



Please refer to the Department's Medical Marijuana Program website (https://www.health.ny.gov/regulations/medical_marijuana/patients/registration_prerequisites.htm) prior to registering to ensure you have the appropriate documentation necessary to complete the registration process.

Certified Patients: For certified patients who are 18 years of age and older, and capable of consenting to their own medical treatment, please scroll down to Section A or click [here](#) for instructions.

Proxy Applicants: For certified patients who are under the age of 18 or are incapable of consenting, a Proxy Applicant must follow the steps in Section B to register the patient. Please scroll down to Section B or click [here](#) for instructions.

Designated Caregivers: For individuals designated by a certified patient in a registry application to be a caregiver, the individual must follow the steps in Section C to register. Please scroll down to Section C or click [here](#) for instructions.

A. Certified Patient Instructions

1. Log in to My NY.gov at <https://my.ny.gov/>.
If you do not have an account click on the link below to create an account:
https://www.health.ny.gov/regulations/medical_marijuana/docs/my_ny_gov_instructions.pdf.
Make note of your user ID and password, keep them in a safe place, and never share them with anyone else.
2. Click on the Health Applications icon.
3. Click on the link to the Medical Marijuana Data Management System (MMDMS) and select the appropriate Role (see below). This screen may take a little time to load the first time you select your role. Please wait for the page to fully load before making any selections.

Please select your Role.

Patient: Choose this role if you are a certified patient, eighteen years of age or older and capable of consenting to your own medical treatment.

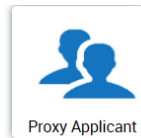
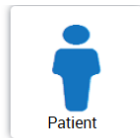
You may also use this role if you are helping a patient register who is eighteen years of age or older and the patient can consent to his or her own medical treatment. If the patient's NY.GOV account was not used to login, please exit and have the patient login to NY.GOV to access this page and select PATIENT. Do not select the PROXY APPLICANT role.

Proxy Applicant: Choose this role if you are registering on behalf of a patient who is under the age of eighteen or on behalf of a patient who is incapable of consenting to medical treatment.

- You must be over twenty-one years of age to select this role.
- If you are helping a patient register who is over the age of eighteen and can consent to their own medical treatment, do NOT select the Proxy Applicant role. Please have the patient log into their own NY.GOV account and select the Patient role.

Caregiver: Choose this role if you were designated by a patient or a proxy applicant on the patient's registration to be a patient's caregiver.

- The patient's registration must be active before you can register as a caregiver.
- Once you select the role of Caregiver, select Register/View my Patients. If the patient's name is not listed, contact the patient or their proxy applicant to verify the status of the patient's registration and ensure you're listed as a caregiver.



4. Enter information for each field below and click "Next."

- The Certification No. can be found on the upper right-hand corner of the certification form issued by your registered practitioner. Please enter the number exactly as it appears on the form starting with "PC" and include the "-" then follow with the number and no spaces.
- The Date of Birth must be entered in MM/DD/YYYY format.

Please enter the required Patient information.

First Name: *

Last Name: *

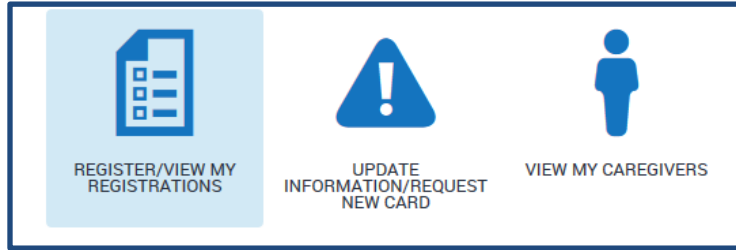
Date Of Birth: *

Zip Code: *

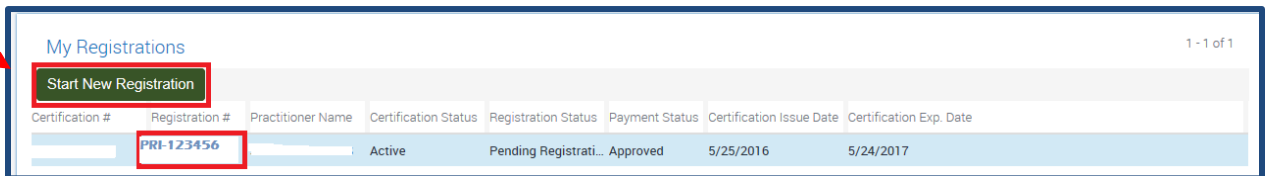
Certification: *

If you receive an error message, please check that the name, date of birth and zip code that you are entering matches exactly what appears on your certification. If you find information that is incorrect on your certification, please contact your practitioner to correct the information.

