

How to Register Your Minor Child in the Medical Cannabis Program

A GUIDE FOR PARENTS AND LEGAL GUARDIANS

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How to Register Your Minor Child in the Medical Cannabis Program

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To obtain this information in a different format, call: 651-201-5598.

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Introduction

This reference guide is intended to provide instructions for parents and legal guardians to register their minor child in the Medical Cannabis Program and create an account in the Registry.

Getting started

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

A computer is the recommended tool for the application, as it is not compatible on some mobile phones and iPads/tablets.

Please have the following items ready:

1. A photo or image of the parent/legal guardian's government-issued photo identification, such as a Minnesota identification/driver's license. Image file type must be JPG, GIF, TIF or PNG and smaller than 4 MB.
2. A photo or image of the patient's birth certificate or legal guardianship paperwork verifying the relationship.
 - **Optional:** If adding more than one parent parent/legal guardian to pick up medical cannabis on a minor child's behalf, a photo or image of the patient's birth certificate/legal guardianship paperwork and the parent/legal guardian's government-issued photo identification, such as a Minnesota identification/driver's license, must be provided.

If adding a caregiver to pick up medical cannabis, the caregiver's name, email address and phone number must be provided.

Retrieve and access enrollment link from your email account

1. Login to your email account, and open your email notification with the subject line, MN Dept. of Health: Patient Enrollment.
2. Click on the Medical Cannabis Registry ([click here](#)) link as shown in the figure below.

HOW TO REGISTER YOUR MINOR CHILD IN THE MEDICAL CANNABIS PROGRAM

m DEPARTMENT OF HEALTH Office of Medical Cannabis

Dear Test4 Patient:

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

You must complete your registration via the link below and have your registry status changed to APPROVED before you can visit a MN Medical Cannabis Dispensary. 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.

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

1. An [electronic copy/image](#) of your valid government-issued photo ID with your physical address in Minnesota. Acceptable forms are MN State ID and MN driver's license.
2. If your photo ID is expired, or does not show your current physical address, you will also need to upload an electronic copy/image of one of the following, showing your current physical address:
 - o Proof of stamped state-issued Minnesota driver's license or State ID, driver's license application or renewal ID slip issued within the past 90 days.
 - o Current residential mortgage statement, or lease or rental agreement.
 - o State tax documents from the previous calendar year.
 - o Utility bill issued within the past 90 days.
 - o Rent or mortgage payment receipt dated within the past 90 days.
 - o Social Security disability insurance statement, Supplemental Security income benefits statement, or medical claim or statement of benefits from a private insurance company or governmental agency that is issued within the past 90 days.
 - o Affidavit from a person who will act as a designated caregiver for the patient, or from a person who is engaged in health services or social services, which states they know the patient and believes the patient resides in Minnesota at a specified location. Please note that an affidavit must be notarized (have a notary certify the signature). A description of where the patient sleeps/can be found is acceptable.

And, if applicable:

- Caregiver information including an email different from patient's (this section can be bypassed during registration and revisited at another time)
- Parent or legal guardian information including:
 1. An [electronic copy/image](#) of the parent/legal guardian's valid government-issued photo ID
 2. An [electronic copy/image](#) of the patient's birth certificate or legal documentation of guardianship, adoption or foster care
- Spouse information including an [electronic copy/image](#) of spouse's state ID or driver's license **AND** legal marriage certificate

Go to the [Medical Cannabis Registry \(click here\)](#) to complete the enrollment process.

***Note that your certification will expire if you do not complete your enrollment in 90 days. To help ensure that your enrollment is approved before then, please complete your enrollment application within the first 60 days of certification. Your enrollment application may take up to 30 days to process after you submit a complete**



Create your patient's account

1. Click on "Begin Enrollment" to start.

Welcome to the Minnesota Medical Cannabis Program Enrollment

Thank you for participating. You are about to complete your enrollment application. The application is completed in seven steps. It should take you approximately 10 - 15 minutes.

STEP 1: Provide your contact and demographic information.

STEP 2: Upload a copy of your valid Minnesota driver's license or identification card.

STEP 3: Add your address where you live.

STEP 4: Add others who may need to help you purchase and/or take your medication.

