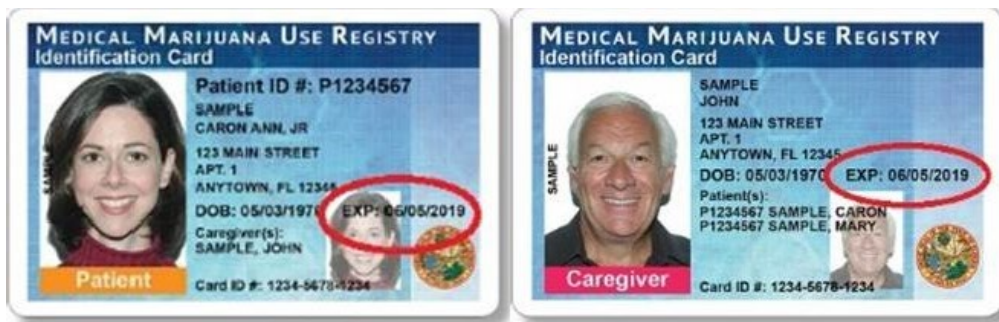




Understanding the Registry Caregiver Application Instructions

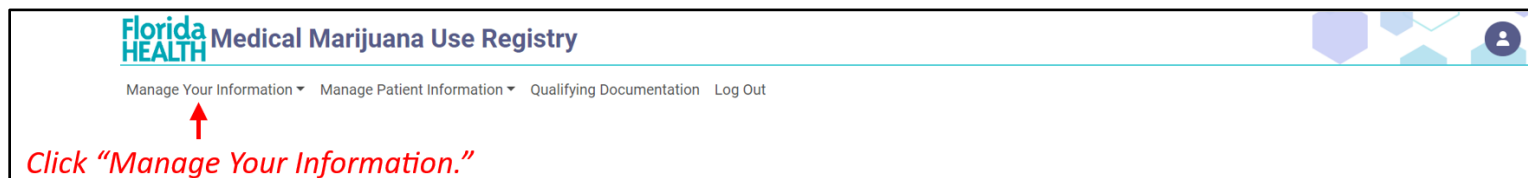
This user guide explains the steps for completing applications (Initial, Renewal, and Change of Address) in the Medical Marijuana Use Registry. To receive or maintain an active Medical Marijuana Use Registry (Registry) Identification Card, caregivers must annually submit a Registry ID Card application. Initial applications may be completed immediately upon becoming a qualified caregiver in the Registry, while 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, learn how to reset it by [clicking here](#).*

Step 2: Click the “Manage Your Information” drop-down menu option.



Step 3: Click “Caregiver Card” from the drop-down menu.



Step 4:

If you are beginning your **Initial application**, click “Begin Initial Application.” You may begin your initial application immediately after becoming a qualified caregiver in the Registry.

Caregiver Applications for: CAREGIVER TYPICAL
Your Card is Currently: Not Initiated

Please select BEGIN INITIAL APPLICATION to apply for your initial Medical Marijuana Use Registry ID card.

Begin Initial Application Update Phone/Email Update Address

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
No Records Found.							

Click “Begin Initial Application.”

If you are beginning your **Renewal application**, click “Begin Renewal.” 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.

Caregiver Applications for: CAREGIVER TYPICAL
Your Card is Currently: Expired

Begin Renewal Update Phone/Email Update Address

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
Initial Application	✓ Approved on 11/28/2023	✓ Approved on 11/28/2023	✓ Signed on 11/27/2022	✓ Processed on 11/28/2023	✓ Approved on 11/27/2022	✓ Card Printed on 11/30/2023	View

Click “Begin Renewal.”

If you need to submit a **Change of Address application**, click “Update Address.” You may start a Change of Address application at any time if you already have a current, approved application.

Caregiver Applications for: CAREGIVER TYPICAL
Your Card is Currently: Expired

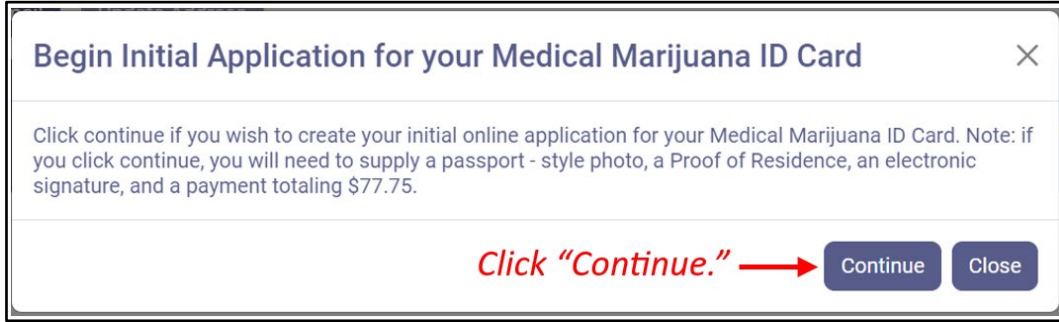
Begin Renewal Update Phone/Email Update Address

Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
Initial Application	✓ Approved on 11/28/2023	✓ Approved on 11/28/2023	✓ Signed on 11/27/2022	✓ Processed on 11/28/2023	✓ Approved on 11/27/2022	✓ Card Printed on 11/30/2023	View

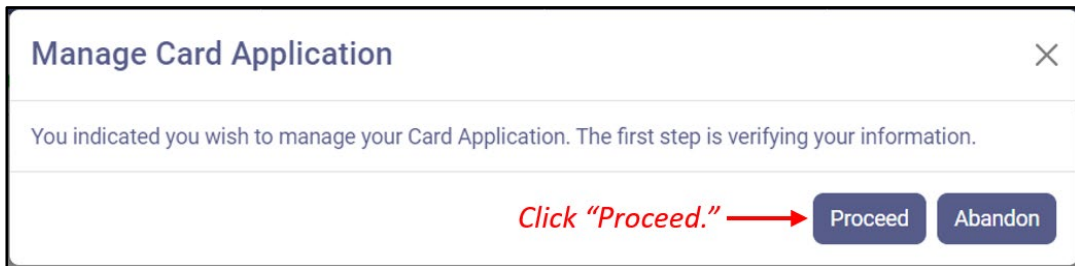
Click “Update Address.”

