

DEPARTMENT OF REVENUE
MARIJUANA ENFORCEMENT DIVISION
STATE OF COLORADO

LICENSED PHYSICIAN CERTIFICATION

Name of Applicant or Licensee _____

Application or License Number: _____

I understand and acknowledge that pursuant to subsection 12-43.3-307(1)(d), C.R.S., a license provided by the Colorado Medical Marijuana Code, sections 12-43.3-101, *et seq.*, C.R.S. shall not be issued to or held by a licensed physician making patient recommendations.

I certify that as a licensed physician I am not currently engaged in recommending the use of medical marijuana to patients. I further certify that after issuance of a license by the State Licensing Authority, I will not engage in recommending the use of medical marijuana to patients, in violation of subsection 12-43.3-307(1)(d), C.R.S.

Signature

Date

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