Complete your patient enrollment in 9 steps

You should have received a certified email notification from the Minnesota Department of Health after certification.

You must complete your enrollment from a computer with internet access AND have the following items:

- A photo, scanned or electronic copy of your government-issued photo ID. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB.

- A photo, scanned or electronic copy of government assistance, such as SSD/SSI Benefit Verification letter, Medical Assistance/Medicaid/MinnesotaCare/IHS card or CHAMPVA card (if applicable). Medicare is not a qualifier for the discount registration fee.

- A credit/debit card or check for payment of the registration fee.

Step 1: RETRIEVE AND ACCESS ENROLLMENT LINK FROM YOUR EMAIL ACCOUNT

1. Login to your email account, and open your email notification with the subject line, (STG) MN Dept. of Health: Confirmation of Your Medical Condition Certification.
2. Click on the Medical Cannabis Registry link as shown in the figure below.

Dear John Doe:

Your health care practitioner has certified that you qualify for medical cannabis

You must complete your registration via the link below, provide payment and have your registry status changed to APPROVED before you can visit a Cannabis Patient Center. You will receive another e-mail notifying you when your application has been reviewed by the MN Office of Medical Cannabis and you are APPROVED to participate in the MN Medical Cannabis Program.

Go to the Medical Cannabis Registry to complete the enrollment process.

Please have the following information ready to complete the enrollment form:

- A scanned copy of your government issued photo ID.
- Your government issued medical assistance card (if applicable).
- A credit/debit card or check for payment of the registration fee.

If you need assistance, please contact the Minnesota Department of Health/Office of Medical Cannabis at 651-201-5008 (Metro) or 1-844-879-3381 (Non-Metro).

STEP 2: CREATE YOUR PATIENT ACCOUNT

1. Select “Create a new Account” as shown in the following image.
2. Create a password, write it down and store it in a secured area. Password is case sensitive and must meet the minimum requirements as displayed below. Select your 3 security questions and type in your security answers in the appropriate fields. Security answers are also case sensitive. Click on “Next” to continue.

![Create Account screenshot]

**Create Account**

- Email Address: [john.doe2010@gmail.com]
- Password (Note: password is case sensitive): [ ]
- Confirm Password: [ ]

**Set your security questions**

- Select first security question: [ ]
- Answer to first security question: [ ]
- Select second security question: [ ]
- Answer to second security question: [ ]
- Select third security question: [ ]
- Answer to third security question: [ ]

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**STEP 3: COMPLETE ENROLLMENT**

1. On the next screen, type in your answers in the corresponding fields. If your health care practitioner checked the box for a caregiver (during the certification process), this check mark will automatically appear here. You will be allowed to add a caregiver at Step 6 if you choose to add a caregiver.

   A. If you do not want to add a caregiver at this time, you must uncheck this box.

   B. If you are a parent/legal guardian for an adult patient, you do **NOT** need to register as a caregiver. Patient would be able to add a parent/legal guardian at Step 5.

   C. If this box is not checked and you need a caregiver, you must contact your certifying health care practitioner and ask them to check the box.
2. Check the box, read the statements in this box then select “Agree.” Then click “Next” at the bottom right of the screen to continue.
3. Clicking on “Please select” will open a drop down menu, select “Upload a picture of your government-issued photo ID” to upload your ID, and continue to page 7.

Otherwise, choose “Take a picture of your government-issued photo ID” to take a picture of your photo ID with your webcam, and continue below.

A Put your photo ID in front of the webcam and click on “Capture” to take a photo of it. Click “Capture” again to upload file.
B The image captured should now appear in the account. Select “Remove” if you would like to replace image and retake the picture. Click on “Next” and continue at Step 4 when done.
4. If you selected “Upload a picture of your government-issued photo ID,” locate and upload the image file of your government-issued photo ID. 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, as shown below.

If you took a photo of your ID with an iPad, a phone, camera or another source and would like to upload it to the account, make sure to connect that source 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 bar and open it.

Next, select the image file to attach. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB.

Click on “Open” to continue.
STEP 4: HOME ADDRESS

1. Type in your home address in the fields, check the box only if your mailing address is the same as your home address, and then click on “Next” to continue at Step 5.

2. If your mailing address is different, select “Next,” and continue below. On the next screen, enter your mailing address in the fields, and select “Next.”

STEP 5: ADD PARENT

1. Click on “Add a parent/legal guardian” if you would like to add a parent/legal guardian, and continue below.

   Otherwise, select “Next” if you do not wish to add a parent/legal guardian at this time and continue on to Step 6.
2. On this screen, type in the parent/legal guardian’s information, and upload an image file for them. Click on “Upload,” as directed by the red arrow in the picture below, to attach the government-issued photo ID, driver’s license, state ID or passport.

