This document contains consent forms that will be returned to us AND information for you to keep.

**PLEASE DO NOT PRINT THE CONSENT FORMS (pages 3-11) AS “DOUBLE-SIDED”.

INSTEAD, PRINT THE CONSENT FORMS AS “SINGLE-SIDED”.

THANK YOU! We look forward to seeing you soon.
Attention Medical Marijuana Patients

Because of the short duration of effect of and the higher potential to misuse marijuana in an inhalation form, we DO NOT offer a “vape” form of the drug.

It is important that you are aware of this.

In our own judgment, we may make RARE exceptions to this in the case of certain patient physiology, but DO NOT EXPECT THIS.

Please plan on using marijuana in an oral (pill, spray, or tincture), sublingual (under the tongue), or topical (lotion or patch) form.

Thank you.
Medical Marijuana Consent Form

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient’s parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.


The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.

When in the possession or under the influence of medical marijuana, the patient or the patient’s caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

b. The approval and oversight status of marijuana by the Food and Drug Administration.

Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the “manufacture” of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

c. The potential for addiction.

Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact Dr. Stewart.
d. The potential effect that marijuana may have on a patient’s coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for “driving under the influence.”

e. The potential side effects of medical marijuana use.

Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body’s immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

I agree to contact Dr. Stewart if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact Dr. Stewart if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

g. The risks, benefits, and drug interactions of marijuana.

Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact Dr. Stewart immediately or go to the nearest emergency room.

Numerous drugs are known to interact with marijuana and not all drug interactions...
are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of Dr. Stewart regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact Dr. Stewart immediately or go to the nearest emergency room if these symptoms occur.

I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. Stewart if I become pregnant, try to get pregnant, or will be breastfeeding.

h. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

Cancer
• There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma. There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.
• There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.
There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

Epilepsy
• There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.
Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

Glaucoma
• There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma. Lower intraocular pressure is a key target for glaucoma treatments. Non-randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those
studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

---

**Positive status for human immunodeficiency virus**
- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.
There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

---

**Acquired immune deficiency syndrome**
- There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.
There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

---

**Post-traumatic stress disorder**
- There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder.
A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

---

**Amyotrophic lateral sclerosis**
- There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.
Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

---

**Crohn’s disease**
- There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.
Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn’s disease.

---

**Parkinson’s disease**
- There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson’s disease or the levodopa-induced dyskinesia.
Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects.

---

64B8ER17-1 (64B8-9.018, F.A.C.)
64B15ER17-1 (64B15-14.013, F.A.C.)
DH-MQA-5026
08/17
effects of Parkinson’s disease. A seven-patient trial of nabilone suggested that it improved the
dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the
data. An observational study demonstrated improved outcomes, but the lack of a control group
and the small sample size are limitations.

Multiple sclerosis

● There is substantial evidence that oral cannabinoids are an effective treatment for improving
patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on
clinician-measured spasticity.
Based on evidence from randomized controlled trials included in systematic reviews, an oral
cannabis extract, nabiximols, and orally administered THC are probably effective for reducing
patient-reported spasticity scores in patients with MS. The effect appears to be modest. These
agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

Medical conditions of same kind or class as or comparable to the above
qualifying medical conditions

● The qualifying physician has provided the patient or the patient’s caregiver a summary of the
current research on the efficacy of marijuana to treat the patient’s medical condition.
● The summary is attached to this informed consent as Addendum __N/A____.

Terminal conditions diagnosed by a physician other than the qualified physician
issuing the physician certification

● The qualifying physician has provided the patient or the patient’s caregiver a summary of the
current research on the efficacy of marijuana to treat the patient’s terminal condition.
● The summary is attached to this informed consent as Addendum _____.

Chronic nonmalignant pain

● There is substantial evidence that cannabis is an effective treatment for chronic pain in
adults. The majority of studies on pain evaluated nabiximols outside the United States. Only a
handful of studies have evaluated the use of cannabis in the United States, and all of them
evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In
contrast, many of the cannabis products that are sold in state-regulated markets bear little
resemblance to the products that are available for research at the federal level in the United
States. Pain patients also use topical forms.
While the use of cannabis for the treatment of pain is supported by well-controlled clinical
trials, very little is known about the efficacy, dose, routes of administration, or side effects of
commonly used and commercially available cannabis products in the United States.

i. That the patient’s de-identified health information contained in the physician
certification and medical marijuana use registry may be used for research purposes.

