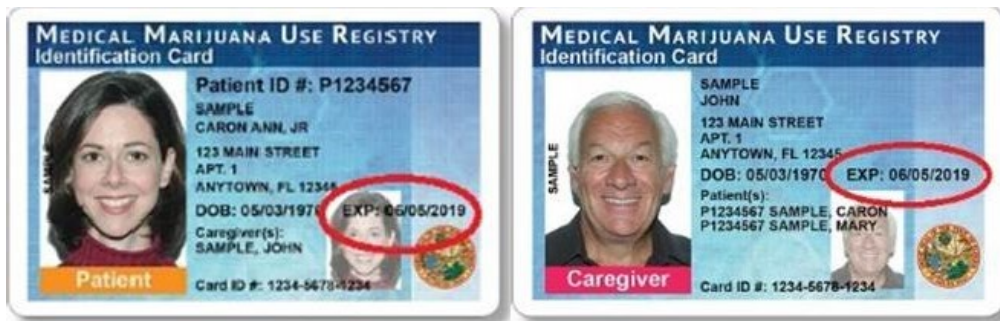




Understanding the Registry Patient Application Instructions

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.

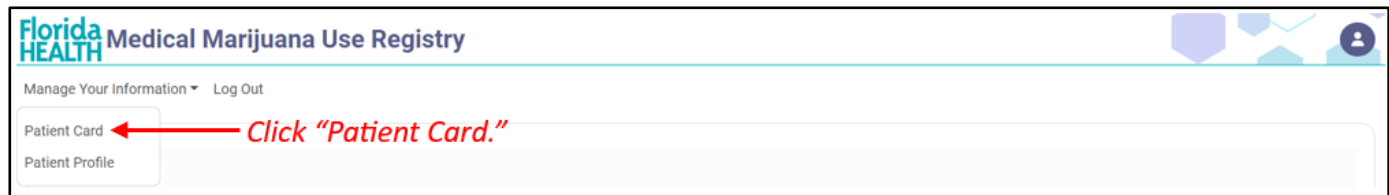


Step 1: Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov>.
**If you do not remember your password, learn how to reset it by [clicking here](#).*

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



Step 3: Click “Patient 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 patient in the Registry.

STANDARD PATIENT
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.

Patient Applications for: TYPICAL PATIENT
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.

Patient Applications for: TYPICAL PATIENT
Your Card is Currently: Expired

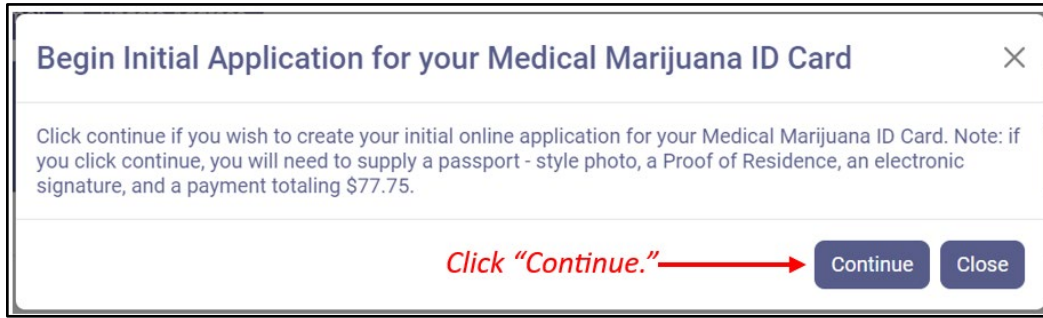
[Begin Renewal](#) [Update Phone/Email](#) [Update Address](#)

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

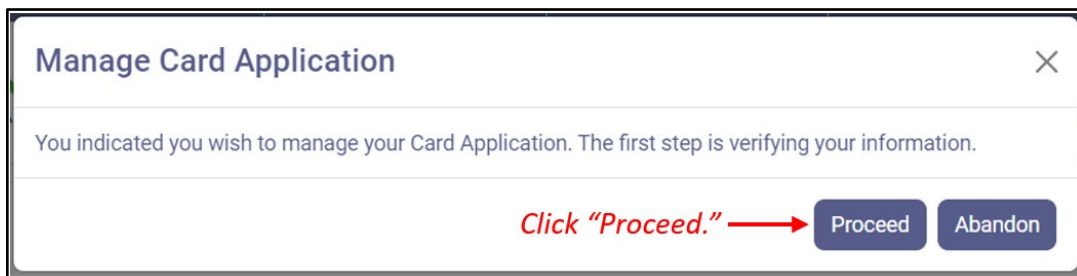
Click “Update Address.”