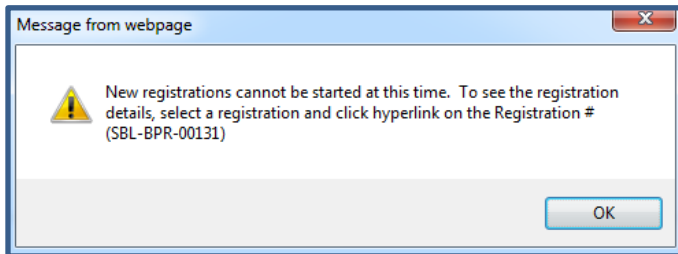
5. On the Patient Home Page select “REGISTER/VIEW MY REGISTRATIONS” (shown below).



6. The My Registrations page will display, click the “Start New Registration” button (shown below).



Note: If you leave the system and come back later to complete the registration, you will need to select the blue Registration # to access your pending registration. If you select “Start New Registration” you will receive an error message indicating that you cannot start a new registration at this time. You may also receive the error message pictured below if the practitioner changed the spelling of your first name, last name or date of birth, and issued you a new certification. If you receive this error, please contact the Department via email at mmp@health.ny.gov for assistance.



7. The top two sections of the registration screen will already be filled in with information from the certification form issued by your certifying practitioner. If you think there is a mistake in the information that has already been filled in, please contact your certifying practitioner to correct the information.

If you have a New York State Driver’s License or New York State Non-Driver ID card, enter the ID number (numbers only – no spaces or dashes) in the NYS ID field (shown below) and then skip to step [#10](#) below. If you do not have a New York State Driver’s License or New York State Non-Driver ID card, supporting documentation for proof of residency and a photo is required (see step [#9](#) for instructions). **Please do not upload a copy of your NYS ID in addition to entering the number as this will delay the processing time for your registry ID card.**

Patient Information

First Name: [Redacted] Last Name: [Redacted] DOB: 1/1/1950 Phone #: (111) 111-1111

NYS ID: [Redacted] NYS Driver License or Non-Driver ID Number (Numbers Only, No Spaces)

Please do not upload a copy of your NYS ID in addition to entering the number.

If you enter your NYS ID number, you do not need to upload a copy of the driver’s license or non-driver ID card.

- Your residence address is the address provided by your practitioner on the certification. If your Residence Address is incorrect, please upload a Proof of Residency document as outlined in Step #9 and enter notes in the “Comments” column next to the document upload. The ID cards cannot be forwarded by USPS, therefore please ensure the correct address is entered.

Residence Address: [Redacted] If your Residence Address is incorrect, please upload a Proof of Residency document.

Is your Residence address the same as your mailing address? [No] [v]

If your mailing address is different from your residential address please select “NO” and enter your mailing address as shown below. The ID cards cannot be forwarded by USPS, therefore please ensure the correct address is entered.

Is your Residence address the same as your mailing address? [No] [v]

Mailing Address: [Redacted] City: Albany State: [Redacted] ZIP Code: 12345

- Supporting documents are uploaded by clicking the “New Document” button (shown below) and following the instructions on the screen. Click on the “What supporting documents do I need?” link for additional information regarding the type of documents required for registration.

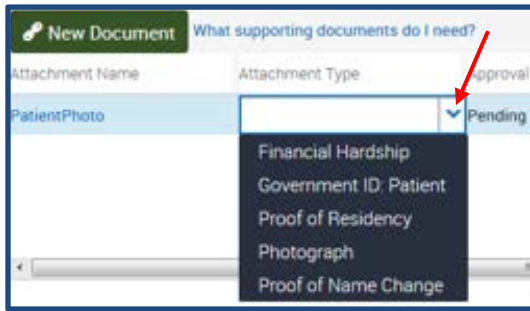
Please note, you do not need to upload a copy of the certification issued by the practitioner.

