

How to Register in the Medical Cannabis Program

A GUIDE FOR CAREGIVERS

07/31/2020

How to Register in the Medical Cannabis Program

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

To obtain this information in a different format, call: 651-201-5598.

Contents

Introduction	1
Getting started	1
Step 1: Retrieve email and submit background check request form	1
Step 2: Access your enrollment link and complete your application	4

Introduction

This reference guide provides instructions for caregivers to register in the Medical Cannabis Program and create an account in the Registry.

Getting started

You should have received an enrollment email notification from the Minnesota Department of Health.

A computer is the recommended tool for the application, as it is not compatible on some mobile phones and iPads/tablets.

Please have the following items ready:

- A photo or image of your government-issued photo identification, such as a Minnesota identification/driver's license. Image file type must be JPG, GIF, TIF, or PNG and smaller than 4 MB.
- A \$15 check.

Step 1: Retrieve email and submit background check request form

1. Login to your email account and open your email notification with the subject line, MN Dept. of Health: Caregiver Enrollment. To be approved as a caregiver, you must pass a background check and complete your enrollment.

To obtain your background check, click on the link as shown by the red arrow below to access the Minnesota Bureau of Criminal Apprehension Background Check Request form.

Move onto Step 2 if you have already mailed in your completed Background Check Request form along with a \$15 check and an envelope addressed to Office of Medical Cannabis. The background check process normally takes two weeks.

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

MN Dept. of Health: Caregiver Enrollment [inbox x](#)

HealthDepartment.Registry@state.mn.us
to july06m2016

m DEPARTMENT OF HEALTH Office of Medical Cannabis

Dear 504 Testing Testing:

patient 26 tester has selected you as a Caregiver in the MN Medical Cannabis Registry. To register as Caregiver for this patient, you must complete the following 2 steps:

1. You must complete and send in a MN Bureau of Criminal Apprehension Background Check Request Form before your application can be approved. This background check process may take up to 2 weeks. The instructions and form can be found by clicking on the following link: <http://www.health.state.mn.us/topics/cannabis/caregivers/background.pdf>
2. You must create an account and complete your application online by going to the [Medical Cannabis Registry \(click here\)](#)

THIS REGISTRATION MUST BE COMPLETED FROM A COMPUTER. THE APPLICATION DOES NOT WORK ON CELL PHONES.

Please have the following information ready to complete your application:

- Personal information: Date of birth (must be over 21), full name, telephone number and physical address.
- An electronic copy/image of your valid government-issued photo ID. Acceptable forms are State ID and driver's license.

*Your application will be processed in the order it was received after both the online application and background check have been received. You will receive another email notifying you when you have officially been approved to be this patient's Caregiver.

For step-by-step details on this application, please click <http://www.health.state.mn.us/topics/cannabis/materials/refguidecarereq.pdf>

If you need assistance, please contact the MN Dept. Health/Office of Medical Cannabis at [651-201-5558](tel:651-201-5558) (Metro) or [1-844-873-3381](tel:1-844-873-3381) (Non-Metro).

Minnesota Department of Health | Office of Medical Cannabis
<http://mn.gov/medicalcannabis>

2. If you would like to print this form now, select “File” and then choose “Print.”

1 / 1

Designated Caregiver Background Check Informed Consent Minnesota Medical Cannabis Patient Registry

Once you have completed this form:

1. Write a check for \$15 payable to the MN Bureau of Criminal Apprehension.
2. Place a stamp on an empty envelope addressed to:
Office of Medical Cannabis
PO Box 64882
St Paul, MN 55164
3. Send this form, the check and the stamped & addressed envelope to:
Bureau of Criminal Apprehension
CHA Unit
1430 Maryland Ave. E.
St. Paul, MN 55106
4. Please have the patient add your name, email address and telephone number to their patient account. Once they do, you will receive your caregiver registry enrollment link via email.

I am sending this form to start the process of becoming a designated caregiver in the Minnesota medical cannabis patient registry under Minnesota Statutes section 152.27, subdivision 4.

