



# 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.

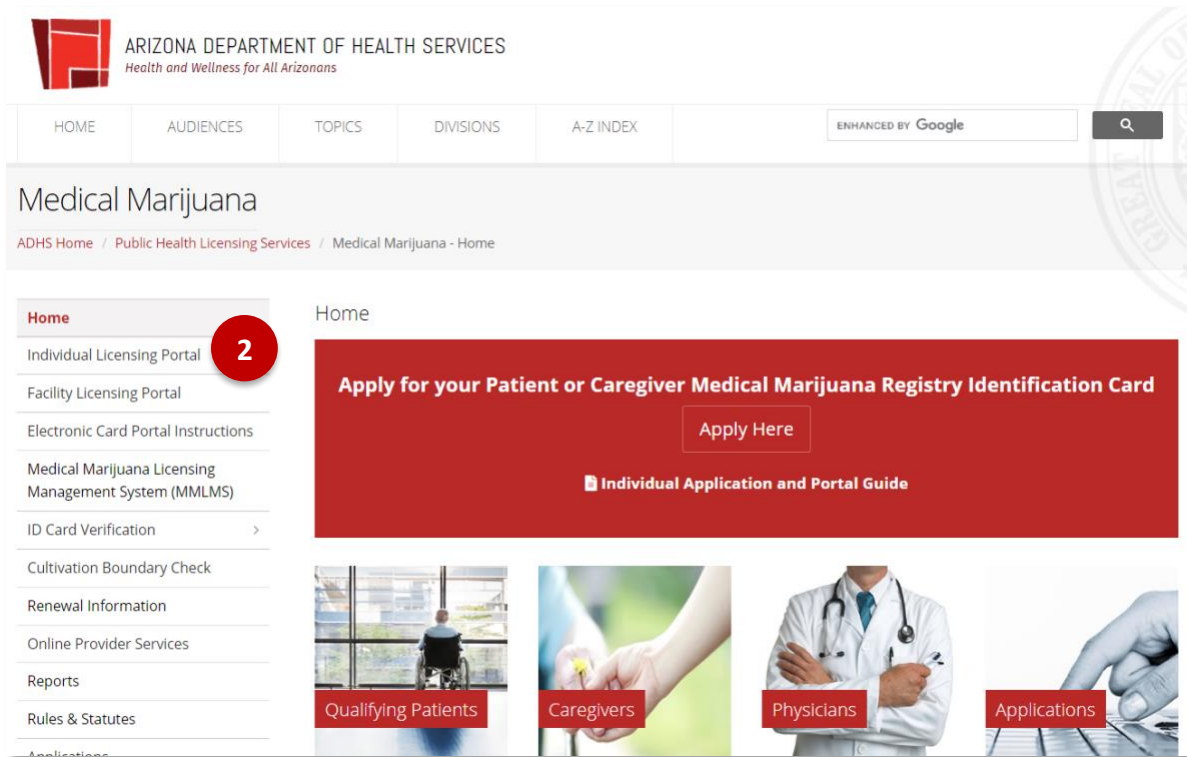
*This manual outlines the ADHS Licensing Management System functions available to the Laboratory Owner. The Laboratory Agent functions are outlined in a subsequent document.*

# 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

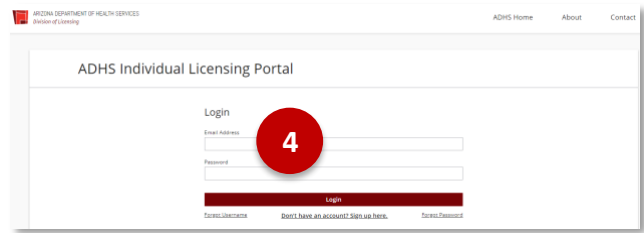
1. Access AZDHS.gov website
  - Search and access Medical Marijuana Homepage: <https://azdhs.gov/medical-marijuana>
2. Select **Individual Licensing Portal** link



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)



