Online Application Patient Guide

This guide details the use of the Delaware patient portal to register for the system and submit an application. Prior to registering and completing your medical marijuana application online, please contact your physician and ask them if they have signed up to participate in the online application certifications. If your physician has not signed up to participate you will be unable to complete your application online. You can still have your physician complete the paper medical marijuana application and submit via US mail. Please if you have any questions contact the Medical Marijuana Program at 302-744-4749.

Medical Marijuana Web Page:
http://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html

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Welcome to the State of Delaware Medical Marijuana Program. The Division of Public Health (DPH) implemented Title 16, Ch 49A of the Delaware Code after Governor Jack Markell signed Senate Bill 17 in May of 2011; the Delaware Medical Marijuana Act regulates the medical use of marijuana in Delaware.

The purpose of the Medical Marijuana Program is to allow the beneficial use of medical marijuana in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments.

The mission of the Office of Medical Marijuana (OMM) is protection of Delaware citizens through proactive monitoring and enforcement of the Delaware Medical Marijuana Act and accompanying regulations. Rigorous inspection of the regulated vendors minimizes the risk to human health and environmental impact.

To begin, click on the New Program Participants button if you would like to begin an application or click on the Existing Program Participants button if you have previously registered.

If you have any questions throughout the application process, please contact the Medical Marijuana Program at 302-744-4749.

If you are new or an existing Program participant in the Delaware Medical Marijuana Program you must register as a new program participant in order to complete your application online.

System Registration
Before system use, each user must register using the provided registration form. To register a new user, navigate to ‘Registration’
On the registration screen (shown below) input the patient’s information into the provided fields.

- **First Name** – First name of the patient.
- **Last Name** – Last name of the patient.
Email – Email address of the patient.

Password – Must follow the rules shown below, input the same password into the Password confirmation field.

After filling in all provided fields, click the Submit button to process the registration. If all information has been entered correctly the following screen will appear:

Next, navigate to your email and click on the registration link in the confirmation email. That confirms the registration and the account is now ready for use. Note: If the email does not appear in your inbox, check the spam folder.

Login to the System

To login to the portal navigate to ** and input the user name and password created during registration and click ‘Login’ to log into the system.
Forgot Password
In the event of a forgotten password, navigate to the login screen and click on ‘Forgot password’ (as shown below).

On this screen, enter the user’s email address and click the submit button.
If the following screen appears navigate to your email and follow the instructions given in the password reset message. If an error message appears you may need to register for an account.

Navigate to your email and click on the registration link in the confirmation email. On the screen that appears input a new password and confirm the new password. Note: If the email does not appear in your inbox, check the spam folder.
**Patient Account Information Screen**

This section details the various icons and information displayed on the patient information screen.

Prior to registering and completing your medical marijuana application online, please contact your physician and ask them if they have signed up to participate in the online application certifications. If your physician has not signed up to participate you will not be able to complete your application online. Your physician can complete the paper medical marijuana application and submit via US mail. Please if you have any questions contact the Medical Marijuana Program at 302-744-4749

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### Own Applications

<table>
<thead>
<tr>
<th>Action</th>
<th>Barcode</th>
<th>Application</th>
<th>Percentage</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preview</td>
<td>UE146296PK</td>
<td>Patient Application</td>
<td>100%</td>
<td>05-22-2019</td>
</tr>
</tbody>
</table>

**Adverse Event Report**

An adverse event is a health-related event associated with the use of a product that is undesirable, and that is unexpected or unusual.

Remit payment to:

Delaware Division of Public Health  
ATTN: MMP, Suite 130  
417 Federal Street  
Dover, DE 19901

Please include Application Barcode into payment description or Pay Online.

© Delaware

- **Preview** - This button is used to preview the patient application.

- **Renewal** - This button is used to renew the patient application.

- **Replace** - Used to request a replacement card because it’s been lost/stolen, the patient’s name or address has changed. Select a replacement reason to begin the card replacement.
Fuel Gauge – Icon used to display the patient’s remaining limit meter. When the fuel gauge is clicked, the limit meter screen displays:

0

Limit Meter

UE14629IPK  John McGaddy  85.05 Grams / 85.05 Grams

100% Left

The Application(s) ID and patient name displays along with the remaining limit/full limit available for purchase to the right.

The remaining patient limit is also displayed as a percentage bar that indicates the percentage of the patient limit the remains available for purchase.
Patient Application

Use the patient application section of the portal to submit and review patient application(s). To access the patient application, navigate to Applications> Patient Application:

This brings up the patient application:
Complete the following fields on the application:

- Click +Upload to select and upload a picture of the patient
- Select either New or Returning patient
- Last Name – Input the patient’s last name
- First Name – Input the patient’s first name
- Suffix – Enter the name Suffix, if any (optional)
- Middle Name – Input the patient’s middle name (if any)
- Enter the patient’s full address including county into the provided fields
- Enter the patient’s full mailing address into the provided fields
<table>
<thead>
<tr>
<th>Mail Address</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address (Street)</td>
<td>Address (Apt #, P.O. Box, Suit #)</td>
</tr>
<tr>
<td>County</td>
<td>State</td>
</tr>
<tr>
<td>City</td>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
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<tbody>
<tr>
<td>Primary Phone</td>
<td>Secondary Phone</td>
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<th></th>
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<tbody>
<tr>
<td>Email Address</td>
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<tbody>
<tr>
<td>Date of Birth</td>
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<tbody>
<tr>
<td>ID type</td>
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<tbody>
<tr>
<td>Weight (lbs)</td>
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<td>Height</td>
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<tbody>
<tr>
<td>Driver's License/State ID Number</td>
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<th></th>
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<tbody>
<tr>
<td>Date of Exp.</td>
</tr>
</tbody>
</table>

