



Compassionate Use Registry

User's Guide for Legal Representatives

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This User's Guide is meant to be used while you have the system open, so you can follow along.

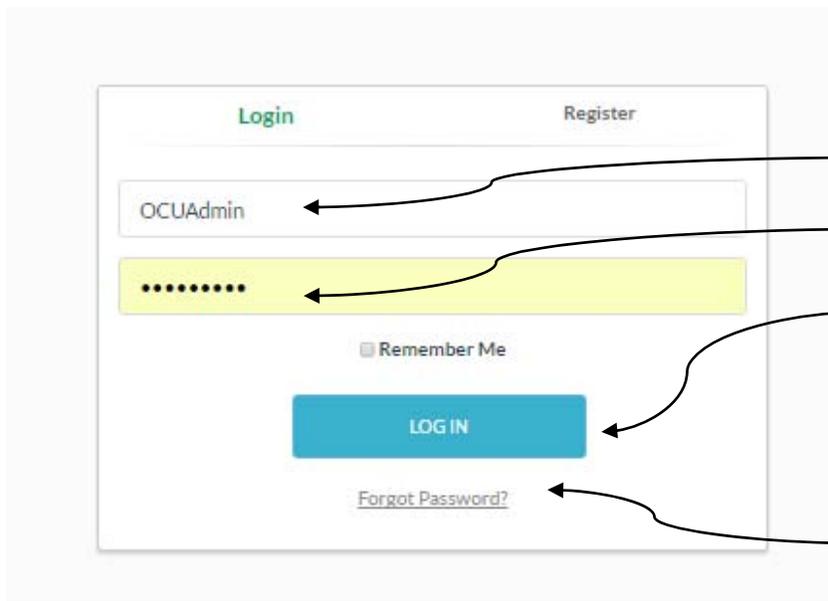


Compassionate Use Registry

Logging in



To Log In, click the menu item titled “log in”



Supply your username, (**this will always be your email address**) and your password,

and click Log In.

If you find you’ve forgotten your password, the Forgot Password link will change your existing password into a system-created one, and send an email to the email address on your account containing the new credentials.



Compassionate Use Registry

Changing Your Password

• You password has expired, it must be changed.

Reset Password

Current Password

New Password

Confirm Password

[Change Password](#)

Any temporary password will expire after you use it once, and you'll have to change it to continue.

In order to change your password after you've logged in, you must supply your existing password.

Below this field, you must supply your new desired password, twice.

Because this system contains Protected Health Information, you must supply a 'strong' password that is no shorter than 10 characters, and contain a combination of lower and uppercase letters, one number, and at least one special character, such as an exclamation point.



Compassionate Use Registry

Your Legal Representative Profile

To see your Profile, click the Your Profile link in the menu bar.

At the top will be information on the status of your Card Application – since you can't obtain products without a completed Card, we show this to you to help you stay aware.

Legal Representative for: Vale, Vicky

192*192

Manage Your Card

? Your Card application is incomplete. Navigate to Your Card to finish it up.

Last Name:	Vale
First Name:	Vicky
Middle Initial:	s
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Gender:	Female
Address1:	123 any street
Address2:	
City:	panama city
County:	
Zip code:	32413

Manage Your Details

Your ID Photo, if you've provided one, is also present.

It's important to make sure that your information is correct.

If you need to have your name, DOB, or gender changed contact their physician – only he or she can change this.

You may change your phone number or email address any time you like. **Remember: your email address is your login name, if something happens and you need your email address changed but can't do it on your own, your Patient's physician can change it for you.**

If you wish to change your Address, **you must do so by applying for a new Card.** We'll show you how to do that later in this document.

Click Manage Your Details to update your information.



