



RESPONSIBLE VENDOR TRAINING (RVT) APPLICATION GUIDANCE

Last updated: July 11, 2024

The Maryland Cannabis Administration (MCA) develops policies, procedures, guidelines, and regulations to implement programs to make cannabis available in a safe and effective manner. Ensuring high-quality and comprehensive training resources for cannabis business agents is essential to this mission.

An organization approved by MCA to provide a Responsible Vendor Training (RVT) is an entity – separate and independent from the MCA – that MCA has approved to provide training to registered business agents of Maryland licensed cannabis businesses. If the MCA approves the entity’s RVT application, the entity will be posted as an approved RVT on the MCA website (cannabis.maryland.gov).

This document is not legal advice. The following guidance is provided to assist businesses in understanding the RVT application process and applicable state laws and regulations governing the RVT requirements.

Applicant Requirements

The online application to be considered as a RVT provider in Maryland is available [here](#). A checklist of required exhibits can be found below in Application Requirements, Table 1. All exhibits on the checklist must be satisfied for an application to be deemed complete for MCA review. A non-refundable \$500 fee for a three-year approval must be paid in the form of a cashier's check or money order made payable to the "Maryland Cannabis Administration" and mailed to: Maryland Cannabis Administration, Attn: Finance, 849 International Drive, Linthicum, MD 21090. Applicants must submit a photocopy or scan of the cashier’s check or money order.

An owner or employee of an entity providing a RVT is not permitted to have employment by or interest in a Maryland cannabis licensee or registrant. These standards are established by the MCA to ensure trainers do not have conflicts of interest. Each owner and key personnel of an entity applying to provide an RVT program must complete a Conflict-of-Interest Attestation (see page 7).

MCA-approved RVT providers are required to stay up to date on developments in federal and state laws and regulations to ensure their training and testing materials are current. RVT providers are required to meet record retention requirements as set out below (see Recordkeeping). To maintain “approved”



status, RVT providers must submit a renewal application form to the MCA, including a list of all changes made to the training since its initial MCA approval, **every three (3) years**, and/or upon request. The fee for a renewal application is \$250.

Required Components and Conditions

Approved RVT programs may be delivered in an online or virtual classroom setting provided that the RVT provider can verify the identity of the participant and ensure interactivity throughout the training. More information about RVT standards is available under COMAR 14.17.15.05(E)(2)—Cannabis Business Agents. RVT applications shall at a minimum identify proficiency of the person in the training components of the Alcoholic Beverages and Cannabis Article, §36-1001(C), Annotated Code of Maryland, including providing accurate information on:

COMAR 14.17.15.05(E)(2)—Cannabis Business Agents

- i. Required license, registration, and other business authorization:**
 - a. COMAR 14.17.06—Standard cannabis license
 - b. COMAR 14.17.07—Micro licenses
 - c. COMAR 14.17.08—Laboratory registration & operations
 - d. COMAR 14.17.09—Other cannabis business
 - e. COMAR 14.17.04.01 –Certifying Providers
 - f. COMAR 14.17.04.09 – Clinical Directors
 - g. [HB 253](#) –Temporary agent registration
 - h. Licenses - [MD Code, Alcoholic Beverages, § 36-401](#)
 - i. Registration of other businesses - [MD Code, Alcoholic Beverages, § 36-409](#)
 - j. Labs - [MD Code, Alcoholic Beverages, § 36-408](#)
- ii. Age requirements, patient registration, and other acceptable identification cards:**
 - a. COMAR 14.17.04—Medical Cannabis Program
 - b. COMAR 14.17.12—Cannabis Dispensary Operations
 - c. COMAR 14.17.14—Complaints, Enforcement, Record Keeping, and Inspections of Cannabis Businesses
 - d. Medical cannabis—[MD Code, Alcoholic Beverages, § 36-302](#)
- iii. Information on serving size, tetrahydrocannabinol, and other cannabinoid potency, and impairment:**
 - a. COMAR 14.17.13—Cannabis Products
 - b. [§ 5-601. Possessing or administering controlled dangerous substance](#)
- iv. Record maintenance:**
 - a. COMAR 14.17.14—Complaints, Enforcement, Record Keeping, and Inspections of Cannabis Businesses
 - b. COMAR 14.17.15.05B—Training records for licensees
- v. Privacy protection for patients:**
 - a. COMAR 14.17.04 –Medical Cannabis Program
- vi. Prohibited or unlawful acts:**
 - a. COMAR 14.17.20—Prohibited acts
 - b. [Prohibited acts concerning sale, delivery, transfer - 36-1101](#)
 - c. Advertising restrictions [MD AL Bev D. III, T. 36, Subt. 9, Refs & Annos](#)
- vii. Administrative or criminal liability:**



