FLORIDA DEPARTMENT OF HEALTH Office of Medical Marijuana Use Florida's Official Source for Responsible Use

2021 Annual Update on the Statewide Cannabis and Medical Marijuana Education and Illicit Use Prevention Campaign









January 31, 2021

Scott A. Rivkees, MD State Surgeon General

Ron DeSantis, Governor

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INTRODUCTION

Legislative Direction

During Special Legislative Session held in June 2017, Senate Bill 8A was passed and subsequently signed by Governor Rick Scott on June 23, 2017. Senate Bill 8A amended section 381.989, Florida Statutes (F.S.), and includes provisions directing the Florida Department of Health (Department) to develop a statewide public education campaign to inform and educate Floridians on newly established medical marijuana laws and the importance of responsible use.

Section 381.989(2), F.S.

(2) STATEWIDE CANNABIS AND MARIJUANA EDUCATION AND ILLICIT USE PREVENTION CAMPAIGN.

(a) The department shall implement a statewide cannabis and marijuana education and illicit use prevention campaign to publicize accurate information regarding:

1. The legal requirements for licit use and possession of marijuana in this state.

2. Safe use of marijuana, including preventing access by persons other than qualified patients as defined in s. 381.986, particularly children.

3. The short-term and long-term health effects of cannabis and marijuana use, particularly on minors and young adults.

4. Other cannabis-related and marijuana-related education determined by the department to be necessary to the public health and safety.

There are specific objectives established in statute including publicizing accurate information regarding the legal requirements for licit use and possession; the safe use of medical marijuana and preventing access by those other than the qualified patient, particularly children; and the short-term and long-term effects of medical marijuana use, particularly on minors and young adults.

Section 381.989(2)(e), F.S., also directs the Department to contract with an independent entity to conduct annual evaluations of the campaign. Per statute, during year one of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.



RESEARCH

Florida Survey Research Center

Section 381.989(2)(e), F.S.

(e) The department shall contract with an independent entity to conduct annual evaluations of the campaign. The evaluations shall assess the reach and impact of the campaign, success in educating the citizens of the state regarding the legal parameters for marijuana use, success in preventing illicit access by adults and youth, and success in preventing negative health impacts from the legalization of marijuana. The first year of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for longterm analysis.

As directed by the legislature in section 381.989(2) (e), F.S., the Department has contracted with an independent entity to conduct surveys to establish baseline data. In July 2017, the Department established an interagency agreement with the Florida Survey Research Center (FSRC), housed within the University of Florida, to conduct this research.

Per the agreement, FSRC developed a survey instrument to be sent to a randomized sample in each of the five regions established in section 381.986(8)(a)5.b., F.S.

- The Northwest Region consists of Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties.
- The Northeast Region consists of Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union Counties.
- The Central Region consists of Brevard, Citrus, Hardee, Hernando, Indian River, Lake, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie, Sumter, and Volusia Counties.
- The Southeast Region consists of Broward, Miami-Dade, Martin, Monroe, and Palm Beach Counties.
- The Southwest Region consists of Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Hillsborough, Lee, Manatee, Okeechobee, and Sarasota Counties.



FSRC developed the survey with input from the Department as well as utilizing national surveys as a framework. The survey instrument was approved by the Institutional Review Board (IRB) at the University of Florida. FSRC worked to obtain 400 completed responses from each of the five regions for a total of 2,000 survey completions statewide.



- A total of 20,000 survey packets were mailed to potential respondents between December 22, 2017 and March 13, 2018.
- A total of **1,528** surveys were completed between December 22, 2017 and April 6, 2018.
- Based on the number of households in Florida (7,393,262) and the population of the state age 18 and older (16,514,723), a sample of 1,529 completions will provide a margin of error of +/- 2.5% at a 95% confidence level.

FSRC compiled all data and found trends to establish a baseline of data and knowledge about youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.

Some of the findings included:

- More than four in five (89.4%) respondents said they think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, while fewer than one in ten (8.3%) said they think marijuana should be illegal even for medical purposes.
- About two in five (42.4%) respondents correctly said that "Low-THC cannabis, ordered by a licensed doctor for approved medical conditions" is legal in the state of Florida. More than half (55.1%) of the respondents correctly noted that "Medical marijuana, ordered by a licensed doctor for approved medical conditions" is legal in the state of Florida. Of the 1,521 respondents who answered this question, about one in four (27.4%, n=417) correctly chose both of these responses.
- More than one-half (53.7%) of the respondents said that marijuana does have short- and long-term health impacts, while more than one-quarter (28.8%) said it does not. Nearly one in five (17.5%) respondents said they were unsure or preferred not to answer the question.
- More than two in three (69.8%) respondents said that marijuana poses unique risks to children or teens, while one in seven (14.4%) said it does not. Nearly one in six (15.7%) respondents said they were unsure or preferred not to answer the question.
- Nearly three in five (57.0%) respondents said that marijuana poses unique risks to women who are pregnant or nursing, while about one in ten (11.0%) said it does not. Notably, about one in three (32.0%) respondents said they were unsure or preferred not to answer the question.
- One in ten (9.2%) respondents said that children accidentally ingesting marijuana is not a problem, and nearly one in three (32.7%) said this is rarely a problem. Three in ten (29.4%) respondents thought children accidentally ingesting marijuana is occasionally

a problem, while one in ten (9.8%) said it was frequently a problem. About one in five (18.9%) respondents said they were unsure or preferred not to answer the question.

 Overall, nearly two in three (64.3%) respondents said they are somewhat knowledgeable about laws related to marijuana use in the state of Florida, while fewer than one in ten (8.3%) said they are very knowledgeable. About one in four (24.4%) respondents said they are not at all knowledgeable about these laws.

A copy of the survey instrument and findings are included in Appendix K.

89%

Percentage of Floridians surveyed who think adults should be legally allowed to use medical marijuana.

533% Percentage of Floridians surveyed who think marijuana has short and long-term health impacts.



EDUCATION EFFORTS



Section 381.989(2)(a)4., F.S.

4. Other cannabis-related and marijuana-related education determined by the department to be necessary to the public health and safety.

The Florida Department of Health, Office of Medical Marijuana Use (OMMU), continues to focus on the health and safety of Florida's families and is dedicated to ensuring patients have safe access to low-THC cannabis and medical marijuana.

As Florida's Official Source for Responsible Use, OMMU provides the most current and accurate information on medical marijuana in Florida to patients, caregivers, physicians, Medical Marijuana Treatment Centers (MMTC), lawmakers, and the general public.

Below are some of the key activities used to keep OMMU's stakeholders up to date on the latest happenings in Florida.

- In January 2020, OMMU developed toolkits that were mailed out to physicians, MMTCs, and other organizations to help position OMMU as Florida's Official Source for Responsible Use.
- In February 2020, staff from OMMU attended the Florida Medical Cannabis Conference (FMCC) in Orlando. Staff provided educational materials, promo items, and answered questions/provided information to conference participants.
- From April through July 2020, OMMU donated numerous boxes of branded promotional hand sanitizers to the state's EOC during the COVID-19 response for distribution throughout the state.
- In August 2020, a COVID-19 website page was developed on OMMU's site to provide COVID-19 information and updates for patients and caregivers, physicians, and MMTCs.
- In October, staff developed a new Frequently Asked Questions (FAQ) page on reciprocity for the OMMU website.
- In November 2020, OMMU began development of an educational one-pager on medical marijuana effects on pregnant and breastfeeding women.
- In December 2020, OMMU developed 12 additional instructional guides to help caregivers, patients, and physicians better navigate Florida's medical marijuana program.

OMMU WEBSITE

The Department's website **KnowTheFactsMMJ.com** fulfills a goal to have a stand-alone website that serves as a central repository for medical marijuana information in Florida. This comprehensive site was designed with the objectives of establishing the Department as the authority on responsible use and making information available in one location for all interested stakeholders. KnowTheFactsMMJ.com officially launched in March 2019 and has been continuously updated to meet the needs of key stakeholders.

The website is dedicated to offering the most current and accurate information related to medical marijuana in Florida. It is the information hub for patients, physicians, MMTCs, certified marijuana testing laboratories, law enforcement, and other interested stakeholders requiring up-to-date and accurate information.

At the onset of the COVID-19 pandemic, a page was created on the website to include information from the Florida Department of Health and resources for the COVID-19 Call Center, as well as guidance from the OMMU for patients and caregivers, physicians, and MMTCs.

The website also features an updated Resources page that contains links to the "Know the Facts" campaign one-pagers, OMMU educational materials, and previous Statewide Cannabis and Medical Marijuana Education and Illicit Use Prevention Campaign annual reports. The website also makes it easy to locate licensed MMTCs that are in closest proximity to qualified patients. An updated list of MMTCs includes the name of the business, phone and email addresses, authorization status and license number along with links to the MMTC's website.

The website's About section provides users with an overview of the OMMU and its responsibilities related to medical marijuana in Florida, as well as an archive of OMMU Weekly Updates by year going back to 2016. The site hosts a FAQ page with 16 of the most frequently asked questions that stakeholders may have. Several links are embedded within the FAO which direct users to expanded information. Several of the website's main pages are highlighted in Appendix A.



EDUCATION MATERIALS

In addition to online resources, print educational materials continue to be developed and updated to provide qualifying patients and their caregivers with information on how to access Florida's medical marijuana program. The guidelines and one-pager are in final production and will be released early 2021. These materials can be found in Appendix D.

OMMU developed "informational toolkits" that were shared with organizations statewide. These kits contained 50 printed copies each of the following:

- Know the Facts about Patients one-pager
- Know the Facts about Physicians one-pager
- Know the Facts about Safe Storage one-pagers
- Application processing timeline
- Promo bags filled with various OMMU promo items

These toolkits were shared with various organizations, including physicians, MMTCs and the Florida Medical Cannabis Conference.

OMMU created the following instructional guides for patients and caregivers: Patient and Caregiver Initial Application Instruction Guide with Florida Department of Highway Safety and Motor Vehicles (FLHSMV) Database integration.

- Patient and Caregiver Renewal Application Instruction Guide with FLHSMV Database integration
- Patient and Caregiver Uploading Documentation from a Personal Computer Instruction Guide
- Patient and Caregiver Uploading Documentation from a Laptop Computer Instruction Guide
- Patient and Caregiver Change of Address Application Instruction Guide.
- Patient and Caregiver Leave Your Current Physician Instruction Guide



OMMU created the following instructional guides for qualified physicians:

- Adding New Caregiver Instruction Guide
- New Caregiver with FLHSMV Database Integration Instruction Guide
- New Patient with no Social Security Number Instruction Guide
- New Patient with FLHSMV Database Integration Instruction Guide
- Manually Creating New Patient Instruction Guide (no FLHSMV Database Integration)
- Creating New Seasonal Patient Instruction Guide

The Department also developed a one-pager with information regarding the health effects of cannabis and marijuana use on pregnant and breastfeeding women, and their children.

MARKETING PLAN

Section 381.989(2)(c), F.S.

(c) The department may use television messaging, radio broadcasts, print media, digital strategies, social media, and any other form of messaging deemed necessary and appropriate by the department to implement the campaign. The department may work with school districts, community organizations, and businesses and business organizations and other entities to provide training and programming.

Section 381.989(2)(d), F.S

(d) The department may contract with one or more vendors to implement the campaign.

An integrated communications program will be implemented to reach target audiences with OMMU's key messages. This plan will include using print, digital, social media, earned media, and outreach efforts.

Outreach efforts will include attending key events for organizations across the state, including nonprofits, community groups, law enforcement, nursing homes/retirement communities, and physician organizations. These events may include training sessions, conferences, workshops, annual meetings, chapter meeting, etc. OMMU's goal is to participate in at least 12 outreach opportunities in 2021.

Additionally, a database of contacts will be developed from targeted groups to create a network of partners that can be used each year to help spread OMMU's key messages.

Brand and Style Guide

In late April 2018, the Department contracted with a creative agency to take the existing logo and creative elements and expand upon them in a full brand and style guide that would detail fonts, colors, taglines, brand imagery and more. Once completed, the Department took ownership of all the native design files, fonts and collateral created within the guide.

During the discovery meeting with the chosen agency, Department staff discussed the need to position the brand as the expert/authoritative voice of all medical marijuana information in Florida. This is extended through easyto-understand information that is provided to audiences where they already search for knowledge, such as from their physicians and online sources. By keeping the brand balanced between a clinical and conversational approach, OMMU can remain the trusted source for medical marijuana information.

Brand Implementation & Content Creation

Due to the serious and critical work of the OMMU, the brand messaging and visual elements established in the brand and style guide work together to position the OMMU as the official source for information about responsible use in Florida.

The style guide is a tool to keep communications consistent and cohesive across all mediums launched throughout the state of Florida. The guide outlines proper logo usage and how graphics and text should work within the OMMU brand and its campaigns. These are guidelines that provide enough detail and clarity so that staff, partners, vendors, etc. can represent the brand effectively and consistently.



YEAR 5 REPORTING

There is a continuous need for education on the proper procedures for obtaining a Medical Marijuana Use Registry Identification Card, finding a qualified physician, and understanding the qualifying medical conditions in order to obtain medical marijuana. The Department plans to work with school districts, community organizations, business organizations, law enforcement, physician groups, disability nonprofits, and other entities to provide education and training regarding Florida's medical marijuana program.

Educational outreach for any future legislative decisions and changes to the current or future statutes will also be a key component moving forward as keeping our stakeholders informed is of the utmost importance. Developing a partner network is an important undertaking for 2021. Partners, such as physician groups, retirement associations, community groups, and targeted nonprofits will be an important resource in spreading the messages of OMMU and to keep key stakeholders informed.

The Department plans to use an integrated communications approach to maximum efficiency of appropriated funds for 2021. Department staff will continue to monitor other state's medical marijuana programs and their campaigns to gauge their effectiveness and to determine if those types of programs could be successful in Florida.



APPENDIX A – OMMU WEBSITE



Know The Facts

About Medical Marijuana in Florida

In June 2017, Senate Bill & amended section 381.989, Florida Statutes, and includes provisions directing the Florida Department of Health to develop a statewide public service education campaign to inform and educate Floridians on newly established medical marijuana laws and the importance of responsible use.

As Florido's Official Source for Responsible Use, the Florida Department of Health's Office of Medical Marijuana Use is dedicated to offering the most current and accurate information surrounding medical marijuana in Florida. Below, you will find helpful information and resources to ensure the safe and legal use of medical marijuana by you and your loved ones.

"Know the Facts" Campaign Materials:

- Know the Facts about Patients
- Know the Facts about Qualified Physicians
- Know the Facts about Legal Use
- Know the Facts about Safe Storage
- Know the Facts about Smoking Medical Marijuana
 Know the Facts about Marijuana Health Effects on Minors

OMMU Educational Materials:

- <u>Required Documentation for ID Card Applications</u>
- ID Card Application Processing Timeline
- Trifold Brochure

Poster (24" x 36")

Statewide Cannabis and Medical Marijuana Education and Illicit Use Prevention Campaign:

- 2018 Annual Report

- 2019 Annual Report
- 2020 Annual Report

Medical Marijuana Treatment Centers

Medical marijuana may only be purchased from licensed MMTCs. Use the search tool below to find a dispensing location near you.