Compassionate Use Registry

Legal Representative for: Vale, Vicky

	Last Name:	<input type="text" value="Vale"/>
	First Name:	<input type="text" value="Vicky"/>
	Middle Initial:	<input type="text" value="s"/>
	Primary Phone:	<input type="text" value="1234567890"/>
	Email Address:	<input type="text" value="derek.prowse@fivept"/>
	Date Of Birth:	<input type="text" value="01/01/1911"/>
	Gender:	<input type="text" value="Female"/>
	Address1:	<input type="text" value="123 any street"/>
	Address2:	<input type="text"/>
	City:	<input type="text" value="panama city"/>
	County:	<input type="text" value="Bay"/>
	Zip code:	<input type="text" value="32413"/>

[Go Back to Your Profile](#) [Save Your Changes](#)

If you need the other items changed, such as the spelling of your name or date of birth, your Physician must do this - contact them for help

After clicking Manage Your Details, you'll be taken to a page where you can change what you would like to update.

Click Save your Changes to save what you updated, or Go Back to Your Profile if you changed your mind.



Compassionate Use Registry

Your Patient's Profile

Patient Profile for: HODGSON, JOEL Patient Number: P0001040

Id Card #: Ry9C-Gs2D-w4lu
[Manage Card](#)

? Your Card application is incomplete. Navigate to Your Card to finish it up.

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	120 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	ALACHUA
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Manage Profile Details](#)

At the top, your Patient's Profile will contain that your current information is. Physicians and Dispensers will see this information as well.

At the top will be information on the status of their Card Application – since they can't obtain products without a completed Card, we show this to you to here to help you stay aware.

Their ID Photo, if you've provided one, is also present.

It's important to make sure that their information is correct.

If you need to have their name, DOB, weight, or gender changed contact their physician – only he or she can change this.

You may change their phone number any time you like. **If you want your patient to have their own account, supply an email address for them to use. ~You cannot undo this action~**

If you wish to change their Address, **you must do so by applying for a new Card.** We'll show you how to do that later in this document.

Click Manage Your Details to update your information.



Compassionate Use Registry

Patient Profile for: HODGSON, JOEL Patient Number: P0001040

 Id Card #: Ry8C-Gs2O-w4lu	Last Name: <input type="text" value="HODGSON"/>
	First Name: <input type="text" value="JOEL"/>
	Middle Initial: <input type="text" value="A"/>
	Primary Phone: <input type="text" value="1234567890"/>
	Email Address: <input type="text" value="derek.prowse@fiveptg.c"/>
	Date Of Birth: <input type="text" value="01/01/1911"/>
	Patient Number: <input type="text" value="P0001040"/>
	Patient Weight: <input type="text" value="120 lbs"/>
	Gender: <input type="text" value="Male"/>
	Address1: <input type="text" value="1234 ANYWHERE STRE"/>
	Address2: <input type="text"/>
	City: <input type="text"/>
	County: <input type="text" value="Alachua"/>
	Zip code: <input type="text"/>
	Legal Representative 1: <input type="text"/>
	Legal Representative 2: <input type="text"/>

If you need the other items changed, such as the spelling of your name or date of birth, your Physician must do this - contact them for help

After clicking Manage Your Details, you'll be taken to a page where you can change what you would like to update.

Click Save your Changes to save what you updated, or Go Back to Your Profile if you changed your mind.

Your Patients are associated to their physician in the Registry – this is how they are able to view them in the system as a patient, and place Orders. Only one Physician can be this way for them.

If you longer wish to work with their current Doctor, you may click "Leave Your Current Physician". *You cannot undo this, so be sure this is what you want.*



Compassionate Use Registry

Your Patient's Orders

Show 10 entries Search:

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01/10/2017	ANTHONY HALL	Sublingual	13	13	Sublingual	50	2	6	01/16/2017

Notes for Sublingual: For ongoing symptoms

Notes for Sublingual: for breakthru pain

Order is for: Low-THC Cannabis

Purchase Device: This patient may NOT purchase a cannabis delivery device.

Dispensed On	At	Via	Amount Dispensed	Status	Route
01/10/2017 12:46 PM	Valid Dispensary	one, dispenser	10 mg	Given to Patient	Sublingual
Amount Remaining: 1004					
Amount Remaining for Sublingual : 600					

At your Patient's Profile, below their information you'll find their Orders.