- a. COMAR 14.17.14—Complaints, Enforcement, Record Keeping, and Inspections of Cannabis Businesses
 - b. [MD Code, Alcoholic Beverages, § 36-202](#), See (a)(6) and (7) and (b) about MCA power to impose sanctions
 - c. MD Code, Criminal Law, [§ 5-101. Definitions](#)- personal use amount
 - d. [36-410](#)—Other dispensary requirements/limitations
- viii. State and local licensing and enforcement:**
- a. COMAR 14.17.12.05—Coordination of enforcement between MCA and Comptroller
 - b. COMAR 14.17.14.04—General discipline and enforcement
 - c. [Local: see 36-405 for political subdivisions’ zoning powers](#)
 - d. [Specific zoning rules for dispensaries, see 36-410](#)
- ix. Statutory and regulatory requirements for employees and owners:**
- a. COMAR 14.17.16—Owners
 - b. COMAR 14.17.15—Cannabis Business Agents
 - c. Employees: §36-501
 - d. Owners: 36-502 and -504
 - e. [Limits on # licenses: 36-401\(e\)](#)
- x. Statutory and regulatory requirements for the sale, transfer, or delivery of cannabis or cannabis products:**
- a. COMAR 14.17.12.04—Dispensary Operations
 - b. COMAR 14.17.09—Other Cannabis Businesses
 - c. COMAR 14.17.12.03—Micro dispensary
 - d. COMAR 14.17.06.08—Delivery as standard dispensary
 - e. COMAR 14.17.12.02O - Drive through dispensing requirements
 - f. COMAR 14.17.12.02P - Curbside pick-up for all consumers
 - g. [Prohibited acts concerning sale, delivery, transfer - 36-1101](#)
 - h. COMAR 14.17.04.05 - Patient Accommodations

Please note, RVT providers may elect to add supplementary material so long as other requirements are met. As all Maryland cannabis business agents will be *required* to complete an MCA-approved training *each year*, reasonable purchase pricing will be a factor considered during the MCA review process, and MCA expects training per person would cost \$50 or less.

Participant Testing and Program Evaluation

The RVT program shall include a post-training test. Participants must achieve a score of 70% or higher to pass this test and receive a certificate of completion. Online programs must employ measures to ensure participants cannot skip through any portions of the training. Approved providers shall allow MCA staff to observe their courses, either online or in- person, without notice. Once participants have completed their course, each participant must complete an evaluation assessing program effectiveness; the MCA may provide specific evaluation questions and/or require submission of evaluation responses. RVT providers must review evaluations and make course corrections, pursuant to the MCA’s specifications, as appropriate.

Recordkeeping

MCA-approved RVT providers must maintain training records for **four (4) years**. Providers must make



records available for inspection by MCA staff and any other applicable licensing authority upon request. The RVT provider shall ensure that all other terms and deadlines are met.

Application Process

Table 1 outlines the required materials to be submitted to MCA for review. If the MCA approves the entity’s application, the entity will be approved to provide RVT with the entity’s website posted to the MCA website (cannabis.maryland.gov).

- **Exhibit A** is the application form that will be automatically and electronically received by the MCA upon completion and submission of the online form.
- **Exhibits B-G** must be clearly labeled with Exhibit Letter and Name and uploaded electronically in the online application form. Please note, MCA must be able to review the finished RVT training product as it would be experienced by Maryland cannabis business agents.
- **Exhibit H*** is only applicable for renewal applications, which must be submitted every three (3) years.

Applicants should anticipate at least **90 days** for formal consideration of a RVT application. After submission of training materials, no further changes to the material are permitted during the review process unless they are specifically requested by the MCA. An applicant must provide any additional information requested by MCA during the review process within 30 days. Failure to do so may result in the denial of an application.