Step 5:

If you are completing an **Initial Application**, a pop-up appears for you to confirm starting your application. Click "Continue." For the next initial application instruction, 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.




Step 6: You must review your current information on file if you are starting a **Renewal or Change of Address Application**. Review all of the information to make sure it is correct. Click "Apply" if the information is correct or click "Go Back" if it is incorrect.

Patient Profile for: TYPICAL PATIENT Patient Number: P1TK7189

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
	
When supplying the rest of your application, you may add this photo from the HSMV to your Application, or manually supply one.	
First Name: TYPICAL	First Name: [REDACTED]
Last Name: PATIENT	Last Name: [REDACTED]
Middle Initial:	Middle Initial: [REDACTED]
Date of Birth: [REDACTED]	Date of Birth: [REDACTED]
SSN: [REDACTED]	SSN: [REDACTED]
Florida DL or State Id #: [REDACTED]	Florida DL or State Id #: [REDACTED]
Gender: Male	Gender: Male
Address: 123 ANY ROAD	Address: [REDACTED]
City: ANY TOWN	City: [REDACTED]
County: Bradford	County: [REDACTED]
Zip Code: 12345	Zip Code: [REDACTED]
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

Click "Apply." →

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.

This is an Initial Application for STANDARD PATIENT

Application for: STANDARD PATIENT (Patient)

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

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.”

This is an Initial Application for STANDARD PATIENT

Application for: STANDARD PATIENT (Patient)

My Applications

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

Demographics

First Name: STANDARD
Last Name: PATIENT
Middle Initial: Z
Primary Phone: 123-456-7980
Email Address: test.patient00009@gmail.com
Date of Birth: 1/1/1990
Patient Number: P3XH7396
Patient Weight: 200 lbs
Gender: Male
Address 1: 123 TEST ADDRESS
Address 2:
City: TEST CITY
County: Leon
Zip Code: 12345

Update My Information

Go Back Continue

You are brought to the next tab.

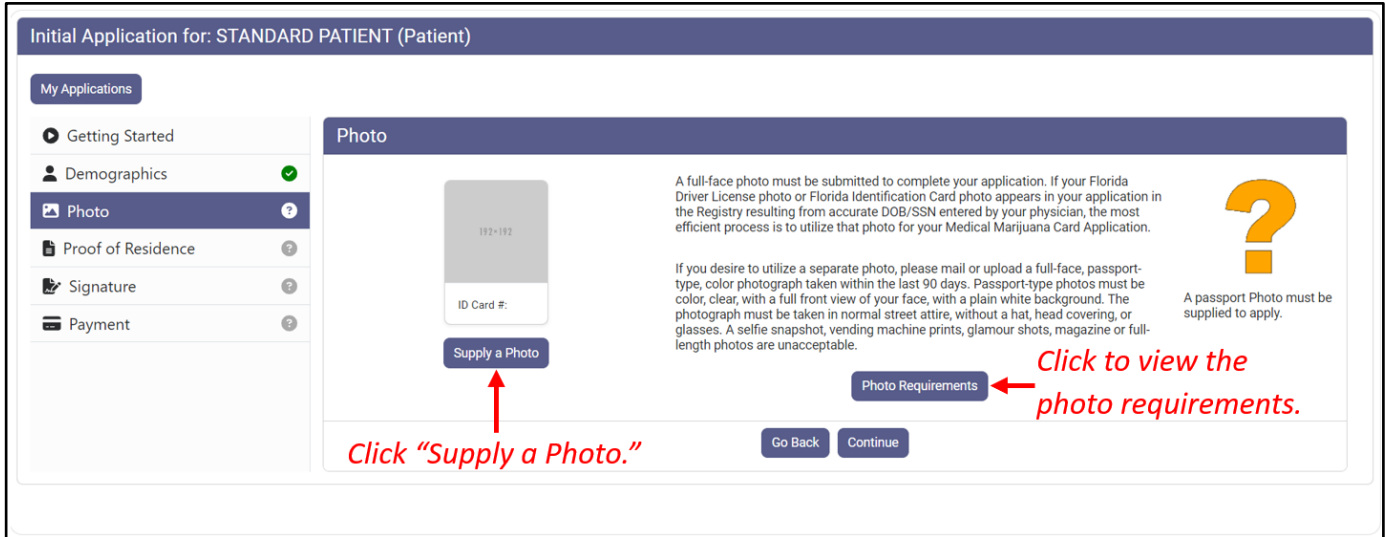
Click “Update my Information” IF there are changes needed.

