



Purchase Agreement between Nurses For Safe Access and Independent Nurse Advocates:

This Purchase agreement is between Nurses For Safe Access (NFSA) a corporation, and any of its subsidiaries, affiliates, or other corporations controlled directly or indirectly by Nurses For Safe Access and _____, the Independent Nurse Advocate.

To our independent associate, I want to take this opportunity to say “Thank You” for stepping up and taking into consideration Nurses For Safe Access’s innovative cannabis friendly-Independent Nurse-Advocate business purchase agreement. Our unique situation allows American Nurses, our most trusted profession for 17 years in a row, the ability to collect data as healthcare professionals to determine the efficacy of medicinal cannabis and its by-products.

Because Nurses For Safe Access (NFSA) incorporates guidelines with in this document, NFSA, seeks only honorable and experienced allopathic nurses to be part of NFSA collective as Independent Nurse Advocates who are cannabis friendly. As an Independent Nurse Advocate, you will commit to serving our goals of providing high quality nursing care as patient advocates to your members at reasonable prices, in a convenient, safe and professional manner. At the same time, you will “independently” operate in a way intended to maximize the safety and legal precautions protecting all parties involved.

As a result, it is the policy, purpose and intention of NFSA and the Independent Nurse Advocate Purchase Agreement for both parties to act at all times within the scope of the law and within your nursing practice in the Nurse’s home state, complying to governing medical marijuana policies, which may be consistently changing. ****It is imperative that the independent nurse advocate stay abreast and up-to-date on new and existing State and local laws and the Board of Nursing rules, laws, and regulations.***

**Furthermore we recommend the above “independent” nurse advocate to not provide cannabis medications to their patient without written permission and their patient’s signature on the following: a) Patient Consent Form, b) Patient Privacy Form and c) Data Collection Form. All forms are on the NFSA website under “nursing forms”: These forms are necessary for bi-lateral protection. If the Independent Nurse volunteers to participate in NFSA’s longitudinal study, they will keep documentation and keep track of the following:*

1) cannabis products name and manufacturer 2) Lot #'s 3) Exp. date 4) concentration per dose, 5) recommended dosing amount, and 6) the amount actually consumed by patients, for research criteria to help determine medical cannabis efficacy.

* Independent Nurse Advocate Initials: _____

NFSA Agreement:

Our mission is for our collective of **Independent Nurse Advocates**: to provide professional guidance, management, obtain medical cannabis efficacy data, and provide safe access of legitimate lab-tested medicinal cannabis and medicinal cannabis products for their patients': **The Independent Nurse Advocate, will only distribute legitimately tested medicinal cannabis to their patients, after signing the above mentioned forms, and for medical purposes only, to qualified patients with a non-expired letter of recommendation from a physician where states require.**

Our team of Independent Nurse Advocates, who have met our guidelines and sign the NFSA Collective Independent Nurse Advocate Membership Agreement, will operate completely independently as a patient advocate, in accordance with all applicable State Laws and within their scope of nursing practice, as well as adhering to their board of nursing laws and recommendations, in accordance with established laws.

Collective Membership Requirements: Nurses For Safe Access (NFSA) shall be open to any **Nurse in good standing with their board of nursing, AND if applicable, all members/clients/patients obtain a valid medical cannabis recommendation from a licensed physician.**

Recommended Rules and Conditions:

- 1) No person may be admitted as a member or patient unless they are holding a valid recommendation from a physician in good standing within their State or a license issued by the Department of Public Health Services (DPHS) MMIC Card if required by their state.
- 2) All medical marijuana and derivative products distributed by the **Independent Nurse Advocate** should be legitimately lab tested or cultivated by the patient. **Make sure your State permits you to drive and /or deliver medical cannabis to your patients.**
- 3) ***No medical Cannabis shall be provided to or distributed to Non-Patients of the Independent Nurse Advocate.***
- 4) No person under the age of 18 should be a member/client/patient of the **Independent Nurse Advocate** (except in unique circumstances and with physician recommendation and parental consent).
- 5) Patients' should be terminated if it is discovered after admission that a patient is no longer in compliance, such as the validity of a physician recommendation, or that a member obtained a physician's recommendation under false pretenses or based on false information. Having a physician recommendation allows the independent nurse advocates to practice by following a physician orders, under the physician's recommendation letter for the patient to utilize medical cannabis as an alternative or complementary treatment modality.