Step 5:

If you are completing an **Initial application**, a pop-up will appear for you to confirm that you wish to begin your application. Click "Continue" to proceed to the application. **For initial application instructions, skip to Step 7 on this guide.**



If you are completing a **Renewal or Change of Address application**, a pop-up appears for you to proceed with managing your card application. Click "Proceed" to begin your renewal or change of address application.





CONTINUE ON NEXT PAGE

Step 6: You must confirm your information if you are starting a Renewal or Change of Address Application. Review all data to make sure it is correct. Then click “Apply.”

Caregiver Profile for: TYPICAL CAREGIVER Caregiver Number: C1XY2345

The Registry has imported your information from FLHSMV and listed it here. Please review and confirm the information is correct or click “Go Back” to stop managing your application.

Since there is a match, your application photo and Proof of Residence submission can be automatically approved, and your card application processing time may be shortened. If you click “Apply” below, you will not be able to change your demographic information in the Registry moving forward– what is on your Florida driver’s license / state ID must be what is on your Registry profile and ID card.

Current Information	Updated Information
	
First Name: TYPICAL	When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.
Last Name: CAREGIVER	First Name: [REDACTED]
Middle Initial:	Last Name: [REDACTED]
Date of Birth: [REDACTED]	Middle Initial: [REDACTED]
SSN: [REDACTED]	Date of Birth: [REDACTED]
Florida DL or State Id #: [REDACTED]	SSN: [REDACTED]
Gender: Male	Florida DL or State Id #: [REDACTED]
Address: 123 ANY ROAD	Gender: Male
City: ANY TOWN	Address: [REDACTED]
County: Bradford	City: [REDACTED]
Zip Code: 12345	County: [REDACTED]
Permanent Florida Resident?: Yes	Zip Code: [REDACTED]
Seasonal Florida Resident?: No	Permanent Florida Resident?: Yes
If Seasonal, Permanent State?: N/A	Seasonal Florida Resident?: No
	If Seasonal, Permanent State?: N/A

Click “Apply.” → [Apply](#) [Supply Manually](#) [Go Back](#)

Step 7: You are brought to the “Getting Started” screen. The “Getting Started” screen will go over each section of the application and what is required for each section as far as supporting documentation.

Florida HEALTH Medical Marijuana Use Registry [User Profile]

Manage Your Information ▾ Manage Patient Information ▾ Qualifying Documentation Log Out

This is an Initial Application for CAREGIVER STANDARD

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

- ▶ Getting Started
- Demographics ✓
- Photo ?
- Proof of Residency ?
- Signature ?
- Payment ?

Getting Started

You are starting an Initial Application for a Medical Marijuana ID card. To complete the application, you will need to navigate through the tabs and supply the following information:

1. Demographic Data
2. Photo
3. Proof of Residency
4. Electronic Signature
5. Payment of \$75

Review each section of the application.

Photo and Proof of Residency can be sourced from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or uploaded manually. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.

Click “Begin Application.” → [Begin Application](#)

Step 8: After clicking “Begin Application,” you are brought to the “Demographics” screen to confirm your information that will be submitted on your application. Review the information shown. If the information is not correct, click “Update my Information,” and if the information is correct, click “Continue.”

The screenshot shows the 'Demographics' section of an application for 'CAREGIVER STANDARD (Caregiver)'. The left sidebar lists 'My Applications' with 'Demographics' selected. The main area displays a form with the following fields: First Name: CAREGIVER, Last Name: STANDARD, Middle Initial: (empty), Primary Phone: 830-238-4022, Email Address: caregiverforminorpatient@gmail.com, Date of Birth: 1/1/1950, Caregiver Number: C0FH5741, Gender: Female, Address 1: 123 TESTING CITY, Address 2: (empty), City: TEST, County: Leon, Zip Code: 12345, and Represents Patients: PATIENT_MINORTEST. At the bottom, there are 'Go Back' and 'Continue' buttons. Red annotations include: 'You are brought to the next tab.' pointing to the 'Demographics' tab; 'Click "Update My Information" IF there are changes needed.' pointing to the 'Update My Information' button; 'Review your information (this is the information being submitted on your application.)' pointing to the form fields; and 'Click "Continue" to proceed to the next section.' pointing to the 'Continue' button.