Review your information (this is the information being submitted on your application).

Click “Continue” to proceed to the next section.

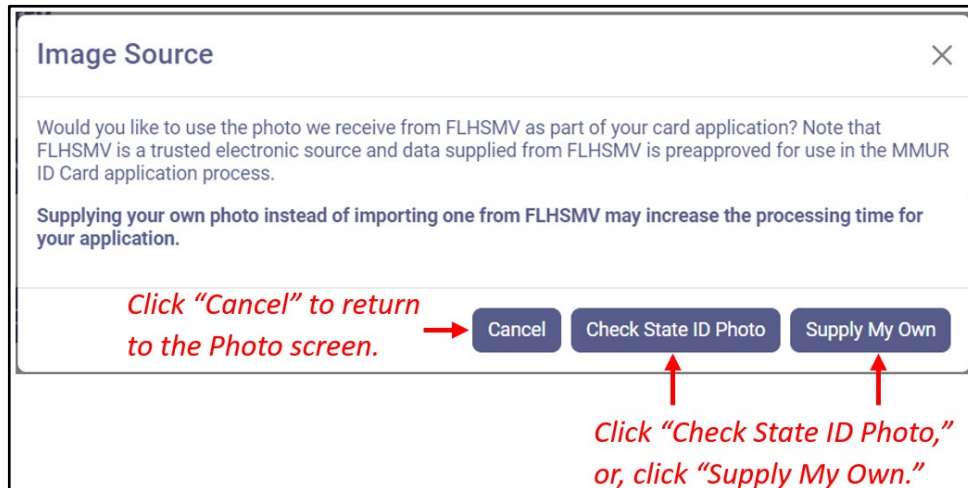
Step 9: After clicking “Continue,” you are brought to the “Photo” screen. Here, you must supply a passport-style photo. Click “Supply a Photo” to either pull your State ID photo from Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or manually upload your own passport-style photo for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



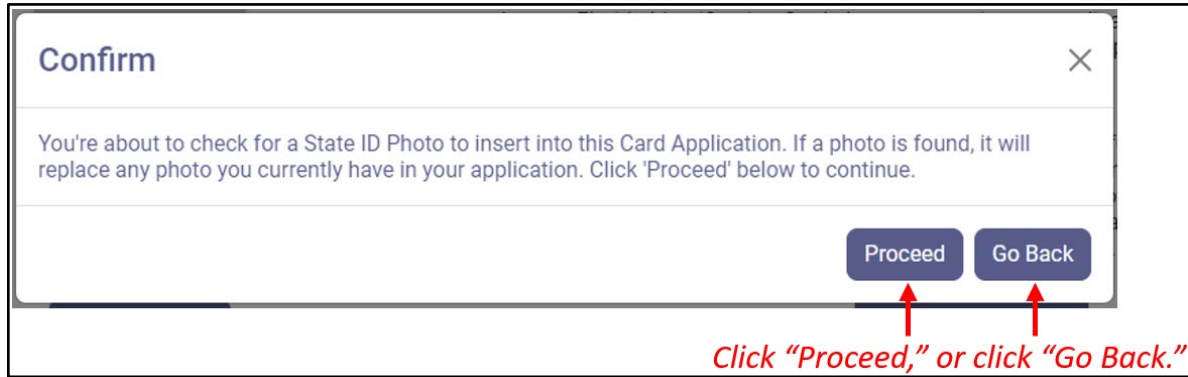
Step 10: A pop-up appears after clicking “Supply a Photo.” Click “Check State ID Photo” to automatically pull your photo from FLHSMV. Or click “Supply My Own” to manually upload your own photo from your device.

