

Florida's Official Source for Medical Use.

OMMU Office of **MEDICAL MARIJUANA** Use

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, MMURegistry.FLHealth.gov/Public/LogIn.

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 on how to reset your password, see our <u>Resetting My Password</u> guide on our website, <u>KnowTheFactsMMJ.com/Registry/#Instructional-Guides</u>.

Step 2: Hover over the "MANAGE CARDS" menu option. A drop-down menu will expand with additional options.



Step 3: From the drop-down menu, click "Your Caregiver Card" to navigate to the Application History page.



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.

My Applicatio	ons: Typical careg	IVER														
Your Card is Curr	rently: Not Initiated			Click	(IREGIN INIT	ΊΑΙ Α	PPLICA	TION	11							
Please select BE	GIN INITIAL to apply for yo	our initial Medical May	ing Use Reg	istry ID card.					·							
BEGIN INIT		UPDATE PHONE	e/email	UPDATE AD	DDRESS											
Application H	History															
	Application Type	+	Photo	+	Proof of Residence	•	Signature	•	Payment	•	Final Approval	+	Printed Card	+	Actions	÷
							No Applicat	ions Found								
Showing 0 to 0	of 0 entries															

If you are beginning your <u>Renewal Application</u>, 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.

My Applications: RENEV	VAL PATIE	NT							
lour Card is Currently: Expire	đ								
iour Card will Dxpire On: 5/2: iou can begin your Renewal BEGIN RENEWAL	UPDATE	Click [BEG	RENEWAL].						
Application History									
Application Type		Photo	Proof of Residence	•	Signature	 Payment	Final Approval	Printed Card 0	
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									

If you need to <u>update your address</u> on your card, click "UPDATE ADDRESS." You may start a Change of Address application at any time if you already have a current, approved application.

Printed Card Act	tions 🔺
rd Printed on 01/05/2024 12:00 AM	VIEW
ard Printed on 02/02/2022 12:00 AM	VIEW
Card Not Printed	new
in	Printed Cand Ar Printed on 01/03/2024 12:00 AM 1 d Printed on 02/02/2022 12:00 AM 1 Card Nucl Printed 1

Step 5:

If you are completing an **Initial Application**, a prompt will appear for you to confirm that you wish to begin your initial 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 prompt appears for you to proceed with managing your card application. Click "PROCEED" to begin your renewal or change of address application.

Manage Card Application		•
You indicated you wish to man	nage your Card Appl	ication. The first step is verifying your information.
Click [PROCEED]	PROCEED	ABANDON

CONTINUE ON NEXT PAGE

Step 6: You must confirm your information if you are starting a <u>**Renewal or Change of Address Application**</u>. Review all data to make sure it is correct. Then click "APPLY."

Caregiver Profile for: CAREGIVER, TYPICAL Careg	iver Number: C8KK0140		
The Registry has imported your information from FLHS	MV and listed it here. Please review a	nd confirm the information is correct or click "Go Back" to stop managing your application.	
Since there is a match, your application photo and proc information in the Registry moving forward- what is on	of of residence submission can be auto your Florida driver's license / state ID	matically approved, and your card application processing time may be shortened. If you cl must be what is on your Registry profile and ID card.	lick "Apply" below, you will not be able to change your demographic
If you choose not to use the automatically-managed inf	formation by clicking "Supply Manually	" below, you may experience longer card application processing times and will be required	to upload your information manually.
Current Information:		Updated Information:	
		When supplying the rest of your application, you may as	to this photo from the HSMV to your Application, or manually supply one.
Last Name:	CAREGIVER	Last Name:	ORLINDE
First Name:	TYPICAL	First Name:	WULLUIM
Middle Initial:	100180- 1 0110	Middle Initial:	м
Date Of Birth:	11/27/1951	Date Of Birth:	11/27/1951
SSN:		S5N:	2833
Florida DL or State ID #:	0*****14270	Florida DL or State ID #:	0******14270
Gender:	Male	Gender:	Male
Addreer:	122 ANY ROAD	Address:	121305603 RESIDENTIAL STREET
Address.	125 ANT ROAD	City:	POMPANO BEACH
City:	ANTIOWN	County:	Broward
County:	Alachua	ZIP code:	33069-3306
ZIP code:	12344	Permanent Florida resident?:	Yes
Permanent Florida resident?:	Yes	Seasonal Florida resident?:	No
Seasonal Florida resident?:	No	If Seasonal, Permanent State?:	N/A
If Seasonal, Permanent State?:	N/A		
T Verify your information	is correct.	GOBACK GOBACK In B.	lick [APPLY] if your formation is correct, or [GO ACK] if it is incorrect.