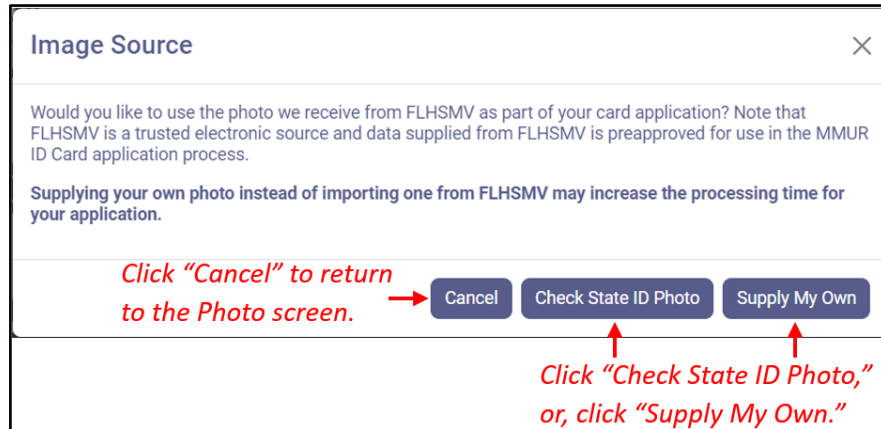
Step 9: After clicking “Continue,” you are brought to the “Photo” screen. Here, you must supply a passport-style photo. Click “Supply a Photo” to either pull your State ID photo from Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or manually upload your own passport-style photo for your application.

If you are supplying your own photo, be sure to review the photo requirements. If your photo does not meet the requirements, it will be rejected, and your application’s processing time will increase.

The screenshot shows the 'Photo' section of the application. The left sidebar lists 'My Applications' with 'Photo' selected. The main area features a placeholder for an ID card with the number '192-192' and an 'ID Card #' label, with a 'Supply a Photo' button below it. To the right, there is a text block explaining photo requirements: 'A full-face photo must be submitted to complete your application. If your Florida Driver License photo or Florida Identification Card photo appears in your application in the Registry resulting from accurate DOB/SSN entered by your physician, the most efficient process is to utilize that photo for your Medical Marijuana Card Application.' Below this, it states: 'If you desire to utilize a separate photo, please mail or upload a full-face, passport-type, color photograph taken within the last 90 days. Passport-type photos must be color, clear, with a full front view of your face, with a plain white background. The photograph must be taken in normal street attire, without a hat, head covering, or glasses. A selfie snapshot, vending machine prints, glamour shots, magazine or full-length photos are unacceptable.' A large yellow question mark icon is on the right, with the text 'A passport Photo must be supplied to apply.' below it. At the bottom, there are 'Go Back' and 'Continue' buttons, and a 'Photo Requirements' button. Red annotations include: 'Click "Supply a Photo."' pointing to the 'Supply a Photo' button; and 'Click to view the photo requirements.' pointing to the 'Photo Requirements' button.

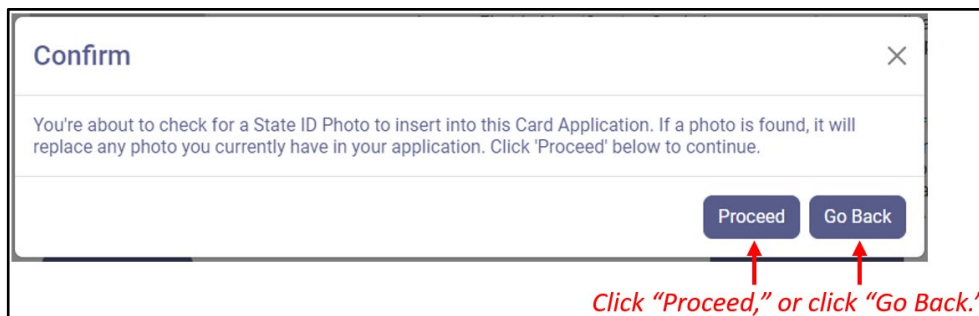
Step 10: A pop-up appears after clicking “Supply a Photo.” Click “Check State ID Photo” to automatically pull your photo from FLHSMV. Or click “Supply My Own” to manually upload your own photo from your device.

Using the photo from FLHSMV will automatically approve the photo and will cut down on processing time, while supplying your own photo will increase the processing time.



Step 10a:

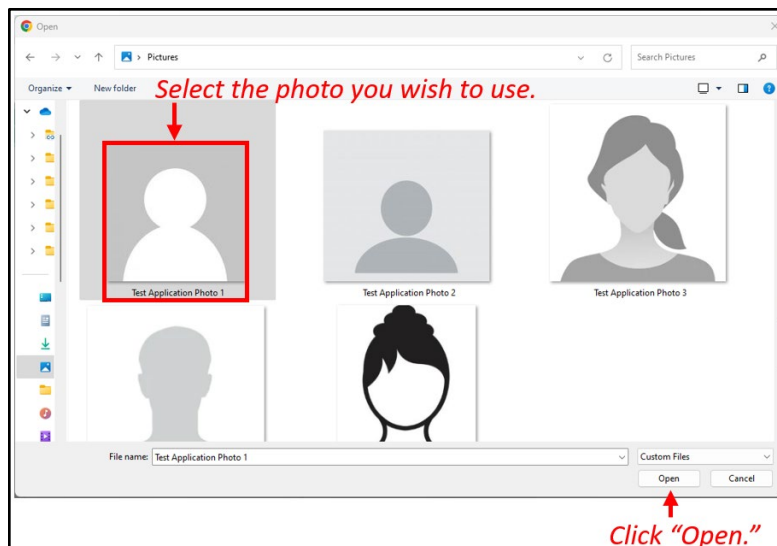
If you clicked **“Check State ID Photo,”** a pop-up appears for you to confirm pulling your photo from FLHSMV. Click “Proceed,” or click “Go Back” to return to the Photo screen.



Review the photo pulled from FLHSMV. If you are satisfied with the photo, click “Continue” to move to the next screen.