Upload Supporting Documents for Patient

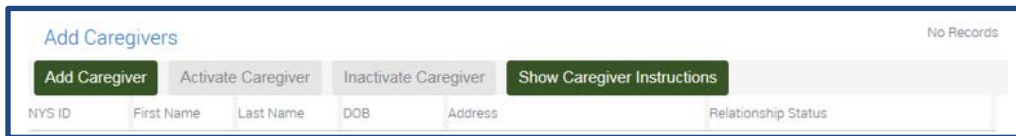
[New Document](#) [What supporting documents do I need?](#) Please do not upload a copy of the certification issued by your practitioner as it is not required.

| Attachment Name | Attachment Type | Approval Status | Comments | Comments-DOH | Created Date |
|-----------------|-----------------|-----------------|----------|--------------|--------------|
| 1004.1 | Choose a Value | Pending | | | 9/26/2016 |

After selecting “Choose a Value”, use the *Attachment Type* dropdown menu to select the type of Document that has been attached. For example, if you are uploading a photo, use the dropdown menu to select *Photograph*.



10. If you would like to designate up to two caregivers, click the “Add Caregiver” button (shown below).



After clicking on the “Add Caregiver” button, the screen pictured below will display. All fields are required. Once all fields have been completed, click the “Add” button. Only two caregivers may be added.



After your registration has a status of Approved, the person(s) you have designated as a caregiver must create their own My.NY.Gov account and register as a caregiver to receive their own caregiver registry ID card. Caregivers MUST have their own registry ID card in order to purchase medical marijuana from a dispensing facility on your behalf.

11. Pursuant to the Compassionate Care Act there is a \$50 application fee. The Department is currently waiving the \$50 fee for all patients and their designated caregivers. Simply select “Bill Me Later” when registering and the application fee will be waived.

12. Once the registration form is complete, read the acknowledgement section and answer the question regarding your photograph, then click the “Submit Registration” button (shown below).

Acknowledgement

I acknowledge that all the information provided is true and that a false statement in the application is punishable under section 210.45 of the Penal law. I acknowledge that the Department of Health may request additional information from me, or my certifying practitioner, to verify information in my application. I authorize the New York State Department of Motor Vehicles to release to the Department of Health personal identity information, including: my name, client identification number, date of birth, address and digital image, for verification and use on my Medical Marijuana Registry Identification Card. It is my intent to sign this document by clicking the Submit Registration button and electronically submitting this document to the Department of Health. I understand that submitting this document in this fashion is the legal equivalent of placing my handwritten signature on the submitted document and this acknowledgement. I understand and agree that by electronically signing and submitting this document in this fashion I am affirming the truth of the information contained therein.”

Is the photo on your Registry ID Card a true likeness of you?:

If all required fields are not complete, the “Submit Registration” button will be inaccessible. To save the current information and complete at a later time, click the “Save & Exit” button.

Once the registration form has been submitted successfully, you will receive a message indicating the status of your registration. The Department will contact you at the telephone number provided on the registration if additional information is required. You may check the status of your registration by returning to your account and selecting “View My Registrations” and reviewing the “Registration Status” column. Once the registration is in an “Active” status, it’s complete, and the registry ID card has been mailed. Please allow 7-10 business days for the card to arrive.

Once you have received your Registry Identification Card, you must bring both your Registry Identification Card and your certification issued by your registered practitioner to a registered organization’s dispensing facility to obtain medical marijuana products.

B. Proxy Applicant Instructions

1. Log in to My NY.gov at <https://my.ny.gov/>.
If you do not have an account: go to <https://my.ny.gov/>, click on the “Don’t have an Account?” button and follow the instructions. Make note of your user ID and password, keep them in a safe place and never share them with anyone else.
2. Click on the Health Applications icon.
3. Click on the link to the Medical Marijuana Data Management System (MMDMS) and select the appropriate Role (see below).

Please select your Role.

Patient: Choose this role if you are a certified patient, eighteen years of age or older and capable of consenting to your own medical treatment.

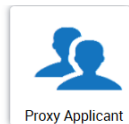
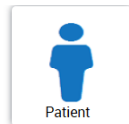
You may also use this role if you are helping a patient register who is eighteen years of age or older and the patient can consent to his or her own medical treatment. If the patient's NY.GOV account was not used to login, please exit and have the patient login to NY.GOV to access this page and select PATIENT. Do not select the PROXY APPLICANT role.

Proxy Applicant: Choose this role if you are registering on behalf of a patient who is under the age of eighteen or on behalf of a patient who is incapable of consenting to medical treatment.

