

IMPORTANT NOTICE:
Completion of this form is necessary for consideration for licensure in connection with the Medical Cannabis Pilot Program Act, 410 ILCS 130 and 68 IAC 1290.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

SUPPORTING DOCUMENT

**MEDICAL CANNABIS
PRINCIPAL OFFICER CERTIFICATION
STATEMENT FORM**

**CERT-
PO**

Each Principal Officer must individually complete, sign and date a separate Form.

In order for your application to be evaluated, you must respond to each of the following questions. If additional space is required please attach a separate sheet for each separate response, identify the question number you are responding to and use no more than 250 words in your response.

1. I certify that I have not held an ownership interest in a cannabis dispensary or its equivalent in another state or territory of the United States that had the dispensary registration or license suspended, revoked, placed on probationary status or subject to disciplinary action. Yes No

2. I certify that I am not a physician that will be on the dispensing organization's board of directors or a dispensary employee, pursuant to Section 35(b)(5) of the Act. Yes No

3. I certify that I am not an Illinois registered qualified patient or a designated caregiver with the Illinois Department of Public Health, and I do not plan to become one while a Principal Officer of a dispensary. Yes No

4. I certify that I have not managed or served on the board of any business or not-for-profit that was convicted, fined, censured, or had a registration suspended or revoked in an administrative or judicial proceeding. If no, provide a brief explanation. Yes No

5. I certify that I have not defaulted on alimony or a child support obligation. If no, provide a brief explanation. Yes No

6. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide a brief explanation. Yes No

7. I certify that I am not delinquent on the filing of state or federal taxes. If no, provide a brief explanation. Yes No

8. I certify that I have not defaulted on a student loan. If no, provide a brief explanation. Yes No

9. Have you held a medical cannabis or medical marijuana license or registration in any other State? If no, skip next question. Yes No

10. If you have held a medical cannabis or medical marijuana license or registration in another State, have you been disciplined (including but not limited to restricted, suspended, or terminated) by any State? If yes, provide a brief explanation.

Yes

No

11. Do you have knowledge of any principal officer affiliated with your application that has a disease or condition that interferes with the ability to perform the essential functions of this profession, including one generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) substance abuse; (3) physical disease or condition, that presently interferes with the ability to practice in this profession? If yes, provide a brief explanation.

Yes

No

12. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Illinois or other state. If no, provide a brief explanation.

Yes

No

13. Do you currently hold a license or registration through the Illinois Department of Financial and Professional Regulation? If yes, identify the license.

Yes

No

14. Did you serve in the armed service or in a city, county, state or federal position? If no, skip next question.

Yes

No

15. If I served in the armed service or in a city, county, state or federal position, I certify I have not been discharged, other than honorably.

Yes

No

16. Are you employed by the State of Illinois? If no, skip next question.

Yes

No

17. If you are employed by the State, please state the name, agency and position.

I certify that I acknowledge receipt and advisement of the notices contained in this application and I agree to and accept the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:

Yes

No

Limitation of Liability—the State of Illinois shall not be liable to the Dispensing Organization, Dispensing Organization employees, family members or guest(s), qualifying patients or caregivers, qualifying patients' or caregivers' employer or employees, family members or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the registrant's participation in the Compassionate Use of Medical Cannabis Pilot Program Act, including, but not limited to, the following: arrest, seizure of persons or property, prosecution pursuant to federal laws by federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty, or the actions of any other registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the Registration if the Registration is granted, and

I acknowledge that as an applicant in the Medical Cannabis Pilot Program, I have actual notice that, notwithstanding any State law:

- Cannabis is a prohibited Schedule I controlled substance under federal law;
- Participation in the Medical Cannabis program is permitted only to the extent provided by the strict requirements of the Act and the Division's Administrative Rules;
- Any activity not sanctioned by the Act or the Division's administrative rules may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration;
- Growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, is a violation of federal law and could result in arrest, prosecution, conviction, or incarceration;
- Use of medical cannabis may affect an individual's ability to receive federal or State licensure in other areas;
- Use of medical cannabis, in tandem with other conduct, may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration;
- Participation in the Medical Cannabis program does not authorize any person to violate federal law or State law and, other than as set out in 410 ILCS 130/25, does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or State law; and
- Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.

I certify that I have not been charged with or have been convicted of an "excluded offense" Yes No as defined under Section 10(l) of the Act. Section 10(l) of the Act defines an excluded offense as:

(1) A violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or

(2) A violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use.

Section 3(c) of the Rights of Crime Victims and Witnesses Act defines Violent Crime as:

"Violent Crime" means any felony in which force or threat of force was used against the victim, or any offense involving sexual exploitation, sexual conduct or sexual penetration, or a violation of Section 11-20.1, 11-20.1B, or 11-20.3 of the Criminal Code of 1961 or the Criminal Code of 2012, domestic battery, violation of an order of protection, stalking, or any misdemeanor which results in death or great bodily harm to the victim or any violation of Section 9-3 of the Criminal Code of 1961 or the Criminal Code of 2012, or Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, if the violation resulted in personal injury or death, and includes any action committed by a juvenile that would be a violent crime if committed by an adult. For the purposes of this paragraph, "personal injury" shall include any Type A injury as indicated on the traffic accident report completed by a law enforcement officer that requires immediate professional attention in either a doctor's office or medical facility. A Type A injury shall include severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene.

I certify my acknowledgment that application fees are non-refundable. Yes No

Dated this _____ day of _____, 2014

Signature of Principal Officer

Printed Name of Principal Officer

Sworn to and subscribed before me on this _____ day of _____, 2014.

Notary Public.

My commission expires on _____