When a physician places an order, they must specify if the order is for Low-THC Cannabis (contains very little THC), or Medical Cannabis (contains THC). In the Registry, Low-THC Orders are a grey color. Medical Cannabis Orders will be green.

They'll also record the Form – such as oral, vaporizers, and so on. They can save up to two forms in each of your Orders.

For each form, they'll record an amount per dose and number of doses per day they want you to take.

Each order has a few different types of Statuses:

Scheduled: This order 'turns on' in the future – you cannot get products for it until the Start Date listed.

Open: This order is 'live' and your Dispensing Org can dispense for it.

Complete: you've obtained all the products allowed for the order, and it's done now.

Expired: the End Date of the order happened, and you can no longer use it to obtain products.

Cancelled: your physician 'turned off' the order.



Compassionate Use Registry

Show 10 entries

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01/10/2017	ANTHONY HALL	Sublingual	13	13	Oral	100	10	6	01/16/2017
Expired	12/26/2016	ANTHONY HALL	Oral	10	5				3	12/29/2016

If you need information about the Physician that placed this order, click their name, and you'll be taken to a page that displays their address and other helpful information.

Dispensed On	At	Via	Amount Dispensed	Status	Route
01/10/2017 12:46 PM	Valid Dispensary	one, dispenser	10 mg	Given to Patient	Sublingual
Amount Remaining: 1004					
Amount Remaining for Sublingual : 600					

If you click on any Order, it will expand to show you the history of all the times you obtained Products from a Dispensing Organization. You'll be told when, where, who recorded it, and how much. If a dispensation is out for delivery, you'll see which staffer currently has the products.

You'll also see how much products you had left after each dispensation



Compassionate Use Registry

Your Card Application

Compassionate Use Registry

HOME | YOUR PROFILE | YOUR CARD | CHANGE PASSWORD | LOG OUT

Patient Profile for: Robot, Crow Patient Number: P0001045

192+192

Manage Your Card

? Your Card application is incomplete. Navigate to Your Card to finish it up.

The Patient cannot obtain cannabis products until this is completed

Last Name:	Robot
First Name:	Crow
Middle Initial:	T
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001045
Patient Weight:	25 kgs
Gender:	Male
Address1:	123 Satellite of Love Way
Address2:	
City:	Low Earth Orbit
County:	Lee
Zip code:	32413
Legal Representative 1:	
Legal Representative 2:	

Manage Your Details

When you are first given a Registry Account, you'll need to apply for a Card in order to obtain products for any Orders your patients have. The Card will expire 1 year after the date of your previous card's approval, so this message will help you know when to renew it, too.

To take care of this, you can click Your Card in the Menu,

Or click Manage Your Card at your Profile.

Remember: If you update the address on your card application, it won't show up on your Profile until the Card is accepted by the Office of Compassionate Use.



Compassionate Use Registry

Card Application Part: Robot, Crow



Choose File

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

Photo Requirements



Supply a passport Photo to apply

Last Name:	Robot
First Name:	Crow
Middle Initial:	T
Primary Phone:	1234567890
Email Address:	idmsk.prowe@flhpg.com
Date Of Birth:	01/01/1911
Patient Number:	Robot
Patient Weight:	25 kg
Gender:	Male
Address 1:	123 Satellite of Love Way
Address 2:	
City:	Love Earth Orbit
County:	Love
Zip code:	32412
Legal Representative 1:	
Legal Representative 2:	

Update My Information

Your Card Application/Renewal looks like there's a lot to do, but it's really just four things:

You need to upload a passport-type photo.

You might also want to verify the spelling of your name, your birthday, and your address; this information will get printed on your card, so it has to be right.

Proof of Residence

All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. If the applicant does not possess a valid Florida Driver's License or a current Florida Identification card, they may submit a current utility bill in the patient's name including a Florida address or a current Florida Voter's Registration card. For minor applicants, the applicant may submit a copy of the minor's Birth Certificate or current record of registration from a Florida school (K-12, and proof of residency of a designated legal representative.