The Department of Health submits a data set to The Medical Marijuana Research
and Education Coalition for each patient registered in the medical marijuana use registry that
includes the patient’s qualifying medical condition and the daily dose amount and forms of
marijuana certified for the patient.

64B8ER17-1 (64B8-9.018, F.A.C.)
64B15ER17-1 (64B15-14.013, F.A.C.)
DH-MQA-5026
08/17
I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. Stewart has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. Dr. Stewart also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Stewart informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. Dr. Stewart has explained the information in this consent form about the medical use of marijuana.

Patient (print name) __________________________________________________________

Patient signature or signature of the parent or legal guardian if the patient is a minor: __________________________________________________________ Date _______________________

I have explained the information in this consent form about the medical use of marijuana to __________________________________________________________ (print patient name).

Qualified physician signature: __________________________________________________________ Date _______________________

Witness: __________________________________________________________ Date _______________________
WAIVER, RELEASE, AND AGREEMENT TO ARBITRATE

THE UNDERSIGNED, ___________________, being a patient of BRENT T. STEWART, M.D. and ADVANCED PAIN MEDICINE OF NORTH FLORIDA, L.L.C., a Florida limited liability company d/b/a Advanced Pain Medical Center, does hereby confirm that I have, after consultation, requested an order for low-THC marijuana or medical marijuana.

I understand that I must be a Florida State resident to obtain an order for the use of medical cannabis.

I affirm that I am suffering from a medical condition that chronically and adversely affects my quality of life. I am interested in finding whether cannabis provides substantial relief and improvement in my condition, and the symptoms caused by it.

I further hereby confirm that medical research with respect to the use and effect of medical marijuana is not as well documented as would apply with other medications, and that the cannabis plant is not regulated by the United States Food and Drug Administration (FDA). Therefore, low-THC or medical cannabis may contain unknown quantities of active ingredients, impurities, and/or contaminants. In requesting an approval or recommendation for the use of low-THC or medical cannabis, I agree that I have been reasonably informed of the potential risks of this action, and I knowingly assume full responsibility for any and all risks of this action.

I am advised that cannabis smoke contains chemicals known as tars that may be harmful to my health. Research indicates that vaporizing cannabis may eliminate exposure to tar. Should I experience respiratory problems due to the use of cannabis smoke or vapor, I should discontinue vaporization and report such problems to my physician. I am advised to consider other methods of administration if respiratory problems develop.

I am advised that the use of cannabis may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and/or other individuals as a result of my use of cannabis. I am advised that familiarity with the potency and effects of any particular cannabis should precede my engagement in any hazardous activities.

I have been advised of currently approved medications to treat my symptoms. If I am in a terminal condition, I believe that my currently approved medications are unlikely to prolong my life. I have been advised that new, unanticipated, different, or worse symptoms might result from my use of low-THC or medical cannabis, to include the hastening of my death. I understand that my third-party insurance is not responsible for services rendered pursuant to a medical cannabis protocol and that I am personally responsible for the costs. I understand that my eligibility for hospice may be withdrawn due to my acceptance of these services.

Florida law allows a physician to order cannabis for the personal medical purposes of a
patient. BRENT T. STEWART, M.D. and ADVANCED PAIN MEDICINE OF NORTH FLORIDA, L.L.C. d/b/a Advanced Pain Medical Center, are neither providing/dispensing cannabis, nor are they encouraging any illegal activity in my obtaining cannabis.

I MAKE THIS AGREEMENT FOR MYSELF, MY SPOUSE, IF I AM MARRIED, AND FOR MY SUCCESSORS AND ASSIGNS, AND AGREE TO HOLD BRENT T. STEWART, M.D., AND ADVANCED PAIN MEDICINE OF NORTH FLORIDA, L.L.C. d/b/a ADVANCED PAIN MEDICAL CENTER (THE “PROVIDERS”), AND THEIR PRINCIPALS, AGENTS, AND EMPLOYEES FREE OF AND HARMLESS FROM ANY LIABILITY RESULTING FROM THE USE OF LOW-THC OR MEDICAL CANNABIS. I UNDERSTAND THAT I AM WAIVING ANY RIGHTS I MIGHT HAVE TO A LEGAL OR EQUITABLE REMEDY FROM THE PROVIDERS REGARDING MY USE OF MEDICAL CANNABIS, AND I EXPRESSLY RELEASE THE PROVIDERS FROM ANY LEGAL OR EQUITABLE LIABILITY UNDER THIS AGREEMENT.