Licensed medical marijuana treatment centers (MMTCs) are vertically integrated and are the <u>only</u> businesses in Florida authorized to dispense medical marijuana and low-THC cannabis to qualified patients and caregivers. Each MMTC must receive authorization at three stages, (1) cultivation authorization, (2) processing authorization and (3) dispensing authorization, prior to dispensing low-THC cannabis or medical marijuana.

Search for a MMTC dispensing location near you.

The approved medical marijuana treatment centers are:

Name	Phone	Email	Authorization Status	License Number
AltMed Florida (MüV)	833-880-5420	support@altmed.co	Dispensing Authorization	MMTC-2017-0010
Cookies Florida, LLC	n/a	n/a	n/a	MMTC-2019-0018
Columbia Care Florida	800-714-9215	info@col-carefl.com	Dispensing Authorization	MMTC-2017-0011
Curaleaf	877-303-0741	info.fl@curaleaf.com	Dispensing Authorization	MMTC-2015-0001
D&D Accounting Services	n/a	n/a	Processing Authorization	MMTC-2019-0016
Fluent	833-735-8368	Info@getfluent.com	Dispensing Authorization	MMTC-2015-0003
Green Dragon	720 600 9555	support@greendragon.com	Dispensing Authorization	MMTC-2019-0021
Green Ops Group FL, LLC	nla	n/a	Dispensing Authorization	MMTC-2019-0015
GrowHealthy	863-223-8882	info@GrowHealthy.com	Dispensing Authorization	MMTC-2016-0007
GTI (Rise Dispensaries)	305-306-8772	FLinfo@gtigrows.com	Dispensing Authorization	MMTC-2017-0013
Harvest	407-693-0490	askme@harvestoffl.com	Dispensing Authorization	MMTC-2016-0006
Liberty Health Sciences	833-254-4877	Info@libertyhealthsciences.com	Dispensing Authorization	MMTC-2015-0002
MedMen	786-288-3145	info.fldelivery@medmen.com	Dispensing Authorization	MMTC-2017-0012
One Plant	877-308-3344	n/a	Dispensing Authorization	MMTC-2017-0008
Perkin's Nursery, Inc.	n/a	n/a	Dispensing Authorization	MMTC-2019-0019
Revolution Florida	n/a	n/a	Dispensing Authorization	MMTC-2019-0022
Sanctuary Medicinals, LLC	n/a	n/a	Dispensing Authorization	MMTC-2019-0017
Surterra Wellness	850-391-5455	wellness@surterra.com	Dispensing Authorization	MMTC-2015-0004
The Botanist	n/a	n/a	Dispensing Authorization	MMTC-2018-0014
The Flowery	n/a	n/a	Dispensing Authorization	MMTC-2019-0020
Trulieve	844 878 5438	info@trulieve.com	Dispensing Authorization	MMTC-2015-0005
VidaCann	800-977-1686	info@vidacann.com	Dispensing Authorization	MMTC-2017-0009



65 or with serious underlying medical conditions - to follow social distancing guidelines and practice good hygiene habits. Please visit the Department of Health's COVID-19 website regularly to keep informed of the latest information. The COVID-19 Call Center is available 24/7 at (866) 779-6121.

Please contact us with any questions or concerns. The OMMU's toll-free helpline is available weekdays, 8 am - 6 pm EST (excluding state holidays) and can be reached at (800) 808-9580.

APPENDIX B – OMMU WEEKLY

OMMU Office of MEDICAL MARIJUANA Use



Florida's Official Source for Responsible Use.

January 29, 2021

We are pleased to provide this weekly update on the Department of Health, Office of Medical Marijuana Use's (OMMU) diligent work implementing the many requirements in Amendment 2 and those set by the Florida Legislature in section 381.986, F.S. The Florida Department of Health (Department) continues to focus on the health and safety of Florida's families and is dedicated to ensuring patients have safe access to low-THC cannabis and medical marijuana.

Patients

Qualified Patients (Active ID Card): 469,836	Check your application status:
	https://mmuregistry.flhealth.gov
Processing Time for Complete Application*: 5 business days	
Processing Time for ID Card Printing: 5 business days	Questions about your application:
	Phone: 1-800-808-9580
*Applications are not deemed to be complete until all required	
information is received and navment has successfully cleared	Consumer comments, and concerns:
injointation is received and payment has successfully cleared.	Email: MedicalMarijuanaUse@flhealth.gc

Physicians

Qualified Physicians: 2,694	•	Find a qualified physician:
		https://knowthefactsmmj.com/patients
A physician must have an active, unrestricted license as a		
physician under Chapter 458, F.S., or osteopathic physician		Verify your qualified physician:
under Chapter 459, F.S., and complete a 2-hour course and		http://www.flhealthsource.gov
exam before being qualified to order medical marijuana and		
low-THC cannabis for qualified patients.		Health care complaint portal:
Learn more here: https://knowthefactsmmj.com/physicians		https://www.flhealthcomplaint.gov

Weekly Highlights

- As of January 25, 2021, the Medical Marijuana Use Registry is linked to the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database to make user profile creation and the ID card application and approval process more efficient. For updated Instructional Guides, visit the <u>Registry page</u> on the OMMU website.
- The following dispensing locations were approved by the Department for the week of January 25 29, 2021:
 - AltMed Florida Clearwater
 - Trulieve Jacksonville

Medical Marijuana Treatment Centers

The department is charged with the licensing and regulation of medical marijuana treatment centers (MMTCs). MMTCs are vertically integrated businesses, and are the only businesses authorized to cultivate, process, and dispense low-THC cannabis and medical marijuana.

MMTC Authorization

After initial licensure, each MMTC must receive authorization at three stages prior to dispensing low-THC cannabis or medical marijuana: (1) cultivation authorization, (2) processing authorization, and (3) dispensing authorization.

Low-THC Cannabis & Medical Marijuana Dispensations

MMTCs dispense low-THC cannabis and medical marijuana to qualified patients and caregivers as recommended by their qualified ordering physician at approved dispensing locations, and via delivery. Medical marijuana is dispensed in milligrams of active ingredient tetrahydrocannabinol (THC), and low-THC cannabis is dispensed in milligrams of active ingredient cannabidiol (CBD).

For MMTC contact information and dispensing location addresses, visit <u>https://knowthefactsmmj.com/mmtc</u>.

MMTC Name	Dispensing Locations	Medical Marijuana (mgs THC)	Low-THC Cannabis (mgs CBD)	Marijuana in a Form for Smoking (oz)
<u>Trulieve</u>	74	75,770,863	1,506,456	25,870.520
Surterra Wellness	39	20,726,598	1,432,872	4,627.856
<u>Curaleaf</u>	36	12,631,895	205,222	3,722.109
AltMed Florida (MüV)	30	17,996,251	180,413	3,644.907
Liberty Health Sciences	29	7,996,410	123,390	2,757.815
<u>Fluent</u>	24	5,035,248	193,450	1,339.536
<u>VidaCann</u>	18	2,634,452	12,452	786.025
<u>GrowHealthy</u>	17	5,746,227	35,187	5,144.611
<u>Columbia Care Florida</u>	14	1,810,543	64,864	1,274.471
<u>MedMen</u>	10	1,239,670	17,964	454.087
GTI (Rise Dispensaries)	7	1,038,279	929	796.078
<u>One Plant</u>	7	1,495,165	2,867	1,197.665
Harvest	6	1,604,892	1,873	898.135
The Botanist	1	0	0	110.954
Revolution Florida	0	0	0	0
Perkins Nursery, Inc	0	0	0	14.875
Green Ops Group FL, LLC	0	0	0	0
Sanctuary Medicinals, LLC	0	0	0	0
The Flowery	0	0	0	30.065
<u>Green Dragon</u>	0	0	0	0
D&D Accounting Services	N/A	N/A	N/A	N/A
Cookies Florida, Inc.	N/A	N/A	N/A	N/A
Total	312	155,726,493	3,777,939	52,669.709

MMTC Dispensations for January 22 – 28, 2021:

General Background Information

Medical Marijuana ID Card Application Process: Once a patient has been diagnosed by a qualified physician and entered into the Medical Marijuana Use Registry, they can <u>immediately</u> begin the identification card application process. The department encourages applicants to complete the process online for fastest service. Patients receive an email from OMMU once their email address is added to the registry by their qualified physician, which directs them to the application. Once an application is approved, patients instantly receive an approval email which can be used to fill an order at an approved MMTC while the physical card is printed and mailed. Learn more here: <u>https://knowthefactsmmj.com/patients/cards</u>

Medical Marijuana Use Registry: All orders for medical marijuana are recorded and dispensed via the Medical Marijuana Use Registry. The Medical Marijuana Use Registry is accessible online, with real time information to ordering physicians, law enforcement, and medical marijuana treatment center staff. Patients and caregivers may also access the Medical Marijuana Use Registry to submit a Medical Marijuana Use Registry Identification Card application, check the status of their application, and review orders and dispensations. Learn more here: https://knowthefactsmmj.com/registry

For more information visit <u>www.KnowTheFactsMMJ.com</u>

APPENDIX C – SOCIAL MEDIA MESSAGING

- If you or a loved one are wanting information about #FLHealth's #MedicalMarijuana Use registry or how to apply? Visit the Office of Medical Marijuana Use website for more details: https:// knowthefactsmmj.com/ registry/
- Processing time for your #MedicalMarijuana application may be delayed if it is incomplete or incorrect. Get application and photo #tips from #FLHealth's Office of Medical Marijuana Use: https://knowthefactsmmj. com/patients/cards/
- Patients and caregivers may only fill orders for #MedicalMarijuana with one of the state's approved medical marijuana treatment centers. Find one near you: https://knowthefactsmmj. com/treatment-centers/
- A lot of rumors are going around! Make sure you have the correct information about #FLHealth's Office of #MedicalMarijuana Use with these FAQs: https:// knowthefactsmmj.com/knowthe-facts/
- Do you need to change, replace or surrender your #FLHealth #MedicalMarijuana Use card? Learn more: https:// s27415.pcdn.co/wp-content/ uploads/_documents/CRS-Request-Form.pdf







OMMU Office of **MEDICAL MARIJUANA** Use

Florida's Official Source for Responsible Use.

APPENDIX D – OMMU EDUCATION MATERIALS





Florida's Official Source for Responsible Use.

Understanding the Registry Patient and Caregiver Initial Application Instructions

Once your qualified physician has entered your information into the Medical Marijuana Use Registry, you will be able to apply for your Medical Marijuana Use Registry Identification Card. The quickest and easiest way to apply for your ID card is online through the Registry. Follow the steps below to complete your online application.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "YOUR CARD" menu option at the top of the page to view your identification card application.

Florida HEALTH		Medical Marijuana Use Registry
HOME	YOUR PROFILE	YOUR CARD CHANGE PASSWORD LOG OUT Step 2: Click "YOUR CARD"

Step 3: After clicking "YOUR CARD," you are brought to your Application History page. Click "BEGIN INITIAL APPLICATION" to create your initial application.

My Applications: T	EST PATIENT														
four Card is Currently: !	Not Initiated				Stop	2.01	ick "PEC								
Please select BEGIN INI	TIAL to apply for you	ur initial Me	edical Mariluar	alle B	Step	5. CI	ICK DLG	11 11	WITIAL /	AFFL	ICATION				
BEGIN INITIAL AI	BEGIN INITIAL APPLICATION UPDATE PHONE/EMAIL UPDATE ADDRESS														
Application History	6														
Applic	ation Type	•	Photo	0	Proof of Residence		Signature	٠	Payment	0	Final Approval	٠	Printed Card	0	
							No Applications Found	d							
Showing 0 to 0 of 0 en	tries														

Step 4: A prompt will appear for you to confirm that you wish to continue to the Initial Application. Click "CONTINUE" to proceed to the application.

Begin Initial Application for your Medical Marijuana ID Card	
Click continue if you wish to create your initial online application for your Medical Marijuana ID Card. Note: if you click continue, you will need to supply a passport - style photo, a Proof of Residence, an electronic signature, and a payment totaling \$77.75.	Step 4: Click "CONTINUE
CANCEL CONTINUE	

Step 5: Once you have clicked the "CONTINUE" button, you are brought to your initial application page. Click "SUPPLY A PHOTO" to either supply your State ID photo, or to supply your own passport style photo to your application.



Step 6: Clicking "CHECK MY STATE ID" will upload your driver's license photo from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Clicking "SUPPLY MY OWN" will allow you to upload your own photo from your device. (Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.)

Image Source	٩
Would you like to use the photo we receive from FLHSMV as part of your card a Supplying your own photo instead of importing one from FLHSMV may increase	application? ase the processing time for your application.
GO BACK CHECK STATE ID PHOTO	SUPPLY MY OWN Step 6: Click "CHECK MY STATE ID"

Step 6A: Click "PROCEED."



For step-by-step instructions on uploading your photo from your desktop/laptop computer, see our <u>Uploading a Photo from a</u> <u>Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading your photo from a mobile device, see our <u>Uploading a Photo from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 7: The next step will be to upload your Proof of Residency documentation. Scroll down to the section titled "Proof of Residence" and then click "SUPPLY PROOF."

Review the <u>Required Proof of Residency Documentation</u> on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/patients/cards</u>)



Step 8: A prompt will appear for you to choose how to supply your documentation. Click "CHECK STATE RESIDENCY STATUS" to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residence, click "SUPPLY MY OWN" to supply your own proof of residency document. Select the file you wish to upload and click "OPEN." The document will appear below the "SUPPLY RESIDENCE" button.

For instructions on uploading your proof of residence from a desktop/laptop computer, see our <u>Uploading Residency Documents from</u> <u>a Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading proof of residence from a mobile device, see our <u>Uploading Residency Documents from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Proof Of Residency Source					
Would you like to use the proof of residence we receive from the FLHSMV as part of your card application? Supplying your own proof of residence instead of importing the data from the FLHSMV may increase the processing time of your application.					
GO BACK CHECK STATE RESIDENCY STATUS SUPPLY MY OWN					
Step 8: Click "CHECK STATE RESIDENCY STATUS" to supply a					

Step 8A: Click "PROCEED."

Confirm
You're about to check for your State ID Residency status to insert into this Card Application. If electronic Proof of Residency is found, it will replace any POR uploads you currently have in your application. If nothing is found, no change will be made. Click 'Proceed' below to continue.
GO BACK PROCEED Step 8A: Click "PROCEED"

Current Information:		Updated Information:	
Last Name:	ANY	When supplying the rest of your application, you may add	this photo from the HSMV to your Application, or manually supply one.
First Name:	NAME	Last Name:	ANY
Middle Initial:		First Name:	NAME
Date Of Birth:		Middle Initial:	Z
CCNI.		Date Of Birth:	
		SSN:	····
Florida DL or State ID #:	A	Florida DL or State ID #:	A
Gender:	Male	Contor	
Address:	2900 APALACHEE PKWY B341	Gender:	Male
City:	TALLAHASSEE	Address:	2900 APALACHEE PKWY B341
County:	Leon	City:	TALLAHASSEE
7IP code:	32399-1025	County:	Leon
	02077-1025	ZIP code:	32399-1025
Permanent Florida resident?:	Yes	Permanent Florida resident?:	Yes
Seasonal Florida resident?:	No	Seasonal Elorida resident?	No
If Seasonal, Permanent State?:	N/A	Seasonai Fronda residenti:	
		If Seasonal, Permanent State?:	N/A
			Step 9: Click "APPLY"

Step 9: Review all data to make sure it is accurate. Then click "APPLY."