Step 10b:

If you clicked **“Supply My Own,”** file explorer will open for you to select the photo you wish to use. After you have selected the photo, click “Open.”



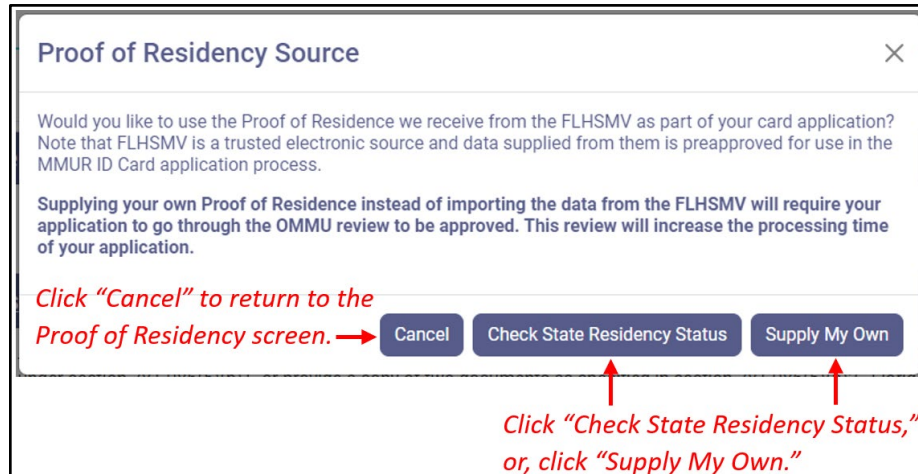
After clicking “Open,” you are returned to the Photo screen. Click “Continue” to move to the next section of the application.

Step 11: You are brought to the Proof of Residence screen. Here, you must provide Proof of Residency documentation. Click “Supply Proof” to either pull your State Residency Information from FLHSMV or manually upload your own proof of residency documents for your application.

Review the [Required Proof of Residency Documentation](https://www.flhsmv.com/Patients/Cards) on our website: [KnowTheFactsMMJ.com/Patients/Cards](https://www.knowthefactsmmj.com/Patients/Cards).

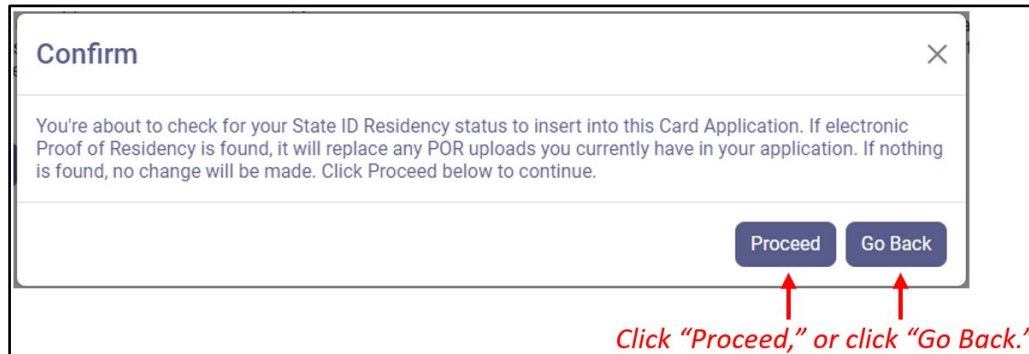
Step 12: A pop-up appears after clicking “Supply Proof.” Click “Check State Residency Status” to automatically pull your residency status from FLHSMV. Or click “Supply My Own” to manually upload your own proof of residency documents from your device.

Using FLHSMV will automatically approve the proof of residency and will cut down on processing time, while supplying your own proof of residency documents will increase the processing time.



Step 12a:

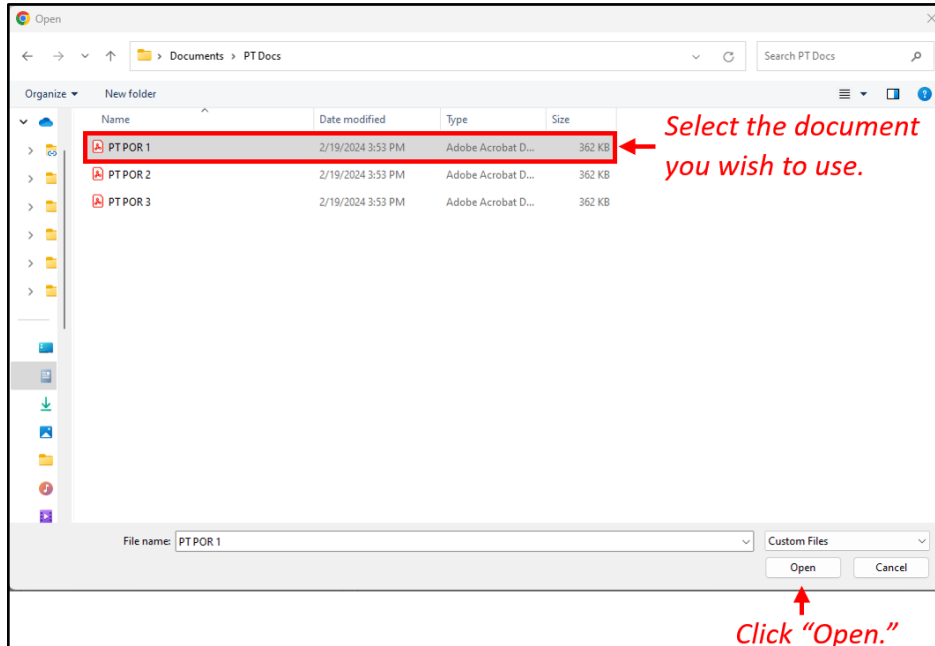
If you clicked **“Check State Residency Status,”** a pop-up appears for you to confirm pulling your residency information from FLHSMV. Click “Proceed,” or click “Go Back” to return to the Proof of Residency screen.