- Enter the primary phone number for the patient and secondary number if applicable
- Enter the patient’s email address
- Select the patient’s gender
- Input the patient’s date of birth in MM-DD-YYYY format
- Enter the weight in pounds of the patient into the weight field
- Enter the height of the patient into the feet and inches fields
- Select the identification type for the patient and input the ID number and the expiration date into the provided fields.

The next section to complete is voluntary demographic information. Optionally input your demographic information by answering the questions using the radio buttons and/or typing the answers in as needed.
On the Patient release of medical information, read the statement input the patient’s name, qualifying condition, the certifying position and I and the patient’s signature.
The next section is the caregiver authorization form. If applicable enter the caregiver information and have the patient sign in the patient signature field and input the date.
Caregiver Authorization Form

Complete this section if you need a Caregiver. The Caregiver must complete a separate application.

I, (patient), hereby authorize the following person to be my designated caregiver for the Delaware Medical Marijuana Program. I authorize this caregiver to assist me in the transportation and storage of my medical marijuana. This person will be responsible for managing my well-being with respect to the use of medical marijuana.

Caregiver’s First Name: ______________________  Caregiver’s Last Name: ______________________

Caregiver’s Date of Birth: MM-DD-YYYY

This authorization will expire with the expiration of the patient’s registry card and will need to be reauthorized with each caregiver renewal.

I understand that completing the signature block electronically constitutes a legal signature confirming that I acknowledge and agree to the above statement.

Patient’s Signature: ______________________

MM-DD-YYYY

FINES ESTABLISHED FOR NON-COMPLIANCE

The following fines have been established in the Medical Marijuana Act:

<table>
<thead>
<tr>
<th>Fine Description</th>
<th>Fine Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to notify program staff of patient/caregiver</td>
<td>$150.00</td>
</tr>
<tr>
<td>changes in information</td>
<td></td>
</tr>
<tr>
<td>Dispersing marijuana to a non-card holder</td>
<td>$2,000.00</td>
</tr>
<tr>
<td>Fraudulent card creation or use</td>
<td>$1,150.00</td>
</tr>
<tr>
<td>Unethical professional conduct</td>
<td>$3,000.00</td>
</tr>
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FEES SCHEDULE

The following fee schedule has been established in the Medical Marijuana Act. Applicants must include payment with the completed application payable to the State of Delaware, Medical Marijuana Program. Applicants can apply for an application fee waiver by completing a Low Income Charge Request form. Contact the Office of Medical Marijuana to obtain this form and submit with the application. Failure to submit payment or Low Income Charge Request with the application may result in denial of application or delay in processing.
In the next sections, review the established fines and fee schedule before selecting the type of payment used to pay the application fee. If ‘Online Payment’ is selected click on ‘Make Payment’ to submit payment. If ‘Fee Waiver’ is selected click ‘+Upload’ to upload the fee waiver.
Application Fee (registration effective for one year from issue date) $125.00
Renewal Fee $125.00
Return Check Fee $35.00
Card Re-Issue Fee $20.00

The Office of Medical Marijuana will not proceed with the processing of your application until the application fee is received.

Application Fees are non-refundable.
Remit Payment to:
Delaware Division of Public Health
ATTN: MMP, Suite 130 417 Federal Street
Dover, DE 19901

At least one option should be filled:
- Check/Money Order
- Online Payment
- Fee Waiver

If requesting Fee Waiver, please upload Fee Waiver Request Form here

Fee Waiver Request

To be completed by Department of Public Health, Office of Medical Marijuana staff

Application Fee Amount

Application Fee paid

Patient’s Attestation Statement

By signing below, the Patient certifies that the information on this application is complete, true, and submitted for the purpose of obtaining a State of Delaware Medical Marijuana Patient Registry Card. If approved for the Registry Card, the Patient acknowledges receipt of and agrees to the terms of the Delaware Medical Marijuana Act, Title 16 of the Delaware Code, Chapter 49A.

To ensure confidentiality, information regarding application status will not be given over the phone.
* Once applications are processed, communication will be sent to the Patient’s residence with further instructions for the finalization of the Registry Card.
* Applicants/patients are required by law to notify DPH Office of Medical Marijuana with any changes in information within 10 days of the change. Failure to do so can result in fines.
* Any registry card that is lost or stolen must be reported to DPH Office of Medical Marijuana immediately.
* Patient information changes that are printed on the Registry Card (such as name or address) will require a new card issued.
The last section of the application is the Patient’s Attestation Statement. Read the statement and select the radio button to confirm each of the additional statements. Click ‘+Upload’ to upload a copy of your identification. Once all sections are complete, review the application, sign/date the application and click ‘Save’ to save and transmit the application.