- You must be over twenty-one years of age to select this role.
- If you are helping a patient register who is over the age of eighteen and can consent to their own medical treatment, do NOT select the Proxy Applicant role. Please have the patient log into their own NY.GOV account and select the Patient role.

Caregiver: Choose this role if you were designated by a patient or a proxy applicant on the patient's registration to be a patient's caregiver.

- The patient's registration must be active before you can register as a caregiver.
- Once you select the role of Caregiver, select Register/View my Patients. If the patient's name is not listed, contact the patient or their proxy applicant to verify the status of the patient's registration and ensure you're listed as a caregiver.



4. Enter information for each field below and click "Next." The Patient Certification # can be found on the upper right-hand corner of the certification form issued by the patient's registered practitioner. The number should be entered starting with "PC" and include the "-".

If the proxy applicant has a New York State Driver's License or Non-Driver ID card, please enter the First Name and Last Name as it appears on the ID card. Please be sure to only include the First and Last Name, not the middle name/initial or suffix which appear after the comma following the first name.

Please enter the required Patient information.

Patient First Name: *

Patient Last Name: *

Patient Date Of Birth: *

Patient Zip Code: *

Patient Certification Number: *

Please enter the required Proxy Applicant information.

Proxy Applicant First Name: *

Proxy Applicant Last Name: *

Proxy Applicant Date Of Birth: *

Next

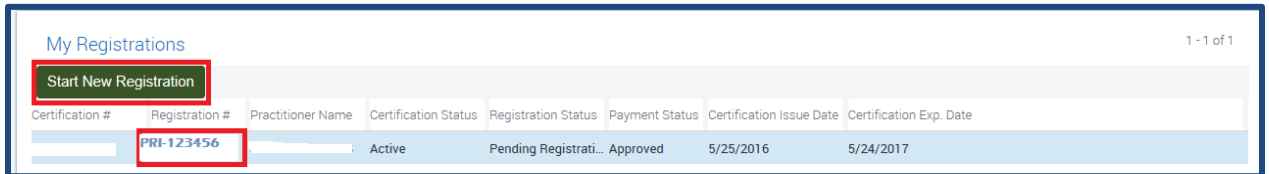
Reset

Cancel

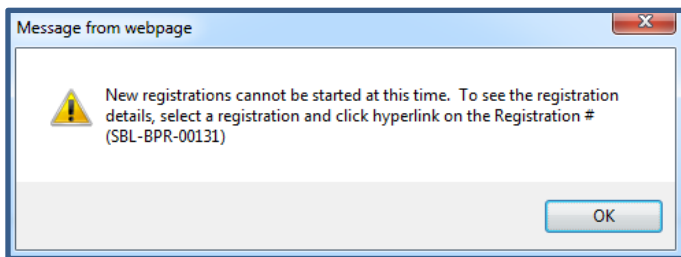
5. On the Proxy Applicant Home Screen select “REGISTER/VIEW REGISTRATIONS” (shown below).



6. The Registrations view will display. Click the “Start New Registration” button (shown below).

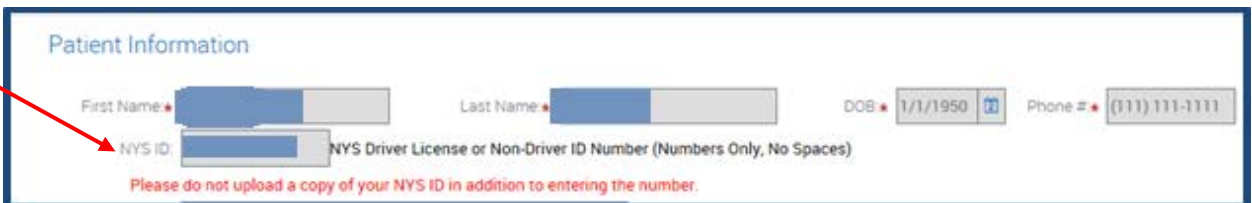


Note: If you leave the system and come back later to complete the registration, you will need to select the blue Registration # to access your pending registration. If you select “Start New Registration” you will receive an error message indicating that you cannot start a new registration at this time.