Step 10: Read the confirmation message and click "APPLY" to confirm.



Step 11: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first name and last name in the boxes provided.

Step 12: Click "SUBMIT MY CARD APPLICATION."

Signature	
To sign below, supply Any in the First Name text box, and Patient in the Last Name text box. Type in your first name: Type In your last name: Step 11: Type SUBMIT MY CARD APPLICATION Step 12: Click "SUBMIT MY CARD APPLICATION	e your first name e your last name You must sign to apply You cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Mariana Life
The undersigned persons untilly that the applicant have reconsisted applycial Medical Marijuma Use Registry Identification Card as authorized under section 381.988, Florida Statutes, and Orapiter 64-4, FA.C. The Information contained in this application and in any astathed exhibite that areas as a basis for card liauxons, is accounted as complete, and that no one other than ne army complexe is adultability this respect to my behalf. I understand that throughy making a false astament in whiting with the intents to milited a public servent in the performance of his or her official duty shall be guilty of a misdemaster of the ascend degree constations are provided in sections 77.0002. Arobit Statutes.	

Step 13: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click "CLOSE."



Step 14: Click the button that says, "CLICK HERE TO PAY ONLINE."



Step 15: A new window will open containing the Bill2Pay interface, where you can supply your payment details. Payments by e-check, credit card and debit card are accepted. A \$2.75 convenience fee applies to each online payment.

Step 16: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

It's a New Day in Public Health. The Florida Department of Health works to protechealth of all people in Florida through integrated efforts.	ct, promote & improve the state, county, & community
Payment Details 2 Confirm Payment 3 Payment	
Select Payment Amount	My Account Details
O AMOUNT DUF : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	Step 16: Select Payment Method.
Name on Bank Account	Choose Credit Card for Credit
Account Type:	Cards and Debit Cards or Bank
Select an option	 Account for E-Checks
Routing Number: ?	
Routing Number	
Account Number: ?	
Account Number	
Routing Number: ? Routing Number Account Number: ? Account Number Control	nue

Step 16A: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

Florida HEALTH	a New Day in Public Healt Florida Department of Health wor th of all people in Florida through rts.	ή. ks to protect, promote integrated state, count	& improve the y, & community	
1 Payment Details	2 Confirm Payment	3 Payment Comp		
Select Payment Amount			ly Account Details	
• AMOUNT DUE : \$77.75			PATIENT ID	
Select Payment Method			DATE OF BIRTH	
E Credit Card	nk Account		ADDRESS	
			AMOUNT DUE	\$77.75
Name on Card:				
Name on Card			Share 1CA:	
Credit Card Number: VISA	escente -		Step 16A:	Fill Out all
Credit Card Number			payment i	nformation
Expiration Date:	CVV: 7	?		
MM / YY	CVV			
			Step 16A: C	lick "Continue" after all
		Continue	payment in	formation is entered

Step 16B: If "Bank Account" was selected, fill out all the banking information. Click "Continue" when finished.

FIOTICA HEALTH	to protect, promote & improve the legrated state, county, & community
1 Payment Details 2 Confirm Payment	Payment Complete
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH
Credit Card	ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	
Name on Bank Account	
Account Type:	
Select an option	Step 16B: Fill out all
Routing Number: ?	payment information
Routing Number	
Account Number: ?	
Account Number	
	Continue Step 16B: Click "Continue" after all payment information is entered

Step 17: Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. Ith works to protect, promote & imp nrough integrated state, county, & c	prove the ommunity	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	\rangle
Review your payme PATIENT ID DATE OF BIRTH PAYMENT METHOD PAYMENT AMOUN Confirmation Email	nt details	Edit Details	Step 17: Conf information is	irm all s correct
Email Address			Step 17: Input Col	nfirmation Email
I agree to the Tern	ns and Conditions			
	Cance	Make a Payment		

Step 17A: Once you confirm all the information is correct and have input your email address, click "I agree to the Terms and Conditions." Then click "Make a Payment."

Florida HEALTH	It's a New Day in Public of The Florida Department of Heal health of all people in Florida th efforts.	Health. th works to protect, promote & im rough integrated state, county, &	prove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	4 Payment Complete	
Review your payme	nt details	🖋 Edit Details		
PATIENT ID				
PAYMENT METHOD				
PAYMENT AMOUN	т			
Confirmation Email				
Email Address				
☐ I agree to the Term	ns and Conditions			
Step 17A: C the Terms of	Click "I agree to _{Cancel} and Conditions"	Make a Payment	Step 17A: Click "M	ake a Payment"

Step 18: Click "Print for your Records" to print the confirmation of the payment for your records.

Account Details	2 Payment Details	3 Confirm Payment	A Payment Complete
Department Thank you for your Click here to make a CONFIRMATION N	of Health payment! nother payment UMBER		
PATIENT ID DATE OF BIRTH PAYMENT DATE PAYMENT METHOI CONFIRMATION EI			
PAYMENTAMOUN	Print for your Records		 Step 18: Click "Print for your Records"
Cards cannot be issu Marijuana Use recei convenience fee wil	ued or renewed until the Offic ives a [\$75/\$15] processing fo l be added to each online pay	ce of Medical ce. A 2.75 ment.	

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Patient and Caregiver Initial Application Instructions No Address in the Florida Highway Safety and Motor Vehicle Database

Once your qualified physician has entered your information into the Medical Marijuana Use Registry, you will be able to apply for your Medical Marijuana Use Registry Identification Card. The quickest and easiest way to apply for your ID card is online through the Registry. Follow the steps below to complete your online application.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Click "YOUR CARD."

Step 3: Click "BEGIN INITIAL APPLICATION."

Florida HEALTH		N	led	lical Ma	arij	uan	al	Jse	Re	gistry			
HOME	OUR PROFILE VO	DUR CAND CH	Step .	2: Click "YOUR	CARD)″						v	Velcome ANY PATIENT
My Applications: ANY PATIEN	m .												
Your Card is Currently: Not Initiate	1		- Ste	n 3. Click "BEG	IN IN	ΙΤΙΔΙ "							
Please select BEGIN INITIAL to app	ly for your initial Me	a marijuana Use	Registry ID car										
BEGIN INITIAL APPLICATIO		PHONE/EMAIL	UPDAT	E ADDRESS									
Application History													
Application Ty		Photo	÷	Proof of Residence	4	Signature		Payment		Final Approval	÷	Printed Card	¢ 5
						No Applications Fou	nd						
Showing 0 to 0 of 0 entries													

Step 4: A prompt will appear for you to confirm that you wish to continue to the Initial Application. Click "CONTINUE" to proceed to the application.



Step 5: Click "SUPPLY A PHOTO" to either supply your State ID photo, or to supply your own passport-style photo to your application.



Step 5A: A prompt appears for you to either check for your Florida State ID photo or to supply your own passport-style photo. Clicking "CHECK MY STATE ID" will upload your driver's license photo from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Clicking "SUPPLY MY OWN" will allow you to upload your own photo from your device. (Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.)

Image Source		۲
Would you like to use the photo we rec Supplying your own photo instead of Step	eive from FLHSMV as part of your card mporting one from FLHSMV may incr 5A: Click "CHECK STATE ID PHO	application? rease the processing time for your application. OTO"
GO BACK	CHECK STATE ID PHOTO	SUPPLY MY OWN

Step 5B: Read the prompt and click "PROCEED" to continue.

Confirm 📀
You're about to check for a State ID Photo to insert into this Card Application. If a photo is found, it will replace any photo you currently have in your application. Click "Proceed" below
Step 5B: Click "PROCEED"
GO BACK PROCEED

The photo from FLHSMV will be displayed on your application. The photo is automatically approved when using FL HSMV to supply your application.



Step 6: Scroll down to the section titled "Proof of Residence" and then click "SUPPLY PROOF."

Proof of Residence	
Proof of Bisidency -AE applicants must jubrit a copy of a visiol Florida Informity License or Florida Identification card. Askit seasonal residents must proof of testidency under section 2015/3002(3):1 or provide a copy of two documents as parcified in section 2015/9802(3): Florida Statutes. Minor patients must provide proof of reidency as spacified in section 2015/9803(3):1. Florida Statutes. The minor's parent or legal guardian must submit proof that they must the reidency requirement of section 2012/9803(3):1. Florida Statutes.	2
▲ SLIPPLY PROOF ← Step 6: Click "SUPPLY PROOF"	You must supply Proof of Residence to apply
	You cannot obtain cannabis products until this is completed

Step 6A: A prompt will appear for you to choose how to supply your documentation. Click "CHECK STATE RESIDENCY STATUS" to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residency document, click "SUPPLY MY OWN." Select the file you wish to upload and click "OPEN." The document will appear below the "SUPPLY RESIDENCE" button.

Proof Of Residency Source		•
Would you like to use the proof of residence Supplying your own proof of residence ins Step	e we receive from the FLHSMV as part of your card tead of importing the data from the FLHSMV ma 6A: Click "CHECK STATE RESIDE	application? y increase the processing time of your application. NCY STATUS"
GO BACK	CHECK STATE RESIDENCY STATUS	SUPPLY MY OWN

Step 6B: Click "PROCEED."

Confirm	
You're about to c continue.	check for your State ID Residency status to insert into this Card Application. If electronic Proof of Residency is found, it will replace any POR uploads you currently have in your application. If nothing is found, no change will be made. Click "Proceed" below to
	GO BACK PROCEED Step 6B: Click "PROCEED"

Step 6C: Prompt appears stating a suitable record was not located. Click "SUPPLY MY OWN."

Cou	ould not find Proof			
No	No Residency information was found for you from the FDHSMV. If you feel this is in error, you may ask your physician to double check your identifying information.			
	GO BACK SUPPLY MY OWN SUPPLY MY OWN			

For step-by-step instructions on uploading your photo from your desktop/laptop computer, see our <u>Uploading a Photo from a</u> <u>Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading your photo from a mobile device, see our <u>Uploading a Photo from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 7: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first name and last name in the boxes provided.

Step 8: Click "SUBMIT MY CARD APPLICATION."

Signature				
To sign below, supply Any in the First Name text box, and Patient in the Last Name text box. Type in your first name: Type in your last name: SUBMIT MY CARD APPLICATION Step 8: Click "SUBMIT MY CARD APPLICATION" The understand defect Manuals Lie Restrict Methods and Clastics and Chatter 04-4-FAC. The	ame You must sign to apply You cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Marijuana Use			
information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate an complete, and that no one other than ne or my caresiver is submittine this results on my behalf, Lunderstand that knowingly making a faise statement in writing with the intent to maked a public servant in the performance of his or her official duty shall be pully of a misdemeanor of the second degree				
puntshable as provided in sections 773.082 or 773.083, Priorita Statutes.				

Step 9: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click "CLOSE."



Step 10: Click the button that says, "CLICK HERE TO PAY ONLINE," which will appear after you submit your card application.



Step 11: A new window will open 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.

Step 12: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

Florida People in Florida through inte Florida People in Florida through inte efforts.	to protect, promote & improve the Egrated state, county, & community
Payment Details Confirm Payment	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	Step 12: Select Payment Method.
Name on Bank Account	Choose Credit Card for Credit
Account Type:	Cards and Debit Cards or Bank
Select an option	 Account for E-Checks
Routing Number: ?	
Routing Number	
Account Number: ?	
Account Number	
	Continue

Step 12A: If "Credit Card" was selected, fill out all the credit card information. Then click "Continue" when finished.

It's a New Day in Public Health. The Florida Department of Health works to proto health of all people in Florida through integrated efforts.	ect, promote & improve the d state, county, & community
Payment Details O Confirm Payment S Payment	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Card:	
Name on Card	
Credit Card Number: visa 😁 🚥 .	Step 12A: Fill out all
Credit Card Number	payment information
Expiration Date: CVV: ?	
MM / YY	
	Step 12A: Click "Continue" after all
Con	inue payment information is entered

Step 12B: If "Bank Account" was selected, fill out all the banking information. Click "Continue" when finished.

It's a New Day in Public Health. The Florida Department of Health works to protect, health of all people in Florida through integrated st efforts.	, promote & improve the ate, county, & community
1 Payment Details 2 Confirm Payment 3 Payment	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH
E Credit Card 📠 Bank Account	ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	
Name on Bank Account	
Account Type:	
Select an option	Step 12B: Fill out all
Routing Number: ?	payment information
Routing Number	
Account Number: ?	
Account Number	
Continu	Step 12B: Click "Continue" after all payment information is entered
Step 13: Confirm that all the information is correct and input your email address to receive a payment confirmation.

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. th works to protect, promote & in rough integrated state, county, &	nprove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	\rangle
Review your paymen PATIENT ID DATE OF BIRTH PAYMENT METHOD PAYMENT AMOUNT	nt details		Step 13: Conf information is	ïrm all s correct
Confirmation Email			- Step 13: Input Cor	nfirmation Email
☐ I agree to the Term	as and Conditions	Make a Payment		

Step 13A: Click "I agree to the Terms and Conditions." Then click "Make a Payment."

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. Ith works to protect, promote & im rrough integrated state, county, &	prove the community	*
1 Account Details	2 Payment Details	3 Confirm Payment	A Payment Complete	\rangle
Review your payme PATIENT ID DATE OF BIRTH PAYMENT METHOM PAYMENT AMOUN Confirmation Email Email Address	nt details D T	Edit Details		
Step 13A: C the Terms of	ns and Conditions Click "I agree to _{Cance} and Conditions"	Make a Payment	Step 13A: Click "M	lake a Payment"

Step 14: Click "Print for your Records" to print the confirmation of the payment.

1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete
Department Thank you for your Click here to make an CONFIRMATION N	of Health payment! nother payment		
PATIENT ID DATE OF BIRTH PAYMENT DATE PAYMENT METHOD CONFIRMATION EN PAYMENT AMOUN			
Cards cannot be issu Marijuana Use recei convenience fee will	Print for your Records ed or renewed until the Office ves a [\$75/\$15] processing for be added to each online pay	ee of Medical ee. A 2.75 ment.	 Step 14: Click "Print for your Records"
Department of Hea	alth		www.Bill2Pay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit **KnowTheFactsMMJ.com** For Renewal and Change of Address Application:





Florida's Official Source for Responsible Use.

Understanding the Registry Updating Your Address for an Approved Card

Once your application has been approved, you can update your address at any time. There is a \$15 processing fee, which includes the address change and a new Medical Marijuana Use Registry Identification Card. Updating your address will not change your expiration date or affect your ability to obtain your Medical Marijuana orders. **Submitting an Address Change Application will** <u>not</u> renew your card.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "YOUR CARD" menu option at the top of the page to view your Application History page.



Step 3: Click "UPDATE ADDRESS."