You must supply Proof of Residence to apply
The Patient cannot obtain cannabis products until this is completed

Choose File

You need to upload documentation that meets the requirements to prove your Representation of your patient(s).

Payment Record

This section will be updated by the OCUR when they record receipt of your Processing Fee

Cards cannot be issued or renewed until the Office of Compassionate Use receives a \$75 non-refundable 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: P100000000

Mail Your Processing Fee To:
Florida Department of Health
ATTN: Office of Compassionate Use
4025 Bole Cypress Way
Tallahassee, FL 32309



The OCUR has not received the Processing Fee
The Patient cannot obtain cannabis products until this is completed

There's a fee for processing the card. You'll need to send that to the Office of Compassionate Use. They'll complete this part of the application when they receive payment.

Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

Submit My Card Application

The undersigned person certifies that the applicant has requested a physical Compassionate Use Registry Identification Card as authorized under section 381.085, Florida Statutes, and Chapter 64-4, 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 legal representative is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to violate 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.



You must sign to apply
You cannot obtain Cannabis products until this is completed and reviewed by the Office of Compassionate Use

Lastly, you need to electronically sign for your application. Once all of these requirements are met, the Office of Compassionate Use will review your application.

If they find an issue, they'll mark your Application online, and you'll get a notification of what to change/fix.

If they approve it, they'll be sending your card to you and you can start obtaining cannabis Products.



Compassionate Use Registry

Card Application For: HODGSON, JOEL



[Choose File](#)

[Remove Existing Photo](#)

Id Card #: Ry8C-Gs2O-w4lu

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

[Photo Requirements](#)



A photo was uploaded on 3/30/2017. It must be approved by The Office of Compassionate Use.

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	120 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	Alachua
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Update My Information](#) [Cancel the Renewal](#)

If you need to change your photo, click "Remove Existing Photo".

Be sure that your photo meets the requirements for ID cards!

Proof of 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.

To apply to be a Legal Representative in the Compassionate Use Registry, you must upload proof of legal representation, this may be a court order, birth certificate, or other appropriate legal instrument.

[Choose File](#)

For your Proof of Representation, you may upload as many files as needed by the Office of Compassionate Use. Each file cannot be larger than 4mb.

Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

[Submit My Card Application](#)



You must sign to apply
You cannot obtain Cannabis products until
this is completed and reviewed by the
Office of Compassionate Use

The undersigned persons certify that the applicant has requested a physical Compassionate Use Registry Identification Card as authorized under section 381.964, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate, complete, and that no one other than me or my legal representative 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.

Once you have a photo and proof of Representation uploaded, you may sign to submit your application.

Warning: changing your application will restart the application process, possibly including the need for another processing fee. You should only update your application when it's about to expire, your likeness or address has changed, or when the Office of Compassionate Use marked some part of your application as incomplete.



Compassionate Use Registry

Patient Signature

Congratulations on submitting for your Card. The Office of Compassionate 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 Compassionate 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: Pxxxxxxx

Remember: All ID Cards expire 1 year after the date of the Physician's initial order or Low-THC Cannabis or Medical Cannabis. You should renew your card 45 days before it expires. Renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

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 Compassionate Use Registry Identification Card Legal Representative Application, social security numbers are collected and used for identification purposes to ensure that the number identifiers assigned to the legal representative and qualified patient are unique and match the identities of the legal representative and 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.



The application is complete and is under review at the Office of Compassionate Use. You cannot obtain Cannabis products until this is completed

When your application is submitted, you'll see this blue icon. Be sure to read over the information here, as it contains some helpful details.

Be aware: at this stage, your application is Under Review, and has not yet been accepted by the OCU.

Signature

Congratulations your Card Application was approved.

Remember: All ID Cards expire 1 year after OCU Approval. You should renew your card 45 days before it expires.