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:

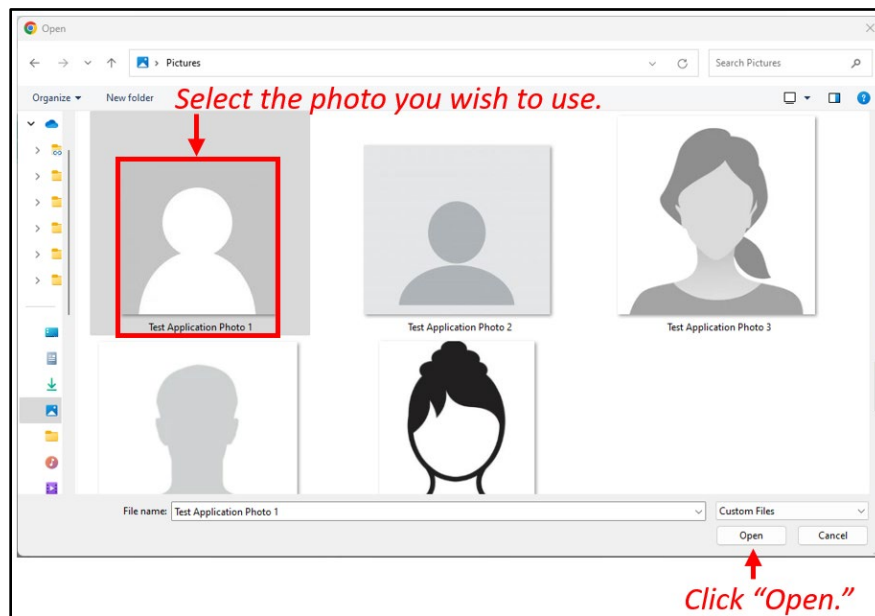
If you clicked **“Check State ID Photo,”** a pop-up appears for you to confirm pulling your photo from FLHSMV. Click **“Proceed,”** or click **“Go Back”** to return to the Photo screen.



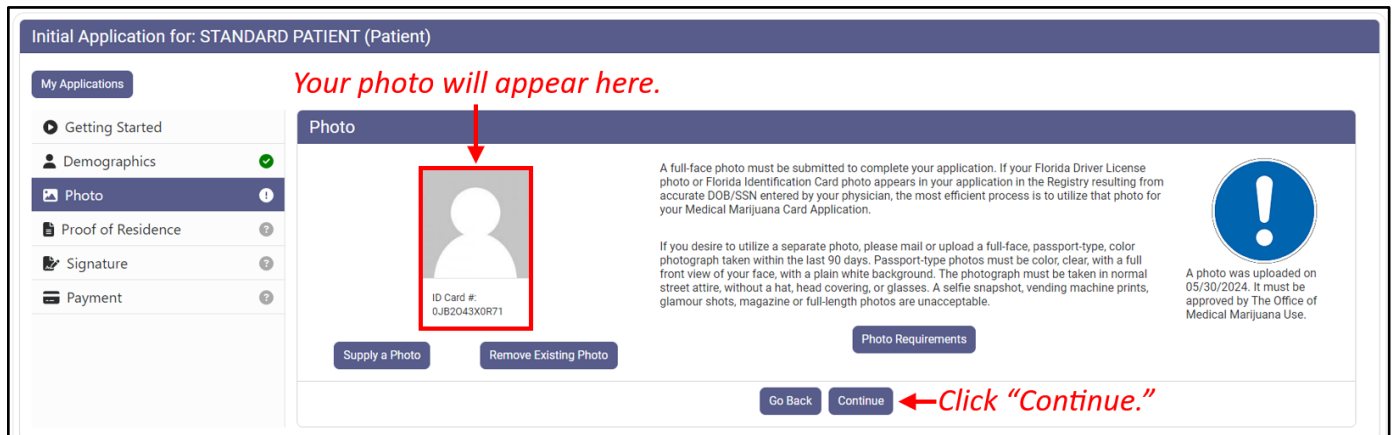
Review the photo pulled from FLHSMV. If you are satisfied with the photo, click **“Continue”** to move to the next screen.