HOME YOUR	PROFILE YOUR CARD	CHANGE PASSWORD	D LOG-OUT					
My Applications: A PATIENT								
Your Card is Currently: Active								
Your Card will Expire On: 5/19/2021								
You May Begin Your Renewal Application in: 2	69 Days							
BEGIN RENEWAL UPDATE PHO	NE/EMAIL UPDAT	EADDRESS		Step 3: Cli	ck "UPDAT		RESS"	
Application History								
Application Type	Photo	- 0	Proof of Residence	• •	Signature	•	Payment	
Initial Application	~		~		~		~	

Step 4: A prompt will appear to indicate you wish to manage your card application. Click "PROCEED."



Step 5: After clicking "PROCEED," you are brought to the Import Information page. Here, you are shown a side-by-side view of your current information, and the new information that you will be importing from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Please verify the new information is correct and then click "APPLY."

Current Information:		Updated Information:	
		4	
Last Name:	ANY	When supplying the rest of your application, you may add t	this photo from the HSMV to your Application, or manually supply one.
First Name:	NAME	Last Name:	ANY
Middle Initial:		First Name:	NAME
Date Of Birth:		Middle Initial:	Z
SCM-		Date Of Birth:	
5514.		SSN:	
Florida DL or State ID #:	A	Florida DL or State ID #:	A
Gender:	Male	Control	Male
Address:	2900 APALACHEE PKWY B341	Gender:	Male
City:	TALLAHASSEE	Address:	2900 APALACHEE PKWY B341
County:	Leon	City:	TALLAHASSEE
7IP code:	32399-1025	County:	Leon
Demonst Fields and death		ZIP code:	32399-1025
Permanent Florida resident?:	Tes	Permanent Florida resident?:	Yes
Seasonal Florida resident?:	No	Seasonal Florida resident?	No
If Seasonal, Permanent State?:	N/A		
		If Seasonal, Permanent State?:	N/A
Step	5: Click "APPLY"	APPLY GO BACK	

Step 6: A prompt will appear for you to confirm to apply the information to your card application.



The required photo is returned to the application from your previously-approved card application.

Step 7: The next step will be to upload your Proof of Residency documentation. Scroll down to the section titled "Proof of Residence" and then click "SUPPLY PROOF."

Review the <u>Required Proof of Residency Documentation</u> on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/patients/cards</u>)

Proof of Residence	
Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. Adult seasonal residents must provide either proof of residency under section 381.986(5)(b):1. or provide a copy of two documents as opecified in section 381.986(5)(b):2. Florida Statutes. The minor's parent or legit guardian must submit proof that they must be residency requirement of section 381.986(5)(b):2. Florida Statutes. The minor's parent or legit guardian must submit proof that they must be not provide to 5 flering to your opplication. You currently have 0 documents. The minor's parent or legit guardian must submit proof that they must provide to 5 flering your opplication. You currently have 0 documents.	You must supply Proof of Residence to apply
	The patient cannot obtain cannabis products until this is completed

Step 8: A prompt will appear for you to choose how to supply your documentation. Click "CHECK STATE RESIDENCY STATUS" to obtain your Driver License or Florida State ID from FLHSMV.

Proof Of Residency Source	•		
Would you like to use the proof of residence we receive from the FLHSMV as part of your card application? Supplying your own proof of residence instead of importing the data from the FLHSMV may increase the processing time of your application.			
GO BACK CHECK STATE F	RESIDENCY STATUS SUPPLY MY OWN		
Step 8: Click "CHECK STATE RESIDENCY STATUS"			

Step 8A: Click "PROCEED."

Confirm
You're about to check for your State ID Residency status to Insert Into this Card Application. If electronic Proof of Residency is found, it will replace any POR uploads you currently have in your application. If nothing is found, no change will be made. Click 'Proceed' below to continue.
GO BACK PROCEED Step 8A: Click "PROCEED"

Current Information:		Updated Information:	
		4	
Last Name:	ANY	When supplying the rest of your application, you may add	this photo from the HSMV to your Application, or manually supply one.
First Name:	NAME	Last Name:	ANY
Middle Initial		First Name:	NAME
D-1- O(D)-th		Middle Initial:	Z
Date Of Birth:		Date Of Birth:	
SSN:		CCN-	*****
Florida DL or State ID #:	A	5514	
Gender:	Male	Florida DL or State ID #:	A
Address:	2900 APALACHEE PKWY B341	Gender:	Male
City:	TALLAHASSEE	Address:	2900 APALACHEE PKWY B341
Courter.	1	City:	TALLAHASSEE
County.	Leon	County:	Leon
ZIP code:	32399-1025	ZIP.code:	32399-1025
Permanent Florida resident?:	Yes		
Seasonal Florida resident?:	No	Permanent Florida resident?:	Yes
If Seasonal, Permanent State?:	N/A	Seasonal Florida resident?:	No
		If Seasonal, Permanent State?:	N/A
			Sten Q. Click "ADDI

Step 9: Review all data to make sure it is accurate. Then click "APPLY."

Step 10*: Read the confirmation message and click "APPLY" to confirm.



*You may supply a photo from your device. Please note that using the FLHSMV sourced data may cut down on processing time, while supplying your own photo may increase the processing time.

For instructions on uploading your proof of residence from a desktop/laptop computer, see our <u>Uploading Residency Documents from</u> <u>a Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading proof of residence from a mobile device, see our <u>Uploading Residency Documents from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 11: Electronically sign your application. Scroll to the bottom of the page to the "Signature" section to type in your first name and last name in the boxes provided.

Step 12: Click "SUBMIT MY CARD APPLICATION."

To sign below, supply PA	TIENT in the First Name text box, and ANY in the	€ Last Name text box.	
	Type in your first name:	← Step 11: Type your first name	
	Type in your last name:	Step 11: Type your last name	You must sign to apply
SUBMIT MY CARD APPLIC	Step 12: Click	"SUBMIT MY CARD APPLICATION"	this is completed and reviewed by the Office of Medical Marijuana Use

Step 13: Click the button that says, "CLICK HERE TO PAY ONLINE," which will appear after you submit your card application.

Payment Record	
Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 p	rocessing fee.
Pay By Mail: You may mail in your payment in to the following address: Florida Department of Health ATTN: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	Pay Online: If you have already sent in your payment in the form of a check or money order, please do not click on the payment link as this will generate duplicate payments against your account. CLICK HERE TO DAY ONLINE A 52.75 convenience fee will be added to each online payment Step 13: Click "CLICK"
	HERE TO PAY ONLINE"

Step 14: A new window will open 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.

Step 15: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

It's a New Day in Public Health. The Florida Department of Health works to phealth of all people in Florida through integration of the start works in the start of the start o	rotect, promote & improve the ated state, county, & community
1 Payment Details 2 Confirm Payment 9 Pa	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$17.75	PATIENT ID
Select Payment Method	ADDRESS AMOUNT DUE \$17.75
Name on Bank Account:	Step 15: Select Payment
Name on Bank Account	Method. Choose Credit Card for
Account Type:	Bank Account for F-Checks
Select an option	~
Routing Number: ?	
Routing Number	
Account Number: ?	
Account Number	

Step 15A: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

It's a New Day in Public Health. The Florida Department of Health works to prothealth of all people in Florida through integrate efforts.	rect, promote & improve the d state, county, & community
Payment Details O Confirm Payment S Payment	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$17.75	PATIENT ID
Salast Payment Mathod	DATE OF BIRTH
E Credit Card m Bank Account	ADDRESS
	AMOUNT DUE \$17.75
Name on Card:	
Name on Card	
Credit Card Number: 🗤 😂 📩 🔚	Step 15A: Fill out all
Credit Card Number	payment information
Expiration Date: CVV: ?	
MM / YY CVV	
	Step 15A: Click "Continue" after all
Cor	tinue 👉 the above information is fill out

Step 15B: If "Bank Account" was selected, fill out all the banking information. Click "Continue" when finished.

FICTION AND AND AND AND AND AND AND AND AND AN	tt, promote & improve the state, county, & community
Payment Details O Confirm Payment S Payment	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$17.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$17.75
Name on Bank Account	
Account Type:	
Select an option	Step 15B: Fill out all
Routing Number: ?	payment information
Routing Number	
Account Number: ?	
Account Number	
Contin	∞ ← Step 15B: Click "Continue"

Step 16: Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. Ith works to protect, promote & in nrough integrated state, county, &	nprove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	\rangle
Review your payment PATIENT ID DATE OF BIRTH PAYMENT METHOE PAYMENT AMOUNT Confirmation Email	nt details	Edit Details	Step 16: Confirm information is co	all prrect
Email Address			Step 16: Input Confi	mation Email
I agree to the Term	as and Conditions	Make a Payment		

Step 16A: Once you confirm all the information is correct and have input your email address, click "I agree to the Terms and Conditions." Then click "Make a Payment."

Florida HEALTH	It's a New Day in Public The Florida Department of Heal health of all people in Florida th efforts.	Health. th works to protect, promote & im rough integrated state, county, & d	prove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	
Review your payme	nt details	🖋 Edit Details		
PATIENT ID				
DATE OF BIRTH				
PATMENTAMOON				
Confirmation Email				
Email Address				
☐ I agree to the Term	ns and Conditions			
Step 16A: C the Terms of	Click "I agree to _{Cancel}	Make a Payment	Step 16A: Click "Mak	e a Payment"

Step 17: Click "Print for your Records" to print the confirmation of the payment.

1 Account Details	2 Payment Details	3 Confirm Payment	4 Payment Complete	
Deverture	of Lio olde			
Department	of Health			
Thank you for your	payment!			
Click here to make ar	nother payment			
	IMPER			
CONFIRMATION NO	JWIDER			
PATIENT ID				
DATE OF BIRTH				
PAYMENT DATE				
PAYMENT METHOD	,			
CONFIRMATION EN				
PAYMENT AMOUN	т			
	Print for your Records		Step 17: Click "Print fo	or your Records"
Cards cannot be issu	ed or renewed until the Offic	e of Medical		
Marijuana Use recei	ves a [\$75/\$15] processing fe	ee. A 2.75		
convenience fee will	l be added to each online pay	ment.		
Department of Hea	alth			www.Bill2Pay.com
Bepartment of Field				www.biizi-ay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Patient and Caregiver Renewal Instructions

To maintain an active Medical Marijuana Use Registry Identification Card, patients and caregivers must annually submit a renewal application. Renewal applications are available beginning **45** days prior to the expiration date of the card. The expiration date of the identification card is printed on the front of the card.



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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (https://knowthefactsmmj.com/registry/#instructional-guides).

Step 2: Navigate to the "YOUR CARD" menu option at the top of the page to view your Application History page.



Step 3: Click "BEGIN RENEWAL" to open a renewal application. You may start a renewal application **45 days** prior to your card's expiration date. The number of days until you can begin a renewal application will be listed on this page. If your previous card is still valid, renewing your card will not affect your ability to obtain products.

My Applications: RENEWAL I Your Card is Currently: Expired	PATIENT										
Your Card will Expire On: 5/21/202 You can begin your Renewal.	New Card will Expire One 5/21/2020 New Card will Expire One 5/21/2020 Step 3: Click "BEGIN RENEWAL"										
BEGIN RENEWAL UI	PDATE PHONE/EMAIL	RESS									
Application History											
Application Type 0	Photo	•	Proof of Residence	•	Signature	•	Payment	Final Approval	٠	Printed Card	• •
Initial Application	Approved on 12/17/2019 01:58 PM		Approved on 12/17/2019 01:58 PM		Signed on 12/17/2019 01:57 PM		Processed on 11/14/2019 12:00 AM	Application Approved on 12/17/2019 01:59 PM		Card Not Printed	VIEW
Showing 1 to 1 of 1 entries											

Step 4: Click "PROCEED."



Step 5: Review all data to make sure it is accurate. Then click "APPLY."

Current Information:		Updated Information:	
		4	
Last Name:	ANY	When supplying the rest of your application, you may add	this photo from the HSMV to your Application, or manually supply one.
First Name:	NAME	Last Name:	ANY
Middle Initial:		First Name:	NAME
Date Of Birth:		Middle Initial:	Z
SSN:		Date Of Birth:	
Elucida DL en Stata ID #	A	SSN:	
Piolica De of State ID #.		Florida DL or State ID #:	A******
Gender:	Male	Gondor	Male
Address:	2900 APALACHEE PKWY B341	Generi	Hore
City:	TALLAHASSEE	Address:	2900 APALACHEE PKWY B341
County:	Leon	City:	TALLAHASSEE
ZIP code:	32399-1025	County:	Leon
		ZIP code:	32399-1025
Permanent Fiorida resident::	Tes	Permanent Florida resident?:	Yes
Seasonal Florida resident?:	No	Seasonal Elorida resident?	No
If Seasonal, Permanent State?:	N/A	Seasonal Fioritia residenti.	
		If Seasonal, Permanent State?:	N/A
			Step 5: Click "APPLY"

Step 6: Read the confirmation message and click "APPLY" to confirm.



Step 6: Click "APPLY"

Step 7: Click "SUPPLY A PHOTO" to supply either your Florida State ID photo, or to supply your own passport-style photo to your application.



Step 8: A prompt appears for you to either check for your State ID photo or to supply your own passport-style photo. Clicking "CHECK STATE ID PHOTO" will upload your driver's license photo from the Florida Department of High Safety and Motor Vehicles' (FLHSMV) demographic database. Clicking "SUPPLY MY OWN" will allow you to upload a photo from your device. (Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.)



Step 9: Read the message and click "PROCEED."



For step-by-step instructions uploading your photo from your desktop/laptop computer, see our <u>Uploading a Photo from a Desktop</u> <u>Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading your photograph from a mobile device, see our <u>Uploading a Photo from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 10: The next step will be to upload your Proof of Residency documentation. Scroll down to the section titled "Proof of Residence" and then click "Supply Proof."

Review the <u>Required Proof of Residency Documentation</u> on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/patients/cards</u>)

Proof of Residence	
Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. Adult seasonal residents must provide either proof of residency under section 381.986(5)(b)3, Florida Statutes. The minor's parent or legal guardian 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 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 minor's parent or legal guardian must submit proof that they meet the residency application. You cannot be downentify.	You must supply Proof of Residence to apply
	The patient cannot obtain cannabis products until this is completed

Step 11: Click "CHECK STATE RESIDENCY STATUS" to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own photo, click "SUPPLY MY OWN" to supply your own proof of residency document. Select the file you wish to upload and click "OPEN" The document will appear below the "SUPPLY PROOF" button.

Proof Of Residency Source		0
Would you like to use the proof of residence of Supplying your own proof of residence inste	we receive from the FLHSMV as part of your card ead of importing the data from the FLHSMV ma	application? y increase the processing time of your application.
GO BACK	CHECK STATE RESIDENCY STATUS	SUPPLY MY OWN
Step 11: Click "CH	IECK STATE RESIDENCY STATUS" to si e or FL Identification Card	upply a valid

Step 12: Click "PROCEED."