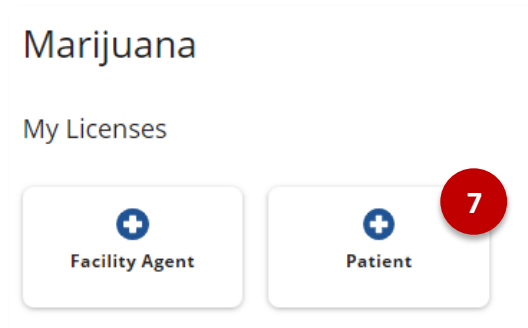
5. Select the **Individual Portal**



6. Select the **Marijuana Program** tile



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



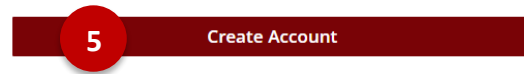
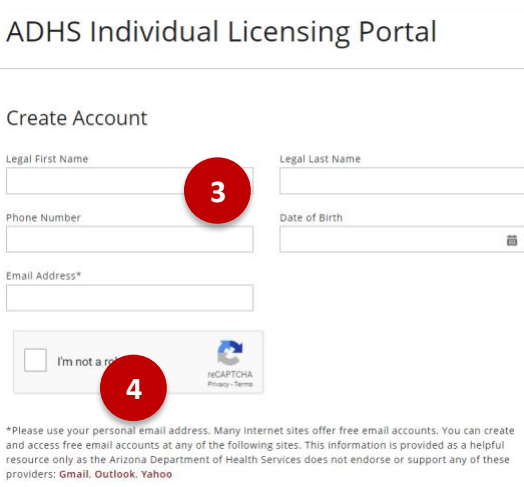
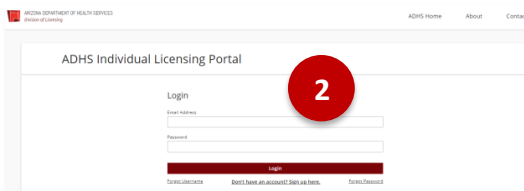
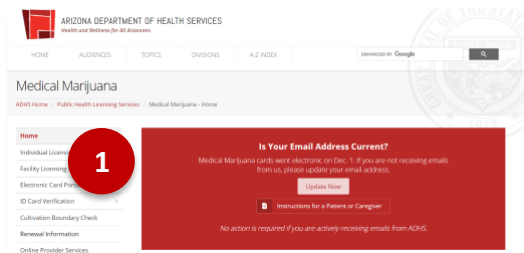
## Portal Registration and Login

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.

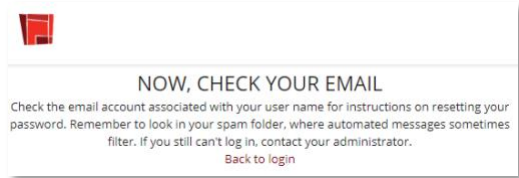
1. Create new account by accessing [ADHS Individual Licensing Portal](#)
2. Click **Don't have an account? Sign up here**
3. Enter information into fields to create account
4. Check security box and complete required check
5. Once all required information is entered - select **Create Account**

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

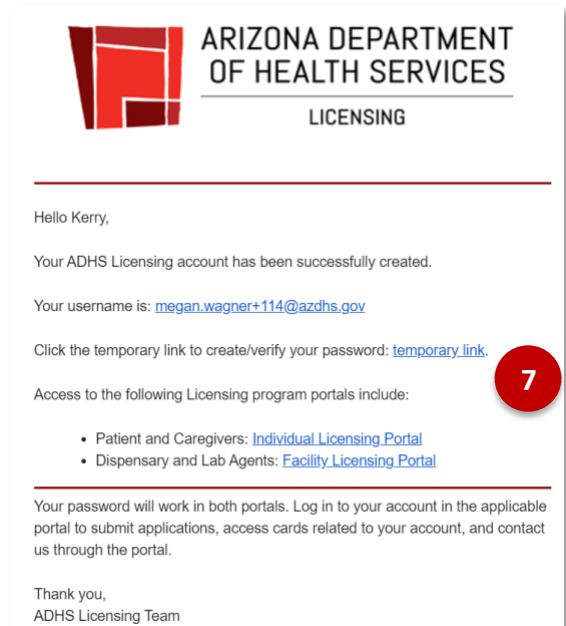
**NOTE:** When creating an account, ensure legal name and date of birth are accurate.



