

APPLICATION PROCESS FOR RESEARCHERS

Application Process

- Fill and complete the necessary application form/s, Complete entirety and gather any necessary supporting documentation. Please note that all pages of this application must be filled and signed
- Once your forms are complete and you have collected all necessary documentation, contact the programme coordinator to meet with a background investigator and submit your application.

All applications must meet each of the following statutory requirements:

- Must be resident of Uganda at the time of application and for two years immediately prior to application,
- Must be over 21 years of age,
- At least 10 years of practice
- May not have any Controlled Substance felony convictions that have not been fully discharged in the ten years immediately preceding the date of application,
- May not have any other felony convictions that have not been fully discharged for five years prior to applying for your business license,
- May not have a criminal history that indicates that she or he is not of good moral character,
- May not employ, be assisted by or financed in whole or in part by any other person whose criminal history indicates he or she is not of good character and reputation.

The following information will be needed for EACH APPLICANT:

1. National ID
2. Copy of academic qualifications
3. Ministry of Health recommendation letter
4. Uganda Police Force clearance
5. Legal address/ location
6. If the applicant has any pending investigation(s)
7. Applicants must be present; all forms must be complete and include all necessary supporting documentation and all application and licensing fees must be paid.

Approved Research Areas:

1. Develop standards for measuring cannabis (including hemp and hemp product) dose, intoxication, and impairment.
2. Enhance existing epidemiology research to study trends for cannabis use; including new products, patterns of use, and reasons for use in different populations.
3. Characterize the composition/potency of cannabis, methods of administration, cannabis extracts/concentrates, and cannabis of varying constituents (e.g. cannabinoid or terpene content), as well as how those factors impact physical and mental health.
4. Determine the physical and mental health antecedents of use, as well as outcomes of use.
5. Explore the impact of polysubstance use on health outcomes, including interactions (substitution/complementation) with alcohol, tobacco, and prescription and nonprescription opioids.

MEDICAL CANNABIS JOINT RESEARCH PROGRAMME- MCRP

6. Examine reasons for initiation and continued use of cannabis for therapeutic purposes.
7. Investigate the effects of different patterns of cannabis use on brain development, educational attainment, and transition to work and adult roles.
8. Identify the effects of maternal cannabis consumption during pregnancy and breastfeeding.
9. Develop effective roadside tests for cannabis impairment that can be practically deployed by law enforcement.
10. Determine the prevalence of cannabis-involved vehicular crashes and other types of injury or property damage.
11. Investigate how cannabis industry practices, including research on marketing, taxes, and prices, impact use and health outcomes
12. Determine the impact of international and local cannabis policies and their implementation on use and health outcomes.
13. Explore the heterogeneity of regulatory schemes to understand which combinations or components minimize harm to public health.

MEDICAL CANNABIS JOINT RESEARCH PROGRAMME- MCRP

FORM4: RESEARCHER REGISTRATION FORM

To ensure confidentiality, information regarding application status will not be given over the phone. Once applications are processed, communication will be sent to the applicant address.

Application fees: 100,000 ugx

STAPLE TWO
PHOTOS HERE

SECTION1: RESEARCHER INFORMATION

FIRST NAME		LAST NAME	
DATE & PLACE OF BIRTH		ADDRESS	
TELEPHONE		EMAIL	
INSTITUTE		TITLE	
SPECIALTY		MCRP #	

APPLICANT ATTESTATION STATEMENT

Applicant Signature: I have included a copy of my national ID. By signing below, I agree that: All the information given above is complete and correct. I will follow the limits and restrictions on the right to have and use medical cannabis under the laws of The Republic of Uganda.

* All original pages of the application, a photocopy of the National ID and supporting documents should be sent together. The applicant shall not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege for recommending the medical practice, use of cannabis or providing written certification for the medical use of cannabis as per statue.

APPLICANT NAME:	For Official Use
SIGNATURE:	
DATE	