3. Next, select the image file to attach. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB. Click on “Open” to continue.
4. The image selected will now appear in the account.

To remove an image file from the account, click on “Remove” as shown in the box below.

Check the box on the left, read the acknowledgement and agreement in this box then select “Agree.”

5. The parent/legal guardian listed would then receive an email notification. To add more than one parent/legal guardian, repeat Step 5. Otherwise, select “Next” to move forward.
STEP 6: ADD CAREGIVER (as prompted)

1. Continue to Step 7 if you are not prompted to add a caregiver. The following caregiver screen will only appear if your health care practitioner certified you to have a caregiver AND the box for a caregiver on Step 3 was marked. You must add a caregiver to continue past this screen.

   Click on “Add a caregiver” to add your caregiver.

2. Enter the caregiver’s information in the fields, and click on “Submit” on the left side of screen.

3. To add another caregiver, repeat Step 6. Otherwise, select “Next” to move forward.
STEP 7: REGISTRATION FEE DISCOUNT ELIGIBILITY

1. Clicking on “Please select” will open a drop down menu, choose “Yes” if you receive SSI, SSD, Medicaid, MNCare, CHAMPVA or IHS benefits and then select “Next.” Select “No” if you do not receive any of these, then click “Next’ and continue to Step 8.

2. Select the type of government assistance you are currently receiving, and click “Upload” to attach the proof.
3. Next, select the image file to attach. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB. Click on “Open” to continue.

4. The image selected will now appear in your account. To remove an image file, click on “Remove” as shown by the red arrow. Select “Next” to proceed.
5. Your enrollment is now submitted to the Office of Medical Cannabis for review only. You must make a payment to complete your application. Click on “Make payment” to pay your registration fee.
STEP 8: PAYMENT INFORMATION

1. Clicking on “Select” at the bottom of the page will open a drop down menu, choose “Credit/Debit Card” if paying with a credit/debit card. Otherwise, select “Checking or Savings” to pay with a checking or savings account.
A If you selected “Checking or Savings,” type in your bank routing and bank account numbers, mark the appropriate bank account type, and click on “Continue.” Proceed to the next page.

If you chose “Credit/Debit Card,” enter your card number, expiration month and year, card security code on the back of card, and mark the appropriate billing address. Click “Continue” to move forward.
2. Review the payer’s information and click on “Confirm” to finalize payment.
3. The Office of Medical Cannabis will process the application upon receiving payment in the order it was submitted. You may close out of this page when finished.

Payment processed

Your registration has been submitted to the Office of Medical Cannabis for review. Upon the completion of the review, you will receive an e-mail from the Office of Medical Cannabis on the status of your registration along with instructions on how to proceed. You will not be able to visit a Cannabis Patient Center or obtain medical cannabis until your application status has changed to APPROVED. Please e-mail health.cannabis@state.mn.us or contact the Office of Medical Cannabis at (651) 291-5960, Metro or (844) 879-3301, Non-Metro if you have questions or need assistance.

4. You will receive the following payment confirmation via email from the Minnesota Department of Health after your payment.

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If you have questions about this payment or need assistance, please visit the payment online at https://www.health.state.mn.us, or email with the subject line 'ATTN: Credit Cards' to health.FM@health.state.mn.us.

Thank you for using the Minnesota Department of Health electronic payment system.
STEP 9: APPROVED EMAIL

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

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**Dear June Test:**

**OMC ID:** P3603331

There has been an update to your MN Medical Cannabis Registry application. Your application status is now APPROVED.

You may log into the [MN Medical Cannabis Registry](https://www.mncannabisregistry.com) to review your information.

Next Steps:

1. You may now visit or contact a Cannabis Patient Center to set up an appointment. Please view the [current locations and contact information](https://www.mncannabisregistry.com/locations) for both manufacturers.
2. Please complete a new self-evaluation form prior to picking up your medical cannabis. This is available by clicking a link on the top of your home page on the MN Medical Cannabis Patient Registry.
3. Bring your cash, photo ID, a list of current medications along with your most recent visit summary from your physician with you to the Cannabis Patient Center.

You will also receive two separate e-mails asking you to complete a Quality of Life and Patient Experience survey. Each survey collects valuable information that allows the Minnesota Department of Health to understand how your experience with the Minnesota Medical Cannabis Program has impacted your life. Your responses will be kept confidential.

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

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[MDH Logo]

**Minnesota Department of Health**
**Office of Medical Cannabis**

6/20/2016