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

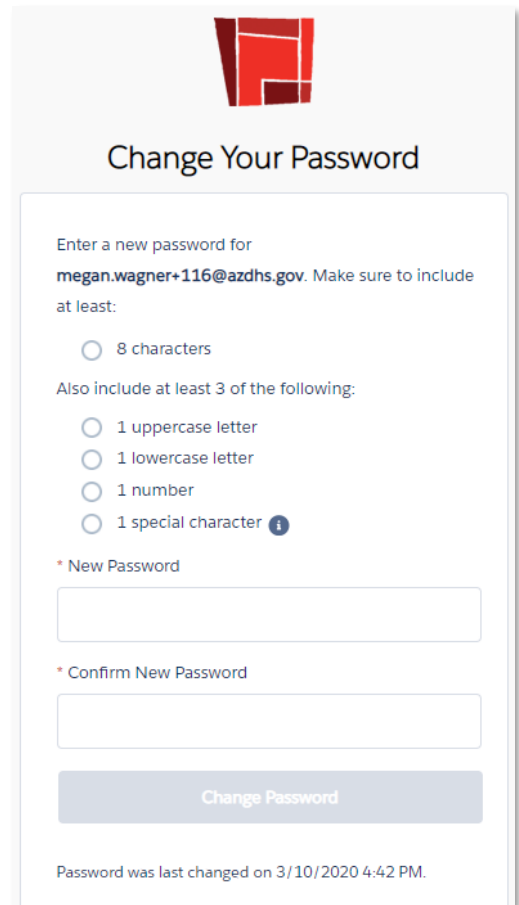


7. Click on the **temporary link** to set password





8. Follow the password requirements and instructions




Change Your Password

Enter a new password for  
**megan.wagner+116@azdhs.gov**. Make sure to include  
at least:

- 8 characters

Also include at least 3 of the following:

- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character 

\* New Password

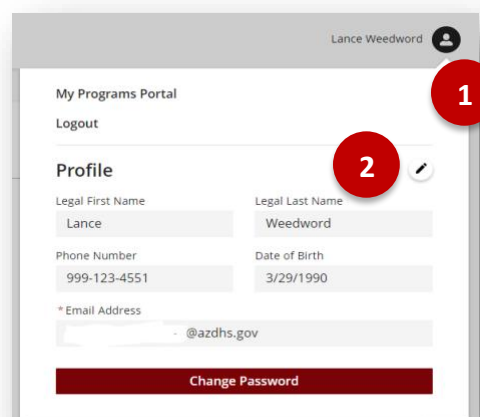
\* Confirm New Password


Change Password

Password was last changed on 3/10/2020 4:42 PM.

## Editing Account Profile


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



Lance Weedword 

My Programs Portal

Logout

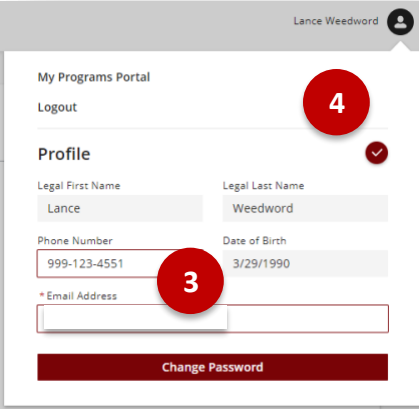
**Profile** 

Legal First Name	Legal Last Name
Lance	Weedword
Phone Number	Date of Birth
999-123-4551	3/29/1990
* Email Address	
	@azdhs.gov

Change Password

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



The screenshot shows a user profile page titled "My Programs Portal" for "Lance Weedword". The page includes a "Logout" link, a "Profile" section with a checkmark, and a "Change Password" button. Red circles with numbers 3 and 4 highlight the email address field and the checkmark, respectively. The profile information is as follows:

Legal First Name	Legal Last Name
Lance	Weedword
Phone Number	Date of Birth
999-123-4551	3/29/1990
* Email Address	

## Portal Login: Locked Account

1. 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.”*
2. 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

3. 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**
4. 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 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.

Email Address  
george.smith0945@outlook.com

Password  
\*\*\*\*\*

Login

[Forgot Username](#)   [Don't have an account? Sign up here.](#)   [Forgot Password](#)

Login

Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access.