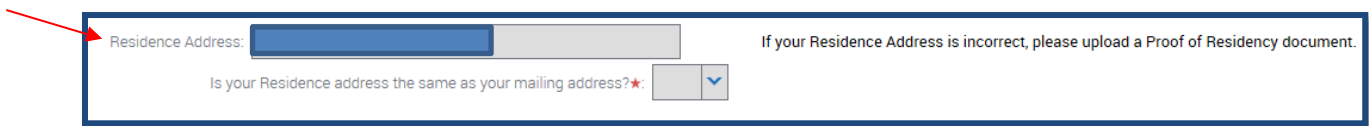
7. Once the registration form loads on the screen, the top two sections of the registration screen will already be filled in with information from the certification form issued by the certifying practitioner. If you think there is a mistake in the information that has already been filled in, please contact the certifying practitioner to correct the patient’s information.

If the patient has a New York State Driver’s License or New York State Non-Driver ID card, enter the ID number in the NYS ID field (shown below) and then skip to step [#10](#) below. If the patient does not have a New York State Driver’s License or New York State Non-Driver ID card, supporting documentation for proof of residency and a photo are required (see step [#9](#) for instructions).

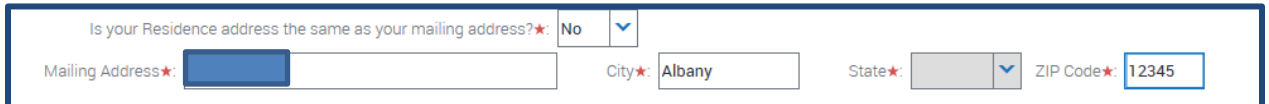


If you enter the NYS ID, you do not need to upload a copy of the driver’s license or non-driver ID card.

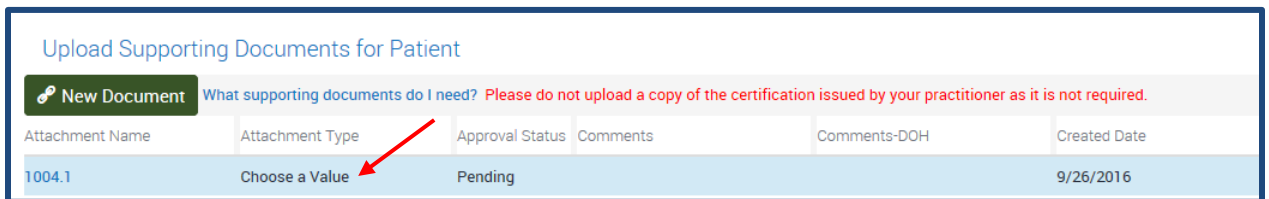
8. The patient's residence address is the address provided by the patient's practitioner on the certification. If the Residence Address is incorrect, please upload a Proof of Residency document as outlined in Step [#10 and add a comment in the "Comments" column with the needed changes.](#)



If the patient's mailing address is different from his/her residential address, please select "NO" and enter the mailing address as shown below.

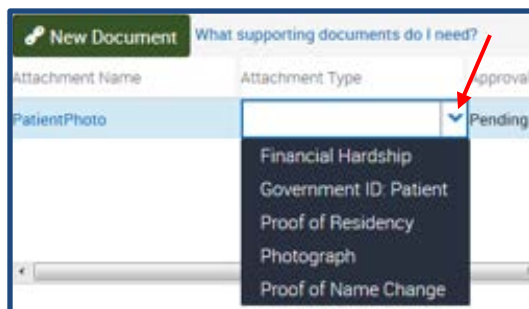


9. Supporting documents are uploaded by clicking the "New Document" button (shown below) and following the instructions on the screen. Click on the "What supporting documents do I need?" link for additional information regarding documents required for registration. Please note, if a NYS ID was entered, an uploaded copy of the ID is not required. **You also do not need to upload a copy of the patient's certification document. Doing so will delay the registration approval process.**



| Attachment Name | Attachment Type | Approval Status | Comments | Comments-DOH | Created Date |
|-----------------|-----------------|-----------------|----------|--------------|--------------|
| 1004.1 | Choose a Value | Pending | | | 9/26/2016 |

After selecting "Choose a Value" use the *Attachment Type* dropdown menu to select the type of Document that has been attached. For example, if you are uploading a photo, use the dropdown menu to select *Photograph*.



10. Contact information for the Proxy Applicant is required in case the Department needs to contact you for clarification. Complete the information shown in the screen below. Note that if the relationship is set to Parent/Legal Guardian, the bottom "Parent/Legal Guardian Information" section will disappear.

