LICENSED PHYSICIAN AFFIRMATION

Applicant or Licensee: __________________________________________________________

Medical License Number: _____________________________________________________

I hereby affirm that I understand that pursuant to 44-11-306(1)(d), C.R.S. a license provided by the Colorado Medical Marijuana Code pursuant to 44-11-101, et seq., C.R.S. shall not be issued to, or held by, a licensed physician making patient recommendations for the use of medical marijuana.

I further affirm that I understand that pursuant to 5CCR 1006-2, Regulation 8 (A)(4)(d) a physician shall not hold an economic interest in an enterprise that provides or distributes medical marijuana if the physician certifies the debilitating medical condition of a patient for participation in the medical marijuana program.

I hereby affirm that as a licensed physician I am not currently engaged in recommending the use of medical marijuana to patients. I further affirm that after issuance of a marijuana occupational license by the State Licensing Authority, and for the entire period of licensure, I will not engage in recommending the use of medical marijuana to patients.

I further affirm and acknowledge that any violation of subsection 44-11-306(1)(d), C.R.S. could result in revocation of the aforementioned occupational license and/or imposition of other administrative or criminal sanctions.

________________________________________  ________________________________
Applicant Signature                               Date

________________________________________
Printed Name of Applicant

NOTARY AFFIRMATION:

In the County of _____________________ State of _____________________
Subscribed and sworn to (or affirmed) before me this ________ day of __________________ 20_____ in
__________________________________________, ________________________

________________________________________
Notary Public Signature

________________________________________
Printed Name of Notary Public

Notary Public, State of _____________________
My Commission expires on _____________________