



Medical Marijuana Use Registry Identification Card Application Instructions for Caregivers

A caregiver must: not be a qualified physician and not be employed by or have an economic interest in a medical marijuana treatment center or a marijuana testing laboratory; be 21 years of age and a Florida resident; agree in writing to assist with the qualified patient's medical use of marijuana; be registered in the Medical Marijuana Use Registry of no more than one qualified patient, unless otherwise provided in section 381.986(6)(d), Florida Statutes; and successfully complete a caregiver certification course provided by the Department or its designee. Caregivers, who are not close relatives of the qualified patient as defined by section 381.986(1)(c), Florida Statutes, must pass background screening pursuant to section 381.986(9), Florida Statutes.

CAREGIVER 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 the caregiver's proof of residency in accordance with section 381.986(5)(b), Florida Statutes.
- 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.

RENEWAL APPLICATIONS

All Medical Marijuana Use Registry Identification Cards expire 1 year after the date of the 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.

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 Caregiver Application, social security numbers are collected and used for identification purposes to ensure that the number identifiers assigned to the qualified patient and caregiver are unique and match the identity of the qualified patient and caregiver, 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



Medical Marijuana Use Registry Identification Card Caregiver Application

Initial Application

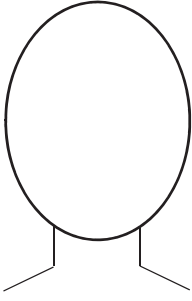
Renewal Application

Mail Completed Application to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	Patient Registry ID #: _____
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Patient Information					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address		
City	Apt/Ste #	State	Zip Code	County	
Telephone	Email (optional to receive communication, including a temporary verification)				

Caregiver Information					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address		
City	Apt/Ste #	State	Zip Code	County	
Telephone	Email (optional to receive communication, including a temporary verification)				

Caregiver Passport Photo

 <p style="text-align: center;">Attach a color photograph taken within 90 days of registration</p>	<p>Submit a full-face, passport-type, color photograph of the caregiver taken within the 90 days immediately preceding registration, and 2x2 inches in size.</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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<p>I hereby certify the above information to be accurate and complete and no one other than me is submitting this request on my behalf.</p>	
<p>Caregiver Name <i>(Print)</i></p>	
<p>Caregiver Signature</p>	<p>Date</p>