

Dear Doctor:

Your medical license has been successfully validated with the Pennsylvania Department of State. The next step in the practitioner registration process is for you to complete the 4-hour training course as required under the Medical Marijuana Act (35 P.S. §§ 10231.101-10231.2110). Please review the list of training providers on the Medical Marijuana Program's website at www.medicalmarijuana.pa.gov. Please note the Department of Health will only recognize that you have completed your training if the training has been administered through a single training provider.

Thank you,
Office of Medical Marijuana

[Continue...](#)

Medical Professional Liability Insurance

By checking this box, I am verifying that I have medical professional liability coverage.

Contact Information :

Professional Email *

cheikinm@gmail.com

Confirm Email *

cheikinm@gmail.com

Telephone *

6106396034

Street Address/Suite# *

832 Germantown Pike, Suite

City *

Plymouth Meeting

State *

PA

Zipcode *

19462

[Submit](#)