I FURTHER AGREE THAT IN THE EVENT OF ANY DISPUTE WITH RESPECT TO THIS AGREEMENT, OR IN ANY OTHER WAY INVOLVING THE ORDER, USE OF, EFFECTIVENESS OF LOW-THC MARIJUANA OR MEDICAL MARIJUANA, OR RESULTS THEREOF THAT ANY DISPUTE, INCLUDING ANY MATTER ASSOCIATED WITH MEDICAL CARE, BUT NOT ASSOCIATED WITH MEDICAL MARIJUANA, SHALL BE RESOLVED PURSUANT TO THE ARBITRATION PROCEEDING RULES OF THE AMERICAN ARBITRATION ASSOCIATION, WITH EACH PARTY HAVING THE RIGHT TO APPEAL THE DECISION OF THE ARBITRATORS BASED UPON THE APPELLATE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. THIS ARBITRATION PROVISION SHALL NOT APPLY WITH RESPECT TO ANY DISPUTE RELATED TO MONIES OWED BY THE UNDERSIGNED TO THE MEDICAL PRACTICE WITH RESPECT TO CO-PAYMENTS, DEDUCTIBLES, OR OTHERWISE.

FINALLY, IN THE EVENT OF ANY COURT ACTION, I WAIVE ANY RIGHT TO A TRIAL BY JURY.

IN WITNESS WHEREOF, I have executed this Waiver, Release, and Agreement to Arbitrate on this ______ day of __________________, 20____.

_________________________________________
PRINTED NAME

____________________________________
SIGNATURE

_________________________________________
WITNESS
Please list your medications below. Include the NAME, DOSE, and FREQUENCY.

Lyrica 50 mg, twice per day (for example) ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
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 Compassionate Use Registry (and received a Compassionate Use Registry Patient Identification Number) by a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, to receive low-THC cannabis, medical cannabis, or a cannabis delivery device from an authorized Florida dispensing organization.

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 legal representative and Medical Marijuana Use Registry Identification Card Legal Representative Application
- A copy of the parent’s or designated legal representative’s proof of residency

PROOF OF RESIDENCY

Patients must submit a copy of a valid Florida driver license or Florida identification card. If the patient does not possess a valid Florida driver license or Florida identification card, they may submit a copy of a utility bill in the patient’s name including a Florida address, or a Florida voter registration card. The name and address on the documents provided for residency must match the name and address in this application.

For minor patients, the parent or designated legal representative must submit proof of residency of the parent or designated legal representative.
RENEWAL APPLICATIONS

All Medical Marijuana Use Registry Identification Cards expire 1 year after the date of the physician’s initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis 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 Compassionate 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: ________________________

<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
</tbody>
</table>

Patient Passport Photo

Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.

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.
### Designate a Legal Representative (if applicable)

<table>
<thead>
<tr>
<th>Legal Representative First Name</th>
<th>Legal Representative Last Name</th>
<th>Legal Representative Date of Birth</th>
</tr>
</thead>
</table>

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 (Print)**

**Patient or Legal Representative Signature**

**Date**
Medical Marijuana Use Registry Identification Card Application Instructions for Legal Representatives

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.

**LEGAL REPRESENTATIVE APPLICATION 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 the proof of legal representation
- 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.

