

Medical Marijuana Use Registry Identification Card Application Instructions for Qualified Patients

In order to apply for a Medical Marijuana Use Registry Identification Card each patient must: be a Florida resident, be diagnosed with a qualifying condition, and must have been added to the Medical Marijuana Use Registry (and received a Medical Marijuana Use Registry Patient Identification Number) by a qualified physician, to receive marijuana or a marijuana delivery device from an authorized Florida medical marijuana treatment center.

NEW PATIENT APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING

- A completed application. By providing your email address, you consent to the Department contacting you through the email address, including the provision of a temporary verification email.
- A copy of your Florida driver license or Florida identification card, or other proof of residency listed below
- A \$75 check or money order (application fee) made out to Florida Department of Health.
- A full-face, passport-type 2x2 inches in size, color photograph taken within the 90 days immediately preceding application.

Minor applications must **also** include:

- A designated caregiver and a Medical Marijuana Use Registry Identification Card Caregiver Application

PROOF OF RESIDENCY

Patients must submit a proof of residency as follows:

1. Adult residents must provide proof of residency as specified in section 381.986(5)(b)1., Florida Statutes.
2. Adult seasonal residents must provide either proof of residency under section 381.986(5)(b)1. or provide a copy of two documents as specified in section 381.986(5)(b)2., Florida Statutes.
3. Minor patients must provide proof of residency as specified in section 381.986(5)(b)3., Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1., Florida Statutes.

The term "seasonal resident" means any person who temporarily resides in this state for a period of at least 31 consecutive days in each calendar year, maintains a temporary residence in this state, returns to the state or jurisdiction of his or her residence at least one time during each calendar year, and is registered to vote or pays income tax in another state or jurisdiction.

For all forms of residency, the name and address on the document(s) provided for proof of residency must match the name and address provided in this application.

RENEWAL APPLICATIONS

All Medical Marijuana Use Registry Identification Cards expire 1 year after the date of the qualified physician's initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase marijuana or a marijuana delivery device.

LEGAL REPRESENTATIVE

If you are signing on behalf of the qualified patient in the application, you must provide proof of legal representation. A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Medical Marijuana Use Registry Identification Card Qualified Patient Application, social security numbers are collected and used for identification purposes to ensure that the number identifier assigned to the qualified patient is unique and matches the identity of the qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.

KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE.

ELECTRONIC APPLICATION:

Expedite your application by applying online at

<https://mmuregistry.flhealth.gov/>

MAIL COMPLETED APPLICATION TO:

Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

QUESTIONS?

Please call 800-808-9580 for assistance

Medical Marijuana Use Registry Patient Identification Card

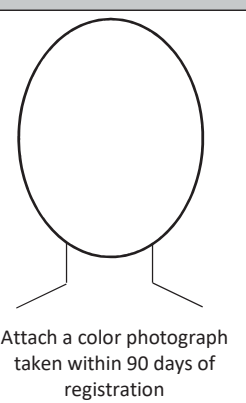
Qualified Patient Application

Initial Application

Renewal Application

Minor Application

Mail Completed Application to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313		Patient Registry ID #:		
Patient Information				
First Name		Last Name		Middle Initial
Date of Birth	Social Security Number		Address	
City		Apt/Ste #	State	Zip Code
Telephone		Email (optional to receive communication, including a temporary verification)		

Patient Passport Photo	
<div style="text-align: center;">  <p style="font-size: small;">STAPLE 2"x2" STAPLE</p> <p style="font-size: x-small;">STAPLE 2"x2" STAPLE</p> <p style="font-size: x-small;">Attach a color photograph taken within 90 days of registration</p> </div>	<p>Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.</p> <p>The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable.</p>

Designate a Caregiver (if applicable)		
Caregiver First Name	Caregiver Last Name	Caregiver Date of Birth

I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.	
Patient or Legal Representative Name <i>(Print)</i>	
Patient or Legal Representative Signature	Date