Current Information:		Updated Information:	
Last Name:	ANY	When supplying the rest of your application, you may	y add this photo from the HSMV to your Application, or manually supply one.
First Name:	NAME	Last Name:	ANY
Middle Initial:		First Name:	NAME
Date Of Birth:		Middle Initial:	Z
SSN:		Date Of Birth:	
Florida DL or State ID #:	A	SSN:	
Gender:	Male	Florida DL or State ID #:	A
Address:	2900 APALACHEE PKWY B341	Gender:	Male
City:	TALLAHASSEE	Address:	2900 APALACHEE PKWY B341
County:	Leon	City:	TALLAHASSEE
ZIP code:	32399-1025	County:	Leon
Permanent Florida resident?:	Yes	ZIP code:	32399-1025
Seasonal Florida resident?:	No	Permanent Florida resident?:	Yes
	110	Seasonal Florida resident?:	No
If Seasonal, Permanent State?:	NA	If Seasonal, Permanent State?:	N/A
		APPLY GO BACK	Step 13: Click "APPLY"

Step 13: Review all data to make sure it is accurate. Then click "APPLY."

Step 14: Click "APPLY."



For instructions on uploading your proof of residence from a desktop/laptop computer, see our <u>Uploading Residency Documents from</u> <u>a Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading proof of residence from a mobile device, see our <u>Uploading Residency Documents from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 15: Electronically sign your application. Scroll to the bottom of the page to the "Signature" section to type in your first name and last name in the boxes provided.

Step 16: Click "SUBMIT MY CARD APPLICATION."

Signature	
To sign below, supply PATIENT in the First Name text box, and ANY in the Last Name text box.	
Type in your first name: Step 15: Type your first	t name 🛛 🔁
Type in your last name: Step 15: Type your last	t name You must sign to apply
SUBMIT MY CARD APPLICATION Step 16: Click "SUBMIT MY CARD APPLICATION"	You cannot obtain cannable products until this is completed and reviewed by the Office of Medical Marijuana Use
The undersigned persons sendly that the applicant has requested a straigent Heedon Hamilyana Use Applied Meedination Card as authorized under section 301.866, Provide Straigues, and Chapter 54-4,8.4.5. The Information contained in (h) application peed in service and the straiguest and the straigue	

Step 17: A pop-up will appear advising that application is not complete until payment is received. Click "CLOSE."

Payment Available	•
Thank you for submitting your Medical Marij application. Your application is not complete your processing fee.	uana Use Registry e until we receive
Please go to the Payment Record section to or Pay by Mail.	either Pay Online
	Step 17: Click "CLOSE"

Step 18: Click the button that says, "CLICK HERE TO PAY ONLINE," which will appear after submitting your card application.

Payment Record	
Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 process	ding fee.
Pay By Mail:	Pay Online:
You may mail in your payment in to the following address: Florida Department of Health ATTN: Office of Medical Marijuana Use. PO Box 31313 Jampa, FL 33631-3513	If you have all ready sent in your payment in the form of a check or money order, please do not click on the payment link as this will generate duplicate payments against your account. CLICK HERE TO PAY ONLINE A \$2.75 convenience fee will be added to each online payment. A \$2.75 convenience fee will be added to each online payment. HERE TO PAY ONLINE CLICK HERE TO PAY ONLINE

Step 19: A new window will open 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.

Step 20: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

Florida HEALTH	rotect, promote & improve the ted state, county, & community
Payment Details 2 Confirm Payment 3 Pa	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	Step 20: Select Payment Method, Choose Credit Card for
Name on Bank Account	Credit Cards and Debit Cards or
Account Type:	Bank Account for E-Checks
Select an option	v
Routing Number: ?	
Routing Number	
Account Number: ?	
Account Number	
c	ontinue

Step 21A: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

It's a New Day in Public Health. The Florida Department of Health works to protect, p health of all people in Florida through integrated sta efforts.	promote & improve the te, county, & community
Payment Details 2 Confirm Payment 3 Payment	
Select Payment Amount	My Account Details
AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Card:	
Name on Card Credit Card Number: VIA 😂 🗝	Step 21A: Fill out all
Credit Card Number	payment injormation
Expiration Date: CVV: ?	
MMI/YY CV Continue	Step 21A: Click "Continue" after all payment information is entered

Step 21B: If "Bank Account" was selected, fill out all the banking information. Click "Continue" when finished.

It's a New Day in Public Health. The Florida Department of Health works the health of all people in Florida through inte efforts.	to protect, promote & improve the egrated state, county, & community
1 Payment Details 2 Confirm Payment 3	Payment Complete
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Bank Account	4
Account Type: Select an option	Step 21B: Fill out all
Routing Number: ?	payment injormation
Routing Number	
Account Number: ?	
Account Number	
	Step 21B: Click "Continue" after all payment information is entered

Step 22A: Confirm that all the information is correct and input your email address, so you receive your payment confirmation.

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. Ith works to protect, promote & in hrough integrated state, county, &	nprove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	\rangle
Review your payment PATIENT ID DATE OF BIRTH PAYMENT METHOD PAYMENT AMOUNT Confirmation Email	nt details	✓ Edit Details	Step 22A: Conj information is	firm all correct
Email Address			Step 22A: Input C	onfirmation
I agree to the Term	as and Conditions	Make a Payment		

Step 22B: Once you confirm all the information is correct and have input your email address, click "I agree to the Terms and Conditions." Then click "Make a Payment."

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. th works to protect, promote & im rough integrated state, county, & i	prove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	4 Payment Complete	
Review your payme	nt details	🖋 Edit Details		
PATIENT ID				
DATE OF BIRTH				
PAYMENT METHOD				
PAYMENTAMOUNT				
Confirmation Email				
Email Address				
I agree to the Term	s and Conditions			
Step 22B: C	lick "I agree to cance	Make a Payment	Step 22B: Click "Mo	ake a Pavment"
the Terms o	nd Conditions"			

Step 23: Click "Print for your Records" to print the confirmation of the payment.

1 Account Details 2 Payn	nent Details 👌 3 Co	onfirm Payment	4 Payment Complete	
Department of Healt Thank you for your payment! Click here to make another paymer	h ^{nt}			
PATIENT ID DATE OF BIRTH PAYMENT DATE PAYMENT METHOD CONFIRMATION EMAIL PAYMENT AMOUNT				
Print for yo Cards cannot be issued or renewee Marijuana Use receives a [\$75/\$1 convenience fee will be added to o	our Records d until the Office of Medi 5] processing fee. A 2.75 each online payment.	ical	Step 23: Click "Prin	t for your Records"
Department of Health				www.Bill2Pay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Patient and Caregiver Renewal Instructions No Suitable Match in Florida Highway Safety and Motor Vehicle Database

To maintain an active Medical Marijuana Use Registry Identification Card, patients and caregivers must annually submit a renewal application. Renewal applications are available beginning **45** days prior to the expiration date of the card. The expiration date of the identification card is printed on the front of the card.



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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (https://knowthefactsmmj.com/registry/#instructional-guides).

Step 2: Navigate to the "YOUR CARD" menu option at the top of the page to view your Application History page.



Step 3: Click "BEGIN RENEWAL" or "UPDATE ADDRESS" depending on which application you want to start. You may start a renewal application **45 days** prior to your card's expiration date. The number of days until you can begin a renewal application will be listed on this page. If your previous card is still valid, renewing your card will not affect your ability to obtain products.





Step 4A: Click "SUPPLY MANUALLY."

No Match for Your Information	•
A suitable record for the DOB, SSN, and Driver's License / State ID # on your profile was not found. You may supply	y your application information manually or go back.
	Step 4A: Click
	"SUPPLY MANUALLY"

Depending on the type of application you requested, you will get one of two prompts:

Step 4B: Click "RENEW" for a renewal application or click "CHANGE ADDRESS" for a change of address application.





CHANGE ADDRESS



RENEW

Step 5: Click "SUPPLY A PHOTO" to either supply your State ID photo, or to supply your own passport-style photo to your application.

Change of Address applications will have the photo previously approved by the Medical Marijuana Use Registry. Proceed to Step 6.



Step 5A: A prompt appears for you to either check for your Florida State ID photo or to supply your own passport-style photo. Clicking "CHECK MY STATE ID" will upload your driver's license photo from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Clicking "SUPPLY MY OWN" will allow you to upload your own photo from your device. (Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.)



Step 5B: Read the prompt and click "PROCEED" to continue.



The photo from FLHSMV will be displayed on your application. The photo is automatically approved when using FLHSMV to supply your application.



Step 6: Scroll down to the section titled "Proof of Residence" and then click "SUPPLY PROOF."



Step 6A: A prompt will appear for you to choose how to supply your documentation. Click "CHECK STATE RESIDENCY STATUS" to obtain your Driver License or Florida State ID from FLHSMV. If you wish to upload your own proof of residency documents, click "SUPPLY MY OWN." Select the file you wish to upload and click "OPEN." The document will appear below the "SUPPLY RESIDENCE" button.

Proof Of Residency Source	•
Would you like to use the proof of residence we receive from the FLHSMV as part of your card application? Supplying your own proof of residence instead of importing the data from the FLHSMV may increase the processing time Step 6A: Click "CHECK STATE RESIDENCY STATUS"	e of your application.
GO BACK CHECK STATE RESIDENCY STATUS SUPPLY MY OWN	

Step 6B: Click "PROCEED."

Confirm	0
You're about to check for your State ID Residency status to insert into this Card Application. If electronic Proof of Residency is found, it will replace any POR uploads you currently have in your application. If nothing is found, no change will be made. Click 'Proceed' below currinnee.	to
GO BACK PROCEED Step 6B: Click "PROCEED"	

Step 6C: Prompt appears stating a suitable record was not located. Click "SUPPLY MY OWN."

Could not find Proof	•
No Residency information was found for you from the FDHSMV. I	If you feel this is in error, you may ask your physician to double check your identifying information.
GO E	BACK SUPPLY MY OWN Step 6C: Click "SUPPLY MY OWN"

For step-by-step instructions on uploading your photo from your desktop/laptop computer, see our <u>Uploading a Photo from a</u> <u>Desktop Computer</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For instructions on uploading your photo from a mobile device, see our <u>Uploading a Photo from a Mobile Device</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 7: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first name and last name in the boxes provided.

Step 8: Click "SUBMIT MY CARD APPLICATION."

Signature	
To sign below, supply Any in the First Name text box, and Patient in the Last Name text box. Type in your first name: Type In your last name: Step 7: Type your last	t name t name You must sign to apply
SUBMIT MY CARD APPLICATION Step 8: Click "SUBMIT MY CARD APPLICATION"	You cannot obtain cannabis products until this is completed and reviewed by the Office of Medical Marijuana Use
The undersigned persons verify that the applicant has represented a physical Medical Marijuana Use Registry Identification Cand as authorized under section 381.786, Florida Statutes, and Ohapter 64-4, FAC. The	
information contained in this application and in any attached exhibits that serves as a basis for eard isauance, is accurate an complete, and that no one other than me or my caregiver is submitting this request on my	
behalt. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree	
punishable as provided in sections 775.082 or 775.082. Florida Statutes.	

Step 9: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click "CLOSE."



Step 10: Click the button that says, "CLICK HERE TO PAY ONLINE," which will appear after you submit your card application.



Step 11: A new window will open 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.

Step 12: Select Method of Payment. Currently credit cards, debit cards and e-checks are acceptable payment.

It's a New Day in Public Health. The Florida Department of Health works to protect, pro- health of all people in Florida through integrated state, efforts.	omote & improve the county, & community
1 Payment Details 2 Confirm Payment 3 Payment 0	
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	Step 12: Select Payment Method.
Name on Bank Account	Choose Credit Card for Credit
Account Type:	Cards and Debit Cards or Bank
Select an option	ACCOUNT FOR E-CNECKS
Routing Number: ?	
Routing Number	
Account Number: ?	
Account Number	
Continue	

Step 12A: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

It's a New Day in Public Heal The Florida Department of Health wo health of all people in Florida through efforts.	th. rks to protect, promote & improve the h integrated state, county, & community
Payment Details Confirm Payment	3 Payment Complete
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Card:	
Name on Card Credit Card Number: vsa 😂 🚥 🎫	Step 12A: Fill out all payment information
Expiration Date: CVV:	?
MM / YY	Step 12A: Click "Continue" after all continue payment information is entered

Step 12B: If "Bank Account" was selected, fill out all the banking information. Click "Continue" when finished.

It's a New Day in Public Health The Florida Department of Health work Florida HEALTH	7. is to protect, promote & Improve the ntegrated state, county, & community
1 Payment Details 2 Confirm Payment	3) Payment Complete
Select Payment Amount	My Account Details
• AMOUNT DUE : \$77.75	PATIENT ID
Select Payment Method	DATE OF BIRTH ADDRESS AMOUNT DUE \$77.75
Name on Bank Account:	
Name on Bank Account	
Account Type:	
Select an option	Step 12B: Fill out all
Routing Number: ?	payment information
Routing Number	
Account Number: ?	
Account Number	
	Continue Step 12B: Click "Continue" after all payment information is entered

Step 13: Confirm that all the information is correct and input your email address to receive a payment confirmation.

Florida HEALTH	It's a New Day in Public The Florida Department of Hea health of all people in Florida th efforts.	Health. Ith works to protect, promote & in prough integrated state, county, &	nprove the community	
1 Account Details	2 Payment Details	3 Confirm Payment	Payment Complete	
Review your payment PATIENT ID DATE OF BIRTH PAYMENT METHOD PAYMENT AMOUNT Confirmation Email	nt details	Edit Details	Step 13: Confirm all information is correct	
Email Address			Step 13: Input Confirmation Email	
☐ I agree to the Term	as and Conditions	Make a Payment		

Step 13A: Click "I agree to the Terms and Conditions." Then click "Make a Payment."

Florida HEALTH	Forica						
1 Account Details	2 Payment Details	3 Confirm Payment	A Payment Complete				
Review your payme PATIENT ID DATE OF BIRTH PAYMENT METHOU PAYMENT AMOUN Confirmation Email	nt details D	Edit Details					
Email Address							
Step 13A: C the Terms (ns and Conditions Click "I agree to _{Cancel} and Conditions"	Make a Payment	Step 13A: Click "M	ake a Payment"			

Step 14: Click "Print for your Records" to print the confirmation of the payment.

1 Account Details	Payment Details	3 Confirm Payment	A Payment Complete
Department Thank you for your p Click here to make an CONFIRMATION NU PATIENT ID DATE OF BIRTH PAYMENT DATE PAYMENT METHOD CONFIRMATION EN PAYMENT AMOUNT	of Health payment! nother payment JMBER		
Cards cannot be issu Marijuana Use receiv convenience fee will	Print for your Records ed or renewed until the Offic ves a [\$75/\$15] processing fo be added to each online pay	ce of Medical ee. A 2.75 ment.	 Step 14: Click "Print for your Records"
Department of Hea	lth		www.Bill2Pay.com

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit **KnowTheFactsMMJ.com** For Renewal and Change of Address Application:





Florida's Official Source for Responsible Use.

Understanding the Registry Uploading your Photo or Residence from a Desktop/Laptop Computer

The information below shows you how to upload a document from your laptop or desktop computer to the Medical Marijuana Use Registry.

Step 1: Log into the Medical Marijuana Use Registry at https://mmuregistry.flhealth.gov/.

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

Step 2: Navigate to the "Your Card" menu option at the top of the page to view your identification card application.



