# ADHS Medical Marijuana Individual Licensing

## **Patient / Caregiver Handbook**

Updated: August 27, 2024



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### AMMA ARIZONA MEDICAL MARIJUANA ACT

In November 2010, Arizona voters passed Proposition 203, an initiative creating the Arizona Medical Marijuana Act (AMMA). The AMMA went into effect in December 2010 and made the Arizona Department of Health Services the state agency that oversees the program. Since that time, the statutes and rules have undergone revisions to become the program we have today. For example, in 2019, during the 54th Legislative Session, the state legislature passed by a three-fourths vote and Gov. Doug Ducey signed into law Senate Bill 1494. That bill, among other things, changed the card process from a printed card to an electronic card and enabled the ADHS to improve the medical marijuana program's online services. The functionality in this online Medical Marijuana Licensing Management System (MMLMS) is determined by the Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 17.

This manual outlines the ADHS Licensing Management System functions available to the Laboratory Owner. The Laboratory Agent functions are outlined in a subsequent document.

# INDIVIDUAL LICENSING PORTAL - ADHS WEBSITE AND PORTAL LOGIN

To access the Licensing Portal, click the link to the Licensing Portal on the Arizona Department of Health Services Medical Marijuana Home page. This ADHS website also provides additional AMMA information. To create an ADHS Licensing portal account, see **ADHS Licensing Portal Account Registration** instructions.

#### Portal Login – Users with an active account login

- 1. Access AZDHS.gov website
  - Search and access Medical Marijuana Homepage: <u>https://azdhs.gov/medical-marijuana</u>
- 2. Select Individual Licensing Portal link

	ARIZONA DEPARTN Health and Wellness for All	IENT OF HEAL	TH SERVICES					
HOME	AUDIENCES	TOPICS	DIVISIONS	A-Z INDEX		ENHANCED BY Google		٩
Medical	Marijuana							
ADHS Home / Pu	ublic Health Licensing Se	rvices / Medical M	arijuana - Home					
Home		Home						
Individual Licer	nsing Portal 2							
Facility Licensin	ng Portal	Apply	for your Patie	ent or Caregive	er Medical Mar	ijuana Registry	Identificatio	on Card
Electronic Card	Portal Instructions				Apply Here			
Medical Mariju Management S	ana Licensing ystem (MMLMS)			📑 Individua	Al Application and	Portal Guide		
ID Card Verifica	ation >							
Cultivation Bou	indary Check							
Renewal Inform	nation					60		
Online Provide	r Services		-	Con an				B
Reports				1. the		A 19		N
Rules & Statute	25	Qualifyin	g Patients	Caregivers	Phys	icians	Application	s
Annellandinan								11

- 3. View Licensing Portal login page
- 4. Enter ADHS Licensing portal credentials

**NOTE:** Facility Licensing Portal users are required to update their password every 1 year (365 calendar days)

5. Select the **Individual Portal** 

6. Select the Marijuana Program tile

7. Select the **Patient** (or Caregiver – depending on card type) **Tile** 





#### **ADHS Individual Licensing Portal**





#### **Portal Registration and Login**

In order to create a Medical Marijuana application, Patients and Caregivers must first create an account to have access to the online Individual Licensing Portal. The following steps outline how to create an account and login to the portal.

- 1. Create new account by accessing <u>ADHS</u> <u>Individual Licensing Portal</u>
- 2. Click Don't have an account? Sign up here
- 3. Enter information into fields to create account
- 4. Check security box and complete required check
- Once all required information is entered

   select Create Account

**NOTE:** Use unique email. You will only need one email account to access all licensing portals and respective applications and cards

**NOTE:** When creating an account, ensure legal name and date of birth are accurate.



Create Account	
Legal First Name	Legal Last Name
Phone Number	Date of Birth
I'm not a rot	APTCHA ex-Temu
*Please use your personal email address. N and access free email accounts at any of the resource only as the Arizona Department of providence Cmail. Outbook Xaboo	lany internet sites offer free email accounts. You can create e following sites. This information is provided as a helpful Health Services does not endorse or support any of these

ADHS Individual Licensing Portal

6. An email will be sent with instructions to set your password



7. Click on the **temporary link** to set password

Change Your Password
Enter a new password for megan.wagner+116@azdhs.gov. Make sure to include at least:
O 8 characters
Also include at least 3 of the following: 1 uppercase letter 1 lowercase letter 1 number 1 special character
* New Password
* Confirm New Password
Change Password
Password was last changed on 3/10/2020 4:42 PM.

8. Follow the password requirements and

#### **Editing Account Profile**

instructions

- 1. Once logged in to the account select Profile icon at the top right corner
- 2. Click the **pencil** to edit specific fields in Profile section



- 3. Editable fields appear with red outline (Phone number and Email address)
- 4. Click **check mark** to save
- 5. Click Change Password to change
- 6. Check email for instructions to finish changing password

**NOTE:** Legal Name can only be changed through Change Application

My Programs Portal	
Logout	4
Profile	<ul> <li>Image: Second sec</li></ul>
Legal First Name	Legal Last Name
Lance	Weedword
Phone Number	Date of Birth
999-123-4551	3/29/1990
* Email Address	3
Char	nge Password

#### Portal Login: Locked Account

- When attempting to login to the portal, the account will be locked after 5 invalid login attempts
  - Message displayed: "Your login attempt has failed. Make sure the username and password are correct. Your account will be locked after 5 incorrect password attempts and you will need to contact ADHS to unlock your account."
- If a laboratory account becomes locked, ADHS will automatically be notified and will process the request to unlock the account.
  - Message displayed: "Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access."

#### NOTE: Please allow 1 business day for processing

- Email will be sent to account holder to notify them ADHS will have to unlock their account
  - Email Subject: You've been locked out of the ADHS Licensing Portal
- ADHS will unlock the account and send an email with a link to the Facility Portal login or to Change your password
  - Email Subject: ADHS Facility Licensing
     Portal Unblock User

Login		
Your login attempt has locked after 5 incorrect	failed. Make sure the username and password are correct password attempts and you will need to contact ADHS to	t. Your account will be unlock your account.
Email Address		
george.smith0945@c	utlook.com	
Password		
	Login	
Forgot Username	Don't have an account? Sign up here.	Forgot Passwo

Login		
Your account is locked b ADHS to reset your acco	ecause an incorrect password was entered 5 times. A req unt access.	uest has been sent to
Email Address		
first.last@email.c	om	
Password		
•••••		
	Login	
Forgot Username	Don't have an account? Sign up here.	Forgot Password

	ARIZONA DEPARTMENT OF HEALTH SERVICES
	Hi Karl,
	Your account is locked after too many login attempts.
	We received your request to unlock your ADHS Facility Licensing portal account. We will process the request as soon as possible and email you when your account is unlocked. If you did not submit a request to unlock your account, please contact the Arizona Department of Health Services.
	Thank you,
_	
	ARIZONA DEPARTMENT OF HEALTH SERVICES
Hello	ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING
Hello Your to reç	Marybud, account has been unlocked. Please login to the <u>Facility Portal</u> or <u>Change your passwo</u>
Hello Your to reg For a	Marybud, account has been unlocked. Please login to the <u>Facility Portal</u> or <u>Change your passwo</u> jain access. dditional questions, please contact the Arizona Department of Health Services.