Table 1

Exhibit Letter	Exhibit Name	Required Documentation
A	“Application form”	1. A completed online RVT Application form .
B	“Application Fee”	1. \$500 paid in the form of a cashier's check or money order 2. The non-refundable fee for a three-year designation must be paid in the form of a cashier's check or money order made payable to the "Maryland Cannabis Administration" and mailed to: Maryland Cannabis Administration, Attn: Finance, 849 International Dr., Linthicum, MD 21090 3. A photocopy or scan of the cashier’s check or money order
C	“Owners”	1. List of any individual(s) with an ownership interest in the applicant 2. Signed Conflict-of-Interest Attestation from each owner (See page 7)



D	“Key personnel”	<p>Applicants must identify the number and types of proposed key personnel, such as managers, employees, and individuals who will facilitate the training.</p> <p>For each individual:</p> <ol style="list-style-type: none"> 1. Describe in detail how their experience and qualifications relate to their specific responsibilities. <i>Note:</i> All individuals facilitating training must have a minimum of 12 months of experience providing training on cannabis or similar topics. If training experience is not cannabis-specific, please explain how this experience will be obtained prior to facilitating 2. CV/resume 3. Signed Conflict-of-Interest Attestation (See page 7)
E	“Course Outline”	<ol style="list-style-type: none"> 1. Syllabus 2. List of objectives 3. Bullet point outline of the curriculum plan that shows all topics to be covered and length of time for each subject 4. Clear identification of how sections of the curriculum correspond to each required training core element 5. Course provides a minimum of 4 hours of training. Clear identification of supplementary topics (i.e., those not required in <i>COMAR 14.17.15.05(E)(2)</i>). 6. <i>IF virtual</i>, method to verify the identification of each participant in the course and certify completion, track participant time to complete the course, and allow for the participant to ask questions regarding the RVT (i.e., by email, virtual discussion) 7. A copy of the RVT Participant Evaluation Form
F	“Electronic Training Materials for each <i>COMAR 14.17.15.05(E)(2)</i> core element”	<p>All facilitator and participant training materials, including each core element of <i>COMAR 14.17.15.05(E)(2)—Cannabis Business Agents:</i></p> <ol style="list-style-type: none"> 1. Required license, registration, and other business authorization 2. Age requirements, patient registration, and acceptable identification cards 3. Information on serving size, tetrahydrocannabinol, and other cannabinoid potency, and impairment 4. Record maintenance 5. Privacy protection for patients 6. Prohibited or unlawful acts: 7. Administrative or criminal liability: 8. State and local licensing and enforcement: 9. Statutory and regulatory requirements for employees and owners: 10. Statutory and regulatory requirements for the sale, transfer, or delivery of cannabis or cannabis products <p><i>IF virtual</i>, Learning Management System (LMS) or course access and login.</p> <p>Please note, MCA must be able to review the finished RVT training product as it would be experienced by Maryland cannabis business agents.</p>
G	“Testing Methods and Materials”	<ol style="list-style-type: none"> 1. Testing materials 2. Description of testing methods



H*	“Renewal Application Materials”	<ol style="list-style-type: none">1. List of all Maryland businesses and individuals who have successfully completed training in the last three (3) years2. Submit a list of completed participant course evaluations (copies of the evaluation responses may be requested)3. Submit an outline/summary of any changes and updates to course curriculum and materials. Include any items that have been updated4. \$250 paid in the form of a cashier's check or money order
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Questions may be directed to publichealth.mca@maryland.gov.



Responsible Vendor Training (RVT) Conflict-of-Interest Attestation

A RVT provider is an entity separate and independent from the MCA who is approved to provide training to registered business agents of Maryland licensed cannabis businesses. To preserve independence, no owner, manager, or employee of a RVT provider may have employment by or interest in a Maryland Cannabis licensee or registrant. Any individual with an **ownership (Exhibit C)** stake in the applicant must complete this form. Any individual identified as **key personnel (Exhibit D)**, such as managers, key employees, and individuals who will facilitate the proposed training must complete this form.

Contact Information:

Name: _____

Title and Organization: _____

Email Address: _____

Check the box that accurately describes the applicant: **Owner** **Key personnel**

Attestation (*check the box next to the statement to attest to the truth of that statement*):

I do not currently have employment by or interest in a Maryland Cannabis licensee or registrant.

Acknowledgement:

I understand that I must submit this form and respond to any related follow-up inquiry by the MCA for review of the pending RVT application.

By signing below, I attest to the truthfulness of all information provided in this form.

Signature: _____ **Date:** _____