If your previous card has expired, a renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

Notice on the collection, use, or release of Social Security Numbers



Your Application is completed and approved by the OCU on 3/2/2017. An ID Card has been issued to the address in your Application.

When the application has been accepted, and your card prepared, you'll see an update at your Profile letting you know.

When you see this, you're able to obtain products from a Dispensation.

Don't forget – you'll need to renew your card yearly. It's advisable to start renewing 45 days before your current card expires!

Note: whenever you are added as a new Legal Representative for a patient, you must renew your card.



Compassionate Use Registry

Your Patient's Card Application

Card Application For: Vale, Vicky



192x192

[Choose File](#)

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

[Photo Requirements](#)



Supply a passport Photo to apply

Last Name:	Vale
First Name:	Vicky
Middle Initial:	s
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Address1:	
Address2:	
City:	
County:	
Zip code:	
Represents Patients	patient,minor

[Update My Information](#)

When your Patients are first given a Registry Account, you'll need to apply for a Card for them in order to obtain products for any Orders their physician has placed.

In order for your patients to be able to have products, they too must have a Cannabis Card. To apply for theirs, click their name under "Represents Patients" in *your* profile to be taken to *their* Profile.

If you do not see the right patients listed, contact their Physician – the Physician is the person who adds patients to your profile.



Compassionate Use Registry

The screenshot shows the patient profile for 'Robot, Crow' with patient number P0001045. The page features a navigation menu with options: HOME, YOUR PROFILE, YOUR CARD, CHANGE PASSWORD, and LOG OUT. A message at the top states: 'Your Card application is incomplete. Navigate to Your Card to finish it up.' Below this, a red warning reads: 'The Patient cannot obtain cannabis products until this is completed'. The profile details are as follows:

Last Name:	Robot
First Name:	Crow
Middle Initial:	T
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001045
Patient Weight:	25 kgs
Gender:	Male
Address1:	123 Satellite of Love Way
Address2:	
City:	Low Earth Orbit
County:	Lee
Zip code:	32413
Legal Representative 1:	
Legal Representative 2:	

Buttons for 'Manage Your Card' and 'Manage Your Details' are visible at the bottom of the profile section.

Once at your Patient's Profile, click Manage Your Card to go to their application.

Be sure to remember: this is how you access your Patient's Applications – the "Your Card" Link in the Menu is for *your* application only.



Compassionate Use Registry

Card Application Part: Robot, Crow



Choose File

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

Photo Requirements



Supply a passport Photo to apply

Last Name:	Robot
First Name:	Crow
Middle Initial:	T
Primary Phone:	1234567890
Email Address:	idmsk.prowe@fhpfg.com
Date Of Birth:	01/01/1911
Patient Number:	Robot
Patient Weight:	25 kg
Gender:	Male
Address 1:	123 Satellite of Love Way
Address 2:	
City:	Love Earth Orbit
County:	Love
Zip code:	33413
Legal Representative 1:	
Legal Representative 2:	

Update My Information

Your Patient's Card Application/Renewal will be very similar to your own application:

You need to upload a passport photo.

You might also want to verify the spelling of their name, their birthday, and their address; this information will get printed on their card, so it has to be right.

You need to upload documentation that meets the requirements for Proof of Residence in Florida. **This isn't the same as your Proof of Representation.**

There's a fee for processing the card. You'll need to send that to the Office of Compassionate Use. They'll complete this part of the application when they receive payment.

Lastly, you need to electronically sign for their application.

Once all of these requirements are met, the Office of Compassionate Use will review your application.

If they find an issue, they'll mark your Application online, and you'll get a notification of what to change/fix.

If they approve it, they'll be sending the card to you and that patient can start obtaining cannabis Products.

Proof of Residence

All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. If the applicant does not possess a valid Florida Driver's License or a current Florida Identification card, they may submit a current utility bill in the patient's name including a Florida address or a current Florida Voter's Registration card. For minor applicants, the applicant may submit a copy of the minor's Birth Certificate or current record of registration from a Florida school (K-12, and proof of residency of a designated legal representative.