- a. For patients under age 18, adding a parent or legal guardian is required. This must be included to complete your registration. Your parent or legal guardian must provide a copy of their driver's license or identification card (it can be from another state) **and** a copy of your birth certificate, adoption papers, or proof of legal guardianship.
- b. For adults, adding a spouse and/or a caregiver is optional. If you're adding a spouse, a copy of their driver's license or identification card and a copy of your marriage license is required. If you identify a caregiver, we will send them an application to complete. You may add or delete your spouse or caregiver at any time.

STEP 5: Confirm your information.

Select "Next" to advance through the application. Select "Previous" to return to a prior page.

If you would like more detailed instructions, please go to [How to Become a Medical Cannabis Patient - MN Dept. of Health](#)

If you have any questions about enrolling, please contact our office at 651-201-5598. If we are not able to answer your call, please leave a voicemail message. We will do our best to return your call within two business days.

All applications are processed in the order they are received. Please allow up to 30 days to receive confirmation from the Medical Cannabis Program your application has been processed. If the office is unable to process your application, you will be notified.

You are encouraged to complete your application within 60 days of certification because the certification is valid for 90 days. If your application is not submitted and approved within 90 days of certification, you will be required to re-certify.

Select "Begin Enrollment" to start.

[Begin Enrollment](#)



HOW TO REGISTER YOUR MINOR CHILD IN THE MEDICAL CANNABIS PROGRAM

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. Click “Next” to continue.

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Create Account

Email Address: *

Password Requirements:
Passwords are case sensitive and have the following requirements:

- 8 characters or longer
- both upper and lower case characters
- at least one number or special character

Password: (Note: password is case sensitive) *

Confirm Password: *

Your email address/username and password will be needed to login to your patient account. Please record this information. [Next](#)

Complete enrollment application

1. On the next screen, type in the answers in the corresponding fields.

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STEP 1: Enter Your Demographic Information

Patient ID

Prefix

Patient First Name *

Patient Middle Initial

Patient Last Name *

Suffix

Date of Birth *

Patient Gender *

Race/Ethnicity

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Other race
- White
- Don't know/Not sure
- Do not wish to answer

Identify as Hispanic? *

What is your annual total household income from all sources? *

Phone Number *

Email Address *

Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements.

[Next](#)

HOW TO REGISTER YOUR MINOR CHILD IN THE MEDICAL CANNABIS PROGRAM

2. Check the Acknowledgment box, read the statements in the pop-up screen then select “Agree.” Then click “Next” at the bottom right of the screen to continue.

The screenshot shows the 'Minnesota Medical Cannabis Program Patient Registration Acknowledgement' screen. On the left, a sidebar lists registration steps: Patient ID, Prefix, Patient First Name, Patient Middle Name, Patient Last Name, Suffix, Date of Birth, Patient Gender, Race/Ethnicity, Identify as Hispanic, What is your annual income from all sources, Phone Number, and Email Address. A 'Next' button is located at the bottom of this sidebar, highlighted with a red arrow. The main content area displays the 'Acknowledgement' text, which includes background information, purpose and intended use, classification of data provided, consequences of supplying or refusing information, and other persons or entities authorized to receive information. At the bottom of the main content area, there are 'Disagree' and 'Agree' buttons.

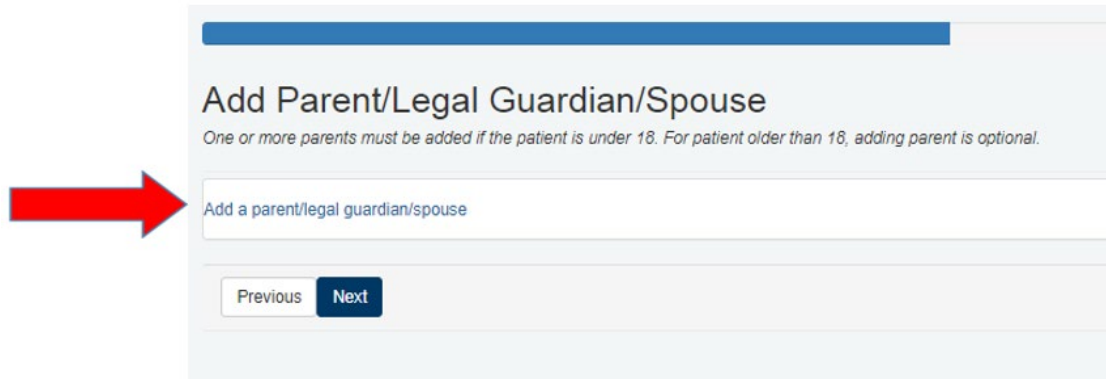
Add patient's home address

1. Type in the patient's home address in the fields; check the box only if the mailing address is the same as their home address, and then click on “Next” to continue.
2. If the mailing address is different, select “Next,” and continue. On the next screen, enter the patient's mailing address in the fields, and select “Next.”

