



Qualifications of the proposed quality assurance person (QAP) or alternate QAP for a processing licence form

Complete the required information. If a section isn't applicable, indicate as such.

All fields indicated by an asterisk (*) are mandatory.

Submit a separate form for each proposed quality assurance person (QAP) and alternate QAP, if applicable.

For more information on application requirements for a proposed QAP, refer to the [Cannabis licence applications guide](#).

For more information on the roles and responsibilities of the QAP and any alternate, refer to the [Good production practices guide for cannabis](#).

Applicant or licence holder information	
APP # (for applicants) or LIC# (for licence holders)*	
Company name (corporation or individual)*	
Name of the proposed QAP, as it appears in their Cannabis Tracking and Licensing System (CTLS) account*	
Role*	Quality assurance person Alternate quality assurance person
Proposed QAP or alternate QAP's CTLS Account ID*	
Proposed QAP or alternate QAP's date of birth*	
Are you removing an existing QAP or alternate QAP from your licence?*	Yes No
If yes, name of the individual you're removing	
Are you changing an existing QAP or alternate QAP's role?*	Yes, I'm designating my alternate QAP (named above) to be the QAP Yes, I'm designating my QAP (named above) to be the alternate QAP No
If yes, name of the individual changing roles	

Security clearance of proposed QAP or alternate QAP	
The QAP and any alternate QAP must hold a valid security clearance when they start this role.	
Does your QAP or alternate QAP hold a cannabis security clearance?*	Yes No
If yes , indicate the proposed QAP or alternate QAP's security clearance information.	
Expiry date	
Security clearance number	
If no , indicate the proposed QAP or alternate QAP's security clearance application number (for new site licence applications only).	
Background of proposed QAP or alternate QAP	
Complete the section below with the required information.	
Previous approval from Health Canada	
Has the proposed QAP or alternate QAP previously been approved by Health Canada as a QAP or alternate QAP for a cannabis licence holder?*	Yes No
If yes , date of prior approval (approximately)	
If yes , name of affiliated licence holder	
Resume or Curriculum Vitae (CV)	
Proposed QAP's or alternate QAP's resume or CV*	Added to the CTLS Not applicable
Qualifications of proposed QAP or alternate QAP	
If the proposed QAP has been previously approved by Health Canada, you do not need to provide information in this section.	
If the proposed QAP has not been previously approved by Health Canada, you must provide information in this section.	
Education and training	
Copies of degree, diploma, or certificate supporting formal education relevant to QAP responsibilities (Education must be verified by a copy of a degree, diploma, or certificate)	Added to the CTLS Not applicable
Other supporting documents (such as training certificates, official transcripts, letters of reference)	Added to the CTLS Not applicable

You must provide a detailed description of the proposed QAP's or alternate QAP's knowledge of, experience with, and training in each of the following areas including when, where and how the knowledge, training or experience was obtained. Complete every requirement with clear, concrete examples and details of how they'll be able to fill all QAP roles and responsibilities, and meet the requirements of [section 19 of the Cannabis Regulations](#).

The approval of the proposed personnel will depend on the overall assessment of their ability to conduct their responsibilities as per [section 19 of the Cannabis Regulations](#).

If you don't have enough space, include the additional information on a separate page using the same format. In this case, include the completed page as a separate attachment.

1. Qualifications in development and approval of standard operating procedures (SOP)*

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2. Qualifications in good production practices (GPP) relating to facilities, equipment, sanitation, and employee hygiene*

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3. Qualifications in investigations and risk mitigation*

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4. Qualifications in complaint management or investigation*

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5. Qualifications in approving product quality prior to release for sale*

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6. Qualifications in testing*

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7. Qualifications in recall and adverse reaction reporting*

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Proposed work schedule of proposed QAP or alternate QAP						
Proposed hours of work at the licensed site*						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Does the QAP or alternate QAP work at multiple licensed sites?*						
Yes						
No						
If yes, explain how QAP-related duties will be fulfilled in consideration of the proposed QAP or alternate QAP's responsibility to other sites (including hours of work, travel distances, scope of production)						

Declaration and signature	
<p>I, the undersigned, declare that:</p> <ul style="list-style-type: none"> the QAP will ensure that all cannabis is approved prior to being made available for sale the QAP will approve the preventive control plan prior to its implementation in the event that the QAP does not have the training, experience and technical knowledge related to the requirements of Parts 5 and 6 of the Cannabis Regulations that are applicable to edible cannabis, the services of another individual who has the required training, experience, and technical knowledge will be retained all information provided in this document is correct and complete to the best of my knowledge I have read and understand all of the requirements in the provisions of the Cannabis Regulations cited above 	
Responsible person's name (printed)*	
Responsible person's signature*	
Date (YYYY-MM-DD)*	