Last Name of Caregiver Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

Telephone Number (optional): _____
Providing direct contact information will help to ensure your background check is matched with the correct patient.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Minnesota Department of Health's Office of Medical Cannabis for the purpose of determining my eligibility to be registered as a designated caregiver in the Minnesota medical cannabis patient registry under Minnesota Statutes section 152.27, subdivision 4. If I do not consent to this check or if I am not eligible under terms of the statute, I will not be enrolled as a designated caregiver in the Minnesota medical cannabis program.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

3. Select "Print" on the next screen. On the printout, fill in the answers and sign the request form.

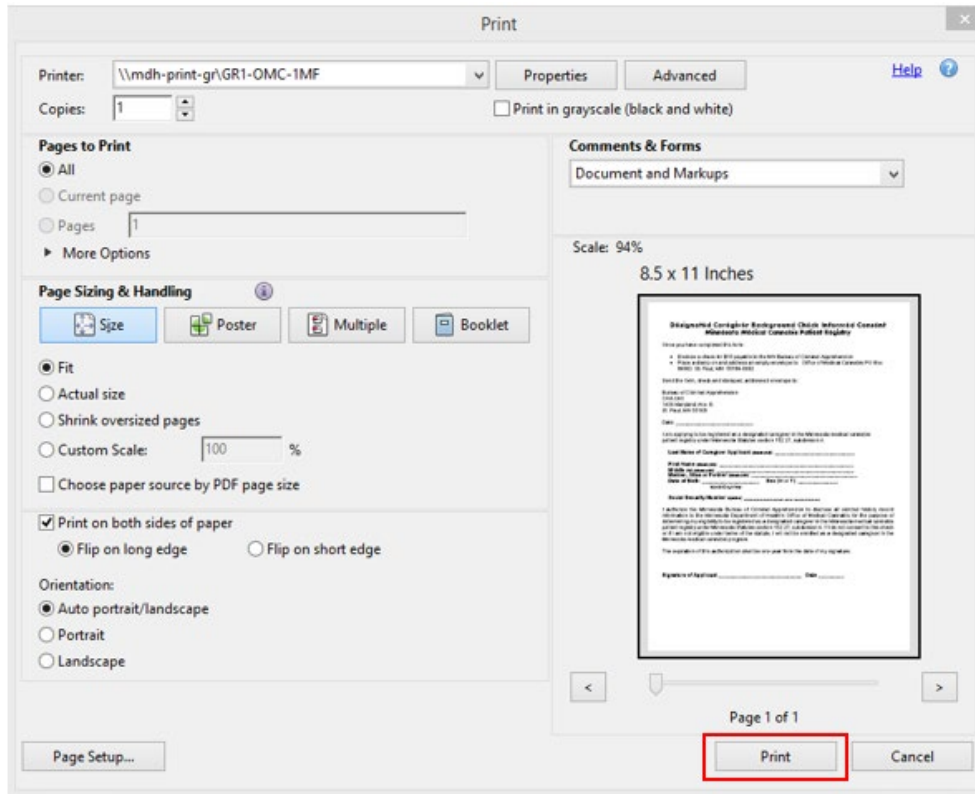
Make your \$15 check payable to the Minnesota Bureau of Criminal Apprehension.

Place a stamp on an envelope and address it to:

Office of Medical Cannabis

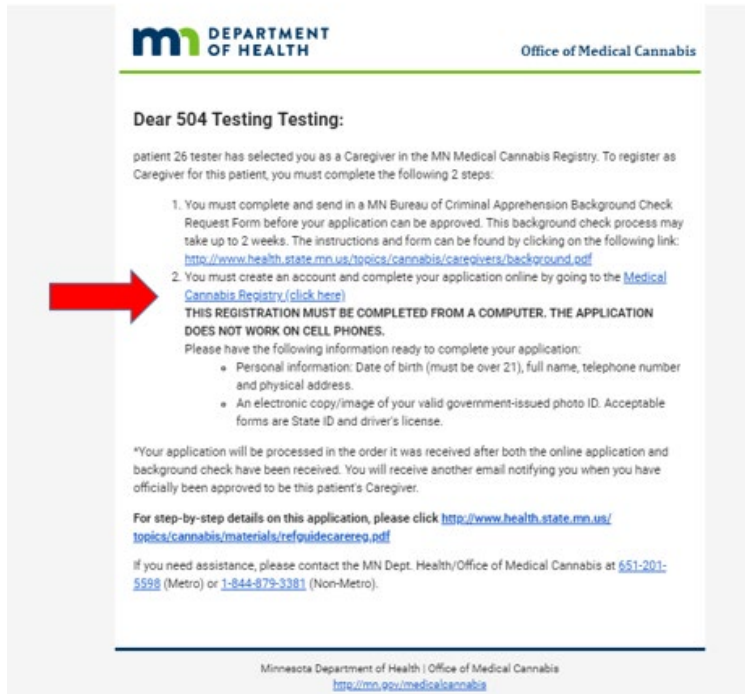
PO Box 64882

St. Paul, MN 55164-0882

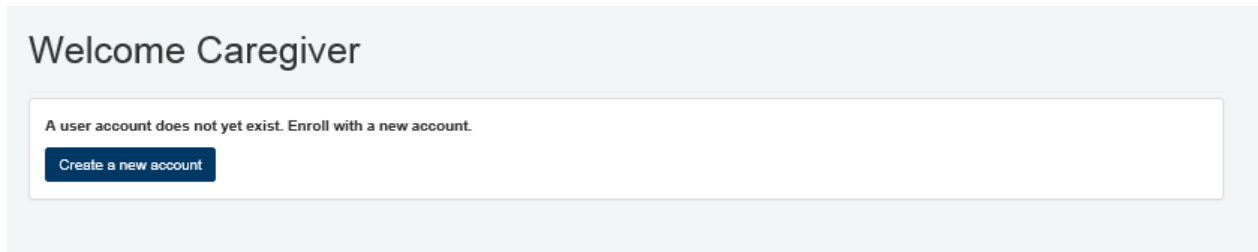


Step 2: Access your enrollment link and complete your application

1. Return to the email noted in Step 1 and click on “Medical Cannabis Registry (click here).”



2. Click on “Create a password” to begin. On the next screen, create a password and store it in a secured area. Your password is case sensitive and must meet the minimum requirements. Click on “Next” to continue as shown by the red arrow below.



HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

Create Account

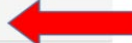
Email Address: *

Password Requirements:
Passwords are case sensitive and have the following requirements:

- 8 characters or longer
- both upper and lower case characters
- at least one number or special character

Password: (Note: password is case sensitive) *

Confirm Password: *

Your email address/username and password will be needed to login to your patient account. Please record this information and save it in a secure place. 

3. On this page, type your information into the corresponding fields and click on “Upload” to attach your government-issued photo identification, such as a state identification or driver’s license.

Caregiver Enrollment

Patient Information

Patient ID	Patient Name	Status

Caregiver Information

Prefix

First Name *

Middle Initial

Last Name *

Suffix

Date of Birth *

Phone Number *

Click upload to attach your Government Issued Photo ID, Driver's License, State ID, or Passport;

Caregiver Mailing Address Information

Mailing Street Address (line 1) *

Mailing Street Address (line 2)

Mailing City *

Mailing Country

Mailing State *

Mailing Zip Code (USA) *

Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements.

I understand that I need to complete and submit the background check form available at <http://www.health.state.mn.us/topics/cannabis/caregivers/index.html> before my caregiver application can be approved by the Office of Medical Cannabis.

4. On the next screen, locate and upload the image file of your government-issued photo identification.

If you saved your image file on the computer desktop (computer screen), click on “Desktop” on the far left bar to locate items stored on your desktop.