- 6) All **Independent Nurse Advocates**, should keep an ongoing copy of their patients' physician recommendation letter in states where physician recommendation letters are applicable for 7 years.
- 7) The re-sale or diversion of any cannabis product obtained from the Independent Nurse Advocate is prohibited.
- 8) The carrying of any firearms or weapons by the Independent Nurse Advocate or in the immediate vicinity of any vehicle used by the Independent Nurse Advocate to deliver medicinal Cannabis is prohibited.
- 9) ****Please know and abide by your State laws, including Nursing State laws and your scope of practice! In several areas nurses are not permitted to pick up, or carry cannabis products. KNOW YOUR STATE'S RULES!**
- 10) The use of any non-organic pesticides or other harmful products in any medicinal product manufactured or cultivated by your patient is prohibited.
- 11) Before I market as a cannabis friendly, independent nurse advocate, I understand that I must pass the Cannabis Revealed/ NFSA training session by at least 70% pass rate.
- 12) The Independent Nurse Advocate must remain in good standing with their state's Board of Registered Nurses.
- 13) The relationship of the parties under this purchase agreement is one of seller/buyer only. And is not a joint venture, partnership, agency, employer-employee, or similar relationship is created or implied in or by this purchase agreement. Neither party may assume or create obligations on the other party's behalf.
- 14) The Independent Nurse Advocate has no right or interest in any work product resulting from the services the Independent Nurse Advocate voluntarily submits to NFSA, or any of the documents, reports, data collection, or other materials the Independent Nurse Advocate creates in connection with those services.
- 15) The Independent Nurse Advocate may use, and distribute NFSA's logos, trademarks and trade names in connection with the performance of their services.
- 16) As an independent nurse advocate, I understand and will document and notify all of my patients' verbally and in writing, as well as their caregivers the below statements:

CANNABIS IS A SCHEDULE I CONTROLLED SUBSTANCE. KEEP OUT OF REACH OF CHILDREN AND ANIMALS. CANNABIS PRODUCTS MAY ONLY BE POSSESSED OR CONSUMED BY PERSONS 21 YEARS OF AGE OR OLDER UNLESS THE PERSON IS A QUALIFIED PATIENT. THE INTOXICATING EFFECTS OF CANNABIS PRODUCTS MAY BE DELAYED UP TO TWO HOURS. CANNABIS USE WHILE PREGNANT OR BREASTFEEDING MAY BE HARMFUL. CONSUMPTION OF CANNABIS PRODUCTS IMPAIRS YOUR ABILITY TO DRIVE AND OPERATE MACHINERY. PLEASE USE EXTREME CAUTION WITH ALL OF YOUR ACTIVITIES OF DAILY LIVING!

This Purchase Agreement, ancillary to this agreement, and related documents entered into in connection with this agreement are signed when a party's signature is delivered by mail, facsimile, email, or other electronic medium. These electronic signatures must be treated in all respects as having the same force and effect as original signatures.

I have read and understand NFSA Purchase Agreement and approve of their rules and conditions as reflected in this NFSA & Independent Nurse Advocate Purchase Agreement, and I agree to abide by those terms of the agreement as set forth. I further affirm under penalty of perjury, that my nursing license active and is in good standing with my Board, as well as the information I provided herein is true and accurate to the best of my knowledge, and I agree to indemnify NFSA the for any legal fees and costs arising from any false statements, omissions, and misrepresentations I made herein.

Date: _____

Legal Name: _____

Address: _____ City _____ Zip _____

Nursing Licenses # _____

Signature: _____



NURSES FOR
SAFE ACCESS
A COLLECTIVE OF CARING NURSES