- If account user attempts to reset their password while their account is unlocked, an email will be sent to account user with explanation and instructions
  - An account password cannot be reset while it is LOCKED
  - Account holder must email ADHS to request an account unlock and password reset: <u>M2Dispensaries@AZDHS.gov</u>



### SUBMITTING APPLICATIONS: ADULT PATIENT

### **Initial Adult Patient Application**

Adult Patients can submit applications for the initial adult patient medical marijuana license on the licensing portal



- Upon login to Licensing portal, select Individual
   Portal tile
- If applying for a new Patient License, select the Add a new license tile

3. Select the Marijuana tile



4.	Select New	Patient	Application
----	------------	---------	-------------

6. Click Download Application Instructions

7. Click Download Application Checklist

8. Review if you agree to receive notices

**NOTE:** To complete the application, you must have specific documents and other items in a digital format ready for upload. Please review the application checklist and instructions before beginning the online

from the department

application process.

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Please note that local jurisdictions may impose additional fees and/or requirements for home cultivation. Please check with your local jurisdiction for an additional information. Please note that if you choose to designate a caregiver to cultivate for you, you as a patient cannot also cultivate. Once you have designated a caregiver, the application for designated caregiver application. Please take special note of caregiver-specific application instructions Download Application Instructions Download Application Checklist Download Application Checklist Download Application Checklist Corrent digital format ready for upload: Uteronic copy of photo identification Devented generation certification form Devented application certification form Devented application form	ARIZONA DEPARTMENT D Division of Licensing Applie	ADHS Individual Licensing Portal Many Playaber (Medical Marijuana Medical Marijuana New Qualifying Patient Application
Please note that if you choose to designate a caregiver to cultivate for you, you as a patient carnot also cultivate. Once you have designated a caregiver, the caregiver application process must also be completed. Click here to complete application for designated caregiver application. Please take special note of caregiver-specific application instructions. Download Application Instructions Download Application Checklist Before beginning the application process, be sure you have the following items in the digital format ready for upload: Electronic copy of photo identification Current digital photograph <u>Electronic copy of completed and signed physician certification form</u> <u>Electronic copy of completed and signed supplicing estimat attentation</u>	Antonia beharrueski o Division of Licensing Applicit You are (ADHS) ADHS m during r by Jaw.	ADHS Individual Licensing Portal Merry Regelse Medical Marijuana Medical Marijuana New Qualifying Patient Application tation Checklist about to access a system within the Arizona Department of Health Services tomputer network. Use of this system constitutes users' content to permit onitoring of users' activities. Evidence of unsummarized activities obtained nonitoring can and will be used by ADHS for criminal prosecution as permitted
Commond Application Instructions     Download Application Checklist     Download Application Checklist     Commond Application Checklist	Antonia bervartueint of Division of Licensing Applied You are (ADH3), ADH5 m during r by law. Please any add	ADHS Individual Licensing Portal Merry Regele Medical Marijuana Medical Marijuana New Qualifying Patient Application cation Checklist about to access a system within the Arizona Department of Health Services computer network. Use of this system constitutes users' content to permit entotring of users' activities. Evidence of unautomized activities obtained nonitoring can and will be used by ADHS for criminal prosecution as permitted note that local jurisdictions may impose additional fees and/or ments for home cultivation. Please check with your local jurisdiction for litional information.
Download Application Checklist 7 Before beginning the application process, be sure you have the following items in the digital format ready for upload: • Electronic copy of photo identification • Current digital photograph • Electronic copy of completed and signed physician certification form • Electronic copy of completed and signed supplicity patient attestation	Antonia Censervent vesk to diversing Diversing di Lettraing Applitu You are (ADHS) ADHS m during r by law. Piease t require any adc Piease t as a pai caregity applica caregity	ADHS Individual Licensing Portal Werry Flagette Medical Marijuana Medical Marijuana New Qualifying Patient Application cation Checklist about to access a system within the Arizona Department of Health Services tomputer network. Use of this system constitutes useri consent to permit monitoring or user activities. Evidence of unaumorized activities obtained nonitoring can and will be used by ADHS for criminal prosecution as permitted nonitoring or user activities. Evidence of unaumorized activities obtained monitoring can and will be used by ADHS for criminal prosecution as permitted ments for home cultivation. Please check with your local jurisdiction for litional information. mote that I fyou choose to designate a caregiver to cultivate for you, you lient cannot also cultivate. Once you have designated a caregiver, the er application process must also be completed. Click here to complete tion for designated caregiver application. Please take special note of erspecific application instructions.
Before beginning the application process, be sure you have the following Items in the digital format ready for upload: - Electronic copy of photo identification - Current digital photograph - Electronic copy of completed and signed physician certification form - Electronic copy of completed and signed publicity patient attestation	Andraia Cathartueint of Dousion of Licensing Applicit (ADH5) ADH5 m during r by law. Please i as a pail caregiv applica caregiv	<text><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></text>
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Electronic copy of completed and signed abysician certification form     Electronic copy of completed and signed sualifying actient attestation	Andraia Cathartueint of Dousion of Licensing Applicit You are (ADH5) ADH5 in during of by law. Please in caregiv applica caregiv Before bothed digits . Elit	<section-header>         OBDE Individual Licensing Portal           <b>OBDE Individual Licensing Portal OBDE Individual Licensing Portal ODDE Individual Portal Portal Application ODDE Individual Portal Portal Portal Portal ODDE Individual Licensing Portal ODDE Individual Portal Porta Portal Portal Portal Portal Portal Portal Portal Po</b></section-header>
Electronic copy of completed and signed qualifying patient attestation	Andraia Cervanives of Diversing Diversing di Lecensing Applitic You are (ADH5) : ADH5 m during r by law. Please i as a pai caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv applica caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv caregiv car	<section-header>         OBDE Individual Licensing Portal       Memoral of the portage of the p</section-header>
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#### Medical Marijuana New Qualifying Patient Application

PATIENT INFORMA	PHYSICIAN INFOR	OTHER INFORMAT	UPLOAD DOCUME	REVIEW & SUBMIT
Patient Inforr	mation			
Identification Infor	rmation			
First Name*	Middle Name	Last Name *	Suffix	
Manny		Flagabis		
Date of Birth *		Gender*	11	
Mar 13, 1997	<b></b>	Male 🗸	11	
ID Turnet	12 March 14			
Delver Lienen -	0.00475039			
Univer License V	003412338			
Issuing State *	Issue Date*			
AZ 💌	Mar 8, 2017 苗			