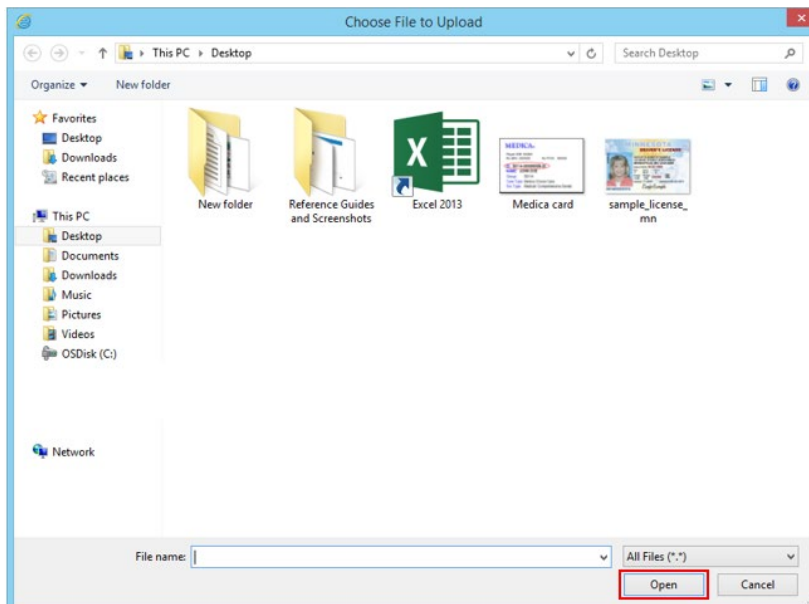
If you took a photo of your identification with a tablet, mobile phone, digital camera, or another device and would like to upload it to your account, make sure to connect that device to the computer first. Then select the appropriate source on the far left bar to view.

If you saved the image file in a different folder, be sure to locate it on the far left and open it.

Next, select your image file to attach to the account.

Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB.

Click on “Open” to continue.



5. The image selected will now appear in the application. Check the boxes on the bottom left, read the acknowledgement and agreement in the pop-up screen, and then select “Agree.” Click “Submit” to continue.

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

Caregiver Enrollment

Patient Information

Patient ID	Patient Name	Status
------------	--------------	--------

Caregiver Information

Prefix

First Name *


Middle Initial

Last Name *

Suffix

Date of Birth *

Phone Number *

Image	Content Type	Action
	image/png	Remove sample_license_mn.jpg

Click upload to attach your Government issued Photo ID, Driver's License, State ID, or Passport:

Caregiver Mailing Address Information

Mailing Street Address (line 1) *

Mailing Street Address (line 2)

Mailing City *

Mailing Country

Mailing State *

Mailing Zip Code (USA) *

Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements.

I understand that I need to complete and submit the background check form available at <http://www.health.state.mn.us/topics/cannabis/caregivers/index.html> before my caregiver application can be approved by the Office of Medical Cannabis.

6. The message below will appear after you have successfully created your account.

The Office of Medical Cannabis will then process the application in the order it was received when your background check arrives.

Your caregiver account has been created.

Medical Cannabis Registry Enrollment Process

Registration involves the following steps:

- Step 1: The patient visits his/her health care practitioner.
- Step 2: The patient's health care practitioner enrolls in the Medical Cannabis Registry and certifies that the patient has a qualifying medical condition.
- Step 3: The patient gets an email with a link to the enrollment application. If the patient has a caregiver, the caregiver will need to complete an application and pass a background check.
- Step 4: The patient (and caregiver, if applicable) will be notified by the Office of Medical Cannabis once the application is approved.

[Registration Instructions](#)

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

7. You will receive the following approval email when your application is approved.

MN Dept. of Health: Change in Caregiver Application Status - APPROVED

HealthDepartment.Registry@state.mn.us
to julio.m.c2016

The screenshot shows an email from the Minnesota Department of Health, Office of Medical Cannabis. The email is addressed to julio.m.c2016 and is titled "MN Dept. of Health: Change in Caregiver Application Status - APPROVED". The email content is as follows:

DEPARTMENT OF HEALTH Office of Medical Cannabis

Dear CG Testing Testing:

OMC ID: C8992884

There has been an update to your Caregiver registration for the MN Medical Cannabis Registry application. You are now APPROVED as a Caregiver.

If your account is revoked or terminated, you will no longer be registered with the Medical Cannabis Program. This means that you will no longer receive the immunities and protections of the program, and will not be able to pick up medical cannabis, or legally possess it.

If you need assistance, please contact the Minnesota Department of Health/Office of Medical Cannabis at [651-201-5598](tel:651-201-5598) (Metro) or [1-844-879-3381](tel:1-844-879-3381) (Non-Metro).

Minnesota Department of Health | Office of Medical Cannabis
<http://mn.gov/medicalcannabis>