**RENEWAL APPLICATIONS**

All Medical Marijuana Use Registry Identification Cards expire 1 year after the date of the physician’s initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.
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 Compassionate 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 Identification Card
Legal Representative Application

☐ Initial Application  ☐ Renewal Application

Mail Completed Application to:  
Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

Patient Registry ID #: __________________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Apt/Ste #</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Email (optional to receive communication, including a temporary verification)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>Apt/Ste #</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Email (optional to receive communication, including a temporary verification)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rule 64-4.011, F.A.C
Effective 10/2016
DH8010-OCU-10/2016
<table>
<thead>
<tr>
<th>Legal Representative Passport Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Submit a full-face, passport-type, color photograph of the legal representative taken within the 90 days immediately preceding registration, and 2x2 inches in size.</strong></td>
</tr>
<tr>
<td><strong>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, &quot;bluetooth&quot;, 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.</strong></td>
</tr>
</tbody>
</table>

| I hereby certify the above information to be accurate and complete and no one other than me is submitting this request on my behalf. |
| **Legal Representative Name (Print)** |
| **Legal Representative Signature** | **Date** |
To maintain an active Medical Marijuana Use Registry identification card, a patient and/or caregiver must annually submit a renewal application.

The expiration date of the identification card is printed on the front of the card.

Patient and caregivers can renew their Medical Marijuana Use Registry Identification card via a paper or electronic application. **Please remember that processing time for electronic applications are significantly faster.**

**Electronic renewal application:**

To submit a renewal application online, you must login to the Medical Marijuana Use Registry (MMUR). Your username is the email address you provided to your Qualified Ordering Physician. If you do not know your password, you may select “Forgot Password?” on the login screen of the MMUR to receive a new temporary password to the email address associated with your profile.

Once you have successfully logged in, navigate to the “YOUR CARD” menu option on the top of the page. You will then be viewing your current approved identification card application.
Please select “Renew Your Card” to open up a renewal application. *(If your previous card is still valid, this will not affect your ability to obtain Products.)*

Submit the required photo, proof of residency, and electronically sign your application. All that is left to do is submit the required $75 processing fee. To submit a payment online, click the button titled “Click Here to go Pay Online”. A new window will pop up containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check and credit card are accepted. *A $2.75 convenience fee applies to each online payment.*

When you have finished paying online, go back to the Registry - when you reload your Online Application, it will update with your payment status.

**Paper renewal application:**


Please indicate on the top of your paper application that this is a renewal application.

Complete your application and attached the required passport style photo, proof of residency, and sign your application. Remember to include your Patient ID number on your $75 payment.

Paper applications will be mailed to:

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

Patients and Caregivers may inquire about the status of their Medical Marijuana Use Registry Identification Cards by calling 1 (800) 808-9580 or emailing [fl-mmcp@veritecs.com](mailto:fl-mmcp@veritecs.com).
WHAT’S IN THIS USER’S GUIDE?

This guide lays out the basics of the Medical Marijuana Use Registry:

- LOGGING IN AND MANAGING YOUR REGISTRY ACCOUNT
- A SPECIAL SECTION JUST FOR CAREGIVERS
- UNDERSTANDING YOUR PROFILE
- WHAT TO EXPECT WHEN REVIEWING YOUR ORDERS
- MANAGING YOUR ONLINE MEDICAL MARIJUANA USE ID CARD

LOGGING IN AND MANAGING YOUR REGISTRY ACCOUNT

“Why is this important?”

Knowing how to log in and manage your Registry account is important because the Registry is where Qualified Ordering Physicians instructs others on how Patients may obtain Low-THC Cannabis, Medical Marijuana or Medical Marijuana Delivery Devices. Being able to access the Registry means you will be able to view your orders and manage your Identification Card application online.

“How do I get started?”

Patient and Caregiver accounts can only be created by your Qualified Ordering Physician. Please remember that all patients must have a profile created for them by their Qualified Ordering Physician.
“How do I know if I have an account?”

For you to get a Registry account, your Qualified Ordering Physician needs to have your email address. If you have never provided it to your Qualified Ordering Physician, you probably do not have an account. If you feel that is the case, your Qualified Ordering Physician can review your profile and confirm. If they see that your email has not been added to your profile, they can add it easily.

If you know that your Qualified Ordering Physician has supplied your email address to your profile in the Registry, check your email inbox for an invitation to log in for the first time. The email will look like this:

When your Qualified Ordering Physician saves your email address to your profile, the Registry will send you an email automatically, along with another email that will contain your temporary password.

“I do not have that password email anymore!”

or...

“I forgot my password!”

