



## Understanding the Registry

### Submitting Your Close Relative Acknowledgement Form (CRAF) as a Non-Close Relative

This guide will inform Caregivers how to submit their Close Relative Acknowledgement Form (CRAF) as a **Non-Close Relative** in the Medical Marijuana Use Registry. This form will only need to be completed once, as long as the caregiver retains their fingerprints with the Office of Medical Marijuana Use.

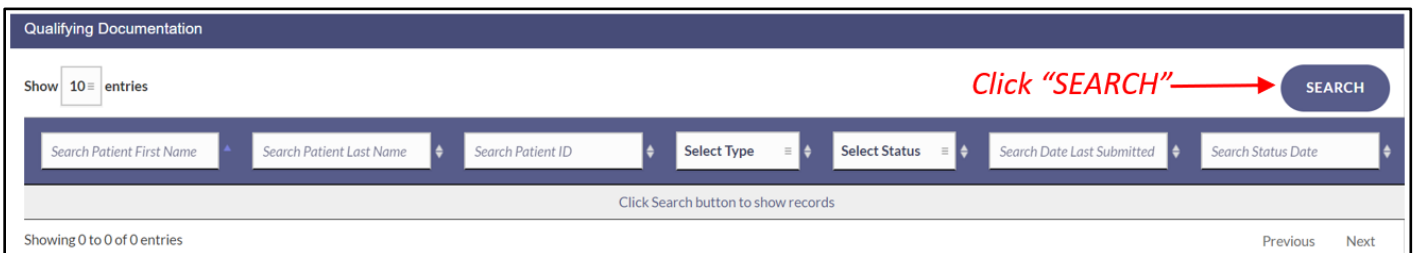
**Step 1:** Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov/>.

*\*If you do not remember your password, you may reset it yourself by selecting [Forgot Password](#) on the Login page. For step-by-step instructions to reset your password, see our [Resetting my Password](#) guide on our Know the Facts MMJ page (<https://KnowTheFactsMMJ.com/Registry/#instructional-guides>).*

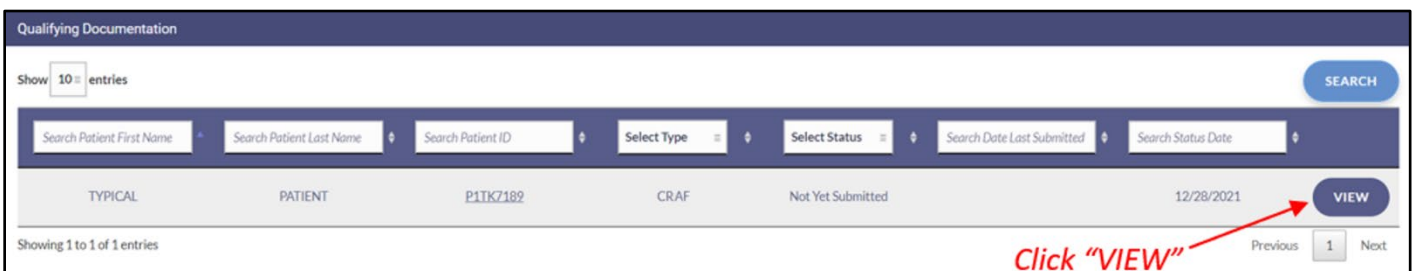
**Step 2:** Click "QUALIFYING DOCUMENTATION."



**Step 3:** Locate the CRAF that you need to submit by clicking "SEARCH."



**Step 4:** Click "VIEW" next to the "Not Yet Submitted" CRAF.



**Step 5:** You are brought to the not-yet-submitted CRAF.



**Step 6:** Scroll to the close relative determination section of the CRAF. Indicate you are **Not a Close Relative Caregiver** by selecting **“No”** for the question **“Do you wish to complete the Close Relative Acknowledgement?”**

Patient Last Name: PATIENT  
Patient First Name: TYPICAL  
Patient ID #: P1TK7189  
Patient DOB: 1/1/1990  
Caregiver Last Name: CAREGIVER  
Caregiver First Name: TYPICAL  
Caregiver DOB: 1/1/1950

Pursuant to [section 381.986\(6\)\(b\)6, Florida Statutes](#), a caregiver must pass a level 2 background screening in accordance with [section 381.986\(9\), Florida Statutes](#), unless the qualified patient is a close relative of the caregiver.

A caregiver applicant applying for a Medical Marijuana Use Registry (MMUR) identification card as a caregiver who is a close relative of the qualified patient must submit the following to the Department of Health, Office of Medical Marijuana Use (OMMU) in order to be exempt from background screening requirements:

Do you wish to complete the Close Relative Acknowledgement?  Yes  No ← **Select “No”**

**Step 7:** Once you have selected **“No”** for Close Relative Acknowledgement, scroll to the **“Non-Close Relative Information”** section to read the information regarding the required Background Screening for Non-Close Relative Caregivers.