Proxy Applicant Information

First Name: Last Name: Relationship: Phone #: NYS ID: ?
 Address: City: State: ZIP Code:

Upload Supporting Documents for Proxy Applicant No Records

New Document What supporting documents do I need?

| Attachment Name | Attachment Type | Approval Stat. | Comments | Comments-DOH | Created Date |
|-----------------|-----------------|----------------|----------|--------------|--------------|
| No Records | | | | | |

Parent/Legal Guardian Information

First Name: Last Name: DOB: NYS ID: ?


11. If you are completing the registration as a Proxy Applicant, at least one caregiver must be designated in the patient registration. If the Proxy Applicant is also the Caregiver, click the “Add me as Caregiver” button. To add a different caregiver, click the “Add Caregiver” button (shown below).

Add Caregivers No Records

Add Caregiver **Add me as Caregiver** Activate Caregiver Inactivate Caregiver **Show Caregiver Instructions**


| NYS ID | First Name | Last Name | DOB | Relationship | Address | Relationship Status |
|------------|------------|-----------|-----|--------------|---------|---------------------|
| No Records | | | | | | |

If you selected the “Add Caregiver” button, the screen pictured below will display so that you may designate the caregiver. All fields are required. Once all fields have been completed, click the “Add” button.

 After the patient registration has a status of Approved, the person(s) added as a caregiver **MUST** complete their own registration with the program as a caregiver and receive their own caregiver registry ID card. Caregivers **MUST** have their own registry ID card in order to purchase medical marijuana from a dispensing facility on the patient’s behalf.

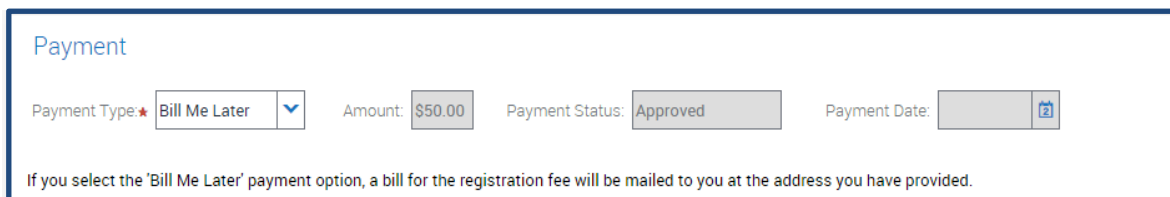
Add Caregiver X

All fields are required. Please enter the details exactly as it appears on the Caregiver’s NYS ID.

First Name:
 Last Name:
 DOB: 
 NYS ID: ?
 Street Address:
 City:
 State: : NY
 ZIP Code:

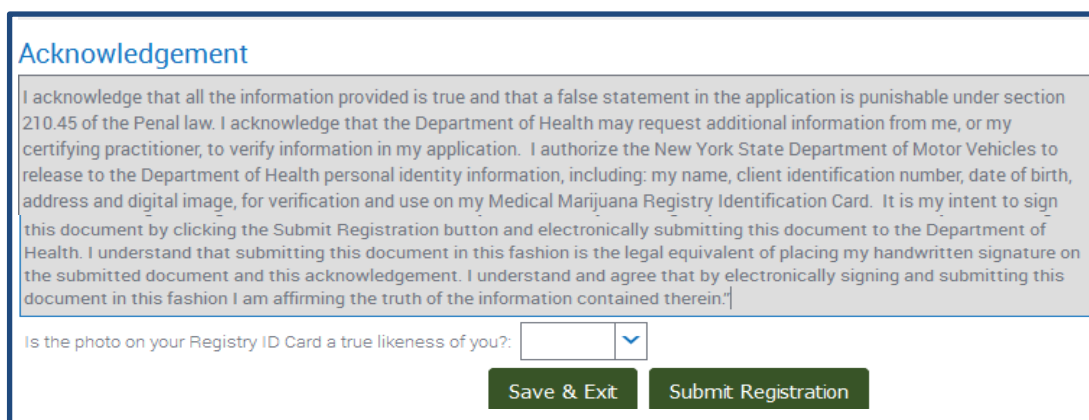
Add **Cancel**

12. Pursuant to the Compassionate Care Act there is a \$50 application fee. The Department is currently waiving the \$50 fee for all patients and their designated caregivers. Simply select “Bill Me Later” when registering and the application fee will be waived.