Email Address  
first.last@email.com

Password  
\*\*\*\*\*

Login

[Forgot Username](#)   [Don't have an account? Sign up here.](#)   [Forgot Password](#)



5. 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:

[M2Dispensaries@AZDHS.gov](mailto:M2Dispensaries@AZDHS.gov)



# SUBMITTING APPLICATIONS: ADULT PATIENT

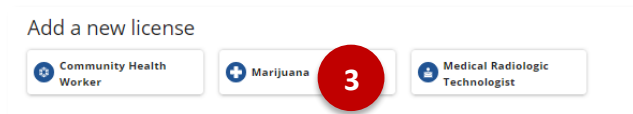
## Initial Adult Patient Application

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

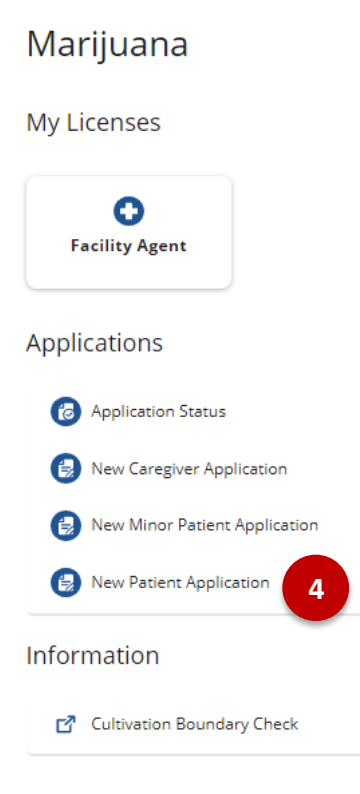
1. Upon login to Licensing portal, select **Individual Portal** tile
2. If applying for a new Patient License, select the **Add a new license** tile



3. Select the **Marijuana** tile



4. Select **New Patient Application**

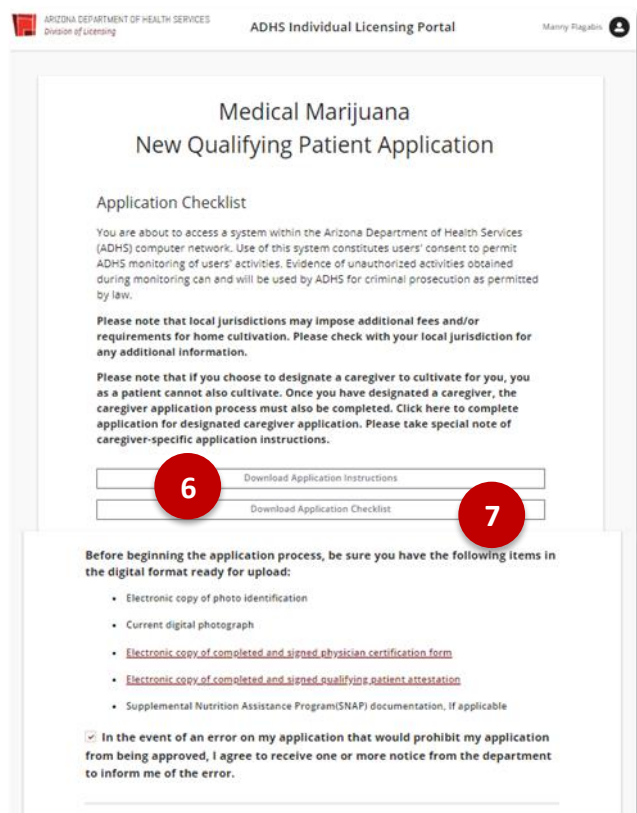


6. Click **Download Application Instructions**

7. Click **Download Application Checklist**

8. Review if you agree to receive notices from the department

**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 application process.



9. Click **Agree and Proceed**

**By submitting this application I am acknowledging that I am aware that:**

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully purchase, possess and authorize for the minor patient "medical" marijuana under state law, it is lawful only if done in strict compliance with the requirements of the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17.

**Pursuant to A.R.S. 41-1030(B)(D)(E)(F)**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

**9**

**Agree and Proceed**

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

### Medical Marijuana New Qualifying Patient Application

PATIENT INFORMA...    PHYSICIAN INFOR...    OTHER INFORMAT...    UPLOAD DOCUM...    REVIEW & SUBMIT

Patient Information

---

Identification Information

First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Manny"/>	<input type="text"/>	<input type="text" value="Flaggins"/>	<input type="text"/>

Date of Birth \*    Gender \*

ID Type \*    ID Number \*

Issuing State \*    Issue Date \*

**11**

**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

Contact Information

\* Are you Homeless?