Step 3: Click "View" on the application that requires the documents to be uploaded (look for yellow question mark(s)).

four Card is Currently: Expired four Card will Expire On: 6/4/2	020 UPDAT	E PHONE/EMAIL VUPDATE ADDS	1155						Step 3: Click	"Vie	ew"	
Application History Application History Application History Application History												
Renewal Application		Approved on 11/05/2020 02:17 PM	**	? Not Submitted		? Not Signed		Not Submitted	Not Submitted		Card Not Printed	VIEW
Initial Application		Approved on 03/24/2020 12:17 PM		Approved on 03/24/2020 12:17 PM		Signed on 06/04/2019 09:56 AM		Processed on 03/24/2020 12:00 AM	Application Approved on 06/04/2019 07:56 AM		Card Not Printed	VIEW

Step 4: Once you are on the application page, you will need to supply a headshot photo. Click "Supply A Photo" to either obtain your Florida Driver's License or Florida identification (ID) card headshot photo or supply your own photo.



Step 5: Clicking "Check My State ID" will upload your driver's license photo from the Florida Department of Highway Safety and Motor Vehicles' (FLHSMV) demographic database. Click "Supply my Own" to upload your own passport-style photo. File Explorer will open for you to locate the file you wish to upload.

(Using the FLHSMV sourced data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time).



Step 5: Click "SUPPLY MY OWN"

Step 6: Navigate to the location on your desktop/laptop computer that has the file you wish to upload. Select the file to be uploaded.

Step 7: Click "Open."

Open								×
← → * ↑	nis PC → Desktop → Require	d Patient Documents			νõ	Search Required Patient	Docu	ρ
Organize 👻 New fold	er					811 -		0
SOP & Guide Sci ^	Name	Date	Туре	Size	Tags			
UAT	Typical Patient Hea	11/16/2020 3:56 PM	PNG File	0 KB				
🗸 🛄 This PC	Typical Patient Proo	11(12/2020 11:43 AM	PNG File	1 KB				
> 🧊 3D Objects								
🗧 Desktop				_				
> 🔮 Documents		Step 6: Select file	to be uploade	ed to the				
> 🕂 Downloads		appropriate section	on					
> 🎝 Music								
> 📰 Pictures								
> 🔚 Videos								
> 🏪 OSDisk (C:)								
🗧 🛨 NetData (J:)								
🗧 🛨 ITUserData (K:)			Step 7	7: Click "Open				
Finacct (L:)								
						In the second second second		
Filen	ame: Typical Patient Headsh	ot Photo.png			-	Image Files (".tiff;".pjp;"	".jtit;".pj	~
						Open	Cancel	

Step 8: After supplying your own photo, you are redirected back to the application page. Scroll down to the "Proof of Residence" field and click "Supply Proof."

Proof of Residence	
Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. Aduit 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)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 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 minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that Statutes. Store as the section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that Statutes. Store as the section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that Statutes. The section 381.986(5)(b). Florida Statutes. The minor's parent or legal guardian must submit proof that Statutes. The section 381.986(5)(b). Florida Statut	You must supply Proof of Residence to apply
	The patient cannot obtain cannabis products until this is completed

Step 9: A prompt will appear for you to either check FLHSMV for your State Residency status, or to supply your own. Click "Supply My Own." The File Explorer will open for you to locate the file you wish to upload.

Proof Of Residency Source	8
Would you like to use the proof of residence we receive from the FLHSMV as part of your card application? Supplying your own proof of residence instead of importing the data from the FLHSMV may increase the processing time of your application	n.
GO BACK CHECK STATE RESIDENCY STATUS SUPPLY MY OWN	
Step 9: Click "SUPPLY MY OWN"	

Step 10: Navigate to the location on your desktop/laptop computer that has the file you wish to upload. Select the file to be uploaded.

Step 11: Click "Open."

Open						×
← → × ↑ 🔒 ›	This PC > Desktop > Require	d Patient Documents			ڻ ~	Search Required Patient Docu 🔎
Organize 🔻 New f	older					III 🕶 🔟 🚷
SOP & Guide Sci	^ Name ^	Date	Туре	Size	Tags	
UAT	Typical Patient Hea	11/16/2020 3:56 PM	PNG File	0 K	B	
🗸 🛄 This PC	Typical Patient Proo	11/12/2020 11:43 AM	PNG File	1 K	(B	
 Documents Downloads Music Pictures Videos OSDisk (C:) NetData (k:) TUserData (k:) Finact (L:) 	Step 10: appropri	Select file to be u ate section	ploaded to th	e Step 11: Clic	k "Open"	1075- 00
Fi	ie name: Uppical Patient Proof of	Kesidence Document.PNG				Open Cancel

You will be redirected back to your online application where you can verify that your document was successfully uploaded.

Proof of Residence	
Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. 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. 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 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 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 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 minor's parent of legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1, Florida Statutes. The minor's parent of legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1, Florida Statutes. The minor's parent of legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1, Florida Statutes. The minor's parent of legal guardian must submit proof that the proof of the section 381.986(5)(b)1, Florida Statutes. The minor's parent of legal guardian must submit proof that the proof of the section 381.986(5)(b)1, Florida Statutes. The section 381.986	
QUPLOAD FILE Verify the document	▶ 💽
has uploaded	A document was uploaded
Proof of Residence.png was uploaded on 11/13/2019 11 3:27 AM for the Office of Medical Marijuana Use. to use as your Proof of Residence for the id card.	

You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Uploading Your Photo or Residence from a Mobile Device

The information below shows you how to upload a document from a smartphone or tablet to the Medical Marijuana Use Registry.

Step 1: Log into the Medical Marijuana Use Registry at https://mmuregistry.flhealth.gov/.

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

Step 2: Click on the "Menu" button at the bottom of the screen.

Step 3: Select "Your Card" from the menu options to view your identification card application.

Search		Q
	Step 3: select	
HOME	"YOUR CARD"	
YOUR PROFI	LE	
YOUR CARD	*	
CHANGE PAS	SSWORD	
LOG OUT		
ton 2: c	alact "MENU!"	
step 2: s	elect IVIENU	

Step 4: You are brought to your applications dashboard. Click "View" next to the application that requires the documents to be uploaded (look for yellow question mark(s)).



Step 5: After clicking "View" you are brought to your application page. Click "Supply A Photo" under the headshot photo field.


Step 6: Click "Supply My Own."



Step 7: Click "Take Photo."



Step 8: Take a clear passport-style photo with the front-facing camera. The photo needs to be a headshot photo, shoulders up, with a solid white background.

Step 9: Click "Use Photo" if the photo taken was clear and meets the requirements. Click "Retake" if the photo is not clear.



Step 10: Next scroll down to the Proof of Residence field. Click "Supply Proof."



Step 11: Click "Supply My Own."



Step 12: Click "Take Photo or Video."



Step 13: Take a clear photo of your Proof of Residence document(s). Ensure that your name, address, and the date on all the documents are legible.

Step 14: Click "Use Photo" if the photo taken was clear and meets the requirements. Click "Retake" if the required information is not clearly visible. You will be redirected to your online application where you can verify that your document was successfully uploaded.



You can check the status of your application as it is being reviewed. To learn what each status icon stands for, please see our <u>Understanding My Application Status</u> guide on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Once your Identification Card application has been approved, you will then be able to contact one of the <u>licensed medical marijuana</u> <u>treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our Know the Facts MMJ website (<u>https://knowthefactsmmj.com/mmtc</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Create New Patient using Highway Safety and Motor Vehicles Demographic Information

Before creating a new patient profile in the Medical Marijuana Use Registry, you must ensure the patient does not already have a patient profile. If you search for a patient in the Medical Marijuana Use Registry and no existing patient profile was found, you will need to add the patient to the Medical Marijuana Use Registry and certify the patient in compliance with 381.986 (4), Florida Statutes.

Step 1: Log into the Medical Marijuana Use Registry (<u>https://mmuregistry.flhealth.gov/</u>).

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

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."

Florida HEALTH	Medical Marijuana Use Registry
HOME	PATIENT MANAGEMENT () YOUR PROFILE CHANGE PASSWORD LOG OUT
ttention Patients Physicians: For Patients: Please	People Search My Patients Step 2: Click "My Patients" Unclosed Certifications

Step 3: Click "Add New Patient."

Patients List					
×	 Step 3: Clic 	:k "Add New P	atient"		
Add New Patient	Q Patient Search	Certified Patients	L Expiring Soon	Uncertified Patients	All My Patients
		To list patients, either use the shortcuts	above or use the search baxes bel	OWL	

Step 4a: Select "Yes" to enter the patient's Social Security Number (SSN).

Verify the Patient Using Social Security Number	
Does this Patient have a Social Security Number? Yes Step 4a: Select "Yes"	
GO BACK SUBMIT	

Step 4b: Enter the patient's SSN. Do not include dashes or spaces.

Verify th	e Patient Using Social Secur	ity Number	
ssn Step 41	o: Enter SSN]
	GO BACK	SUBMIT	

Step 5a: Select "Yes" if the patient has a Florida Driver's License.



Step 5b: Enter the patient's Florida Driver's License number (FL DL #) or Florida State Identification (ID) Card number (FL State ID #).

First Name:
Verify the Patient Using DL / State ID #
FLDL#/FLStateID#
Or FL State ID #
GO BACK SUBMIT

Step 6: Enter the patient's date of birth (DOB).

Thermanic.
Enter the Patient DOB
Date of Birth
Sten 6: Enter DOB
GO BALK SOUMIT

Notification appears requesting to verify the information returned matches the person you want to enter into the Medical Marijuana Use Registry.



If the information does not return a match from Highway Safety and Motor Vehicles, you will receive the following alert:



You can click "Go Back" to check the information supplied and try again or click "Supply Manually" to manually enter the patient's information.

Step 7: Enter the patient's telephone number and email address, if available. Patient photo is displayed for verification of identity. **Patient weight is required**.

Step 8: Click "Save."

Patient information			
		Last Name:	Any
🖌 🖌 Verify photo d	lisplayed is the patient you are enterin	g First Name:	Patient
4		Middle Initial	
4	Step 7: Enter patient's telephone	Primary Phone:	
Micardia. Click here to download a copy of the Medical Marijuans Content Form that is required by the Florids Board of Medicine for each of your	number and email address if	Email Address:	
patients.	available	Date Of Birth:	01/01/1911
		Patient Number:	
	Does this patient have a So	cial Security Number:	Ves () No ()
		SSN	000-00-0000
	в	orida DL or State ID #:	A0000000000
	*Must enter the patient's weight	Patient Weight:	
	in lbs. or kg	Weight Type:	lbs =
		Gender:	Male
		Address 1:	123 Any Street
		Address2	
		City:	Tallahassee
		County:	Leon I
		ZIP code:	32399
Sten 8: Clic	s this person a permanent resident o	f the state of Florida?:	Yes () No ()
Step 8. en		Add Caregiver	Add After Saving
	Patient is authorized to have more than one Care	giver per <u>301.906.E.S.</u>	
	BACK TO PATIENT LIST SAVE		

Step 9: Confirm the patient information has been entered correctly. Click "Confirm" to save the patient.



Step 10: Ensure the confirmation message indicates the patient was successfully added. Photo is no longer visible until card application is approved.



For instructions on creating a caregiver for the patient, see our <u>Creating a New Caregiver Profile</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Manually Creating a Patient

Before creating a new patient profile in the Medical Marijuana Use Registry, you must ensure the patient does not already have a patient profile. If you search for a patient in the Medical Marijuana Use Registry and no existing patient profile was found, you will need to add the patient to the Medical Marijuana Use Registry and certify the patient in compliance with 381.986 (4), Florida Statutes.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."

Florida HEALTH	Medical Marijuana Use Registry
HOME	PATIENT MANAGEMENT VOUR PROFILE CHANGE PASSWORD LOG OUT
ttention Patients Physicians: For I	People Search
Patients: Please	My Patients Step 2: Click "My Patients"
	Unclosed Certifications

Step 3: Click "Add New Patient."

Patients List					
×	 Step 3: Clic 	k "Add New P	atient"		
2+	Q	<u>ڪ</u>	•	×	
Add New Patient	Patient Search	Certified Patients	Expiring Soon	Uncertified Patients	All My Patients
		To list patients, either use the shortcuts	above or use the search boxes bel	ow.	

Step 4: Select "No" if the patient does not have a Social Security Number (SSN).

Verify the Patient Using Social Security Number	
Does this Patient have a Social Security Number?	
○ Yes ○ No	
does not have an SSN	
GO BACK SUBMIT	

Step 5: Select "No" if the patient does not have a Florida Driver's License.



Step 6: Click "Supply Manually."



Step 7*: Enter the patient's information.

*Be accurate while entering the patient's information. A misspelled name, incorrect DOB, SSN, or address will delay the patient's ability to obtain products, an OMMU ID Card, or possibly cause an issue should they encounter law enforcement while in legal possession of their products.

Patient Information			
	Last Name:		
112+112	First Name:		
	Middle Initial:		
bil Carol # Click here to download a ropy of the Medical Marijuana Consent Form that is	Primary Phone:		
required by the Plonda Board of Medicine for each of your patients.	Email Address:		
	Dute Of Birth:		
	Patient Number:		
	Does the patient have a Social Security Number:	Yes INO	
Step 7: Fill in all patie	nt ssn		- *Supply SSN if the patient
information accurate	ly Patient Weight:		is a US Citizen. Supply Passport # if the
	WeightType:	lbs -	patient is not a US Citizen
	Gender:	Male	
	Address1:		
	Address2:		
	Oty:		
	County:	Alachua =	
	ZIP code:		**Must select if the nationt
	Is this person a permanent resident of the state of Florida?:	Yes No	is a seasonal or permanent
	Add Caregiver	Add After Saving	resident of Florida (see
Pa	tient is authorized to have more than one Caregiver per 381,986, F.S.		step 7b below for seasonal
BAOK	TOPATIENT LIST SAVE - Step 8: Cl	ick "SAVE"	resiaent)

Step 7b (Seasonal Residents only):



Step 8: Click "Save."

Step 9: Click "Confirm" to save your entry.

Confirm Save Patient	
You are about to create patient Any, Patient DOB - 01/01/1911	Check the information you supplied before continuing.
БО ВАСК	CONFIRM Step 9: Click "CONFIRM".

Step 10: Ensure the confirmation message indicates the patient was saved successfully.

	HO	ME	PATIENT MAN	AGEMENT 🕀	YOUR PROFI	
•	The Patient was save Patient Information	d succes	ssfully 🔶	— Step 10	0: Confirm	Save

For instructions on creating a caregiver for the patient, see our <u>Creating a New Caregiver Profile</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Create New Patient with No Social Security Number but has a FL Driver's License/ID

Before creating a new patient profile in the Medical Marijuana Use Registry, you must ensure the patient does not already have a patient profile. If you search for a patient in the Medical Marijuana Use Registry and no existing patient profile was found, you will need to add the patient to the Medical Marijuana Use Registry and certify the patient in compliance with 381.986 (4), Florida Statutes.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."



Step 3: Click "Add New Patient."



Step 4: Select "No" if the patient does not have a Social Security Number (SSN).

Verify the	Patient	Using Soci	ial Securi	ty Number		
Does thi	s Patient No	have a So	cial Secur 2p 4: Se	ity Numbe elect "N	r? 10″	
		GO BAC	к	SUBA	літ	

Step 5a: Select "Yes" if the patient has a Florida Driver's License or Florida State Identification (ID) Card.