**Non Close Relative Information for Caregiver TYPICAL CAREGIVER, representing Patient TYPICAL PATIENT**

[Section 381.986\(6\)\(b\)6, Florida Statutes](#), requires caregivers to pass a level 2 background screening unless the qualified patient is a close relative of the caregiver. Therefore, caregiver applicants that do not qualify as close relatives must complete a level 2 background screening. Caregivers that currently have a Medical Marijuana Use Registry Caregiver Identification (ID) Card must follow the caregiver background screening requirement when they renew their ID card.

Caregiver applicants must submit a completed “Caregiver Background Screening Acknowledgement and Information” form to the Department via email to [MMUR\\_Applications@flhealth.gov](mailto:MMUR_Applications@flhealth.gov) prior to completing a level 2 background screening.

Caregiver applicants must submit a full set of fingerprints to a Livescan Service Provider and, at the time of submission, give to the Livescan Service Provider the ORI number FL924890Z (DOH – OFFICE OF MEDICAL MARIJUANA USE), ATTN: Caregiver.

The cost of the background screening will be the responsibility of the caregiver. In addition, there will be a \$6 annual retention fee due after the first year to retain the caregiver’s background screening results. Please note that the \$6 retention fee is separate from and will be due in addition to the \$75 ID card fee.

Caregivers will receive an email notification no less than 30 days before the due date of their annual retention fee. If a caregiver does not pay the \$6 annual retention fee by the due date, they must submit new fingerprints and complete a new level 2 background screening in accordance with Emergency Rule 64ER23-2, “[Caregiver Background Screening and Request for Close Relative Status](#),” to qualify as a caregiver.

Additionally, [section 381.986\(6\)\(b\)3, Florida Statutes](#), requires a caregiver to agree in writing to assist with the qualified patient’s medical use of marijuana. By signing and completing this form, you are also agreeing in writing to assist the qualified patient with their medical use of marijuana.

Click [here](#) to download a copy of the Caregiver Background Screening Acknowledgement and Information form to give to the Livescan Service Provider.


**Step 8:** After reading the **“Non-Close Relative Information”** section of the CRAF, scroll to the **“Acknowledgement and Attestation”** section to enter your signature electronically. Signing this form electronically indicates that you have read and are acknowledging consent to a Background Screening and that the information is accurate.

**Acknowledgement**

To sign below, supply **TYPICAL** in the First Name text box, and **CAREGIVER** in the Last Name text box.

Type in your first name:  
 ← **Type First Name**

Type in your last name:  
 ← **Type Last Name**

  
You must sign to complete.


**Step 9:** Once you have signed your name, click **“SUBMIT”** to submit the form to the Office of Medical Marijuana Use for review or **“SAVE AS DRAFT”** to save what you have entered so far and complete the form later.

**Acknowledgement**

To sign below, supply **TYPICAL** in the First Name text box, and **CAREGIVER** in the Last Name text box.

Type in your first name:

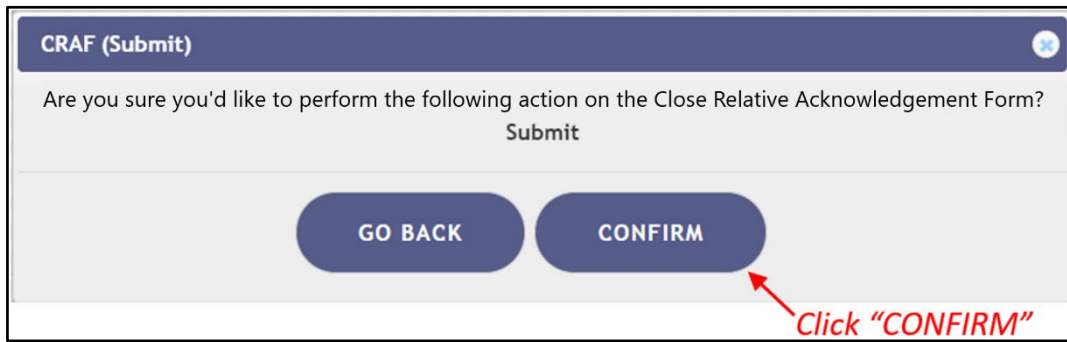
Type in your last name:

  
Signature not saved.

**Click “SUBMIT”**

Form Status: Not Yet Submitted

**Step 10:** Once you have you have clicked “SUBMIT,” you will receive a prompt asking you to confirm the submission. Click “CONFIRM” to confirm your submission or click “GO BACK” to edit your form.



**Step 11:** Once you submit your non-close relative CRAF, you will be returned to the Qualifying Documentation Dashboard. The status of the form will now display as “Approved.” You will also receive an email from the Office of Medical Marijuana Use with instructions on completing the caregiver background screening required under [section 381.986\(6\)\(b\)6., Florida Statutes](#).

**Note:** You may not proceed with the application process or receive product for your patient(s) until the Office of Medical Marijuana Use receives your background screening results and determines your eligibility.

After the Office of Medical Marijuana Use determines your eligibility, you will receive an email notification with the results of the determination. Only after you receive a notification stating you meet the requirements to be a caregiver, will you be allowed to proceed with your (or your patient’s) application.



For additional information, visit  
[KnowTheFactsMMJ.com](http://KnowTheFactsMMJ.com)