJUANA: REPORTING OR CORRECTING AN EMPLOYEE AFFILIATION WITH A MEDICAL MARIJUANA ORGANIZATION

Permittee Identification	
Permittee Name:	Submission Date:
Permit Number:	Region:
Primary Contact:	Phone Number:
Employee's Information	
Name:	Job Title:
Mailing Address:	Email:
	Phone Number:
Employee to be Affiliated	
This employee is to be processed as a Medical Professional: <input type="checkbox"/>	
The access required for MJ Freeway: <input type="checkbox"/> No Access <input type="checkbox"/> General Access <input type="checkbox"/> Admin Access	
Proof of employee fingerprint submission is attached. <input type="checkbox"/>	
Employee No Longer Affiliated	
The employee listed above is no longer affiliated with the MMO. <input type="checkbox"/>	
Correction to Employee Affiliation	
Name:	Job Title:
Mailing Address:	Email:
	Phone Number:
Attestation	
<p>The authorized representative of the MMO completing this Employee Affiliation Form acknowledges as follows:</p> <p><input type="checkbox"/> I acknowledge that employees may work in a supervised capacity pending completion of their background check, but if, however, the employee is unable to be affiliated, the employee must be immediately terminated. I further acknowledge the medical marijuana organization's compliance with this statement.</p> <p><input type="checkbox"/> I acknowledge that this form is not being used to effectuate the prohibited transfer or sale of the permit from the medical marijuana organization.</p> <p><input type="checkbox"/> I further acknowledge that a false statement made by me in this document is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).</p>	
_____ Signature of Authorized Representative	_____ Date
_____ Printed Name	_____ Title in MMO
Submit this form electronically with required attachments to: RA-DHMMOAFFILIATIONS@pa.gov	