11111111	First Name:	1180101
Verify the Patien	Using DL / State ID #	
Does this Patien	have a Florida Driver's License or Flor	ida State ID?
1 Yes	- Step 5a: Select "Yes"	
1		
	GO BACK SUBMIT	
		-

Step 5b: Enter the patient's Florida Driver's License number (FL DL #) or Florida State Identification Card number (FL State ID #).

First Name.	
Verify the Patient Using DL / State ID #	
FL DL # / FL State ID # Step 5b: Enter FL DL#	
Or FL State ID #	-
GO BACK SUBMIT	

Step 6: Enter the patient's date of birth (DOB).

Date of Birth Step 6: Enter DOB	Enter the Patient	DOB	Thorname,	
Step 6: Enter DOB	Date of Birth			
	Step 6: Enter	DOB		
GO BACK SUBMIT		GO BACK	SUBMIT	

Notification appears requesting to verify that the information returned matches the person you want to enter into the Medical Marijuana Use Registry.

ease review the photo	and demographic information obtained for
is person. You must ver	ify that this information matches the person
at you wish to create	ing one one morning of matches the person
at you man to create.	
	LUNDERSTAND

If the information does not return a match from Highway Safety and Motor Vehicles, you will receive the following alert:



You can click "Go Back" to check the information supplied and try again or click "Supply Manually" to manually enter the patient's information.

Step 7: Enter patient's telephone number and email address, if available. Patient photo is displayed for verification of identity. **Patient's Non-US Passport Number and weight are required**.

Step 8: Click "Save."

Patient Information				
25		Last Names	PATIENT	
autrata,	Verify photo displayed is	FirstName	ALCI	
SEL	— the patient you are	Middle Initial:		Step 7: Enter patient's
SEC	enterina	Primary Phone		telephone number and
Mi Card # Chill here to download a copy of the Medical Marijuane Content Form that is	inequired by the Frintis	Email Address:		email address if
Board of Medicine for each of your patients		Date Of Births	01/01/1911	available
		Patient Number:		
	Enter patient's Non-US Does this patient have as	Social Security Number:	Yes No	
	Passport Number	on-US Passport Number		
	Pussport Number	Florida DL or State ID P:	A0000000000	
	*Must enter the patient's	Patient Weight:		
	weight in Ibs or kg	WeightType:	84	
		Gender:	Female	
		Address to		
		Address2:	123 ANY STREET	
		City:	TALLAHASSEE	
		County:	Leon	
		ZIP code.	32399-5517	
Ctop	Qu Click "CAVE" Is this person a permanent resident	of the state of Florida?:	YHE NO	
Step	8. CIICK SAVE	Add Caregiver	Add Atter Saving	
	Pacient is authorized to have more than one Car	regiver per <u>381,966, F.S.</u>		
	BACK TO PATIENT LIST SAVE			

Step 9: Confirm the patient information has been entered correctly. Click "Confirm" to save the patient.



Step 10: Ensure the confirmation message indicates the patient was successfully added. Photo is no longer visible until card application is approved.



For instructions on creating a caregiver for the patient, see our <u>Creating a New Caregiver Profile</u> guide on our Know the Facts MMJ page (https://knowthefactsmmj.com/registry/#instructional-guides).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

Understanding the Registry Create New Patient – Seasonal Residents

Before creating a new patient profile in the Medical Marijuana Use Registry, you must ensure the patient does not already have a patient profile. If you search for a patient in the Medical Marijuana Use Registry and no existing patient profile was found, you will need to add the patient to the Medical Marijuana Use Registry and certify the patient is in compliance with 381.986 (4), Florida Statutes.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."

Florida HEALTH	Medical Marijuana Use Registry
HOME	PATIENT MANAGEMENT) YOUR PROFILE CHANGE PASSWORD LOG OUT
ttention Patients Physicians: For I	and Physiologics Ar of August 27, 2020, Edition are not to of administration is now available in the Registry, See the full Edition Rule , People Search index to your patients' orders, we can guide to and Editions.
Patients: Please(My Patients Step 2: Click "My Patients"

Step 3: Click "Create New Patient."

-	- Step 3: Clic	K Add New P	ratient		
	Q	₽ ≡		×	
Add New Patient	Patient Search	Certified Patients	Expiring Soon	Uncertified Patients	All My Patients

Step 4a: Select "Yes" if the patient has a Social Security Number (SSN).

Verify the	Patient Us	ing Social Se	curity Nur	nber	
Does this	Patient ha	ive a Social S Step 4a: S	ecurity Nu Select "	mber? Yes"	
		GO BACK		UBMIT	

Step 4b: Enter the patient's SSN. Do not include dashes or spaces.

SSN			
Ston Ab. E	inter SSN		
51ep 40. L	11121 331		_
	and the second second		
	GO BACK	SUBMIT	

Step 5: Select "No" if the patient does not have a Florida Driver's License.

120222	First Name:	111111
Verify the Pat	ient Using DL / State ID #	
Does this Pa	tient have a Florida Driver's License or Florida Sta	te ID?
○ Yes ○ No•	Step 5: Select "No"	
	GO BACK SUBMIT	
1111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1

Step 6: Enter the patient's date of birth (DOB).

i ii strivanic.
Enter the Patient DOB
Date of Birth Step 6: Enter DOB
GO BACK SUBMIT

Step 7: Click "Supply Manually" to manually enter the patient's information.

No Match for Input Values	
A suitable record for the criteria you supplied was cancel, go back to supply different criteria, or Sup	not found. You may oply Manually.
CANCEL GO BACH	
	Step 7: Click "SUPPLY
SUFFET MANUALET	MANUALLY"

Step 8*: Enter all of the patient's information.

*Be accurate while entering the patient's information. A misspelled name, incorrect DOB, SSN, email or address will delay the patient's ability to obtain products, an OMMU ID Card, or possibly cause an issue should they encounter law enforcement while in legal possession of their products.

Step 9: Click "Save."

Palet Information			
	LatNove		
107-107	FirstName		
	Made Initia		
Wards	PrinaryPhote		
Teac.	EnalAddress		
	Des Of Birth		
	Putert Number:		
	Does this patient have a Social Security Number	w® NO	*Supply SSN if the patient
Step 8: Fill in all	patient w		is a US Citizen
information accu	urately Prive West		is a US Citizen.
,	Wegelijse	b	Supply Passport # If the
	Genter	Male	patient is not a US Citizen
	Attent		
	10000		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	unit.	Aloua I	
	29 ook		- Salast "No"
Is this person a se	to this person a permanent resident of the states of Plonda? scored resident of the states of Plonda? Per Section 311.904, Plania Statese, the term "reasonal resident" means any person	W( W)	- Select NO
sinto tamporarify state, returns t	wide in the state or juried of a least 11 connection days in each calendar year, maintains a temporary realizers in this of the state or juried clium of his or her residence at least one time during each calendar year, and is registered to vote or pop- incare tas is an other state or juried clium.		Calaat (Near)
	: What is the patient's permanent state of residence?	Ver® NoO -	- Select Yes
	AssCampler	AttAbularing	×
	Patient is authorized to have more than one Canagiver per 281,996,73.		Select the location of the
ENCITONIS	step 9: Click "SAVE"		patient's permanent residence

Step 10: Confirm that the patient's information has been entered correctly.

Confirm Save Patient	0
You are about to create patient Any, Patient DOB - 01/01/1911.	Check the information you supplied before continuing.
GO BACK	CONFIRM Step 10: Click "CONFIRM"

Step 11: Ensure the confirmation message indicates the patient was saved successfully.

	HOME	PATIENT MANAGEMENT 🕀	YOUR PROFI
<ul> <li>The Patient was</li> <li>Patient Inform</li> </ul>	s saved succ	essfully <b> Step 1</b> RR0576	1: Confirm Save

For instructions on creating a caregiver for the patient, see our <u>Creating a New Caregiver Profile guide</u> on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

### Understanding the Registry Create a New Caregiver

Caregivers can be added to the Medical Marijuana Use Registry to a patient's profile, even if that caregiver is already an existing patient in the Registry. On the occasion that your patient and their caregiver share a single email address, the email address should **only** be added to the <u>caregiver's</u> profile.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."

Florida HEALTH	Medical Marijuana Use Registry
HOME	PATIENT MANAGEMENT O YOUR PROFILE CHANGE PASSWORD LOG OUT
	People Search May Patients Step 2: Click "My Patients" Unclosed Certifications

**Step 3:** Select the patient who will have the caregiver.

Step 4: Click "Edit Demographics."



Step 5: Click "Add New."

Is this person a permanent resident of the state of Florida?: Step 5: Click "ADD NEW" Add Caregiver	ADD NEW ADD EXISTING
uthorized to have more than one Caregiver per <u>381.286.F.S.</u>	

**Step 6:** Respond "Yes" or "No" to whether the caregiver is a qualified ordering physician or employed by/has economic interest in a medical marijuana treatment center or marijuana testing laboratory.

Is this caregiver a qualified or	lering physician
or employed by/have economi	c interest in a
medical marijuana treatment	center or
marijuana testing taboratory:	
YES	NO

**Step 7a:** Select "Yes" if the caregiver has a Social Security Number (SSN).

Verify the Caregiver Using Social Security Number
Does this Caregiver have a Social Security Number? Yes No Step 7a: Select "Yes" GO BACK SUBMIT

Step 7b: Enter the caregiver's SSN. Do not include dashes or spaces.

SSN				_
Sten 7h:	Enter SSN 🗝			
5000 7 51				
	GO BACI	ĸ	SUBMIT	

**Step 8a:** Select if the caregiver has a Florida Driver's License or Florida State Identification (ID) Card. (*If the caregiver does not have Florida Driver's License or Florida State ID Number, see our <u>Create New Seasonal Caregiver guide</u> on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).* 



**Step 8b:** Enter the caregiver's Florida Driver's License number (FL DL #) or Florida State Identification (ID) Card number (FL State ID #).

Verify the Caregiver Using DL / State ID #	٦
FL DL# / FL State ID # Step 8b: Enter FL DL # Or FL State ID # GO BACK SUBMIT	

Step 9: Enter the caregiver's date of birth (DOB).

Enter the Ca	regiver DOB	
Date of Bi	h	
Step 9: Ei	ter DOB 🖊	

Notification appears requesting to verify that the information returned matches the person you want to enter in the Medical Marijuana Use Registry.



*If the information does not return a match from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV), you will receive the following alert:* 

No Match for Input Values	٦
A suitable record for the criteria you supplied was not found. You may cancel, go back to supply different criteria, or Supply Manually.	
CANCEL GO BACK	
SUPPLY MANUALLY	

You can click "Go Back" to check the information supplied and try again or click "Supply Manually" to manually enter the caregiver's information.

**Step 10:** Enter the caregiver's telephone number and email address, if available.

### Step 11: Click "Save."

New Caregiver					
				Last Name:	Any
	192×192			First Name:	Caregiver
				Middle Initial:	
	Id Card #:	Step 1 telenk	0: Enter caregiver's	Primary Phone:	
		email	address if available	Email Address:	
		cinali		Date Of Birth:	01/01/1911
				Gender:	Male =
			Does this patient have a	Social Security Number:	Yes lo No
				SSN	000-00-0000
				Florida DL or State ID #:	A0000000000
				Address1:	123 ANY STREET
				Address2:	
				City:	ANY TOWN
				State:	Florida =
				County:	ALACHUA =
				Zip code:	33333
	Step 11: Click	"SAVE	Is this person a permanent resident	t of the state of Florida?:	Yes 🔘 No 🔘
			Caregiver is authorized to corresent more than one i	Patlent per <u>381.986, E.S.</u>	
			GO BACK TO PATIENT		

**Step 12:** Confirm the caregiver's information has been entered correctly.

Auuressz.	8
You are about to edit caregiver Any Caregiver - DOB 1/1/1911.Check the informa This caregiver is associated with a patient. Any changes made to this patient will	ation you supplied before continuing. also be made to the patient record.
GO BACK CONFIRM	← Step 12: Click "CONFIRM"
County:	Conter

**Step 13:** Ensure the confirmation message indicates the caregiver was successfully added.

	HOME	PATIENT MAN	IAGEMENT 🛞	YOUR PROFILE	CHANGE P
New caregiver adde	d success	fully	- Step 13	3: Confirm	Save
Patient Informatio	on P8RM	//2809			
		192×192			

**Important notes:** If the caregiver is an existing patient, the caregiver profile and the caregiver's patient profile will be automatically linked. This means that when the caregiver logs into the Medical Marijuana Use Registry he/she will need to take the mandated Caregiver Quiz. The caregiver will have access to their patient profile/application, their caregiver profile/application, and the profile/application for whom they are a caregiver.

For additional information, visit KnowTheFactsMMJ.com





Florida's Official Source for Responsible Use.

### Understanding the Registry Create a New Caregiver – Seasonal Residents

Caregivers can be added to the Medical Marijuana Use Registry to a patient's profile, even if that caregiver is already an existing patient in the Registry. On the occasion that your patient and their caregiver share a single email address, the email address should **only** be added to the <u>caregiver's</u> profile.

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 <u>Forgot Password</u> on the Login page. For step-by-step instructions to reset your password, see our <u>Resetting My Password</u> guide on our Know the Facts MMJ page (<u>https://knowthefactsmmj.com/registry/#instructional-guides</u>).

Step 2: Navigate to the "Patient Management" menu option at the top of the page and click on "My Patients."

Florida HEALTH	Medical Marijuana Use Registry
HOME	PATIENT MANAGEMENT O YOUR PROFILE CHANGE PASSWORD LOG OUT
	People Search My Patients Step 2: Click "My Patients" Unclosed Certifications

**Step 3:** Select the patient who will have the caregiver.

Step 4: Click "Edit Demographics."



Step 5: Next to "Add Caregiver," click "Add New."

Is this person a permanent resident of the state of Florida?: Step 5: Click "ADD NEW" Add Caregiver	Yes No
uthorized to have more than one Caregiver per <u>381.986.F.S.</u>	

**Step 6:** Respond "Yes" or "No" to whether the caregiver is a qualified ordering physician or employed by/has economic interest in a medical marijuana treatment center or marijuana testing laboratory.

	0
Is this caregiver a qualified ordering physician or employed by/have economic interest in a medical marijuana treatment center or marijuana testing laboratory?	
YES NO	

**Step 7a:** Select "Yes" if the caregiver has a Social Security Number (SSN).



Step 7b: Enter the caregiver's SSN. Do not include dashes or spaces.



**Step 8:** Select "No" if the caregiver does not have a Florida Driver's License or Florida State Identification (ID) Card.



**Step 9:** Enter the caregiver's date of birth (DOB).

ров				
GO BACK	SUB	міт		
	<b>GO BACK</b>	GO BACK SUB	GO BACK SUBMIT	GO BACK SUBMIT

**Step 10:** Click "Supply Manually" to manually enter the patient's information.



### **Step 11*:** Enter all of the caregiver's information.

*Be accurate while entering the caregiver's information. A misspelled name, incorrect DOB, SSN, email, or address will delay the caregiver's ability to obtain products, an OMMU ID Card, or possibly cause an issue should they encounter law enforcement while in legal possession of products.