The screenshot shows the 'Mailing Address Information' form. It contains the following fields: Mailing Street Address (line 1) *, Mailing Street Address (line 2), Mailing City *, Mailing Country (with a 'Select' dropdown), Mailing State * (with a 'Please select' dropdown), and Mailing Zip Code (USA) *. At the bottom of the form, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with a red box.

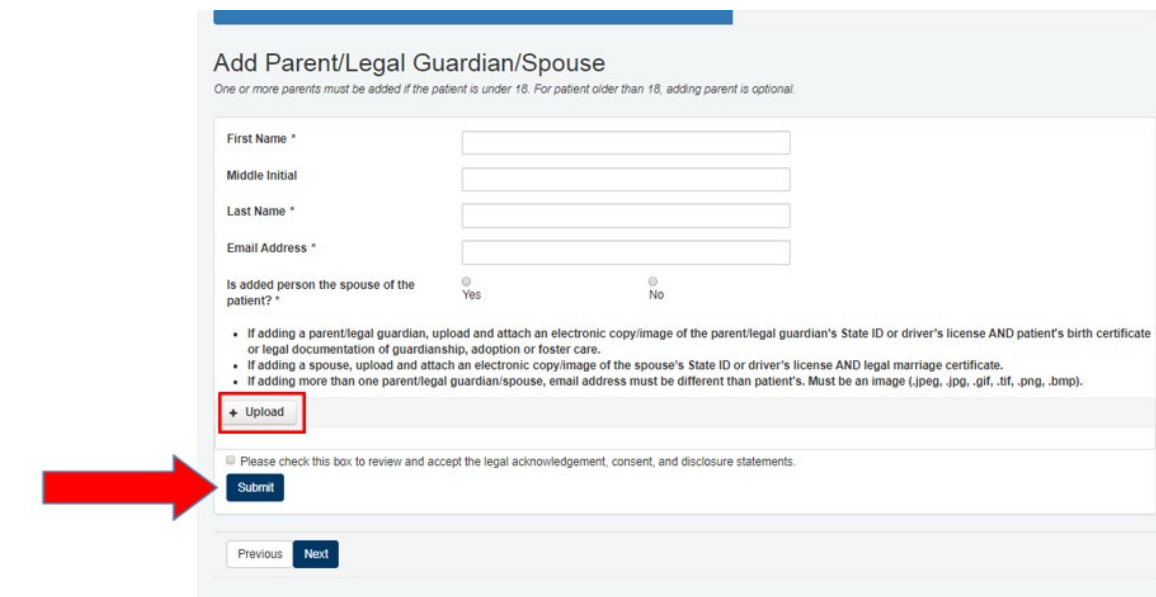
Add parent/legal guardian

1. For a minor patient, a parent/legal guardian is **REQUIRED** and **MUST** be added to the account in order to continue enrollment. Click on “Add a parent/legal guardian/spouse” to continue.



The screenshot shows the top portion of a web form titled "Add Parent/Legal Guardian/Spouse". Below the title is a sub-header: "One or more parents must be added if the patient is under 18. For patient older than 18, adding parent is optional." Below this is a blue link that says "Add a parent/legal guardian/spouse". A red arrow points to this link. At the bottom of the form are two buttons: "Previous" and "Next".

2. After clicking the “Add a parent/legal guardian/spouse” link, enter the parent/legal guardian’s information and attach the parent/legal guardian’s photo identification and patient’s birth certificate or legal guardianship using the Upload button as shown below. Check the Acknowledgement box and select “Agree” after reading the disclaimer. Click “Submit” to continue.