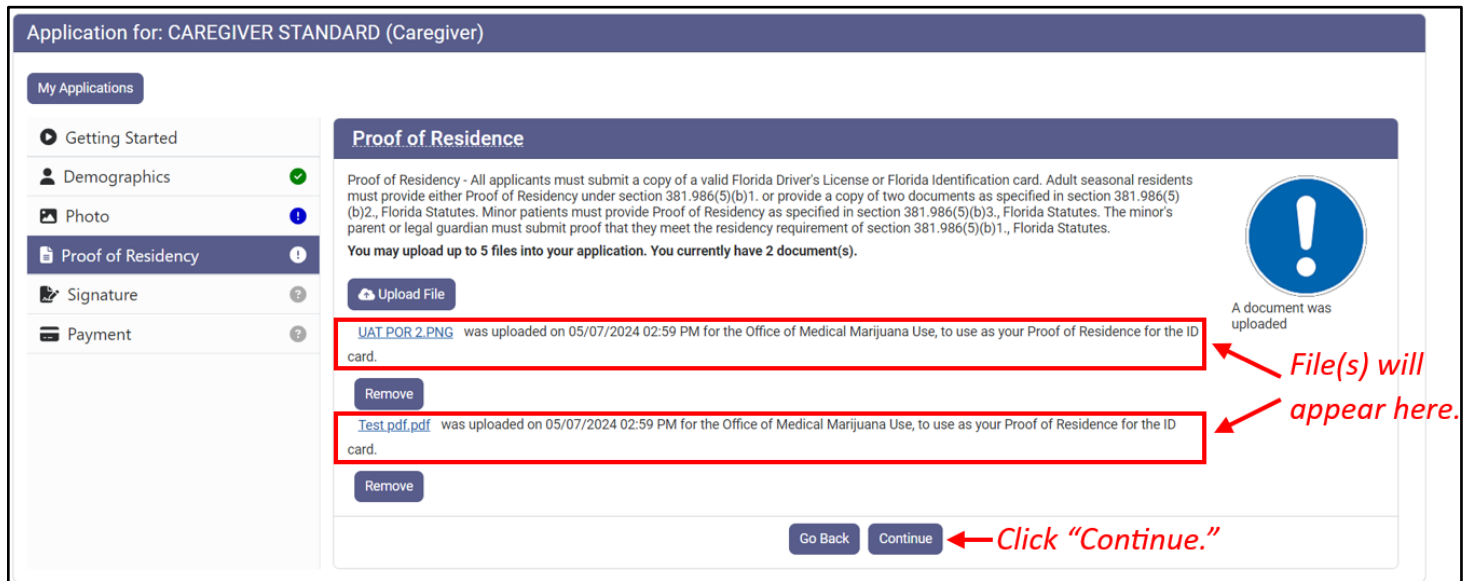
Review the information pulled from FLHSMV. If the information is correct, click “Apply.” If the information is not correct, click “Go Back” to return to the Proof of Residency screen.

Step 12b:

If you clicked **“Supply My Own,”** file explorer will open for you to select the documentation you wish to use. After you have selected the document, click **“Open.”**



After clicking **“Open,”** you are returned to the Photo screen. Click **“Continue”** to move to the next section of the application.



Step 13: After clicking “Continue,” you are brought to the Application Review and Signature screen. Review the information being submitted for this application. If the information is correct, proceed to the next step. **If the information is NOT correct, DO NOT PROCEED.** Instead, return to the screen that has the incorrect information and correct it.

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

- Getting Started
- Demographics
- Photo
- Proof of Residency
- Signature**
- Payment

Signature

Verify the information you supplied before submitting the card application. If changes are necessary, navigate to the appropriate tab to make changes. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.

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

Type in your first name:

Type in your last name:

Submit My Card Application

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 381.986, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate and complete, and that no one other than me or my caregiver is submitting this request on my behalf. 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 775.083, Florida Statutes.

Summary

Uploaded Photo

First Name:	CAREGIVER	Uploaded Files:	Test.pdf
Last Name:	STANDARD		
Middle Initial:			
Primary Phone:	830-238-4022		
Email Address:	caregiverforminorpatient@gmail.com		
Date of Birth:	1/1/1950		
Gender:	Female		
Address 1:	123 TESTING CITY		
Address 2:			
City:	TEST		
County:	Leon		
Zip Code:	12345		

Review your application information.

Go Back **Continue**

Step 14: Electronically sign your application, then click “Submit My Card Application.”

Application for: CAREGIVER STANDARD (Caregiver)

My Applications

- Getting Started
- Demographics
- Photo
- Proof of Residency
- Signature**
- Payment

Signature

Verify the information you supplied before submitting the card application. If changes are necessary, navigate to the appropriate tab to make changes. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.

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

Type in your first name: ← **Type in your first name.**

Type in your last name: ← **Type in your last name.**

Submit My Card Application ← **Click “Submit My Card Application.”**

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 381.986, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate and complete, and that no one other than me or my caregiver is submitting this request on my behalf. 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 775.083, Florida Statutes.

