

Medical Marijuana Use Registry Identification Card Application Instructions for Qualified Patients

In order to apply for a Medical Marijuana Use Registry Identification Card each patient must: be a Florida resident, be diagnosed with a qualifying condition, and must have been added to the Medical Marijuana Use Registry (and received a Medical Marijuana Use Registry Patient Identification Number) by a qualified physician, to receive marijuana or a marijuana delivery device from an authorized Florida medical marijuana treatment center.

NEW PATIENT APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING

- A completed application. By providing your email address, you consent to the Department contacting you through the email address, including the provision of a temporary verification email.
- A copy of your Florida driver license or Florida identification card, or other proof of residency listed below
- A \$75 check or money order (application fee) made out to Florida Department of Health.
- A full-face, passport-type 2x2 inches in size, color photograph taken within the 90 days immediately preceding application.

Minor applications must **also** include:

- A designated caregiver and a Medical Marijuana Use Registry Identification Card Caregiver Application

PROOF OF RESIDENCY

Patients must submit a proof of residency as follows:

1. Adult residents must provide proof of residency as specified in section 381.986(5)(b)1., Florida Statutes.
2. 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.
3. 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.

The term "seasonal resident" means any person who temporarily resides in this state for a period of at least 31 consecutive days in each calendar year, maintains a temporary residence in this state, returns to the state or jurisdiction of his or her residence at least one time during each calendar year, and is registered to vote or pays income tax in another state or jurisdiction.

For all forms of residency, the name and address on the document(s) provided for proof of residency must match the name and address provided in this application.

RENEWAL APPLICATIONS

All Medical Marijuana Use Registry Identification Cards expire 1 year after the date of the qualified physician's initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase marijuana or a marijuana delivery device.

LEGAL REPRESENTATIVE

If you are signing on behalf of the qualified patient in the application, you must provide proof of legal representation. A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Medical Marijuana Use Registry Identification Card Qualified Patient Application, social security numbers are collected and used for identification purposes to ensure that the number identifier assigned to the qualified patient is unique and matches the identity of the qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.

KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE.

ELECTRONIC APPLICATION:

Expedite your application by applying online at

<https://mmuregistry.flhealth.gov/>

MAIL COMPLETED APPLICATION TO:

Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

QUESTIONS?

Please call 800-808-9580 for assistance

The fastest way to apply is ONLINE! Once your physician has added you, and your email address to the Medical Marijuana Use Registry, you can log on using your email address and apply online. Log in here: <https://mmuregistry.flhealth.gov/>



Florida's Official Source for Responsible Use.



Medical Marijuana Use Registry Patient Identification Card Qualified Patient Application

- Initial Application Renewal Application Minor Application

Mail Completed Application to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313		Patient Registry ID #:		You must have been added to the Medical Marijuana Use Registry by your physician and have patient ID number prior to applying.	
Patient Information					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address		
City		Apt/Ste #	State	Zip Code	
Telephone		Email (optional to receive communication, including a temporary verification)			
Provide an email to receive updates on application, card & status.					

Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.

Patient Passport Photo

<p>Attach a color photograph taken within 90 days of registration</p>	<p>The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable.</p>
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The 2x2 passport style photo submitted with your application must be color, clear, with a full front view of your face, on white background.

Please see attached photo samples of acceptable and unacceptable photos

Designate a Caregiver (if applicable)

Caregiver First Name	Caregiver Last Name	Caregiver Date of Birth
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Caregivers must provide documentation that they qualify as a caregiver under Florida law, be added to the Medical Marijuana Use Registry and submit a caregiver application. This can be satisfied by providing documentation that the caregiver of the patient is:

- The patient's parent (birth certificate),
- Legal guardian acting pursuant to a court's authorization,
- Health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization, or
- An individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.

Patient or Legal Representative Name (<i>Print</i>)	
Patient or Legal Representative Signature	Date

Applications must be signed in order to be fully processed, as well as to print an ID card.

Photo Examples for ID Cards



CORRECT

Photo is clear and in color, reproduces skin tones accurately, and is properly exposed with no shadows.



Photo Altered

Background is cropped out using a photo retouching tool, altering the outline of the head, face, and neck.



Photo Color

Color is not accurate. Photo should reproduce skin tones accurately.



Blurry

Photo is blurred; face is not in focus.



Wearing Glasses

Sun glasses and eye glasses are not allowed.



Wearing Hat

Hats and head clothing covers part of the face, and there are shadows on the face.



Laughing

Exaggerated facial expression or laughing in photos are not allowed.



Looking Down

Subject is looking down, head is tilted forward. Should be sitting and facing camera.



Looking Up

Head is tilted backward. Should be sitting and facing camera.



Off Center

Head is not centered properly.



Over Exposed

Photo is overexposed (too light)



Low Quality

Photo displays a visible printer dot pattern. (image appears grainy)

Photo Examples for ID Cards



Red Eyes

Image has the “red eye” effect. Retake a photo that does not include the red eye effect.



Shadows

There are shadows on the face and background.



Face in Shadow

Portion of subjects face is hidden by shadows and bad lighting.



Thin Face/Distorted

Image has been digitally altered to appear thinner.



Too Close

Camera too close to subject, causing fish-eye distortion; head size too large.



Too Far Away

Incorrectly cropped; head size is too small in photo.



Too Dark

Photo is underexposed (too dark)



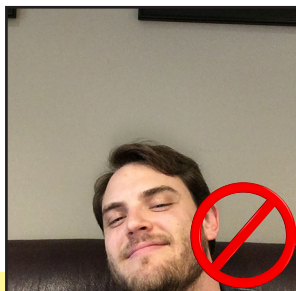
Wrong Background

Background is not white/off white.



Background Issue

Background is not white or off-white.



Selfie

Selfies are prohibited.



Snapchat Filter

Snapchat filters or additional decorations added to photo are prohibited

Link to more examples: <https://travel.state.gov/content/passports/en/passports/photos.html>