- 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

- 18. 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.



21. Enter **Physician's Information**

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

Medical Marijuana  
New Qualifying Patient Application

PHYSICIAN INFO... OTHER INFORM... UPLOAD DOCU... REVIEW & SUBMIT

Physician Information

Primary Physician Information

Physician Name \* Date of Examination \* Date Physician Signed \*  
Molly Medicine Feb 25, 2020 Feb 25, 2020

Physician Address \*  
13644 N Sandario Rd

City \* State \* Zip Code \* Phone Number \*  
Marana AZ 85653 9991234000

License Number \* Physician License State \* License Type \*  
AZMD124852 AZ MD

22. Enter **Qualifying Health Condition**

23. 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 Sclerosis  
 Chron's Disease  
 Agitation of Alzheimer's disease  
 Post Traumatic Stress Disorder (PTSD)  
 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

A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that causes:

Back

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

Clinical Studies

\* Would you like to be notified of clinical studies?  
No

SNAP Eligibility

If you are eligible for SNAP assistance and proper documentation is provided, your application fee will be reduced from \$150 to \$75.

\* Are you eligible for the Supplemental Nutrition Assistance Program?  
No

You will be required to upload a document showing that you are currently eligible for SNAP benefits. This document must have the patient's name on it (such as your card with your name on it or your acceptance of benefits letter). SNAP cards without the name of the patient applying will not be accepted as proof of current SNAP benefits.

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

**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 applicable  
30. Click **Save & Continue**

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

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

**Medical Marijuana**  
**New Qualifying Patient Application**

REVIEW & SUBMIT

Review

**Patient Information**

Identification Information

First Name	Middle Name	Last Name	Suffix
<b>Manny</b>		<b>Flagabis</b>	
Birthdate		Gender	
3/13/1997		<b>Male</b>	
Id Type	Id Number		
<b>Driver License</b>	<b>D09475938</b>		
State	Issue Date		
<b>AZ</b>	<b>3/8/2017</b>		

**32** Edit Section

**33** Submit & Go to Payment

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

**Order Review**

Please review your order and ensure the information below is correct before proceeding.  
If you agree with the information as displayed; please click the "Authorize" button to process 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

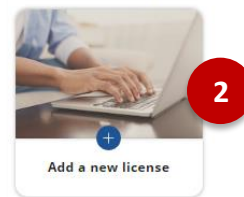
1. Upon login to Licensing portal, select **Individual Portal** tile
2. If applying for a new Caregiver License, select the **Add a new license** tile