The screenshot shows the main input section of the "Add Parent/Legal Guardian/Spouse" form. It includes fields for "First Name *", "Middle Initial", "Last Name *", and "Email Address *". Below these is a question: "Is added person the spouse of the patient? *" with radio buttons for "Yes" and "No". A disclaimer follows, listing requirements for uploading documents. A red box highlights the "+ Upload" button, and a red arrow points to it. Below the disclaimer is a checkbox for "Please check this box to review and accept the legal acknowledgement, consent, and disclosure statements." and a "Submit" button. At the bottom are "Previous" and "Next" buttons.

3. The parent/legal guardian listed would then receive an email notification. Click on “Add a parent/legal guardian/spouse” again and follow the same instructions to add another parent or legal guardian. Otherwise, select “Next” to continue.

Full Name	Email Address	Action
Training Training	ju+lyomc2016@gmail.com	Remove

Add caregiver (optional)

1. Parents/Legal Guardians/Spouses **do not** have to be added as Caregivers if they have already been added under the designation of Parent/Legal Guardian/Spouse on the previous page. If no Caregiver needed, the patient may simply click “Next.” If Caregiver is needed, see instructions below.

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

If you register as a parent/legal guardian of a patient, you DO NOT need to also register as a caregiver.

2. Enter the caregiver’s information in the fields, and click on “Submit” on the left side of screen. The caregiver will receive an enrollment email with instructions to submit their application.

Caregiver First Name *

Caregiver Middle Initial

Caregiver Last Name *

Caregiver Email Address * (Must be different than the patient's) *

Caregiver Phone Number * (###) ###-####

3. Click on “Add a caregiver” again and follow the same instructions to add another caregiver. Otherwise, select “Next” to continue.

Add Caregiver

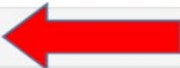
Please add one or more caregivers

If you register as a parent/legal guardian of a patient, you DO NOT need to also register as a caregiver.

Caregivers (1 added)

Full Name	Email	Action
Training CG Training	jul+yomc2016@gmail.com	Remove

Add a caregiver

Previous **Next** 

Submit your application

This is the notification a patient will receive once they submit their enrollment application. The Office of Medical Cannabis processes complete applications in the order they are received. Close out of this page when finished.

m DEPARTMENT OF HEALTH Medical Cannabis Registry

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Application Submitted

Your application has been submitted. There is no further action you need to take at this time.

All applications are processed in the order they are received. Please allow up to 30 days to receive an email from the Medical Cannabis Program, informing you that your application has been processed and approved. If we are unable to process your application, you will be notified by email. Once you've received the approval notice, you may purchase medical cannabis at any of the approved dispensaries.

You may now close this page.

Approval notification

The patient will receive the following email when their application is approved.

m DEPARTMENT OF HEALTH Office of Medical Cannabis

Dear Test4 Patient:

OMC ID: P8073354

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

Your enrollment is good for one year, and your enrollment will expire on 06/29/2024.

You can now log in to the Minnesota Medical Cannabis to review your information. You can complete and submit your self-evaluation (required), access your optional program verification document (Minnesota does not issue a card), update personal information, complete surveys (optional), view past medical cannabis purchases, and add/remove Caregivers, Parents/Legal Guardians, and a Spouse from your account. Log in to the Registry here: <https://cannabis.norproed.health.state.mn.us>

Next steps to pick up medical cannabis:

1. Log in to your account using the link above to complete and submit the self-evaluation online. The self-evaluation is available by clicking the link at the top of your homepage. Staff at the dispensary will review and approve your self-evaluation at the time of medical cannabis pick-up appointment. You must complete and submit a new self-evaluation prior to each medication purchase.
2. Once the self-evaluation is submitted, you may contact a Minnesota Medical Cannabis Dispensary to set up an appointment. For location addresses, phone numbers, and Medical Cannabis Dispensary website links, please visit the [Medical Cannabis Dispensary Locations](#) page. You can schedule appointments directly from the dispensaries' websites.
3. Bring your cash or debit card (payment options vary by locations), photo ID, a list of current medications along with your most recent visit summary from your physician with you to the Medical Cannabis Dispensary.

If you need assistance, please contact the Minnesota Department of Health/Office of Medical Cannabis at 651-201-5598 (Metro) or 1-844-679-3381 (Non-Metro).

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<http://mn.gov/medicalcannabis>