- 11. Enter Identification Information
- 12. In Contact Information section, select appropriate option in picklist for Homeless

**NOTE:** Enter **First** and **Last name** exactly as it appears in the electronic copy of photo identification

**NOTE:** A valid mailing address must be provided. P.O. Box will not be accepted as a residential address

ontact Information	
Are you Homeless?	
No	*

- 13. Enter Residence Address information
- 14. Check box if mailing address differs from residence address

**NOTE:** Applicant must provide a complete and valid address; a P.O. Box will not be accepted

- 15. Review the Consent to Sign electronically agreement
- 16. Place signature in box
- 17. Select **Accept** to add signature to application. Select **Clear** to erase box

**NOTE:** A PDF attestation form must be uploaded if choosing not to sign electronically

- Caregiver Information: select response If yes, complete available fields with Caregiver information
- 19. Select response in **Request to Cultivate** section
- 20. Click Save & Continue

**NOTE:** If **Save & Exit** is selected, application will be in **Not Submitted** status for 14 days. To complete, access application status / history in portal.

ity *	State *	Zip Code*		
Yuma	AZ	* 85365		3
hone Number* 9991234550				
ould there be any de	ficiencies with your as	polication, ADHS may contain	ct you to resolve the issue. Yo	ar



Caregiver Information	
* Do you want to designate a caregiver?	
No	18
Request to Cultivate?	-
* Are you requesting to cultivate?	
Not requesting to cultivate	19 🗸
Approval to cultivate will not be granted without a valid r to cultivate.	esidential address that meets the requirements
	Save & Exit Save & Continue

#### 21. Enter Physician's Information

**NOTE:** Physician Information must match Information in the signed physician certification form.

#### 22. Enter Qualifying Health Condition

23. Click Save & Continue

#### Medical Marijuana New Qualifying Patient Application

×	PHYSICIAN INFO OTHER INFORM UPLOAD DOCU REVIEW & SUBMIT
Physician Info	ormation
Primary Physician	Information Date Of Examination * Date Physician Signed *
Molly Medicine	Feb 25, 2020 首 Feb 25, 2020 首
Physician Address* 13644 N Sandario Rd	21
City * Marana	State*         Zip Code*         Phone Number*           AZ
License Number* AZMD124852	Physician License State * License Type *

Qualifying Health Conditions					
Please refer to your Physician Certification form and check all that apply.	ŀ				
✓ Cancer	Į				
Glaucoma	ł				
Human Immunodeficiency Virus	Į				
Acquired Immune Deficiency Syndrome	Į				
Hepatitis C	Į				
Amyotrophic Lateral Sclerosis	Į				
Chron's Disease	Į				
Agitation of Alzheimer's disease	Į				
Post Traumatic Stress Disorder (PTSD)	I				
A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes:	ŀ				
Cachexia or wasting syndrome	Į				
Severe and Chronic Pain	Į				
Severe Nausea	Į				
Seizures, Including those characteristics of epilepsy	Į				
Severe or persistent muscle spasms, including those characteristic of multiple sclerosis	Į				
Back Save & Continue	Į				

#### 24. View Other Information Section

25. Check appropriate box for **Clinical Studies** 

26. Check appropriate box for SNAP Eligibility

**NOTE:** If yes is selected and SNAP Eligibility documentation is not valid or current, ADHS will send notification to pay remaining application amount before the application can be approved.

#### Other Information





#### 27. Select Save & Continue

28. Upload all required supporting documentation indicated by the red \*

**NOTE:** If you provided an electronic signature, you are not required to upload an electronic copy of Qualifying Patient attestation Medical Marijuana New Qualifying Patient Application

**NOTE:** The photo-cropping tool will display with the uploaded photo, utilize the scroll bar and select **Save Photo** once cropping is completed – Guidelines for photo are outlined on the tool

29. Upload SNAP documentation if applicable30. Click Save & Continue

**NOTE:** If "yes" for SNAP eligibility, upload valid and current SNAP documentation



🛧 Upload Files	Or drop files	
		30
Beach		

- 31. Review Application sections
- 32. If necessary, **click Edit Section** to modify data in that section
- 33. Once application data is verified, clickSubmit and Go to Payment to proceed to enter payment information

New	Medi Qualifyii	cal Mari ng Patie	ijuana nt App	licatio	on
view	) 🗸	>~	> ~	RE	VIEW & SUBMIT
Patient Infor	mation		3	2	
Identification In First Name Manny	formation Middle Name	Last Name Flagabis	Suffix		Edit Section
Birthdate 3/13/1997		Gender Male			
ld Type Driver License	ld Number D09475938				
State AZ	Issue Date 3/8/2017				
		3	3	Submit 8	Co to Dayma
				Submit &	GO LO Payme
	Ord	ler Review			

- 34. Enter Payment Information
- 35. Complete the payment process

P pr If pr	lease review your order and ensure the information below is correct before oceeding. you agree with the information as displayed; please click the "Authorize" button to ocess the payment.
	BILLING INFORMATION
	Name:
	Joan Bounty
	Address:
	2100 AZ-87, Winslow, AZ, 86047
	Phone:
	999-123-4570
	Email:

36. Once the payment process is completed, the Payment Confirmation page will display

#### **Payment Confirmation**

Success! The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps information.

Back to Portal

### SUBMITTING APPLICATIONS: CAREGIVER - ADULT

### Initial Caregiver to Adult Patient Application





- 1. Upon login to Licensing portal, select **Individual Portal** tile
- If applying for a new Caregiver License, select the Add a new license tile

#### **ADHS Facility Licensing Portal**

My Programs Other Licenses

#### 3. Select New Caregiver Application

Marijuana					
My Licenses					
<b>Facility Agent</b>					
Applications					
Application Status					
New Caregiver Application					
len New Minor Patient Application					
New Patient Application					
Information					
🖸 Cultivation Boundary Check					



 $\overline{\mathbf{v}}$  In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.



- Begin New Caregiver Application Click Download Application Instructions and Download Application Checklist to view details
- 5. Review if you consent to receive notices from the department
- 6. Select I Agree

- In the Caregiver Application search screen, enter Patient Identification Information
- 8. Click Search

**NOTE:** Patient Card ID can be found on patient's card



Medical Marijuana New Caregiver Application

9. View application – enter Caregiver Identification Information

Caregiver Information							
Identification Information							
First Name *	Middle Name	Last Name *	Suffix				
Joan		Bounty					
Birthdate * Mar 4, 1964	9 💼	Gender * Female 🛛 🔻					
ID Type*	ID Number*						
Driver License 🔻	D0264829						
State*	Issue Date *						
AZ 🔻	Jun 21, 2018						
	J						

CAREGIVER INFORMA... UPLOAD DOCUMENTS REVIEW & SUBMIT

- Enter Address Information, check box if mailing and residential address are different
- 11. Review the **Consent to do business** electronically agreement

Residence Address*				Suite, Unit, etc.
2100 AZ-87				
City *	10	State*		Zip Code*
Winslow		AZ	*	86047

#### Disclosure

12. Place signature in box - Click Accept to add signature to application, click clear to erase box

#### 13. Click Save & Continue

**NOTE:** Click **Clear** to erase signature



The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (DPS) Criminal History Records Unit at (602) 2232222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.adps.gov).