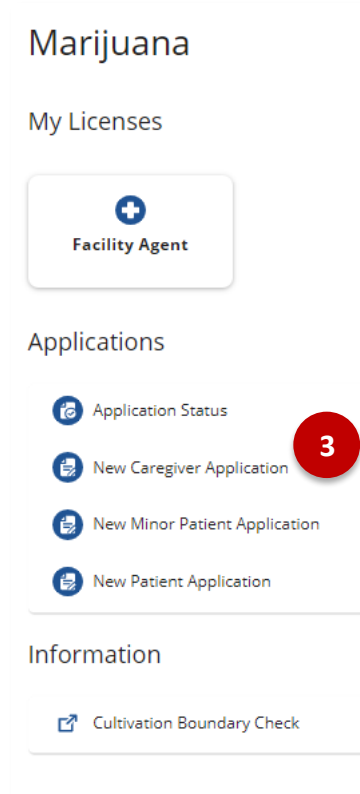
### ADHS Facility Licensing Portal

#### My Programs

#### Other Licenses



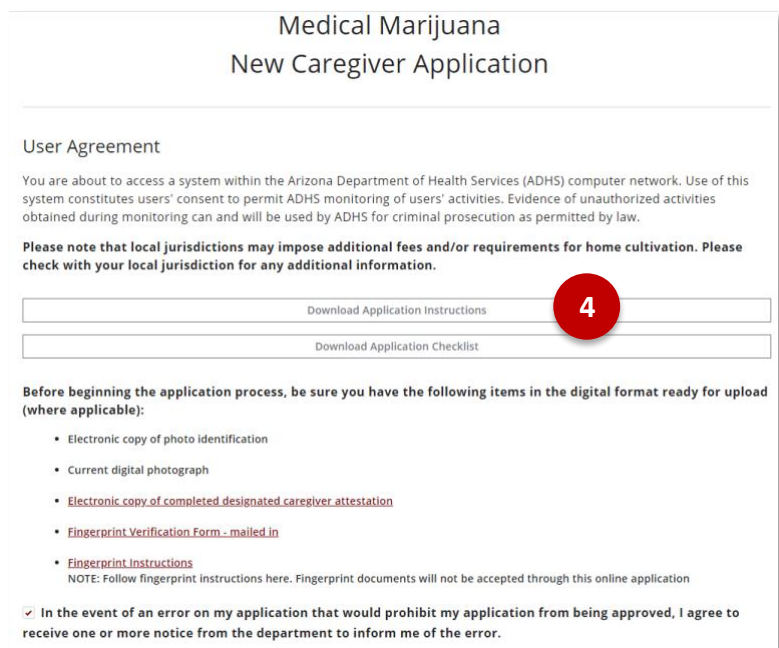
3. Select **New Caregiver Application**



4. 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**



7. 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

CAREGIVER SEARCH CAREGIVER INFO... UPLOAD DOCUM... REVIEW & SUBMIT

Caregiver Application Search

Identification Information

\* Patient Card ID  
1584127QPWW147748765

\* Patient First Name  
Manny

\* Patient Last Name  
Flagabis

\* Patient Date of Birth(MM/dd/YYYY)  
Mar 13, 1997

Search

9. View application – enter **Caregiver Identification Information**

Medical Marijuana  
New Caregiver Application

CAREGIVER INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Caregiver Information

Identification Information

First Name \* Middle Name Last Name \* Suffix  
Joan Bounty

Birthdate \* Gender \*  
Mar 4, 1964 Female

ID Type \* ID Number \*  
Driver License D0264829

State \* Issue Date \*  
AZ Jun 21, 2018

10. Enter Address Information, check box if mailing and residential address are different

11. Review the **Consent to do business electronically** agreement

Address Information

Residence Address \* Suite, Unit, etc.  
2100 AZ-87

City \* State \* Zip Code \*  
Winslow AZ 86047

Check if residence address is different mailing address

I consent to do business electronically.

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

**Disclosure**  
Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, the Arizona Department of Health Services (ADHS) must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. 41-1092 et al. (Title 41, Chapter 6, Article 10) before ADHS takes final administrative action based on information in the FBI criminal history record.

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](http://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.azdps.gov](http://www.azdps.gov)).

Sign Here



12 Sign Clear

Save & Exit Save & Continue

14. Upload **Supporting Documents**

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

### Medical Marijuana New Caregiver Application

UPLOAD DOCUMENTS REVIEW & SUBMIT

#### Upload Supporting Documentation

- Electronic copy of photo identification \***  
Files uploaded:
  - Joan Bounty Drivers License.PNG

Upload Files Or drop files Remove
- Current digital photograph \***  
Files uploaded:
  - Cardholder\_image20.PNG

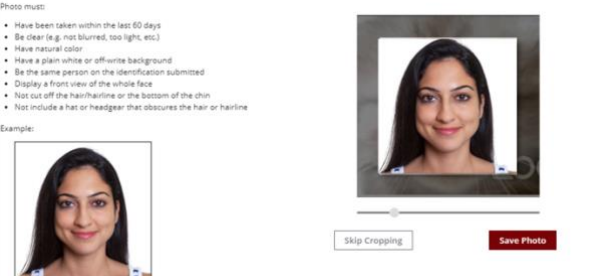
Upload Files Or drop files Remove

**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

Photo must:

- Have been taken within the last 60 days
- Be clear (e.g. not blurred, too light, etc.)
- Have natural color
- Have a plain white or off-white background
- Be the same person on the identification submitted
- Display a front view of the whole face
- Not cut off the hairline or the bottom of the chin
- Not include a hat or headgear that obscures the hair or hairline

Example:



