



**STATE OF RHODE ISLAND  
DEPARTMENT OF BUSINESS REGULATION  
Office of Cannabis Regulation  
560 Jefferson Blvd. Ste. 204  
Warwick, Rhode Island 02886**

## **Medical Marijuana Program Bulletin 2023-3**

### **Termination of a Registry Identification Card**

This Bulletin is issued by the Rhode Island Department of Business Regulation (“DBR”) Office of Cannabis Regulation (“OCR”) in connection with the *Rules and Regulations Related to the Medical Marijuana Program Administered by the Office of Cannabis Regulation at the Department of Business Administration*, 230-RICR-80-05-1.4(H). Section 1.4(H), Termination of a Registry Identification, provides that “[w]hen a cardholder ceases work with a compassion center or licensed cultivator, whether voluntarily, involuntarily or upon the compassion center or licensed cultivator closing, his or her registry identification card shall be null and void.” Pursuant to Section 1.4(H), upon cessation of the cardholder’s work with the licensee, “the compassion center or licensed cultivator shall notify DBR and the registry identification card shall be returned to DBR within ten (10) days.”

As outlined above, upon the termination of an agent's employment with a compassion center or licensed cultivator, the agent's registry identification card was to be returned to DBR within ten days. Beginning April 10, 2023, null and void registration identification cards must be destroyed by the compassion center or cultivator and Section 1.4(H) will be satisfied upon e-mail certification of destruction of the agent’s registry identification card sent to [dbr.mmpcompliance@dbr.ri.gov](mailto:dbr.mmpcompliance@dbr.ri.gov).

E-mailed destruction certifications may be sent once monthly to OCR and may include multiple destruction certifications. Please provide the name of the cardholder(s) and the date(s) of their termination in each destruction certification. A template for destruction certifications is attached.

April 10, 2023

**REGISTRATION IDENTIFICATION CARD CERTIFICATION**

I, [NAME AND TITLE OF CERTIFIER], certify that on

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

ceased work with [NAME OF LICENSEE] and that their Registration Identification Card(s) issued by the Office of Cannabis Regulation was/were destroyed on [DATE].

\_\_\_\_\_ Date: \_\_\_\_\_

Name:

Title: