



Government of the District of Columbia
Department of Health



**Health Regulation and Licensing
Administration
Medical Marijuana Program**

**Medical Marijuana Program
Cultivation Center
Physician Affidavit Form**

The undersigned physician applicant for a Medical Marijuana Cultivation Center attests to the fact that I understand that I am prohibited under the regulations governing the District's Medical Marijuana Program from recommending the use of medical marijuana to a patient for participation in the District of Columbia Medical Marijuana Program.

Signature of Applicant:_____

Print Name:_____

Company Name:_____

Title:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires_____

Notary Signature and Seal:_____