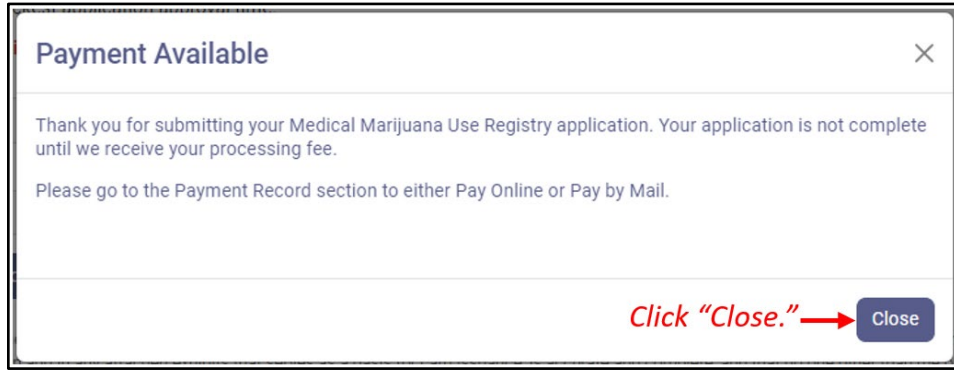
Summary

Uploaded Photo

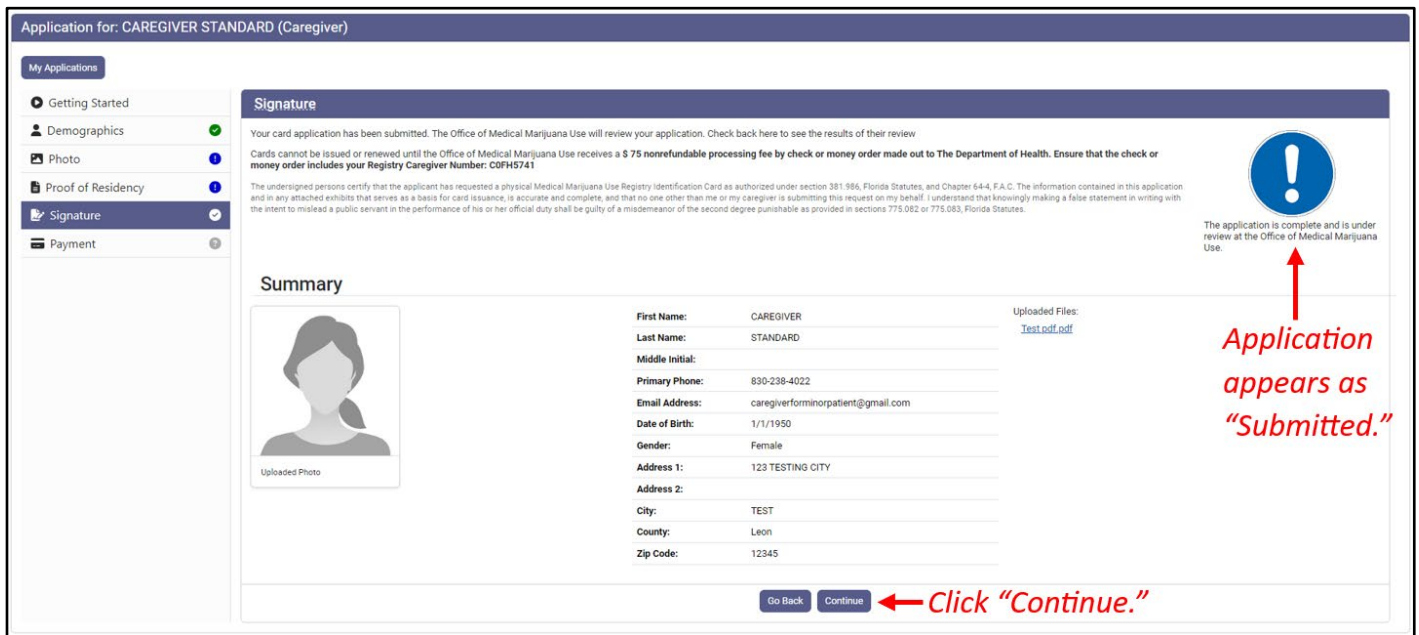
First Name:	CAREGIVER	Uploaded Files:	Test.pdf
Last Name:	STANDARD		
Middle Initial:			
Primary Phone:	830-238-4022		
Email Address:	caregiverforminorpatient@gmail.com		
Date of Birth:	1/1/1950		
Gender:	Female		
Address 1:	123 TESTING CITY		
Address 2:			
City:	TEST		
County:	Leon		
Zip Code:	12345		