Step 12: Click "Save."



Step 13: Confirm the caregiver's information has been entered correctly.



**Step 14:** Ensure the confirmation message indicates the caregiver was successfully added.

	HOME	PATIENT MANAGEMENT 🕀	YOUR PROFILE	CHANGE P
<ul> <li>New caregiver a</li> </ul>	dded succes	sfully← Step 14: Confir	m Save	
Patient Informa	ation P8R	M2809		
		192×192		

**Important note:** If the caregiver is an existing patient, the caregiver profile and the caregiver's patient profile will be automatically linked. This means that when the caregiver logs into the Medical Marijuana Use Registry, he/she will need to take the mandated Caregiver Quiz. The caregiver will have access to their patient profile/application, their caregiver profile/application, and the profile/application for whom they are a caregiver.

For additional information, visit KnowTheFactsMMJ.com

# **Office of Medical Marijuana Use**

Florida's Official Source for Responsible Use

Know the Facts: Pregnancy & Breastfeeding

### Effects of Medical Marijuana on Pregnant and Breastfeeding Women

Marijuana use in any form during pregnancy and breastfeeding may have negative effects on a child's developing brain.¹ Tetrahydrocannabinol (THC), the compound found in all forms of marijuana mostly responsible for its psychoactive effects, has been shown to cross the placenta and enter the brain of the developing fetus during pregnancy.² The American Academy of Pediatrics recommends that women who are pregnant or breastfeeding avoid marijuana use.² Pursuant to section 381.986(4)(a)4., Florida Statutes, a physician may not issue a physician certification, except for low-THC cannabis, to a patient who is pregnant. **Speak to your qualified physician if you are or are planning to become pregnant.** 

### How could marijuana use affect my baby?

Research shows that using marijuana while you are pregnant can cause health and developmental problems in newborns including low birth weight.¹ Marijuana use during pregnancy or while breastfeeding may also affect your baby's brain development and result in hyperactivity, poor cognitive function, and other long-term consequences.³

# If I use marijuana, can it pass into my breastmilk?

Yes. You may pass THC and other chemicals from marijuana to your baby through breastmilk. THC is stored in fat and is slowly released over time, meaning your baby could still be exposed even after you stop using marijuana.¹

# Can secondhand marijuana smoke be harmful to my baby?

Passive or secondhand smoke or aerosol can be as much a concern with marijuana as it is with tobacco. Studies show that people can be exposed to marijuana by inhaling it when the drug is smoked or vaporized near them. This means that if a pregnant or breastfeeding woman is exposed to marijuana smoke or aerosol, the THC can transfer to the mother's blood and the fetus or to the mother's breastmilk. Additionally, if marijuana is being smoked or vaporized around a baby or child, the THC can transfer directly into his or her blood, which may cause nasal congestion and an increased risk of cardiovascular disease.

If you are pregnant or are planning to become pregnant, you should discontinue marijuana use. If you are a qualified medical marijuana patient, speak to your physician about alternative treatment options, including low-THC cannabis.

### For more information, visit KnowTheFactsMMJ.com.

SOURCE: 1, Centers for Disease Control & Prevention, 2, American Academy of Pediatrics, 3, U.S. Department of Health & Human Services, U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain



KnowTheFactsMMJ.com



an 2021

# **APPENDIX E – ID CARD PROCESSING TIMELINE**



## **APPENDIX F – OMMU BROCHURE**

As Florida's *Official* Source for Responsible Use, the Office of Medical Marijuana Use (OMMU) is dedicated to offering the most current and accurate information surrounding medical marijuana in Florida.

The OMMU works to provide qualifying patients and their caregivers the information and resources they need to access Florida's medical marijuana program.

The OMMU also writes and implements the Department of Health's rules for medical marijuana, oversees the statewide Medical Marijuana Use Registry, and licenses Medical Marijuana Treatment Centers that cultivate, process and dispense medical marijuana to qualified patients.



The Office of Medical Marijuana Use Florida's Official Source for Responsible Use

#### Medical marijuana is available in Florida for qualifying patients.

Find a qualified physician in your area who can properly diagnose and order low-THC cannabis and medical marijuana for you or a loved one.

#### KnowTheFactsMMJ.com

**Contact the OMMU** 800-808-9580 or 850-245-4657 MedicalMarijuanaUse@FLHealth.gov

Mailing Address: 4052 Bald Cypress Way, Bin M-01 Tallahassee, FL 32399

Mailing Address for ID Card Applications: P.O. Box 31313 Tampa, FL 33631



OMMU

Office of MEDICAL MARIJUANA Use



### FLORIDA'S **MEDICAL MARIJUANA** PROGRAM

Florida HEALTH

#### QUALIFYING MEDICAL CONDITIONS:

- Cancer
- Epilepsy
- Glaucoma
- Crohn's Disease
- HIV/AIDS
- Parkinson's Disease
- Multiple Sclerosis (MS)
- Amyotrophic lateral sclerosis (ALS)
- Post-traumatic stress disorder (PTSD)

• Medical conditions of the same kind or class or comparable to the ones listed above

• Chronic nonmalignant pain that is caused by or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

• A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification





#### **STEPS TO TREATMENT:**



Patients must first be diagnosed with a qualifying medical condition by a qualified physician.

Patients and their caregivers will be entered into the Medical Marijuana Use Registry by their qualified physician.

- 3 Patients and their caregivers will then apply for their Medical Marijuana Use Registry identification card.
- Once the identification card application has been approved, patients can fill their orders at a licensed Medical Marijuana Treatment Center.

#### **CAREGIVERS:**

A caregiver is a person who agrees to assist with a qualified patient's medical use of marijuana, has a Caregiver Identification Card, and meets the requirements of Florida law.

#### FIND A QUALIFIED PHYSICIAN:

Physicians must be licensed as a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) and take a required 2-hour course and examination to be qualified to order low-THC cannabis and medical marijuana for qualifying patients.

It is the responsibility of a qualified physician to follow Florida law, diagnose patients with a qualifying condition, and determine if medical marijuana is an appropriate treatment.

Qualified physicians can be searched online by location and specialty by visiting:

tinyurl.com/MQAsearch



### MEDICAL MARIJUANA TREATMENT CENTERS:

Qualified patients and their caregivers can only purchase low-THC cannabis and medical marijuana products from licensed Medical Marijuana Treatment Centers (MMTCs).

MMTCs are the only businesses in Florida authorized to cultivate, process, and dispense medical marijuana and low-THC cannabis to qualified patients and their caregivers.

Visit our website to find a list of the approved MMTC dispensing locations to find one near you.

KnowTheFactsMMJ.com/MMTC/#Search

# **APPENDIX G – OMMU RACK CARDS**

### **Steps for Medical Marijuana Treatment in Florida**



To be eligible for low-THC cannabis or medical marijuana, patients must first be diagnosed with a qualifying medical condition by a qualified physician.

### **Qualifying Medical Conditions:**

- Cancer
- Epilepsy
- Glaucoma
- HIV/AIDS
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis (ALS)
- Crohn's Disease
- Parkinson's Disease
- Multiple Sclerosis (MS)

• Medical conditions of the same kind or class or comparable to the others listed

- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- Chronic nonmalignant pain that is caused by or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

Physicians must be licensed as a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) and take a required 2-hour course and examination provided by the Florida Medical Association (FMA) and Florida Osteopathic Medical Association (FOMA) to be qualified to order low-THC cannabis and medical marijuana for qualifying patients.

It is the responsibility of the qualified physician to follow Florida law, diagnose patients with a qualifying medical condition, and determine if medical marijuana is an appropriate treatment.

Patients can search online to locate a qualified physician by location and specialty by visiting: **tinyurl.com/MQAsearch** 

# Additional Requirements of Qualified Physicians

### Some additional requirements include, but are not limited to the following:

• Qualified physicians must conduct a physical examination while physically present in the same room as the patient and a full assessment of the patient's medical history.

• Qualified physicians must determine and document that the medical use of marijuana would likely outweigh the potential health risks for the patient

• Each time the qualified physician issues a physician certification, the physician must have the patient complete the approved consent form.

• If a patient is younger than 18 years of age, a second physician must agree with the patient's medical use of marijuana, and such determination must be documented in the patient's medical record.

• A patient under 18 years of age may only receive a recommendation for medical marijuana in a form for smoking if they are diagnosed with a terminal condition and the qualified physician determines that smoking is the most effective route of administration. A second physician who is a board-certified pediatrician must agree with the determination.

• Qualified physicians must determine whether the patient is pregnant and may only order low-THC cannabis for a patient who is pregnant.



Call: 800-808-9580 or 850-245-4657 Email: MedicalMarijuanaUse@FLHealth.gov Use the QR code and visit: KnowTheFactsMMJ.com

OMMU Office of MEDICAL MARIJUANA Use



### **Steps for Medical Marijuana Treatment in Florida**



After a patient visits a qualified physician and is diagnosed with a qualifying medical condition, the qualified physician will enter the patient and their caregiver, if applicable, into the Medical Marijuana Use Registry (MMUR).

Patients should ensure that they provide their qualified physician with their current and accurate information, including an email address, so that they can access the MMUR and receive important updates.

Once the patient has been entered into the MMUR, they will receive their unique Patient ID Number from the qualified physician. Patients will need their Patient ID Number to apply for their Medical Marijuana Use Registry identification card.

Upon being entered into the MMUR, patients and caregivers will receive two emails from the Office of Medical Marijuana Use that contain their username and a temporary password so that they may log into the MMUR.

Patients and caregivers can log into the MMUR at: **MMURegistry.FLHealth.gov** 

For help logging into the MMUR, visit **KnowTheFactsMMJ.com/Registry** 

If any information on the patient's or caregiver's MMUR profile is incorrect, they will need to contact their qualified physician to have it corrected.



### **About the MMUR**

The Medical Marijuana Use Registry (MMUR) is a secure, online database for the registration of qualified physicians, and qualified patients and their caregivers.

The MMUR is the database in which qualified physicians will enter the qualified patient's recommended orders for medical marijuana and low-THC cannabis. Patients are able to view their orders by logging into the MMUR and accessing the "Your Profile" page.

Law Enforcement and Medical Marijuana Treatment Center employees may also access a patient or caregiver's profile in the MMUR for necessary purposes.

All personal identifying information in the MMUR is confidential pursuant to section 381.987, Florida Statutes.

## For more information, contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657 Email: MedicalMarijuanaUse@FLHealth.gov Use the QR code and visit: KnowTheFactsMMJ.com





### Steps for Medical Marijuana Treatment in Florida



### STEP 3: Apply for a MMUR ID Card

Patients and their caregivers are required to have an active Medical Marijuana Use Registry identification card to purchase and be in possession of medical marijuana and low-THC cannabis.

### How to apply:

There are two ways that patients and caregivers may apply for their ID card:

### **1. ONLINE**

Applications can be submitted online by visiting the "Your Card" page in the Medical Marijuana Use Registry at: **MMURegistry.FLHealth.gov** 

Applicants should use their email address and the temporary password that was emailed to them to log into the MMUR.

### 2. BY MAIL

Applicants may also submit a paper application via regular mail.

Paper applications can be found on the OMMU's website at: **knowthefactsmmj.com/patients/cards** 

Florida law requires specific information and documentation to be submitted with a Medical Marijuana Use Registry identification card application.

View the Application Requirements to ensure that the appropriate documentation is provided. If any part of an application is rejected for missing or invalid documentation, the processing time will be delayed.

Please note that the address provided on the application is the address where the card will be mailed. Applicants are permitted to provide a P.O. Box on their application, so long as their required Proof of Residency documentation includes the P.O. Box address.

### **Application Requirements:**

### рното

• If applying online, the applicant's state ID or driver's license photo will automatically be added to their application if there is a match to their information in Division of Highway Safety and Motor Vehicle's State ID system.

• For all other applications, applicants must submit a full-face, passport-style, color photograph taken in front of a plain white background within the last 90 days, that is 2x2 inches in size.

#### **PROOF OF RESIDENCY**

• Adult applicants must submit a copy of a valid Florida driver's license or Florida identification card to prove Florida residency.

• Seasonal residents that do not possess a valid Florida driver's license or Florida identification card must submit a copy of two of the following documents:

• A deed, mortgage, monthly mortgage statement, mortgage payment booklet or residential rental or lease agreement.

• One proof of residential address from the seasonal resident's parent, step-parent, legal guardian or other person with whom the seasonal resident resides and a statement from the person with whom the seasonal resident resides stating that the seasonal resident does reside with them. • A utility hookup or work order dated within 60 days before registration in the medical use registry.

• A utility bill, not more than 2 months old.

• Mail from a financial institution, including checking, savings, or investment account statements, not more than 2 months old.

• Mail from a federal, state, county, or municipal government agency, not more than 2 months old.

Medical Marijuana Use Registry identification cards must be renewed annually. The card's expiration date is printed on the front of the card.

Applicants may begin a renewal application 45 days prior to their card's expiration date.

### Contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657 Email: MedicalMarijuanaUse@FLHealth.gov Use the QR code and visit: KnowTheFactsMMJ.com

Florida

OMMU Office of MEDICAL MARIJUANA Use



### Steps for Medical Marijuana Treatment in Florida



### STEP 4: Visit an MMTC

When a patient or caregiver's Medical Marijuana Use Registry identification card application is fully approved, they will receive an email notifying them of their approval. Patients and caregivers can use the approval email as a temporary card until they receive their physical ID card in the mail.

Once qualified patients have an approved Medical Marijuana Use Registry identification card and an active physician recommendation, they can fill their orders at a licensed Medical Marijuana Treatment Center (MMTC).

Licensed MMTCs are the only businesses in Florida authorized to cultivate, process, and dispense medical marijuana and low-THC cannabis to qualified patients and their caregivers.

Medical marijuana and low-THC cannabis may **only** be purchased from a licensed MMTC. Marijuana purchased anywhere other than a licensed MMTC is illegal.

Qualified patients are not authorized to cultivate their own medical marijuana.

### Locate a MMTC

The Office of Medical Marijuana Use provides a current list of licensed MMTCs, their contact information, and approved dispensing locations on our website.

Visit **KnowTheFactsMMJ.com/MMTC/#Search** to find an MMTC dispensing location near you.

Qualified patients and their caregivers are able to purchase medical marijuana and low-THC cannabis from any of the licensed MMTCs.

Medical marijuana and low-THC products are also able to be delivered directly to the qualified patient or their caregiver. Contact an MMTC to arrange a delivery.

### **Cost of Products**

The original price of a medical marijuana product is determined by the MMTC but can and does vary. Much like other competitive retail products, the cost of medical marijuana is market-driven. The most effective way to find the best price is to shop around and compare prices. Product price and availability can be found on each MMTC's website.

Generally, insurance does not cover the cost of medical marijuana products due to marijuana remaining an illegal controlled substance under federal law.

### **Product Packaging**

Medical marijuana and low-THC products are required to remain in their original packaging at all times.

### For more information, contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657 Email: MedicalMarijuanaUse@FLHealth.gov Use the QR code and visit: KnowTheFactsMMJ.com





# **APPENDIX H – COLLATERAL MARKETING MATERIAL**