If your Qualified Ordering Physician put in your email address to your profile, you can request a new temporary password by using your email address. (See Page 3)
Using your web browser, navigate to the Registry (https://mmuregistry.flhealth.gov/) and click LOGIN in the top menu bar.

Just below the LOGIN button, you will see a link titled “Forgot Password?”

You will be asked to supply your username. Enter your username and click on SUBMIT.
“I do not know my username!”

Your username will **always** be the email address that your Qualified Ordering Physician put in your profile.

“What’s next?”

Once you have submitted your username, the Registry will email you a temporary password to the email address associated with your profile. That password is only valid for one login attempt and must be used within 24 hours – as soon as you log in, you will be asked to reset your password to something else. Password requirements can be found on page 5.

“I received a ‘this login was not found’ message from the Registry. What do I do?”

First, check your spelling and capitalization of the email you supplied. It should be the same as what the Qualified Ordering Physician entered (usernames are case sensitive). If you still do not get a match, it is possible that the Qualified Ordering Physician mistyped the email address, or perhaps they haven’t supplied it to your profile yet. Please contact your Qualified Ordering Physician to resolve this.

“I never received the email after submitting my username...”

If the system *did not* say “This login was not found.” and you still did not get an email from the Registry, please check your Spam and Junk folders in your email inbox – sometimes emails generated by the Registry are intercepted there. If you find it was caught by your Junk filter, this would be a good time to adjust your settings and put the Registry’s email address on your “safe-sender list” – the Registry will be emailing you important information, such as your Medical Marijuana Use Registry ID Card application information. Emails generated by the Registry will come from MedicalMarijuanaUse@FLHealth.gov

“I’m able to log in, but I want to change my password!”

Once you are logged in, you will see a “Change Password” link in the menu bar at the top. Clicking it will take you to where you can change it. (See Page 5)
This page is where you will change your password:

The information in the Registry is confidential, so you will need to use a secure password that has all of the following:

- Is at least 10 characters long
- Has at least one uppercase letter (A B C etc)
- Has at least one lowercase letter (a b c etc)
- Uses a “special character” like ‘#&*^{()$}?/’
- Has at least one number (1 2 3 etc)

“I want to use a different email address instead of what my Qualified Ordering Physician put on my profile…”

To change your email address, you will need to visit your profile, and update it. (See Page 6)
To visit your profile, click the link in the menu bar titled YOUR PROFILE:

You will be taken to your profile page.
Next, click the button near the bottom titled “Manage Profile Details”. The page will change to allow you to edit certain fields:
Click in the email address field, put in your new email address, and select “Save Your Changes.”

You will be asked if you really want to make this change.

Be careful, and confirm it is right! Entering an invalid email address, may cause you to temporarily lose access to the Registry!

Email addresses must be unique for each user, you cannot share an email address with another person in the Registry.

“Now what?”

Now you use this new email address as your username when you need to log in again.

Whenever you change your email address, you will be asked to reset your password the next time you log in, to protect your privacy.
A SPECIAL SECTION JUST FOR CAREGIVERS:

As a Caregiver, you can not only manage your own account, but also the account for the patient(s) for which you are a Caregiver. If you would like to manage your profile, and the profile of the patients you represent, make sure the Qualified Ordering Physician supplies your email to your Caregiver account. Caregivers can add a different email address to a patient that does not have one, if you want them to be able to log in on their own.

“I want to be someone’s caregiver.”

Florida law states that a caregiver must:

1. Not be a Qualified Ordering Physician and not be employed by or have an economic interest in a Medical Marijuana Treatment Center or a marijuana testing laboratory.
2. Be 21 years of age or older and a resident of the state of Florida.
3. Agree in writing to assist with the qualified patient’s medical use of marijuana.
4. Be registered in the Medical Marijuana Use Registry.

A qualified patient may designate no more than one caregiver to assist with the qualified patient’s medical use of marijuana, unless:

1. The qualified patient is a minor and the designated caregivers are parents or legal guardians of the qualified patient.
2. The qualified patient is an adult who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or herself without assistance or supervision and the designated caregivers are the parents or legal guardians of the qualified patient.
3. The qualified patient is admitted to a hospice program.