Go Back **Continue**

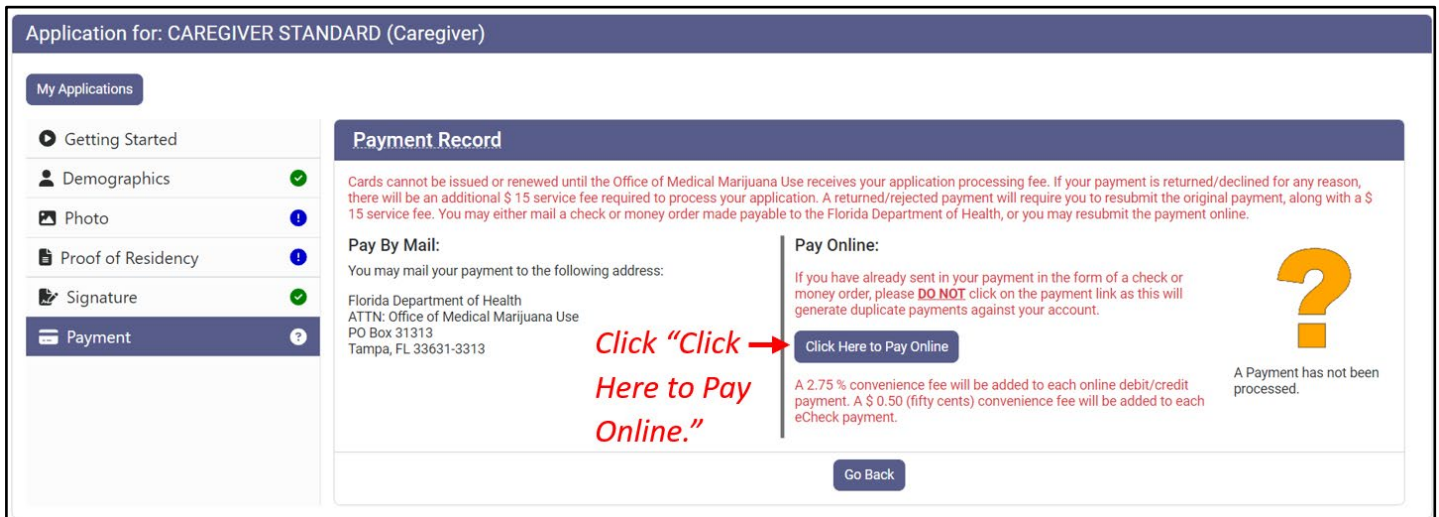
Step 15: After clicking “Submit My Card Application” a pop-up appears informing you that a payment needs to be submitted. Click “Close.”



Step 16: You are returned to the application. The application now appears as submitted. Click “Continue” at the bottom of the page to proceed to the payment screen.



Step 17: You are brought to the payment record screen. Click “Click Here to Pay Online.”



Step 18: A new window will open containing the check-out page. Review your transaction details.

The screenshot shows the checkout page with a progress bar at the top: 1. Payment Type (active), 2. Customer Info, 3. Payment, 4. Submit Payment. The main content area is titled "Transaction Detail" and contains a table with the following data:

SKU	Description	Unit Price	Quantity	Amount
CG002	Caregiver Renewal Application	\$75.00	1	\$75.00
Total				\$75.00

A red bracket highlights the table, with the text "Review the Transaction Details." written below it. To the right, a "Transaction Summary" box shows:

Caregiver Renewal Application	\$75.00
TOTAL	\$75.00

Below the summary is a "Need Help?" section with the text: "Select Payment Method and Continue to proceed with payment."

Step 19: Select your method of payment. Payments by e-check, credit card, and debit card are accepted. For every debit or credit card payment, a fee of 2.75% of the total transaction cost will be applied. For every e-check payment, a flat-fee of \$0.50 will be applied. Click "Next" after selecting your payment method.

The screenshot shows the "Payment" section with a "Payment Type" dropdown menu. The dropdown is open, showing three options: "Select One", "Credit/Debit Card", and "Electronic Check". A red arrow points to the dropdown with the text "Select your payment method." and another red arrow points to the "Next" button with the text "Click [Next].". The "Transaction Summary" on the right is identical to the previous step, showing a total of \$75.00. The "Need Help?" section says: "Select Payment Method and Continue to proceed with payment."

Step 20: Review your information in the "Customer Information" section to ensure it is correct. Click "Next" after confirming your information.

The screenshot shows the "Customer Information" form with the following fields:

- Country * (United States)
- First Name * (TYPICAL)
- Last Name * (CAREGIVER)
- Company Name
- Address * (121305603 RESIDENTIAL STREET)
- Address 2
- City * (POMPANO BEACH)
- State * (FL - Florida)
- ZIP/Postal Code * (33069-3306)
- Phone Number * (123-456-7890)
- Email * (mmurCGtest@gmail.com)

A red bracket highlights the form fields, with the text "Review your Customer Information." written to the left. A red arrow points to the "Next" button with the text "Click [Next].". The "Transaction Summary" on the right is updated to show:

Caregiver Renewal Application	\$75.00
Service Fee	\$2.06
TOTAL	\$77.06

The "Need Help?" section says: "Please complete the Customer Information Section."

Step 21: Enter your payment details, then click “Next.”

The screenshot shows a 'Payment Information' form with the following fields and values:

- Credit Card Number: 4111111111111111
- Credit Card Type: VISA
- Expiration Month: 11 - November
- Expiration Year: 2025
- Security Code: 123
- Name on Credit Card: Test Caregiver
- Payment Address is the same as Customer Information:

Red annotations include:

- A red bracket on the left side of the form with the text "Enter your payment details." pointing to the input fields.
- A red arrow pointing to the "Next" button with the text "Click [Next]."

Step 22: Confirm the entered information and click “Submit Payment.”

The screenshot shows a payment confirmation screen with the following information:

Address: TYPICAL CAREGIVER, 121305603 RESIDENTIAL STREET, POMPANO BEACH, FL 33069-3306

Phone Number: 123-456-7890

Country: United States

Email Address: mmurCGtest@gmail.com

Payment Information: (with an "Edit" button)

Credit Card: Visa ****1111, Exp. 11/2025

Name on Credit Card: Test Caregiver

Buttons: "Cancel" and "Submit Payment" (with a red arrow pointing to it and the text "Click [Submit Payment].")