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.”**

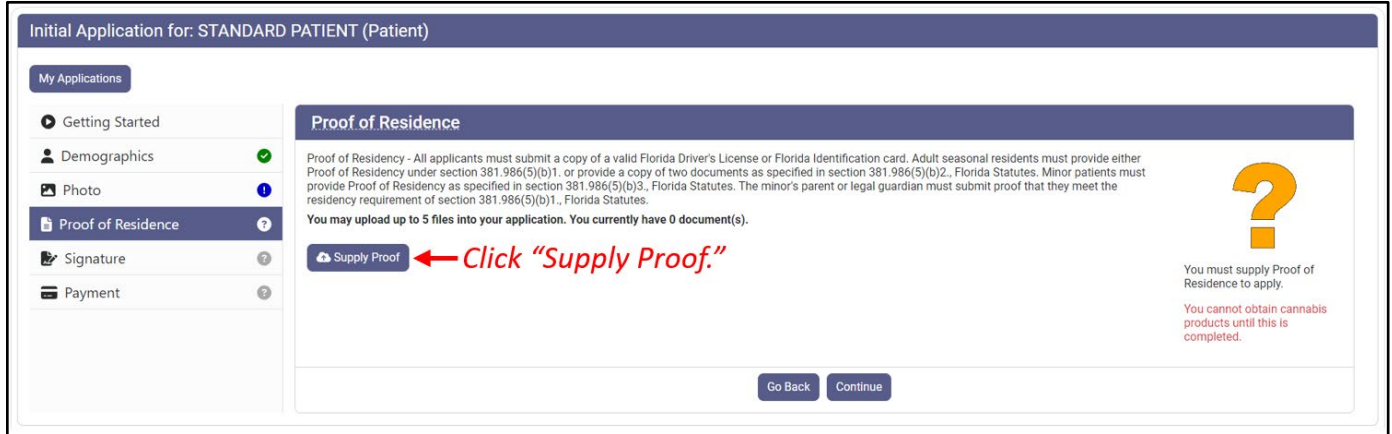


After clicking **“Open,”** you are returned to the Photo screen. Click **“Continue”** to move to the next section of the application.



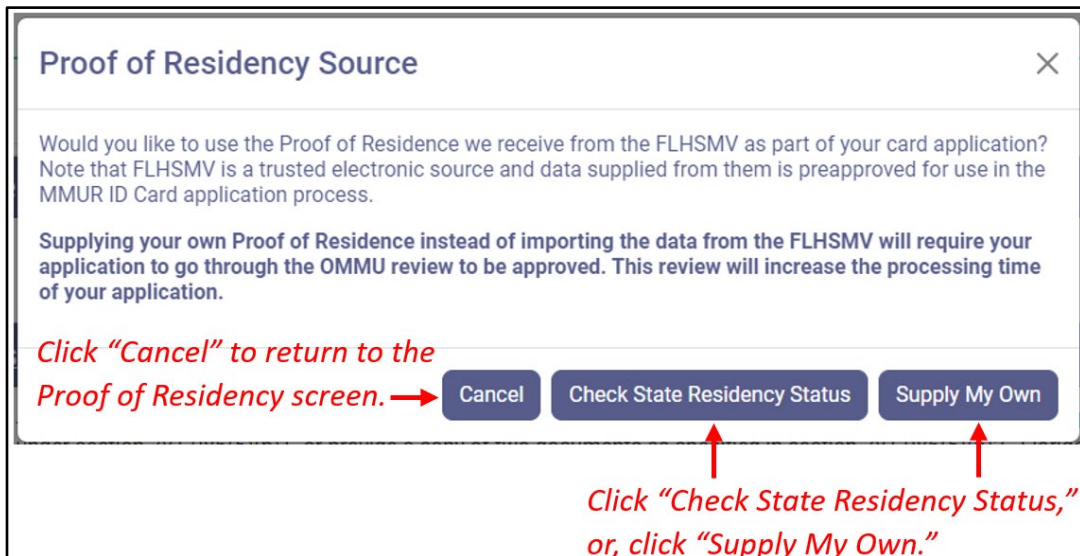
Step 11: You are brought to the Proof of Residence screen. Here, you must provide Proof of Residency documentation. Click “Supply Proof” to either pull your State Residency Information from FLHSMV, or manually upload your own proof of residency documents for your application.