Read the confirmation message and click "APPLY" to confirm. For Change of Address applications, skip to Step 10 as you do not need to supply a new photo.



Step 7: You are brought to your application. Locate the photo section and click "SUPPLY A PHOTO" to supply a passport-style photo.



Step 8: 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 FLHSMV data will automatically approve the photo and may cut down on processing time, while supplying your own photo may increase the processing time.

For instructions on uploading your photo from your desktop/laptop computer, see our <u>Uploading a Photo from a Desktop Computer</u> guide on our website, <u>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 website, <u>KnowTheFactsMMJ.com/Registry/#Instructional-Guides</u>.

image Source	8
Would you like to use the photo we receive from FLHSMV as part of your card application? Note that FLHSMV is a trusted electronic source an n the MMUR ID Card application process. Supplying your own photo instead of importing one from FLHSMV may increase the processing time for your application.	d data supplied from FLHSMV is preapproved for use — Click [CHECK STATE ID
GO BACK CHECK STATE ID PHOTO SUPPLY MY OWN	PHOTO] or click [SUPPLY M)

Step 9: Click "PROCEED."



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

Review the <u>Required Proof of Residency Documentation</u> on our website, <u>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 specified in section 381.986(5)(b) 2., Florida Statutes. You may upload up to 5 files into your application. You currently have 0 document(s).	?
	You must supply Proof of Residence to apply

Step 11: 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 documentation, click "SUPPLY MY OWN." 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 website, <u>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 website, <u>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? Note that FLHSMV is a trusted electronic source and data supplied from them is preapproved for use in the MMUR ID Card application process. Supplying your own proof of residence instead of importing the data from the FLHSMV will require your application to go through the OMMU review to be approved. This review will
Increase the processing time of your application.
GO BACK CHECK STATE RESIDENCY STATUS SUPPLY MY OWN RESIDENCY STATUS] OF CLICK
[SUPPLY MY OWN].

Step 12: Click "PROCEED."



Step 13: Review all data to make sure it is correct. Then click "APPLY." If you see that your information is not correct, click "GO BACK," to return to your application so you may update the information on your profile.

istry has imported your information from FLHS	MV and listed it here. Please review and confirm t	he information is correct or click "Go Back" to stop managing your application.	
ere is a match, your application photo and proc ion in the Registry moving forward- what is on	f of residence submission can be automatically ap your Florida driver's license / state ID must be wh	pproved, and your card application processing time may be shortened. If you cli at is on your Registry profile and ID card.	ck "Apply" below, you will not be able to change your demog
oose not to use the automatically-managed info	ormation by clicking "Supply Manually" below, you	may experience longer card application processing times and will be required	to upload your information manually.
Current Information:		Updated Information:	
		When supplying the rest of your application, we may not	
last Name:	CAREGIVER	Last Name:	ORLINDE
First Name:	TYPICAL	First Name:	WULLUIM
Middle Initial:	111 Maria	Middle Initial:	м
Date Of Birth:	11/07/1951	Date Of Birth:	11/27/1951
SSN-	*********	55N:	2833
Elorida DL or State ID #	0	Florida DL or State ID #:	O******14270
Goodor:	Mala	Gender:	Male
Genuer.		Address:	121305603 RESIDENTIAL STREET
Audress.		City:	POMPANO BEACH
Coupts	Alatha	County:	Broward
ZiD and a	A0044	ZIP code:	33069-3306
Dermanent Florida resident?	120 14	Permanent Florida resident?:	Yes
Permanent Florida resident?	Tes	Seasonal Florida resident?:	No
Seasonal Florida resident?:	NO	If Seasonal, Permanent State?:	N/A
y your information	is correct.		lick [APPLY] if your formation is correct, or [0

Step 14: Read the confirmation message and click "APPLY" to confirm.

L.



Step 15: Electronically sign your application. Scroll to the bottom of the page to the signature section to type in your first and last name in the boxes provided. Then, click "SUBMIT MY CARD APPLICATION."

To sign below, supply TYPICAL in the First Name te	kt box, and CAREGIVER in the Last Name text box.				
Type in your first name:	First name here	<u> </u>			
Type in your last name:	Last name here	You must sign to apply			
SUBMIT MY CARD APPLICATION	SUBMIT MY CARD APPLICATION Click [SUBMIT MY CARD APPLICATION].				
The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Id- media and the second	entification Card as authorized under section 201.906, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application the throw as a many container in shuftling bits and no monobabilit is descent on the information of the enterpeet is unified with the				
intent to mislead a public servant in the performance of his or her official duty shall be suity of a misdemeanor	of the second degree purishable as provided in sections 775.082 or 775.083. Florida Statutes.				

Step 16: A pop-up message will appear, stating that the application is not complete until you submit the processing fee. Click "CLOSE."