A Caregiver may be registered in the Medical Marijuana Use Registry as a designated Caregiver for no more than one qualified patient, unless:

1. The Caregiver is a parent or legal guardian of more than one minor who is a qualified patient.
2. The Caregiver is a parent or legal guardian of more than one adult who is a qualified patient and who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or herself without assistance or supervision.
3. All qualified patients the Caregiver has agreed to assist are admitted to a hospice program and have requested the assistance of that caregiver with the medical use of marijuana; the Caregiver is an employee of the hospice; and the Caregiver provides personal care or other services directly to clients of the hospice in the scope of that employment.
Who added this photo to my application(s)?

You may have noticed that when you visited your online application, that there is an ID photo already present. This is because the Registry is linked with the Florida Driver’s License and State ID Card system. The Registry will check for a match of your Social Security Number and date of birth and your photo will be supplied if a match is found. This way, you do not have to worry about getting one uploaded.

If the photo is missing or seems wrong, speak with your physician to make sure they entered your SSN and DOB correctly.

UNDERSTANDING YOUR PROFILE

Your Profile contains:

- Your name and date of birth
- A unique patient ID number
- Your phone number
- Your email address (which is also your username)
- Your weight and gender
- Your address information
- If you have an approved Medical Marijuana Use Registry ID Card, you will see
  - The photo that is on your card
  - A unique card identifier number for Law Enforcement
  - How long you have until the card expires
- If application has not been approved yet, you will see
  - A blank photo placeholder
  - A notification that your Card Application is not complete

The next page shows you what your Profile looks like when you are first provided with an account and have not been approved for an ID Card.
This is what your profile looks like when you are first provided a Registry account:

![Profile Image]

Your Card application is incomplete. Navigate to Your Card to finish it up.

You cannot obtain cannabis products until this is completed

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>PATIENT</td>
</tr>
<tr>
<td>First Name</td>
<td>TYPICAL</td>
</tr>
<tr>
<td>Middle Initial</td>
<td>5</td>
</tr>
<tr>
<td>Primary Phone</td>
<td>123-456-7890</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:derek.prowse@fivepts.com">derek.prowse@fivepts.com</a></td>
</tr>
<tr>
<td>Date Of Birth</td>
<td>01/01/1911</td>
</tr>
<tr>
<td>Patient Number</td>
<td>POZBRQAZ</td>
</tr>
<tr>
<td>Patient Weight</td>
<td>120 lbs</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Address1</td>
<td>123 ANY STREET</td>
</tr>
<tr>
<td>Address2</td>
<td>APT 2</td>
</tr>
<tr>
<td>City</td>
<td>PANAMA CITY BEEACH</td>
</tr>
<tr>
<td>County</td>
<td>BAY</td>
</tr>
<tr>
<td>Zip code</td>
<td>32413</td>
</tr>
</tbody>
</table>

If you have a caregiver associated to you, you will see them listed at the bottom:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address2</td>
<td>APT 2</td>
</tr>
<tr>
<td>City</td>
<td>PANAMA CITY BEEACH</td>
</tr>
<tr>
<td>County</td>
<td>BAY</td>
</tr>
<tr>
<td>Zip code</td>
<td>32413</td>
</tr>
<tr>
<td>Caregivers</td>
<td>TYPICAL, CAREGIVER</td>
</tr>
</tbody>
</table>

Manage Profile Details
“Something on my profile is not right. I want to fix it.”

To edit your profile, click “Manage Profile Details” near the bottom of your profile. You will be directed to a page where you can make changes.

Changing parts of your profile:

There are three types of changes that can be made to your Profile:

- Things only your Qualified Ordering Physician can change:
  - Your name
  - Your date of birth
  - Your weight
  - Your gender
  - The name of your Caregiver

- Things you can change without needing a new ID Card:
  - Your phone number
  - Your email address

- Things that you can change that will require a new ID card:
  - Your address information (Address Line 1 through ZIP Code)

Your patient ID number cannot be changed.
“The Qualified Ordering Physician got my name/DOB/weight/gender wrong.”

Your Qualified Ordering Physician must correct these errors. Contact them to arrange to have your profile corrected.

If your demographic information is incorrect, law enforcement officials and MMTC employees may not be able to verify you in the Registry.