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).



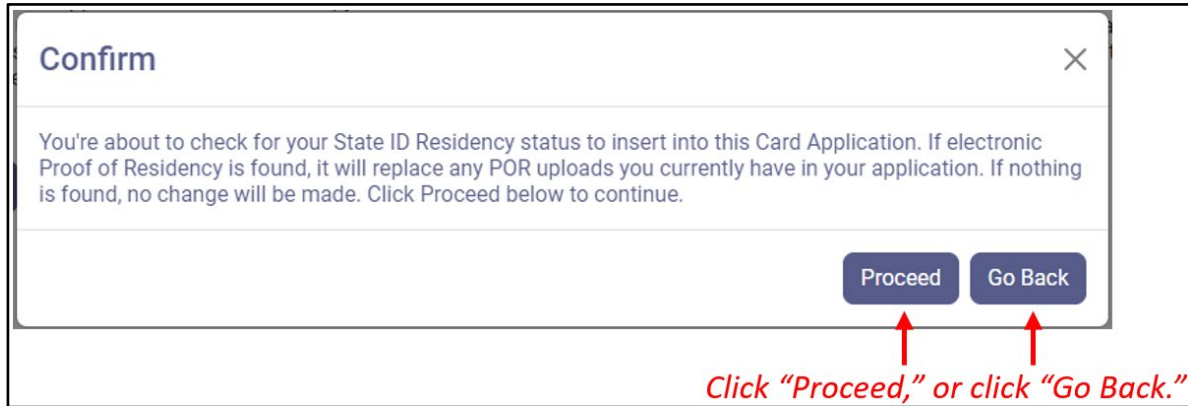
Step 12: A pop-up appears after clicking “Supply Proof.” Click “Check State Residency Status” to automatically pull your residency status from FLHSMV. Or click “Supply My Own” to manually upload your own proof of residency documents from your device.

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:

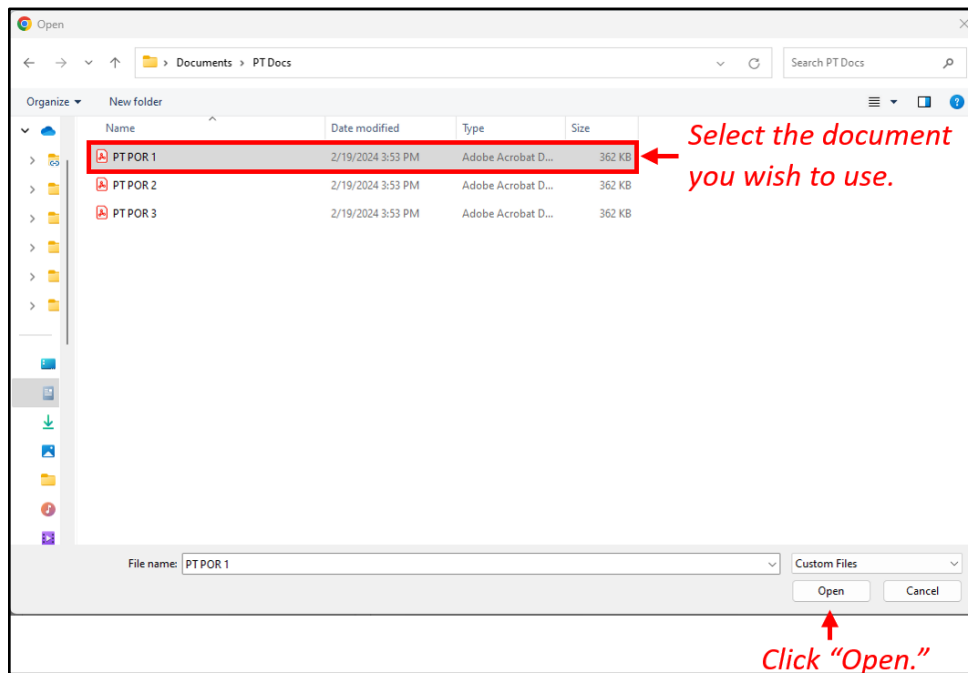
If you clicked **“Check State Residency Status,”** a pop-up appears for you to confirm pulling your residency information from FLHSMV. Click **“Proceed,”** or click **“Go Back”** to return to the Proof of Residency screen.