Sign Here	
Con Day	
2 an Denry	
ign Clear	
12	
-	



14. Upload Supporting Documents

**NOTE:** Only items marked with \* are required to be uploaded

**NOTE:** The photo-cropping tool will display with the uploaded photo, utilize the scroll bar and select **Save Photo** once cropping is completed – Guidelines for photo are outlined on the tool



#### 15. Click Save & Continue

•	Electronic copy of completed designated caregiver attestation					
	Files uploaded: • MMLMS_Attestation.pdf					
	▲ Upload Files Or drop files Remove					
•	Secondary ID * Files uploaded: Secondary ID.png					
	▲ Upload Files Or drop files Remove	15				
	Back	Save & Exit Save & Continue				

Ν	Meo Iew Ca	dical Mari regiver A	juana pplica	a ation	
~	>	~ >	~	REV	/IEW & SUBMIT
view					
Patient Infor	mation				
Identification In	formation				
Patient First Name	Last Name Bounty	Date Of Birth 3/4/1964			
Patient Card Id AZCG15843839 07938888					
Caregiver Inf	formation				

- 16. Review Application sections
- 17. If necessary, **click Edit Section** to modify data in that section
- 18. Click Submit and Go to Payment

Submit & Go to Payment

19. Follow the payment process until the Payment Confirmation page displays

Payr	ment Confirmation
Success! An emai informat	The payment has been processed and your application is now in our queue. I confirmation has been sent to you with payment confirmation and next steps ion.

### SUBMITTING APPLICATIONS: CAREGIVER - MINOR

#### **Initial Caregiver to Minor Patient Application**

To apply for a Medical Marijuana minor patient card, users will need to access the Individual Licensing Portal. Once in the portal, the application will be completed electronically, and users will be able to submit and see application statuses.

- 1. Login to Individual Licensing Portal
- 2. For initial Caregiver applications select Add a new license tile
- If user already has an active Medical Marijuana license – select the Marijuana program tile

ASSIZONA DEPARTMEN DE HEALTH SERVICES	My Programs 🗸 All Programs 🗸	
First biomps 5 0	ADHS Individual Licensing Porta         My Programs         Image: Marginania         Marginania         Other Licenses         Image: Marginania         Image: Marginania <tr< th=""><th></th></tr<>	
Add a new license Community Health Worker	Marijuana 4 e Medical Rad	iologic t
	Marie My Licenses My Licenses Facility Agent Applications Application Status New Caregiver Application New Minor Patient Appl New Patient Application New Patient Application Control Content Application Content Application Content Application Content Application Content Application Method Status Content Application Content Application Method Status Content Application Method Status Method	

4. Select Marijuana

5. Click New Minor Patient Application tile

#### Medical Marijuana New Minor Patient Application

If needed - Click Download
 Application Instructions and
 Download Application Checklist

#### User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Please note that local jurisdictions may impose additional fees and/or requirements for home cultivation. Please check with your local jurisdiction for any additional information.

Download Application I	nstructions		
Download Application	Checklist	6	
boundar Appression			

Before beginning the application process, be sure you have the following items in the digital format ready for upload:

- Betroic cay of the miner canginar's identification.
   Construction of play photograph of the miner canginar:
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   Departmenter biological biological biometer conficients of the biological biometer conficient of the error.
   Departmenter biological bi
- 7. Review consent to receive notices from the department
- 8. Click Agree and Proceed

- 9. On popup, check to verify relationship
- 10. Click I Agree, if applicable



#### Patient Information Identification Information First Name\* Middle Name Last Name\* Suffi Date of Birth\* Gender\* 9 苗 --None--• ID Type ID Number Issuing State Issue Date --None--Ŧ --None-苗 •



9. Enter Minor Patient Information

- 10. Select Homeless status
- 11. Enter Residence Address Information – check box if mailing and residence address differ
- 12. Select Request to Cultivate option
- 13. Click Save & Continue

Caregiver Information
-----------------------

dentification information	ion	_	
* What is your relationship to th	e patient?	14	
None		14	•
First Name*	Middle Name	Last Name*	Suffix
Date of Birth *	Gender*		
苗	None	- 15	
ID Type*	ID Number*	Issuing State *	Issue Date*
None 🔻		None	<b>▼</b>

16. Review electronic consent box

Select relationship to patient
 Enter Caregiver information





13

Save & Exit Save & Co

- 17. If consenting to sign electronically, signature box will appear
- 18. Enter personal signature
- 19. Select Accept To erase, select clear
- 20. Click Save & Continue





#### 21. Enter **Primary** and **Secondary Physician Information**

**NOTE:** Physician Information must match Information in the signed physician certification form

**NOTE:** Primary and Secondary Physicians cannot be the same

22.	Enter Qualifying Health
	Condition(s)

- 23. Review chronic or debilitating condition section
- 24. Click Save & Continue

ARIZONA DEPARTMENT OF HEALTH SERVICES Envision of Licensing		ADHS Individual Lic	ensing Portal		Plasi Peny	0
		Medical Mar New Minor Patien	rijuana t Application			
V Dissolation		PHYSICIAN INFORMATION	OTHER INFORMATION	UPLOAD DOCUMENTS	REVIEW & SUBMIT	
Physician Information						
Primary Physicia Information Partners Thrystein Name* Dealers Thrystein Name* Dealers Name Physicia Address * 122 Partners Cgr.* Parents Users Runders * 12240 Parents Address *	Date of Exemption* Feb 17, 2020	B Det Physics Speed* Mer 3 200 Mer 3 200 Mer 3 200 Mer 4	B     Spy Code*     Spy C	Phore Number* 682-205-2053 21	· · ·	
Secondary Physician Information	Cate of Examination*	Date Physician Signed *				
Dr Margat Gregory	Mar 5, 2020	Mar 5, 2020				
Physician Address® 777 Ludiy Lane						
City.*		State #	Z p Ced	e Phone Numb	e <sup>st</sup>	_
Phoenix		AZ	¥ 85007	602-303-30	00	
License Number* 77-1111		Physician License State* AZ	Ucense VD	Type*		¥
						_



- 25. Check appropriate box for **Clinical Studies**
- 26. Check appropriate box for **SNAP Eligibility**
- 27. Click Save & Continue

