## Application for Appointment to the Medical Marijuana Oversight Committee



Name:						
Last		First				
Mailing Address:						
	Street/Box					
	City	State	Zip			
E-Mail Address:						
Telephone:						
For which of the fo	llowing statutorily requir	ed positions are you applying?				
Member of the	Senate (two)					
Member of the	House (two)					
Physician license	ed in accordance with cha	apter <u>36-4</u>				
Physician Assista	ant licensed in accordanc	e with chapter <u>36-4A</u>				
Certified Nurse	Practitioner licensed in ac	ccordance with chapter <u>36-9A</u>				
Chief of Police fo	or a municipality having a	a population in excess of fifty thousand				
Sheriff of a cour	nty					
Professional Cou	unselor licensed in accord	dance with chapter <u>36-32</u>				
Addiction Couns	selor licensed in accordan	nce with chapter <u>36-34</u>				
 Qualifying patie	nt (must have been diagn	nosed by a practitioner as having a debil	itating medical condition			
described in SD	CL § <u>34-20G-1</u> (8))					
Education:						

§ 34-20G-93:
Do you or any family member have a financial interest in any Medical Marijuana Establishment - i.e., cultivation facility, testing facility, product manufacturing facility, or dispensary?
NoYes - Please describe:
Reason for seeking appointment to the Oversight Committee:
Other information to be considered:

## References (Optional)

Reference #1:				
	Name	Position		
Contact Info:				
	Email	Phone		
	Address			
Reference #2:				
	Name	Position		
Contact Info:				
	Email	Phone		
	Address			
Reference #3:				
	Name	Position		
Contact Info:				
	Email	Phone		
	Address			
Signature			Date	

Appointment to the Medical Marijuana Oversight Committee is for a term of two years, beginning July 1, 2025.

## Application Deadline: 5:00 p.m. May 16, 2025

Submit application to Mr. Matthew Server, Research Analyst c/o South Dakota Legislative Research Council 500 East Capitol Avenue Pierre, SD 57501

OR

E-MAIL: Matthew.Server@sdlegislature.gov

TELEPHONE: 605-773-3251 | FAX: 605-773-4576