Transaction Summary:

Transaction Summary	
Caregiver Renewal Application	\$75.00
Service Fee	\$2.06
TOTAL	\$77.06

Need Help?
Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

CONTINUE ON NEXT PAGE

Step 23: You will receive confirmation that the payment was successfully processed. Scroll to the bottom of the page and click “Continue” to return to the Medical Marijuana Use Registry.



Tyler Payments Services

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Total Payment To	\$75.00
Service Fee	\$2.06
Total Amount Paid	\$77.06

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CG002	Caregiver Renewal Application	\$75.00	1	\$75.00
	Service Fee	\$2.06		\$2.06
Total Amount Paid				\$77.06

Customer Information

Customer Name	TYPICAL CAREGIVER	Receipt Date	2/1/2024
Local Reference ID	12420	Receipt Time	10:57:46 AM EST


Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA	Order ID	16564875
		Name on Credit Card	Test Caregiver

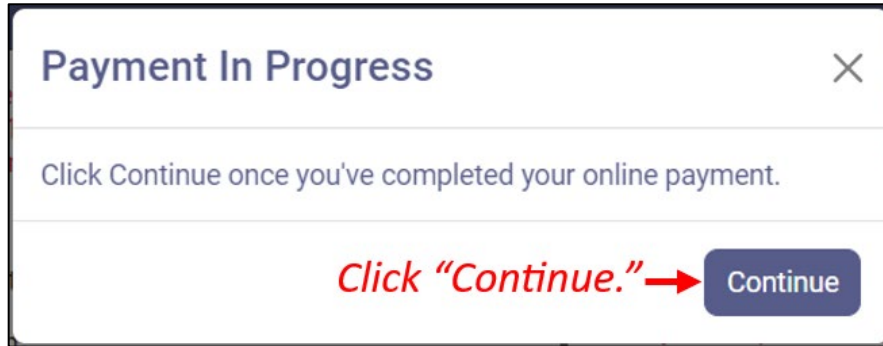
Billing Information

Billing Address	121305603 RESIDENTIAL STREET
Billing City, State	POMPANO BEACH, FL
Billing Zip/Postal Code	33069-3306
Country	US

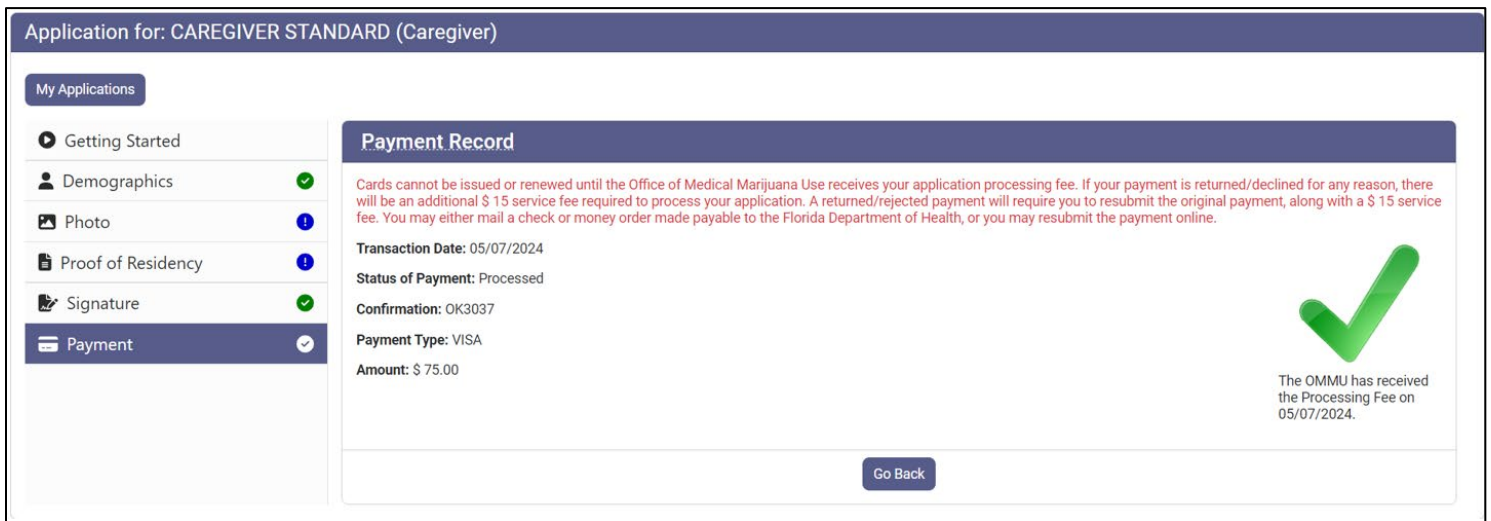
Click [Continue] to return to your Registry Application.



Step 24: Once you are returned to the Medical Marijuana Use Registry, click “Continue” on the Payment in Progress modal. This will return you to your completed Medical Marijuana Use Registry ID Card Application.



Step 25: You are returned to your application. Your application will now show as “Submitted.”



You can check the status of your application as it is being reviewed. To learn what each status icon means, please see our [Understanding My Application Status](#) guide on our website: [KnowTheFactsMMJ.com/Registry/#Instructional-Guides](https://www.knowthefactsmmj.com/Registry/#Instructional-Guides).

Once your Identification Card application has been approved, you will then be able to contact one of the [licensed Medical Marijuana Treatment Centers](#) to fill an order. A complete list of licensed treatment centers and their dispensing locations can be found on our website: [KnowTheFactsMMJ.com/MMTC](https://www.knowthefactsmmj.com/MMTC).

For additional information, visit
KnowTheFactsMMJ.com