**NOTE:** Eligibility notice or electronic benefits transfer card must be uploaded to the application - If SNAP Eligibility is not valid or current, you will be notified to pay full application amount before your application will be complete

linical Studies	_
Would you like to be notified of clinical studies?	
No	25 -
NAP Eligibility	
you are eligible for SNAP assistance and	proper documentation is provided, your application
you are eligible for SNAP assistance and ee will be reduced from \$150 to \$75.	proper documentation is provided, your application
you are eligible for SNAP assistance and ee will be reduced from \$150 to \$75. Are you eligible for the Supplemental Nutrition Assis	proper documentation is provided, your application
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you are eligible for SNAP assistance and e will be reduced from \$150 to \$75. Are you eligible for the Supplemental Nutrition Assis No will be required to upload a document showing	tance Program (SNAP)? 26 * that you are currently eligible for same benefits. This docume

29. Upload Supporting Documentation

**NOTE:** Documents marked with the \* will be required for upload

**NOTE:** The photo-cropping tool will display with the uploaded photo, utilize the scroll bar and select **Save Photo** once cropping is completed – Guidelines for photo are outlined on the tool





- 30. Review data entered
- 31. Click **Edit Section** to edit information
- 32. Click Submit & Go to Payment

		New Minor Patien	rijuana It Application	
✓ /ew	> 、	$\rangle$ , $\rangle$	✓ <b>〉</b> ✓	REVEW & SUBMIT
Patient Information				
dentification information				31 tot Section
First Name Johnny	Midde Name	Last Name Smithy	Suffix	
Brthclate 8/17/2010		Gender Male		
d Type dentification Card	id Number D12345671010			
itato NZ	Insue Date 3/17/2019			
Residence information				
lomeless				
Are you Homeless?				
approval in calificate cannot be approved with	it a residential address that musts the requirements to ca	lituria.		
Iddress 12220 N 39th Ave			Suite, Unit, etc.	
		Submit & Go	to Payment	
		Subline a do	to ruyment	

33. Complete the Payment Process until the **Payment Confirmation** screen displays

Success! The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps information.

#### Back to Portal

### SUBMITTING APPLICATION: RENEWALS

#### **Example Given for Adult Patients**

Renewal Applications are available for Patients and Caregivers who have existing Medical Marijuana cards. The renewal application will be available 90 days prior to the active cards expiration date. When renewing prior to the expiration date, an Inactive Renewal License is created with the new expiration date and will be effective upon the expiration of the current license. AZ Care Check expiration dates will reflect as is, or if the licensee has renewed their license, the extended date for the renewal (Inactive Renewal) is displayed. The License number will not change during the renewal process.



Applications

Application Status

New Caregiver Application

New Minor Patient Application

Information

🗹 Cultivation Boundary Check

1. Navigate to the Marijuana program

2. Select Patient tile

- 3. Select Applications tab
- 4. Select Renewal Application tile

**NOTE:** Renewal application will be available 90 days from expiration date



- 5. View Renewal Agreement page
- 6. Click Agree and Proceed

Please note that if you choose to designate a caregiver to cultivate for you, you as a patient cannot also cultivate. Once you have designated a caregiver, the caregiver application process must also be completed. Please take special note of caregiver-specific application instructions.



Patient Information

7. Review Patient Information

**NOTE:** Patient Information will be automatically populated from previous application – applicant can update this information if necessary

- Identification Information First Name\* Last Name Zoey Date of Birth\* 7 iii Female Apr 20, 1996 D Type\* Number ue Date\* \* Driver License D9275033 -Mar 8, 2017 AZ 苗
- 8. **Confirm** consent to do business electronically
- 9. Place electronic signature in box
- 10. Click Accept to submit signature



- 11. Select appropriate response for Caregiver Information
- 12. Select appropriate response for Cultivation Request
- 13. Click Save & Continue



nysician morm	auon		
rimary Physician Infor	mation		
hysician Name *	Date of Examination *	Date Physician Signed *	7
hysician Address*			
	14		
ity*	State*	Zip Code *	Phone Number *
icense Number*	Physician License State *	License Type *	_
	AZ 🔻	None 💌	

14. Enter Physician Information

15.	Select Qualifying	Health
	Conditions	

16. Click Save & Continue

Qualifying Health Conditions
Please refer to your Physician Certification form and check all that apply.
Cancer
Glaucoma
Human Immunodeficiency Virus
Acquired Immune Deficiency Syndrome
Hepatitis C
Amyotrophic Lateral Sclerosit
Chron's Disease
Agitation of Alzheimer's disease
Post Traumatic Stress Disorder (PTSD)
A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes:
Cachexia or wasting syndrome
Severe and Chronic Pain
Severe Nausea
Seizures, including those characteristics of epilepsy
Severe or persistent muscle spasms, including those characteristic of multiple sclerosis
Back Save & Exit Save & Continue

- 18. Select Clinical Studies option
- 19. Select SNAP Eligibility option
- 20. Click Save & Continue

**NOTE:** If SNAP Eligibility is not valid or current, you will be notified to pay full application amount before your application will be complete.

Other Information	
Clinical Studies	
* Would you like to be notified of clinical studies?	18 -
SNAP Eligibility If you are eligible for SNAP assistance and will be reduced from \$150 to \$75.	proper documentation is provided, your application fee
* Are you eligible for the Supplemental Nutrition Assi	istance Program (SN-002
No	10
You will be required to upload a document showin must have the patient's name on it (such as your ca SNAP cards without the name of the patient applyi	g that you are considered by the state of th
Back	Save & Exit Save & Continue

Upload Supporting Documentation
Electronic copy of photo identification *
Current digital photograph*
⊈ Upload Files Or drop files
Electronic copy of completed and signed physician certification form
C Upload Files     Or drop files
Electronic copy of completed and signed qualifying patient attestatio
▲ Upload Files     Or drop files
Supplemental Nutrition Assistance Program(SNAP) documentation, If applicable <u>     Upload Files</u> or drop files
Save & Exit Save & Continue 23

- 21. Upload Supporting Documentation
- 22. Upload **SNAP Documentation**, if necessary
- 23. Click Save & Continue

**NOTE:** Documents with the \* are required for upload - Patient Attestation is not required to be uploaded if electronic signature was obtained

- 24. Review Information
- 25. Click Edit Section to make changes
- 26. Click Submit & Go to Payment

Patient Information		
Identification Information	Edit Sec	tion
First Name		
Zoey	25	
Middle Name	25	
Last Name	-	
Zilch		
Suffix		
Date of Birth	Gender	
4/20/1996	Female	
id Type	ld Number	
Driver License	D9275033	
State	Issue Date	
47	3/8/2017	

27. Complete the Payment Process until the Payment Confirmation screen displays
Back to Portal
Payment Confirmation
Payment confirmation
SuccessI The payment has been processed and your application is now in our queue. An email confirmation has been sent to you with payment confirmation and next steps
information.
Back to Portal

If approved, the newly issued card will have a status of Inactive Renewal if the original expiration has not yet been reached.