Also, incorrect demographic information may complicate your experience getting an ID Card and may cause delays in receiving dispensations from a Medical Marijuana Treatment Center.

“I do not see my caregiver under my profile.”

Your Qualified Ordering Physician is responsible for adding your caregiver to your profile. If your caregiver is not yet associated with your profile, they will not be able to apply for an identification card until your Qualified Ordering Physician includes them.

“I’m a caregiver, but do not see my patient as a choice in the menu.”

The Patient’s Qualified Ordering Physician needs link your Caregiver account to the Patient’s account that you represent.
Florida law requires that your Qualified Ordering Physician place Orders in a specific format. They are organized using this structure:

Remember, if you do not understand your orders, your Qualified Ordering Physician or staff at a Medical Marijuana Treatment Center will be able to help.
Here are some of the requirements that direct how Orders are organized:

- Orders must exist within a physician certification
  - Each Physician Certification must have a fixed start date and a fixed end date
  - Orders can only be placed within that date range
  - The longest any single Certification can last is 210 days
  - Your Qualified Ordering Physician can have one open Certification (for now) and one scheduled Certification (for later) in a Patient profile at any one time
  - Certifications cannot overlap
- **Note:** Patients, Caregivers, and MMTC staff **cannot view certifications.**
- Each Physician Certification can contain up to three Orders
- Each Order has its own start date within the Certification
  - You will not be able to obtain Products for an Order until the start date. Before the start date, the Order is listed as “Scheduled”
- Each Order also has an end date
  - After the end date, the Order is listed as Closed or Expired. You won’t be able to obtain Products after the end date.
- Orders cannot overlap.
- Each order also can have up to four different Routes – 2 Low-THC Cannabis and 2 Medical Marijuana. Routes are the method by which the Product is delivered, such as inhalation, topical, or oral
- Each Route can have its own unique amount per dose, and doses per day
  - The Registry uses this information to calculate how many milligrams of Product you have been authorized by a Qualified Ordering Physician to obtain from a Medical Marijuana Treatment Center.

On the next page, you can see what an example order looks like to a patient, or their caregiver.
When you first arrive at your profile, you will see your Orders dashboard under your demographics:

Here, you can see that this patient has two Orders, one that starts on the 15th of November, and another that starts on the 1st of December. This also shows how many days each Order is live where the Patient can obtain Products.

The Order also says that this person can purchase a Delivery Device.

If you click the name of the Qualified Ordering Physician, you will be directed to a page where you can see their phone number, address, and other information.

Click anywhere else on the row for an order, and it will expand to show you much more information about your order. (See following page)
When you expand the Order, you can see much more information/ You can click each tab to view the different Routes that the Qualified Ordering Physician has placed an Order for. For each Order, you can see:

- The Route
- The amount per dose
- The number of doses per day the Qualified Ordering Physician recommended
- Any special notes from the Qualified Ordering Physician
- And lastly, a history of all the Dispensations you have ever received for this part of the Order.

“How can I tell what I’m able to have?”

Expand your Order and click through the tabs to browse your orders.

Remember: you can only obtain Products for orders that have the status of Open.

“How much is left for me to obtain in my Order?”

In each tab, you can see the amount remaining in your Order history listing.
MEDICAL MARIJUANA USE REGISTRY

“Some of my orders say they’re completed or expired... what’s that?”
When you have obtained all the Products that the Order allows for, it is marked as Complete. When the end date of an Order occurs, it is flagged as Expired. In both cases, you cannot obtain Products for that Order any longer.

“My Order is not right, or is not an effective treatment.”
Your Qualified Ordering Physician can edit or update any order in your list. Reach out to them for help.

“Can I get Products without an order?”
No. Any person that provides you with Low-THC Cannabis or Medical Marijuana Products when you do not have an open Order may be violating the law.

“It looks like an MMTC recorded one of my dispensations wrong!”
When you obtain Products, the Medical Marijuana Treatment Centers are required to record how much they have dispensed for you in the Registry.
If you feel they have made a mistake, please contact them and they can make a correction to the record.

“There’s a little note in red text for one of my Dispensations. What’s that?”
When a MMTC records a correction (see the previous question), they must supply a reason for the change. The reason they supply shows in red text in your Dispensation History.