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 document you wish to use. After you have selected the document, click **“Open.”**



After clicking "Open," you are returned to the Proof of Residence screen. Click "Continue" to move to the next section of the application.

Initial Application for: STANDARD PATIENT (Patient)

My Applications

- Getting Started
- Demographics
- Photo
- Proof of Residence
- Signature
- Payment

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.

You may upload up to 5 files into your application. You currently have 1 document(s).

Upload File

PT_POR_1.pdf was uploaded on 05/30/2024 11:40 AM for the Office of Medical Marijuana Use, to use as your Proof of Residence for the ID card.

Remove

Go Back Continue ← Click "Continue."

A document was uploaded.

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 to correct it.

My Applications

- Getting Started
- Demographics
- Photo
- Proof of Residence
- 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 **STANDARD** 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

You must sign to apply.

Summary

First Name:	STANDARD	Uploaded Files:	PT_POR_1.pdf
Last Name:	PATIENT		
Middle Initial:	Z		
Primary Phone:	123-456-7890		
Email Address:	test.patient0009@gmail.com		
Date of Birth:	1/1/1990		
Patient Number:	P3XH7396		
Patient Weight:	200 lbs		
Gender:	Male		
Address 1:	123 TEST ADDRESS		
Address 2:			
City:	TEST CITY		
County:	Leon		
Zip Code:	12345		

Review your application information.

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

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 **STANDARD** in the First Name text box, and **PATIENT** 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.**

← Click “Submit My Card Application.”

You must sign to apply.

Summary

Uploaded Photo

First Name:	STANDARD	Uploaded Files:
Last Name:	PATIENT	PT FOR 1.pdf
Middle Initial:	Z	
Primary Phone:	123-456-7980	
Email Address:	test.patient00009@gmail.com	
Date of Birth:	1/1/1990	
Patient Number:	P3XK7396	
Patient Weight:	200 lbs	
Gender:	Male	
Address 1:	123 TEST ADDRESS	
Address 2:	TEST CITY	
City:	TEST CITY	
County:	Leon	
Zip Code:	12345	

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

Payment Available X

Thank you for submitting your Medical Marijuana Use Registry application. Your application is not complete until we receive your processing fee.

Please go to the Payment Record section to either Pay Online or Pay by Mail.

Click “Close.” → **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.

Signature

Your card application has been submitted. The Office of Medical Marijuana Use will review your application. Check back here to see the results of their review.

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 nonrefundable processing fee by check or money order made out to The Department of Health. Ensure that the check or money order includes your Registry Patient Number: P3XH7396

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 6-4, 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.

The application is complete and is under review at the Office of Medical Marijuana Use.

Summary

Uploaded Photo

First Name:	STANDARD	Uploaded Files:	PT_POR1.pdf
Last Name:	PATIENT		
Middle Initial:	Z		
Primary Phone:	123-456-7980		
Email Address:	test.patient00009@gmail.com		
Date of Birth:	1/1/1990		
Patient Number:	P3XH7396		
Patient Weight:	200 lbs		
Gender:	Male		
Address 1:	123 TEST ADDRESS		
Address 2:			
City:	TEST CITY		
County:	Leon		
Zip Code:	12345		

[Go Back](#) [Continue](#) ← Click “Continue.”