### **APPLICATIONS: CARD CHANGE**

Card Change application allows users to update certain information associated to the license

- 1. From the Individual Licensing Portal, select **Applications** from menu
- 2. Select Card Change Application tile
- 3. View User Agreement
- 4. Review Notice Checkbox
- 5. Click Agree and Proceed

**NOTE**: If changing patient request to Add/Replace Caregiver, Qualified Patient Request to Add or Replace Caregiver form must be completed and ready for upload

- 6. View available cards and select card to change
- 7. Once selected, click Save & Continue
- 8. The Card Change application is prepopulated with the information originally submitted
- Select the fields in the form that need to be changed – replace the current information with updated information
- 10. Review **Cultivation** choice

Home	
My ID Cards	
Dispensaries	
Purchase History	Card Change Application
Card History	
Applications 1	

7999	ADHS Individual Licensing Portal	tiany/tag
	Medical Marijuana	
	Card Change Application	
User Agreement		
You are about to access a rystem within the Arizone Department for ing stored or $\eta_{1}$ can are will be used by AD+1 for criminal $\gamma$	er of wald Service pExG computer research can of the system constraint ward context to permit AD+G maniprog of ward active presention as permitted by ten	tas, Gridence of aneuthorised activities obtained
Hease role that local jurisdictions may improve additional	has antiter requirements for home cultivation. Placet sheck with your local jurisdiction for any additional information.	
If yes are a patient making a change is your application a also be completed. Rease take special roots of complete sp	nd you sharen ta designate a caregiver to colivate for you, you as a patient cannot also calinate. Once you have designated a s resific application instructions.	amplese, the Campion Application process must
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<ul> <li>Via of Made Lind For payment,</li> </ul>		
V to the exect of an error on my application that would	problems application from being approved, I agree to receive non-or more notice from the department to inform me of the or	
By submitting this application Lam admosfing that L	ari uncare that	
The rate manufacture distribution and percention effic, of a Orapter 28.1 and eccore Administrative Gode Title 8. Orapter	anyuna iti legal under federal luo. A regoty Meed/Acobic Card or registration certificate insued by the Arcona Department citivanth is 19 diaes not pratect me from regolaction by federal iconomics, including passide oriented protectation for valuations of federal luo.	encist pursuant to encode Revised Matures Title 36.
Lockerstand their while is may lowfully painteen, personal and deviced backers Tate MC Outputs 2011 enter Antonian Outputs 17 may much it the investment and the improvision outputs and their is any negleciability to fully undertained and understand that is in my negleciability to fully undertained and	und the subject partners why head on any part and who and who are a 1.4 sets 1.0 m/s (m). These is a time comparison with the manuments of the combine to compare the compare and the compare state and the compare state and the compare time to its compare online on the incompare and there is such its two include Questreen of each finance, and partners are presented compare to its incompare to the compare and its two include Questreen of each finance, and partners are presented compare to the compare to the compare and its two include Questreen of each finance. And partners are presented compare to the compare to the compare and its two include Questreen of the lab. Compare 2014 and include any empresented is the compare to the compare to the compare and its two includes Question of the lab.	ten 5 rest
		Agree and Present

lect a Card	lacement below. Only valid cards will appea				
se select the card for rep	lacement below. Only valid cards will appea				
		r below. If you r	need assistance	please contact	
rogramsupportipazons.g	ov.				
°	rd Id	Card Type	Cardholder	Date of Birth	Issue Date
G 15	14127QPVW147748765	Patient	Manny Flagabis	3/13/1997	3/13/2020
0					
					Save & Conti

New/Opdated Applicant Information						
First Name* Middle Nam	me		Last Name*		Suffix	
Kenneth			Clampton			
Sender *						
Male		Ŧ				
Are you Homeless? No						
6005 N ETub Pa				Suite, Unit, etc		
lty*	Scate *	-	Zip Code*	County*		
Grendare	~	*	45301	Mancopa		
Phone Number*						
9990001235						
Drould there be any deficiencies with your application, ADH issue. Your phone number will remain confidential and will entity or person.	(5 may contact you to not be shared with a	ny other				
Check if mailing address is different the	an residence ad	dress				
Request to Cultivate?						
* Are you requesting to cultivate?						

#### 11. Review Caregiver choice

- 12. To add/replace Caregiver, complete required field with Caregiver's information
- 13. Review **Electronic Signature** consent box and provide signature; click **Accept**
- 14. Click Save & Continue
- 15. Verify submittal of change application checkbox
- 16. Click Save & Continue
- 17. Upload Supporting Documentation
- 18. Click Save & Continue

**NOTE:** Documents with the \* are required for upload

19. Review details on the Review page and proceed to through payment if necessary

**NOTE:** Payment is required for certain changes





### APPLICATIONS: CARD CHANGE – MINOR PATIENT CAREGIVER

To update/change caregiver for a minor patient, the caregiver will need to use the Change Application to complete the update/change

Home

My ID Cards

Dispensaries

**Purchase History** 

- From the Individual Licensing Portal, select Caregiver tile and then Applications from menu
- 2. Select Card Change Application tile



- 4. Review Notice Checkbox
- 5. Click Agree and Proceed

- 6. View available cards and select the minor card
- 7. Once selected, click Save & Continue
- 8. The Card Change application is prepopulated with the information originally submitted
- Select the fields in the form that need to be changed – replace the current information with updated information
- 10. Review Cultivation choice

Applie 1	Card Change Application	
enege til välde stärdst reng	ADHS Individual Licensing Portal	stary-topos
	Medical Mariluana	
	Card Change Application	
also be emploited. Hence take special reson of compare specific applies Before Englowing the application process, its user you have the follow + Remove any of their identification + Stations, the structure is the interformation + To the sever if an error on my application that multipletility my its + To the sever if an error on my application that multipletility my its + To the sever if an error on my application that multipletility my	nere ministeren generate bescheleg agerent i ogen i trenden atte aner anter besche degendert i sicher en efte enne.	
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	N Card	ledical Marijuana Change Applicati	on	
CAND SELECTION	APPLICANT INFO UPDATE	AGREEMENT	UPLOAD DOCUMENTS	REVIEW & SUBMIT
elect a Card				
case select the	below. Only valid cards will appear be rd id	iow. If you need assistance please o Card Type	ontact M2ProgramSupport@azdhs. Cardholder Date	gov. of Birth Issue Date
		Patient	10/1	4/2016 6/13/2023
0		Caregiver	10/2	0/1990 6/13/2023
				Save & Continue