Skip Cropping Save Photo

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

Back Save & Exit **Save & Continue**

16. Review Application sections

17. If necessary, **click Edit Section** to modify data in that section

18. Click **Submit and Go to Payment**

Medical Marijuana  
New Caregiver Application

REVIEW & SUBMIT

Review

**Patient Information**

Identification Information

Patient First Name	Last Name	Date Of Birth
Joan	Bounty	3/4/1964

Patient Card Id  
AZCG15843839  
07938888

**Caregiver Information**

Identification Information

Edit Section

**Submit & Go to Payment**

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

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**

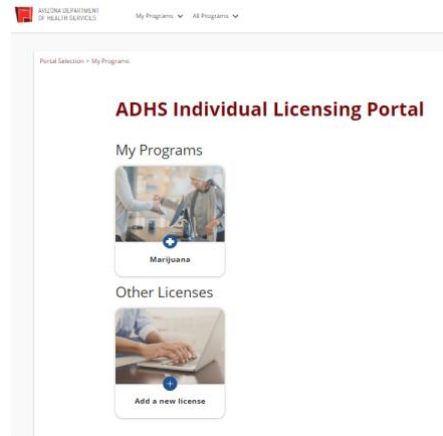


# SUBMITTING APPLICATIONS: CAREGIVER - MINOR

## 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.

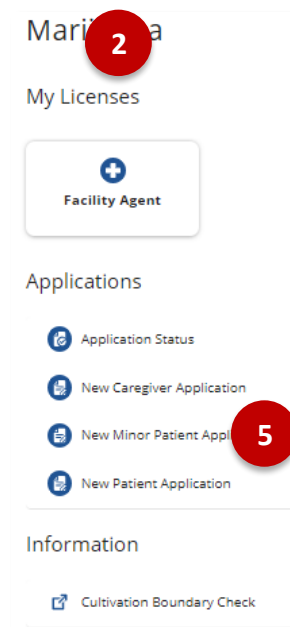
1. Login to Individual Licensing Portal
2. For initial Caregiver applications - select **Add a new license** tile
3. If user already has an active Medical Marijuana license – select the Marijuana program tile



4. Select Marijuana



5. Click **New Minor Patient Application** tile



6. If needed - Click **Download Application Instructions and Download Application Checklist**

**Medical Marijuana  
New Minor Patient Application**

---

**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.**

6

7. Review consent to receive notices from the department
8. Click **Agree and Proceed**

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

- Electronic copy of the minor caregiver's identification
- Current digital photograph of the minor patient
- Current digital photograph of the minor caregiver
- [Electronic copy of Physician Certification Form](#)
- [Electronic copy of the Reviewing Physician Certification Form for Patients Under 18](#)
- [Electronic copy of the Medical Marijuana Custodial Parent and Legal Guardian attestation form](#)
- Supplemental Nutrition Assistance Program (SNAP) documentation, if applicable
- [Fingerprint Verification Form](#)
- Proof of Guardianship, if applicable
- [Fingerprint Instructions](#)

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.

**Agree and Proceed**

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

**Before You Proceed**

Only the custodial parent or legal guardian can fill out the application on behalf of the minor. An additional caregiver application will be required once the minor application is submitted successfully.

I am the custodial parent or legal guardian of the minor.

8

9. Enter **Minor Patient Information**

Patient Information

Identification Information

First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	Gender*		
<input type="text"/>	--None--		
ID Type	ID Number	Issuing State	Issue Date
--None--	<input type="text"/>	--None--	<input type="text"/>

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**

\* Are you Homeless?

--None--

Address

City

State

Phone Number\*

Request to Cultivate?

\* Are you requesting to cultivate?

Approval to cultivate will not be granted without a valid residential address that meets the requirements to cultivate.

Check if mailing address is different than residence address

Save & Exit

Save & Continue

14. Select relationship to patient

15. Enter **Caregiver information**

Caregiver Information

Identification Information

\* What is your relationship to the patient?

--None--

First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	Gender*		
<input type="text"/>	--None--		
ID Type*	ID Number*	Issuing State*	Issue Date*
--None--	<input type="text"/>	--None--	<input type="text"/>

16. Review electronic consent box

**NOTE:** If box is not checked, attestation must be submitted.


I consent to do business electronically.