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

Initial Application for: STANDARD PATIENT (Patient)

Payment Record

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a \$75 processing fee. If your payment is returned/declined for any reason, there will be an additional \$15 service fee required to process your application. A returned/rejected payment will require the applicant to mail a check or money order made payable to the Florida Department of Health totaling the original application fee plus the \$15 service fee to our card application processing center.

Pay By Mail:
You may mail your payment 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.
A \$ 2.75 convenience fee will be added to each online payment.

[Click Here to Pay Online](#)

A Payment has not been processed.

[Go Back](#)

Click “Click Here to Pay Online.”

Step 18: 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.

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
AMOUNT DUE : \$77.75

Select Payment Method
Credit Card Bank Account

Name on Bank Account:
Name on Bank Account

Account Type:
Select an option...

Routing Number: ?
Routing Number

Account Number: ?
Account Number

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Continue

Select Payment Method. Choose Credit Card for Credit Cards and Debit Cards or Bank Account for E-Checks

Step 18a: If "Credit Card" was selected, fill out all the credit card information. Click "Continue" when finished.

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
AMOUNT DUE : \$77.75

Select Payment Method
Credit Card Bank Account

Name on Card:
Name on Card

Credit Card Number: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
Credit Card Number

Expiration Date: MM / YY CVV: ?
CVV

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Continue

Fill out all payment information.

Click "Continue" after all payment information is entered.

Step 18b: If “Bank Account” was selected, fill out all the banking information. Click “Continue” when finished.

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Payment Details 2 Confirm Payment 3 Payment Complete

Select Payment Amount
 AMOUNT DUE : \$77.75

Select Payment Method
 Credit Card Bank Account

My Account Details
PATIENT ID
DATE OF BIRTH
ADDRESS
AMOUNT DUE \$77.75

Name on Bank Account:
Name on Bank Account

Account Type:
Select an option...

Routing Number: ?
Routing Number

Account Number: ?
Account Number

Continue

Fill out all payment information.

Click "Continue" after all payment information is entered.

Step 19: Review the payment details and enter your email address.

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID
DATE OF BIRTH
PAYMENT METHOD
PAYMENT AMOUNT

Confirmation Email
Email Address

I agree to the Terms and Conditions

Cancel Make a Payment

Confirm all information is correct.

Input Confirmation Email.

Step 20: Click the box to confirm that you agree to the Terms and Conditions, then click “Make a Payment.”

Florida HEALTH
It's a New Day in Public Health.
The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

1 Account Details 2 Payment Details 3 Confirm Payment 4 Payment Complete

Review your payment details [Edit Details](#)

PATIENT ID [REDACTED]
DATE OF BIRTH [REDACTED]
PAYMENT METHOD [REDACTED]
PAYMENT AMOUNT [REDACTED]

Confirmation Email
Email Address [REDACTED]

I agree to the Terms and Conditions

[Cancel](#) [Make a Payment](#)

Click "I agree to the Terms and Conditions." *Click "Make a Payment."*

Step 21: Click “Print for your Records” to print the confirmation of the payment.

Department of Health
Thank you for your payment!
[Click here to make another payment](#)

CONFIRMATION NUMBER [REDACTED]

PATIENT ID [REDACTED]
DATE OF BIRTH [REDACTED]
PAYMENT DATE [REDACTED]
PAYMENT METHOD [REDACTED]
CONFIRMATION EMAIL [REDACTED]
PAYMENT AMOUNT [REDACTED]

[Print for your Records](#)

Click "Print for your Records."

Cards cannot be issued or renewed until the Office of Medical Marijuana Use receives a [\$75/\$15] processing fee. A 2.75 convenience fee will be added to each online payment.

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 means, please see our [Understanding My Application Status](https://www.knowthefactsmmj.com/Registry/#Instructional-Guides) 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