Patient Information				
New/Updated Applicant Information				
First Name*	/idde Name	Last Name*	Suffix	
Kenneth		Clampton		
Gender*				
Male		Ŧ		
New/Updated Address Informa * Are you Homeless? No	9			•
Address*			Suite, Unit, etc.	
6835 N 57th Dr				
City*	State*	Zip Code*	County *	
Glendale	AZ.	* 85301	Maricopa	
Phone Number*				
9990001235				
Should there be any deficiencies with your applic issue. Your phone number will remain confidencia entity or person.	ation, ADHS may contact you to rea al and will not be shared with any o	olve the ther		
Check if mailing address is differ	ent than residence addr	ess		
Request to Cultivate?				
* Are you requesting to cultivate?				
Not requesting to cultivate		*		
Approval to cultivate will not be granted withour requirements to cultivate.	residential address that mee	its the		

- 11. Review Caregiver choice
- 12. To keep/add/replace Caregiver, complete required field with new Caregiver's information

**NOTE:** The new Caregiver will be required to submit a separate caregiver application for the patient in order for the changes to be complete

- 13. Review **Electronic Signature** consent box and provide signature; click **Accept**
- 14. Click Save & Continue
- 15. Verify submittal of change application checkbox
- 16. Click Save & Continue
- 17. Upload Supporting Documentation
- 18. Click Save & Continue

**NOTE:** Documents with the \* are required for upload

19. Review details on the Review page and proceed to through payment if necessary

**NOTE:** Payment is required for certain changes

Add a Caregiver		Ŧ		
Erest Name *	11	Last Name *		
	11			
Date of Birth *		Gender*		
		-None-		*
Address*	11		Suite, Unit, etc.	
	14	<u> </u>		
City*			State*	Zip Code*
			AZ	*
Sign Here	Save & Exit	Save & Co	ontinue	

Inly the second se	ind/or to change the cultivation status of his or g patient submitting this change application for a rd.
	Save & Exit Save & C
Upload Supporting Documentation	
Electronic copy of photo identification	

4 Upload Files Or drop files

Back

### **MINOR TURNING 18**

If a minor cardholder turns 18 during the active period of a minor patient card, the cardholder and caregiver can maintain the current licenses until expiration.

1. If a minor patient cardholder turns 18 and would like to convert the card to an Adult Patient card, the caregiver will need to submit a Void Card Application from the portal – which will render the voided cards invalid upon void date

**IMPORTANT:** Card application fees are non-refundable

- The patient will then go to the AZDHS Licensing portal <u>https://individual-licensing.azdhs.gov/s/login/?ec=302&startURL=%2Fs%2F</u> and create a new account using their personal email address and credentials See Create a New Account for more details
- 3. Upon creating the new account, the patient will need to submit a New Patient application including related fees, physician certification, etc. See the section on submitting a New Patient application for more details

### APPLICATIONS: VOID CARD

If a cardholder would like to void an active card, the cardholder will need to notify AZDHS of the request via the Void Card Application. This application, if approved by ADHS, will deactivate the selected card and the card will no longer be valid.

- 1. Navigate to the Medical Marijuana program
- 2. Click Applications tab
- 3. Click Void Card Application tile
- 4. Select the appropriate card to be voided
- 5. Select Save and Continue
- 6. Review card details and confirm
- 7. Electronically sign and select **Accept** to save the signature

or submit a PDF copy of the attestation

8. Select Submit to complete the application

ivision of Licensing		ADHS Individual Lice	ensing Portal		
Home	Applications				
My ID Cards	Applications				
Dispensaries	Available Applicatio	ns			
Purchase History	Available Applicatio				
Applications		New Constitute	New Miner D		Least Coulors Courd
2	Void Card Application	Application	Application	on	Application
	Card Change Application				
	Medie Void Ca	cal Marijuana			
CARD			REVIEW & SUBM	π	
ard selection					
lease select the card to be voided below.	Only valid cards will appear. If you ne	ed assistance please contact l	M2ProgramSupport@azdhs.j	gav.	
Card ID		Card Type Co	ardholder	Date of	Birth
		-		10110	- 6
					Save & Continue
					Save & Continue
•	NAII				Save & Continue
•	Medi Void C	cal Marijuana			Save & Continue
	Medi Void Ca	cal Marijuana ard Application	REVER & SUBM		Save & Continue
Review	Medi Void Ca	cal Marijuana ard Application	REVEN & SUBAT		Save & Continue
Review	Medi Void Ca	cal Marijuana ard Application	Riverour & Science		Swe & Continue
Review Application Summary	Medi Void Ca	cal Marijuana ard Application	Kinen a Sunat		Save à Continue
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Review Application Summary Pursuant to Avitora Revised Statute Tiele Medical Mariquas Registry Identification Ariteria Qualified Patient Medical Mariqua	Medii Void Ca • 96, Chapter 28.1 and Aritona Adminin Card be valide because i no longer h na Registry identification Card, Lwill b	cal Marijuana ard Application	Rock & Subsch 1 am requesting 1 liter. I understand that shou	sat my Arizona Qu Id i re-apply or wi iate fee.	see & Continue
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**NOTE:** once the Void Application is approved, the selected card will no longer be valid for use

### APPLICATIONS: LOST /STOLEN CARD

If there is suspected fraudulent activity associated with an account, applying for a new card with a Lost/Stolen card application will provide the Patient/Caregiver with a new card and terminate purchase ability from the old card.

- 1. Navigate to the Medical Marijuana program
- 2. Click Applications tab
- 3. Click Lost/Stolen Card Application tile
- 4. Review the **Before You Proceed** box, click **OK**
- 5. View User Agreement
- 6. Review Notice Checkbox

8. Select Card ID to be replaced

9. Click Save & Continue

7. Click Agree & Proceed

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Home My ID Cards	Ар	plications			
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ARIZONA DEPARTMENT OF HE Division of Licensing	ALTH SERVICES	ADHS In	dividual Licensing	Portal	Lance Weer
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- 10. Upload required documentation
- 11. Click Submit & Go to Review

Please upload a valid form of identification.  Valid thems of identification  A future	Upload Required Documentation	
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- 12. Review application details
- 13. To edit, click Edit Section
- 14. Click Submit & Go to Payment
- 15. Complete Payment Process to submit application

Application Summary Lost/Stolen Card Information Card ID 1583342QPFN341476552 Card Type Patient Cardholder Name Lance Weedword	
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Application Fee Details	
Application Date 3/31/2020 10:25 PM	
Application Number AZQP1585693501299795	
14	

### SUBMITTING APPLICATIONS: APPLICATION ISSUES

#### **Resubmitting Corrected Applications**

If there is an issue with a submitted application, it will appear in the check application status form section of the individual licensing portal. Application issues must be addressed in order for an application to be considered for approval

Forgot Username

## **Prerequisite:** Submit application to ADHS for approval

- When issue is found with submitted application, applicant will receive an email stating the issue(s)
- Click My Application to be redirected to the Individual Licensing Portal to login and view application