The screenshot shows a 'Payment' section with the following fields: 'Payment Type' set to 'Bill Me Later', 'Amount' set to '\$50.00', 'Payment Status' set to 'Approved', and 'Payment Date' with a calendar icon. Below the fields is a note: 'If you select the 'Bill Me Later' payment option, a bill for the registration fee will be mailed to you at the address you have provided.'

13. Once the registration form is complete, read the acknowledgement section and answer the question regarding the patient’s photograph, then click the “Submit Registration” button (shown below).



The screenshot shows an 'Acknowledgement' section with a long paragraph of text. Below the text is a question: 'Is the photo on your Registry ID Card a true likeness of you?' with a dropdown menu. At the bottom are two buttons: 'Save & Exit' and 'Submit Registration'.

If all required fields are not complete, the “Submit Registration” button will be inaccessible. To save the current information and complete at a later time, click the “Save & Exit” button.

Once the patient’s registration form has been submitted successfully, you will receive a message indicating the status of the registration. The Department will contact you at the telephone number provided on the registration if additional information is required. You may check the status of the patient’s registration by returning to your account and selecting “Register/View My Patients” and reviewing the “Registration Status” column. Once the registration is in “Active” status, it’s complete, and the registry ID card has been mailed. Please allow 7-10 business days for the card to arrive.

As a reminder, any caregiver(s) designated during the registration process must also register and receive their own registry identification card in order to obtain product on behalf of the patient. Once the Patient’s registration is approved, the caregiver may access the system to complete their caregiver registration. The caregiver must bring both, the Registry Identification Card and the patient’s certification issued by the registered practitioner, to a registered organization’s dispensing facility to obtain medical marijuana products.

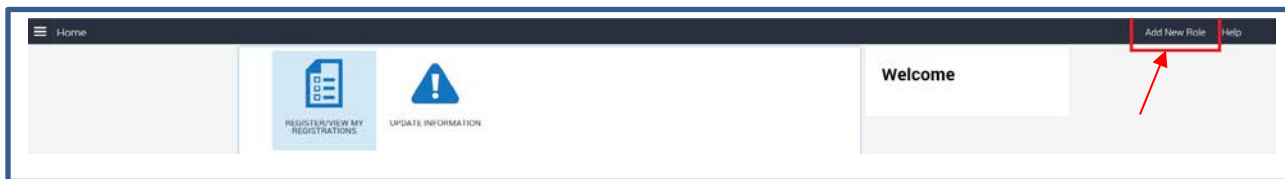
C. Designated Caregiver Instructions:

After the patient completes his or her registration and the patient's registration is Approved, the designated caregiver may proceed with the following steps to register with the Program:

1. Log in to My NY.gov at <https://my.ny.gov/>.
If you do not have an account: go to <https://my.ny.gov/>, click on the "Don't have an Account?" button and follow the instructions. Make note of your user ID and password, keep them in a safe place and never share them with anyone else.

Note: If you are a proxy applicant who is now registering as a caregiver for the patient, use the same account log in used when you completed the patient registration in order to complete your caregiver registration. If a caregiver other than yourself was also designated, that caregiver must create their own my.ny.gov account to log in and register as a caregiver.

2. Click on the Health Applications icon.
3. Click on the link to the Medical Marijuana Data Management System (MMDMS).
4. If you are a Proxy Applicant who is now registering as a caregiver, click on the "Add a Role" link located on the top right corner of the screen. All other caregivers can skip to step #5.



5. Select the Caregiver Role

Please select your Role.

Patient: Choose this role if you are a certified patient, eighteen years of age or older and capable of consenting to your own medical treatment.

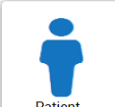
You may also use this role if you are helping a patient register who is eighteen years of age or older and the patient can consent to his or her own medical treatment. If the patient's NY.GOV account was not used to login, please exit and have the patient login to NY.GOV to access this page and select PATIENT. Do not select the PROXY APPLICANT role.

Proxy Applicant: Choose this role if you are registering on behalf of a patient who is under the age of eighteen or on behalf of a patient who is incapable of consenting to medical treatment.


- You must be over twenty-one years of age to select this role.
- If you are helping a patient register who is over the age of eighteen and can consent to their own medical treatment, do NOT select the Proxy Applicant role. Please have the patient log into their own NY.GOV account and select the Patient role.

