

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

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 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 #:

The patient you represent must have been added to the Medical Marijuana Use Registry by their 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)			

The name and address on the documents provided for residency must match the name and address on the application.

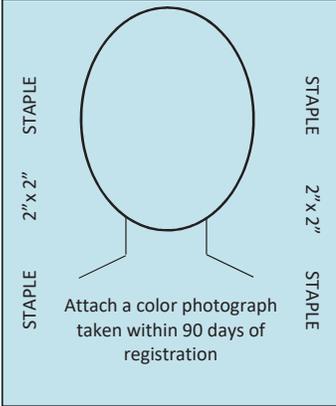
Provide an email to receive updates on application, card & track status.

Caregiver 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)			

The name and address on the documents provided for residency must match the name and address on the application.

Please note that it cannot be the same email address for patients

Caregiver Passport Photo



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

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 background (which may be white or light gray).

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
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 background (which may be white or light gray). Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable.

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

Caregiver Name (*Print*)

Caregiver Signature

Date

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

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.

Check or Money Order: All applications must include a \$75 processing fee made out to the Florida Department of Health. Please include your name, patient ID number, or other identifying information on the check/ M.O.

- The Department is unable to accept cash payments.
- The Office of Medical Marijuana Use is unable to process payments that are not signed

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.



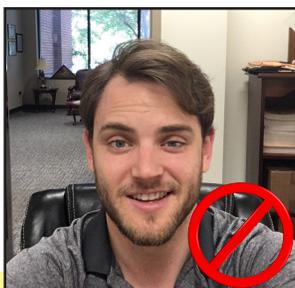
Too Dark

Photo is underexposed (too dark)



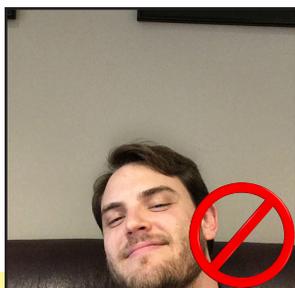
Wrong Background

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>