	OF HEALTH SERVICES
	LICENSING
	Request for Information
Thu May 14, 2020	
Your application for a Qualifying Patient Car the Medical Marijuana Program ('Program'),	d (Registry Application #AZQP1589495927186903) has been received by Arizona Department of Health Services ('Department').
The following issue(s) with your application	was/were identified by the Program:
<ol> <li>The residential address submitted the applicant and resubmit the app</li> </ol>	is a P.O. Box, and is not acceptable. Please provide a physical address for illication. See A.R.S. § 38-2804.02(A)(3)(a) and A.A.C.R9-17-202(F)(1)(b).
Please correct the above identified issue(s) via the Department's online application syste	and re-submit the corrected information and/or documents to the Program em at: <u>My Application</u>
To re-submit the information/and or docume you log in to your account, please review the Proceed to the end of the application and se	nts, please click on the above link and access the resubmission page. Once e application issues on the top of the application and edit the sections noted elect 'Submit'
For SNAP issues, check the box if you will b providing additional SNAP payment	e resubmitting SNAP documentation. Leave the box unchecked if you will be
To properly complete your resubmission, ple unload the documents necessary to comple	ease enter the information necessary to complete your application and/or te your application information
ogin	
0	

Don't have an account? Sign up here.

1. Login to Individual Licensing Portal

Forgot Pass

- Select the Add a new license tile and Navigate to the Marijuana program Or
- 3. Select the Marijuana program tile (if user has an active license already)



4. Select Application Status

- 5. The Application History page will display
- Select the appropriate application with the status **Action Required** to reopen

#### Application History

Type search criteria and press en Q, Search	e.	All Statuses	*	/ 2) applications		
Application #	Application Type		Cardholder	Submitted	Status ↓	Action Required Exp Date
CMT00166267309062449		M	Bugs Burry	9/9/2022 6	Action Required 9/13/2022	16/13/2022 9 Days Left

🕜 Cultivation Boundary Check

Application Status

Information

New Caregiver Application
 New Minor Patient Application
 New Patient Application

4

 View application – Application Issues will be listed at top of application

NOTE: Applicant MUST go through the ENTIRE application and select SUBMIT at the end of the application in order to complete the resubmit process – Otherwise application will NOT but considered resubmitted

- 8. Correct all application issue(s)
- 9. Click **Save & Continue** to progress through application
- 10. On the final review page of the application the Submit button will be displayed
- Select the Submit button Application will be in Resubmitted status if user has successfully completed all necessary steps for resubmittal of the application

### Medical Marijuana New Qualifying Patient Application



Are you Homeless?				
No				Ŧ
ddress*			Suite, Unit, etc	
P.O. Box 12354	8			
ty*	State *	Zip Code*	County*	
Phoenix	AZ	▼ 85012	Maricopa	
ione Number *				
1234567890				





### CHECK APPLICATION STATUS

only edit the application when the application is in **Action** 

**Required** status

Once an application has been submitted, access the Individual Licensing Portal to see the status of the application. Please note that the steps outlined below will only occur if an individual does not currently have an approved card.

1. Login to Individual Licensing Portal Other Licenses 2. In the Programs section, select Add a new license tile Add a new license Ommunity Health Worker Medical Radiologic Technologist 3. Select the Marijuana tile 🚹 Marijuana 4. Under Applications - Select Check Applications **Application Status** Δ Application Status New Caregiver Application 5. The Application History page will New Minor Patient Application display New Patient Application Information 6. Application #, Type, Status will display Cultivation Boundary Check 7. Open the Application by selecting the Application # Application History a. If application is in Not Required Exp Date Submitted status, applicant 6 can resume application b. If application was previously submitted, the applicant can

**NOTE:** If application is not submitted, it will be available for edit up to 14 days after it was initially started

### PORTAL NAVIGATION

#### **Overview of Portal Site Features**

Once user is logged in to the portal, the various tiles will be displayed across the screen. Accessing Medical Marijuana will give users access to Patient/Caregiver ID card and much more information regarding card and dispensary details

- Navigate to My Programs Select Marijuana
- 2. Click Patient tile
- 3. Other program applications will display as well

**NOTE:** Patient tile will only appear once patient application has been approved

- Landing Page will default to My ID Cards
- 5. Notifications appear in the bell icon
- Click the bell to view statuses or respond to action required request
- 7. Navigate to additional tabs from left menu



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My ID Cards				
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#### **My ID Cards**

- 1. My ID Cards tab
- Select **Download PDF** to save a PDF version of card
- View status and remaining allotment on right



**NOTE:** If printing card, ensure **fit to page** is not selected – printing on a laser printer will provide best quality

#### **Dispensaries Tab**

- Hover over "i" for information: Currently active dispensaries. Sorted by closest distance to patient residential address
- Use the search field to search additional information (ex: zip code, zip code, city, name, address, phone number)

Ci di	arrently active dispensaries. Sorted by closest stance to patient residential address.		
Dispensaries	1	Search	
Name	Address	Phone	Distance (miles)
Super Green Sativa	1700 W Washington St Phoenix, AZ 85007	(555) 123-3420	0.12

NOTE: List is sorted by Legal Name

#### **Purchase History Tab**

- 1. View card Purchase history
- Sort by column information (ex: date, amount, etc.) to view in specific order

Purchase Histo	ory °	Sean	ch	
Date ↓	Patient 2	Dispensary	Amount	Status
3/9/2020, 10:01 AM MST	Lance Weedword	Super Green Sativa	0.25oz / 7.0875g	Purchased
3/9/2020, 09:57 AM MST	Lance Weedword	Super Green Sativa	1.5oz / 42.525g	Purchased

#### **Card History**

- Page will display up to 3 years of card history
- Search card history in search box (ex: date, type)

NOTE: 3 years of card history will display – to print page, click keyboard keys CTRL + P to view print/download screen



#### **Applications Tab**

- 1. Available Applications will appear
- 2. Click on appropriate tile to start application

#### **Application History Tab**

- Submitted and drafted applications will display
- Application History Type search others and press enter Q. Search Application Type Cardholder Submitted Status 4 Action Required Exp Date
- 2. Review Application Statuses
- Action Required applications will display as well

#### **Enforcements Tab**

- 1. If applicable, Enforcements and Hearings will display
- Select the Enforcement # to view more details



#### **Statements & Payments Tab**

- 1. Any statements (invoices) or payments will display on this page
- Select the Invoice # to view more details

#### Medical Marijuana Clinical Trials Tab

Medical Marijuana Clinical Trials PDF will open in a separate tab – details are listed

	be selectable and a separate payment must be made.				Contraction of the second second	
oice #	Invoice Type	Description	Status Total	Balance	Invoice Date Due	
_						_

Statements & Payments



Total Selected Payment \$0.00

#### **Arizona Department of Health Services**

#### Medical Marijuana Department

150 North 18<sup>th</sup> Avenue, Suite 410

Phoenix, Arizona 85007

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