Caregiver: Choose this role if you were designated by a patient or a proxy applicant on the patient's registration to be a patient's caregiver.


- The patient's registration must be active before you can register as a caregiver.
- Once you select the role of Caregiver, select Register/View my Patients. If the patient's name is not listed, contact the patient or their proxy applicant to verify the status of the patient's registration and ensure you're listed as a caregiver.



Patient



Proxy Applicant



Caregiver

6. Enter information for each field below and click “Next.” The NYS ID must be populated with the caregiver’s New York State Driver’s License or New York State Non-Driver ID.

7. On the Caregiver Home Page select “Register/View My Patients” (shown below).



8. The “My Patients” page will display, showing all patients associated with the designated caregiver, but will only include patients who have completed the registration process. Here, the designated caregiver will select the patient and click the “Accept Designation & Register” (shown below).

| First Name | Last Name | Certification # | Certification Status | Patient Registration Status | Relationship Status |
|------------|-----------|-----------------|----------------------|-----------------------------|---------------------|
| | | PC1-1905373 | Active | Active | Pending |

If the caregiver determines that he or she cannot accept the designation for a patient listed, highlight the appropriate patient listed and click the “Decline Designation” button (shown above). The caregiver should notify the patient so they may designate a different caregiver, if appropriate.

9. Upon accepting the designation, a registration screen for the caregiver will display. Most fields will be pre-filled based on information provided by the patient (shown below).
 - a. Be sure to enter a valid phone number in the field provided.
 - b. The address shown is the address entered by the patient. Please be sure the residence address is correct. If it is not, please upload proof of residency and enter a note with the attachment.
 - c. If the caregiver residence address is not the same as the mailing address, please update the dropdown to “No” and enter the correct mailing address.

Registration Information

Registration #* [REDACTED] Patient Name: [REDACTED] Registration Status* Pending Registration

Caregiver Information

First Name* [REDACTED] Last Name* [REDACTED] DOB: [REDACTED] Phone #* [REDACTED]

NYS ID: [REDACTED] Email: [REDACTED]

Residence Address: 1 CAREGIVER LANE, SCHENECTADY, NY 12345

If your Residence Address is incorrect, please upload a Proof of Residency document

Is your Residence address the same as your mailing address?* Yes [v]

10. Pursuant to the Compassionate Care Act there is a \$50 application fee. The Department is currently waiving the \$50 fee for all patients and their designated caregivers. Simply select “Bill Me Later” when registering and the application fee will be waived.

Payment

Payment Type* Bill Me Later [v] Amount: \$50.00 Payment Status: Approved Payment Date: [REDACTED]

If you select the 'Bill Me Later' payment option, a bill for the registration fee will be mailed to you at the address you have provided.

11. When the registration form is complete, read the acknowledgement section, then answer the question regarding the photo on your ID card. Once complete, click the “Submit Registration” button (shown below).

Acknowledgement

I acknowledge that all the information provided is true and that a false statement is punishable under section 210.45 of the Penal Law. I attest that I am not the certified patient's practitioner. I agree to secure and ensure proper handling of all approved medical marijuana products for the certified patient for whom I am the designated caregiver. I attest that I am not currently already a designated caregiver for five current certified patients and I have not submitted an application which is pending, and if approved would cause me to be a designated caregiver for more than five current certified patients. I acknowledge that the Department of Health may request additional information from me to verify information in my application. I authorize the New York State Department of Motor Vehicles to release to the Department of Health personal identity information, including: my name, client identification number, date of birth, address and digital image, for verification and use on my Medical Marijuana Registry Identification Card. It is my intent to sign this document by clicking the Submit Registration button and electronically submitting this document to the Department of Health. I understand that submitting this document in this fashion is the legal equivalent of placing my handwritten signature on the submitted document and this acknowledgement. I understand and agree that by electronically signing and submitting this document in this fashion I am affirming the truth of the information contained therein.

Is the photo on your Registry ID Card a true likeness of you? [v]

Submit Registration **Save & Exit**

If all required fields are not complete, the “Submit Registration” button will not work. To save the current information and complete at a later time, click the “Save & Exit” button.

Once you have received your Caregiver Registry Identification Card, you must bring both your Caregiver Registry Identification Card and the patient’s certification to a registered organization’s dispensing facility to obtain medical marijuana products.