



Appendix A: Proposed head of laboratory or alternate head of laboratory for an analytical testing licence information form

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

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

Submit a separate form for each proposed head of laboratory and alternate head of laboratory, if applicable.

For more information on application requirements for a proposed head of laboratory, refer to the [Application requirements for cannabis analytical testing](#). For any questions related to your application or licence change requests, email sp-licensing-cannabis-licences-sp@hc-sc.gc.ca.

Applicant or licence holder information	
APP # (for new applicants) or LIC # (for licence holders)*	
Company name (corporation or individual)*	
Head of laboratory or alternate head of laboratory information	
Name of the proposed head of laboratory or alternate head of laboratory, as it appears in their CTLS account*	
Proposed role*	Head of laboratory Alternate head of laboratory
Proposed head of laboratory or alternate head of laboratory's CTLS Account ID*	
Proposed head of laboratory or alternate head of laboratory's date of birth*	

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Change(s) to the head of laboratory or alternate head of laboratory	
Are you changing an existing head of laboratory or alternate head of laboratory's role?	Yes, I'm designating my alternate head of laboratory (named above) to be the head of laboratory Yes, I'm designating my head of laboratory (named above) to be the alternate head of laboratory
Name of the head of laboratory or alternate head of laboratory who is being replaced	
Removal(s) of the head of laboratory or alternate head of laboratory	
Name of the head of laboratory or alternate head of laboratory to remove, as it appears in their CTLS account*	
CTLS account ID for the head of laboratory or alternate head of laboratory to remove*	

Background of the proposed head of laboratory or alternate head of laboratory	
Complete the section below with the required information.	
Previous approval from Health Canada (if applicable)	
Has the proposed head of laboratory or alternate head of laboratory previously been approved by Health Canada as a head of laboratory or alternate head of laboratory for an analytical testing licence holder?*	Yes No
If yes, date of prior approval (approximately)	
If yes, name of affiliated licence holder	

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Proposed head of laboratory or alternate head of laboratory information

You must provide the following information in this section if the proposed head of laboratory or alternate head of laboratory has not been previously approved by Health Canada.

You **do not** need to provide the following information in this section if the proposed head of laboratory or alternate head of laboratory has been previously approved by Health Canada. If this is the case, select the “Not applicable” options below.

Resume or Curriculum Vitae (CV)

Copy of résumé or CV*

File name: HOL_APPorCHG-#_CVResume_YYYY-MM-DD.PDF

Added to the CTLS
Not applicable

Education and training

Copy of diploma, certificate or credential awarded by a post-secondary educational institution in Canada in a field or occupation that is relevant to the duties of the position, such as chemistry, biology, laboratory technician, pharmaceutical or scientific regulatory affairs, or laboratory management*

Note: If awarded by a foreign institution, an equivalency assessment must be issued by an organization or institution that is responsible for issuing equivalency assessments and is recognized by a province.

File name: HOL_APPorCHG-#_Education_YYYY-MM-DD.PDF

Added to the CTLS
Not applicable

Other supporting documents

Copies of training certificates, official academic transcripts, letters of reference, etc.

File name: HOL_APPorCHG-#_SupportingDocs_YYYY-MM-DD.PDF

Added to the CTLS
Not applicable

You must provide a detailed description of the proposed head of laboratory’s or alternate head of laboratory’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 head of laboratory roles and responsibilities, and meet the requirements of [section 23 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 23 of the Cannabis Regulations](#).

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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 with the file name "HOL_APPorCHG-#_Qualifications.PDF".

Qualifications

1. Experience overseeing analytical testing processes *

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2. Familiarity with the analytical testing to be conducted under the licence *

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Declarations and signatures	
<p>I, the undersigned, declare that:</p> <ul style="list-style-type: none">• the head of laboratory will work at the site set out in the licence and is responsible for the testing referred to in sections 90 to 91.1 of the <i>Cannabis Regulations</i>.• the head of laboratory has sufficient knowledge of the provisions of the <i>Cannabis Act</i> and its Regulations that apply to the holder of the licence for analytical testing.• all information provided in this document is correct and complete to the best of my knowledge.	
Responsible person's name (printed)*	
Responsible person's signature*	
Date (YYYY-MM-DD)*	