MANAGING YOUR ONLINE MEDICAL MARIJUANA USE ID CARD

Florida law requires that you obtain a Medical Marijuana Use ID Card from the Department of Health in order to obtain Products from an MMTC.

While you are invited to mail in a pen-and-paper ID Card application, the Registry makes it easy to get your card quickly.
“How do I get started?”

When your Qualified Ordering Physician initially created your account, the Registry automatically started your first identification card application. You can visit it from the link in the menu bar titled YOUR CARD.

“How is my application laid out for me?”

Your card application has 6 parts:

- Your photo
- Your address and other basic information
- Your proof of residence
- Your payment
- The date the card was printed
- A place for you to sign electronically

Your online application has 6 parts. The top has your photo and demographic information:
Below that is a place for you to supply your proof of residence and sections for when your payment was processed and when your card was printed:

...and at the very bottom is where you sign online for your application:
“So, what do I need to do?”

Some of the application is for you to supply, and some of it is completed by the Office of Medical Marijuana Use. You are responsible for:

- **Your photo**
  - The Registry is connected to the Division of Highway Safety and Motor Vehicle’s State ID system. It looks at your information that your Qualified Ordering Physician provided – if there’s match, your State ID or Driver’s License photo is automatically added to your application. You can replace it with another photo, if you wish – but it must meet the statutory requirements. If the photo does not meet statutory requirements, your application will not be approved. Click “Photo Requirements” for more information.
  - You can upload your photo using the button titled Choose File. If you already have a photo brought over from your Driver’s License/State ID Card, you can use that and move on to the rest of your Application.
  - Uploading a photo will replace any existing one. If the existing one was approved, and you replace it, you will have to wait for the new photo to be approved.
    - If the new photo is going into a previously-approved Application, a fee may apply.
- **Your address and other basic information**
  - Sometimes, Qualified Ordering Physicians put in old or incorrect information. Review this section carefully because a fee may be required, if a new card needs to be printed later.
- **Your proof of residence**
  - You will need to upload this. If you need more than one file, you can add as many as you need.
- If you are applying for a Caregiver ID card, you need to supply a proof of representation instead of a proof of residence.
- **A place for you to sign electronically.**
  - You will only be able to sign once you have completed your part of the Application.
  - Type your name into the signature fields exactly as it is listed in the upper-right of the Registry.

If you mailed in your payment, the OMMU will supply the payment record when your payment is processed, and will supply a printed date when your card is printed. They will also mark the application as approved when it meets legal requirements.

“Can I pay online instead of mailing in payment?”

To submit a payment online, click the button titled “Click Here to go Pay Online”. A new window will pop up containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check and credit card are accepted. A **$2.75 convenience fee applies to each online payment.**

When you have finished paying online, go back to the Registry - when you reload your Online Application, it will update with your payment status.
“Can I submit a partial payment and pay the rest later?”
The OMMU can only accept full payments, both by-mail and electronically.

“How can I know what the status of my mailed-in payment is?”
Once the OMMU receives and processes your payment, the Registry will be updated, so you can follow along. If your mailed-in payment fails or is rejected, the OMMU will note this in the Registry, so you may resubmit payment.

“How do I know the status of my application?”
You can log in and visit your application page at any time. Each part you submit can be individually reviewed by the OMMU, so when they approve or reject something, you can see it online. If you do not know why something was rejected, there are always comments listed below the section.

If your photo, proof of residence, or other information has an issue, the OMMU will mark it as ‘rejected’, and you will be emailed about it right away, so you can fix it quickly. You will also see onscreen any rejected items. Simply resupply them to get back on track towards getting your card.

When your card application is fully approved, you will get an email that will serve as your temporary ID Card. You can use this email to obtain your orders while you wait for your physical card to arrive in the mail.

“How long is my card good for?”
Florida law states that your card must be renewed every year.

“It says I should renew soon, how do I do that?”
In your online application, below your address information, there’s a button named “Renew My Application”. This starts the application over again. If your previous card is still valid, this will not affect your ability to obtain Products.

“I want to update my card.”
You can start a renewal of your application any time you wish. A new processing fee will be needed for any new card printed.