Choose File



You must supply Proof of Residence to apply
The Patient cannot obtain cannabis products until this is completed

Payment Record

This section will be updated by the OCUC when they record receipt of your Processing Fee

Cards cannot be issued or renewed until the Office of Compassionate Use receives a \$75 non-refundable 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: P100000000

Mail Your Processing Fee To:
Florida Department of Health
ATTN: Office of Compassionate Use
4025 Belle Cypress Way
Tallahassee, FL 32309

Submit My Card Application



The OCUC has not received the Processing Fee
The Patient cannot obtain cannabis products until this is completed

Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

Submit My Card Application

The undersigned person certifies that the applicant has requested a physical Compassionate Use Registry Identification Card as authorized under section 381.085, Florida Statutes, and Chapter 64-4, 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 legal representative 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.



You must sign to apply
You cannot obtain Cannabis products until this is completed and received by the Office of Compassionate Use



Compassionate Use Registry

Card Application For: HODGSON, JOEL



[Choose File](#)

[Remove Existing Photo](#)

Id Card #: Ry8C-Gs2O-w4lu

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

[Photo Requirements](#)



A photo was uploaded on 3/30/2017. It must be approved by The Office of Compassionate Use.

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	120 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	Alachua
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Update My Information](#) [Cancel the Renewal](#)

If you need to change their photo, click “Remove Existing Photo”.

Be sure that your photo meets the requirements for ID cards!

Proof of 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.

To apply to be a Legal Representative in the Compassionate Use Registry, you must upload proof of legal representation, this may be a court order, birth certificate, or other appropriate legal instrument.

[Choose File](#)

For their Proof of Residence, you may upload as many files as needed by the OCU. Each file cannot be larger than 4mb.

Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

[Submit My Card Application](#)



You must sign to apply
You cannot obtain Cannabis products until this is completed and reviewed by the Office of Compassionate Use

The undersigned person certifies that the applicant has received a physical Compassionate Use Registry Identification Card as authorized under section 382.066, Florida Statutes, and Chapter 644, F.A.C. The information contained in this application and its attached exhibits that serves as a basis for card issuance is accurate as complete, and that no one other than me or my legal representative 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.

Once you have a photo and proof of residence uploaded, you may sign to submit their application.

Warning: changing your application will restart the application process, possibly including the need for another processing fee. You should only update your application when it’s about to expire, or when the Office of Compassionate Use marked some part of your application as incomplete.



Compassionate Use Registry

Patient Signature

Congratulations on submitting for your Card. The Office of Compassionate 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 Compassionate 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: Pxxxxxxx

Remember: All ID Cards expire 1 year after the date of the Physician's initial order or Low-THC Cannabis or Medical Cannabis. You should renew your card 45 days before it expires. Renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

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 Compassionate Use Registry Identification Card Legal Representative Application, social security numbers are collected and used for identification purposes to ensure that the number identifiers assigned to the legal representative and qualified patient are unique and match the identities of the legal representative and 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.



The application is complete and is under review at the Office of Compassionate Use. You cannot obtain Cannabis products until this is completed

When their application is submitted, you'll see this blue icon. Be sure to read over the information here, as it contains some helpful details.

Be aware: at this stage, their application is Under Review, and has not yet been accepted by the OCU.

Signature

Congratulations your Card Application was approved.

Remember: All ID Cards expire 1 year after OCU Approval. You should renew your card 45 days before it expires.

If your previous card has expired, a renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

Notice on the collection, use, or release of Social Security Numbers



Your Application is completed and approved by the OCU on 3/2/2017. An ID Card has been issued to the address in your Application.

When their application has been accepted, and their card prepared, you'll see an update at their Profile letting you know.

When you see this, you're able to obtain products from a Dispensation.

Don't forget – you'll need to renew their card yearly. It's advisable to start renewing 45 days before their current card expires!