Step 17: Scroll to the payment record section of the application and click "CLICK HERE TO PAY ONLINE."

ards cannot be issued or renewed until the Office of Medical Marijuana Use re n additional \$15 service fee required to process your application. A returned/r ther mail a check or money order made payable to the Florida Department of I	ceives your application processing fee. If your payment is returned/declined for any reason, there will be ejected payment will require you to resubmit the original payment, along with a \$15 service fee. You may Health, or you may resubmit the payment online.	≧ Y
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 Click [CLICK HERE TO 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 PAY ONLINE A 2.75 % convenience fee will be added to each online debit/credit payment. A S	A Payment has not been processed

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

MENICAL JUANA Use Officel Suize andebuster							
1 Payr	nent Type 2 Customer Info	3 Payment	4			Transaction Summary	y
Transa	action Detail					Caregiver Renewal Application	\$75.00
SKU	Description	Unit Price	Quantity	Amount		TOTAL	\$75.00
CG002	Caregiver Renewal Application	\$75.00	1	\$75.00			
Total				\$75.00		Need Help?	
	Review the Trar	Saction Det	ails		,	Select Payment Method and Continue to with payment.	proceed

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.

Payment			Transaction Summar	У
Payment Type			Caregiver Renewal Application	\$75.00
			TOTAL	\$75.00
Select your	Payment Type *			
payment method. →	Select One Select One Select One Credit/Debit Card Electronic Check	Click [Next].	Need Help? Select Payment Method and Continue with payment.	to proceed

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

с	ustomer Information			
	Country *		Complete all required fields [*]	Transaction Summary
	United States	~		Caregiver Renewal Application \$75.00
	First Name *	Last Name *		Service Fee \$2.06
	TYPICAL	CAREGIVER		TO TAL \$77.06
	Company Name			
	Address *			Need Help?
	121305603 RESIDENTIAL STREET			Please complete the Customer Information Section.
Review your	Address 2			
Customer				
Information.	City *	State *		
	POMPANO BEACH	FL - Florida	~	
	ZIP/Postal Code *			
	33069-3306			
	Phone Number *			
	123-456-7890			
	Email *		Click [Next]	
	mmurCGtest@gmail.com		chek [Next].	
			Next >	

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

	ayment Information				
	Credit Card Number * @] 📀	Credit Card Type	Comp	lete all required fields [*]
Enter your payment — details.	Expiration Month * 11 - November Image: Control of Control		Expiration Year *	• 2	,
	Name on Credit Card * Test Caregiver Payment Address is the same as C) 🥑 ustomer Ir	nformation *		Click [Next].

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

Address TYPICAL CAREGIVER	Phone Number 123-456-7890			
121305603 RESIDENTIAL STREET POMPANO BEACH, FL 33069-3306			Transaction Summar	у
Country	Email Address			
United States	mmurCGtest@gmail.co	om	Caregiver Renewal Application	\$75.00
			Service Fee	\$2.06
Payment Information		× .	TOTAL	\$77.06
		Edit		
Credit Card	Name on Credit Card	Click [Submit		
Exp. 11/2025	Test Caregiver	Payment].	Need Help?	
Cancel		Submit Payment	Review payment information. You may and Payment Method here if needed. W complete, select Make Payment.	edit Billing Vhen

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.

MMU MIDICAL REMAINATION					
			Tyler	Payme	nts Service
	Paymer Your payment wa	nt Receipt Confirm	mation		
Transact	ion Summa	ry			
					Receipt Confirmation
Description					Amount
Total Payment	t To				\$75.00
Service Fee					\$2.06
Transacti	ion Detail				
SKU	Description	n	Unit Price	Quantity	Amount
CG002	Caregiver F	tenewal Application	\$75.00	1	\$75.00
	Service Fer	t.	\$2.06		\$2.06
Total Amount	Paid				\$77.06
ustomer l	nformation				
Cust Loca	omer Name Il Reference ID	TYPICAL CAREGIVER 12420	Receipt Date Receipt Time	2/1/2024 10:57:46 AM EST	
ayment In	formation				
	nent Type lit Card Type	Credit Card VISA	Credit Card Number Order ID Name on Credit Card	1111 16564875 Test Caregiver	
Payn Cred	in cara type				
Payn Cred	rmation				Click [Continue] to

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.



You can check the status of your application as it is being reviewed. To learn what each status icon means, review the <u>Understanding My Application Status</u> guide on our website, <u>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</u> <u>medical marijuana treatment centers</u> to fill an order. A complete list of licensed treatment centers can be found on our website, <u>KnowTheFactsMMJ.com/MMTC</u>.

For additional information, visit KnowTheFactsMMJ.com