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**

I, Bugs Bunny, attest that: I will not divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant A.R.S. Title 36, Chapter 28.1 and that the information provided in the application is true and correct.

I consent to do business electronically.

Write your signature in the box below to complete your agreement to do business electronically.



**19**

Accept Clear

Save & Exit **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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Individual Licensing Portal

Medical Marijuana  
New Minor Patient Application

PHYSICIAN INFORMATION OTHER INFORMATION UPLOAD DOCUMENTS REVIEW & SUBMIT

Physician Information

Primary Physician Information

Patient's Physician Name\* Date of Examination\* Date Physician Signed\*

Dr. Isha White Feb 17, 2020 Mar 3, 2020

Physician Address\*

123 Parkway

City\* State\* Zip Code\* Phone Number\*

Phoenix AZ 85007 602-555-0555

License Number\* Physician License State\* License Type\*

12-345 AZ MD

**21**

Secondary Physician Information

Patient's Physician Name\* Date of Examination\* Date Physician Signed\*

Dr. Margit Gregory Mar 5, 2020 Mar 5, 2020

Physician Address\*

777 Lolly Lane

City\* State\* Zip Code\* Phone Number\*

Phoenix AZ 85007 602-555-0555

License Number\* Physician License State\* License Type\*

75-111 AZ MD

22. Enter **Qualifying Health Condition(s)**
23. Review chronic or debilitating condition section
24. 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 sclerosis
- Chron's Disease
- Agitation of Alzheimer's disease
- Post-Traumatic Stress Disorder

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 characteristics of multiple sclerosis

**22**

Back Save & Exit **Save & Continue**

**24**

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

Other Information

Clinical Studies

\* Would you like to be notified of clinical studies?

No

SNAP Eligibility

If you are eligible for SNAP assistance and proper documentation is provided, your application fee will be reduced from \$150 to \$75.

\* Are you eligible for the Supplemental Nutrition Assistance Program (SNAP)?

No

You will be required to upload a document showing that you are currently eligible for SNAP benefits. This document must have the patient's name on it (such as your card with your name on it or your acceptance of benefits letter). SNAP cards without the name of the patient applying will not be accepted as proof of current SNAP benefits.

Back Save & Exit Save & Continue

29. Upload **Supporting Documentation**

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

Medical Marijuana  
New Minor Patient Application

Upload Supporting Documentation

File uploaded: \* Electronic copy of the minor caregiver's identification\*  
Cardholder\_image\_1

File uploaded: Current digital photograph of the minor patient\*  
Cardholder\_image\_1

File uploaded: Current digital photograph of the minor caregiver\*  
Cardholder\_image\_1

**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

Photo must:

- Have been taken within the last 60 days
- Be clear (e.g. not blurred, too light, etc.)
- Have natural color
- Have a plain white or off-white background
- Be the same person on the identification submitted
- Display a front view of the whole face
- Not cut off the hair/hairline or the bottom of the chin
- Not include a hat or headgear that obscures the hair or hairline

Example:

Skip Cropping Save Photo

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

ARIZONA GOVERNMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Individual Licensing Portal

Medical Marijuana  
New Minor Patient Application

Review

**31** [Edit Section](#)

**Patient Information**

Identification Information

First Name	Middle Name	Last Name	Suffix
Jeffrey		Smith	

Birthdate  
3/15/2019

Gender  
Male

**ID Card**

ID Number	Issue Date
01234567890	3/15/2019

Residence Information

HOMELESS

Are you Homeless?

Yes  No

Approved to software cannot be approved without a residential address that meets the requirements in software.

Address  
12320 N 100th Ave

State, ZIP+4®

**Submit & Go to Payment**

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

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 APPLICATION: RENEWALS

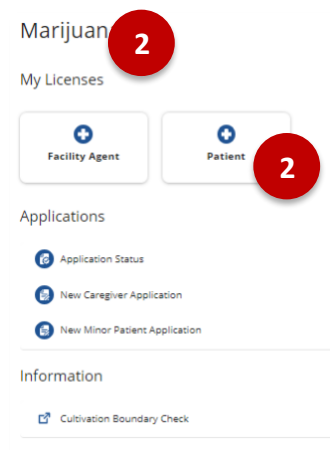
## Example Given for Adult Patients

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.

1. Navigate to the **Marijuana** program



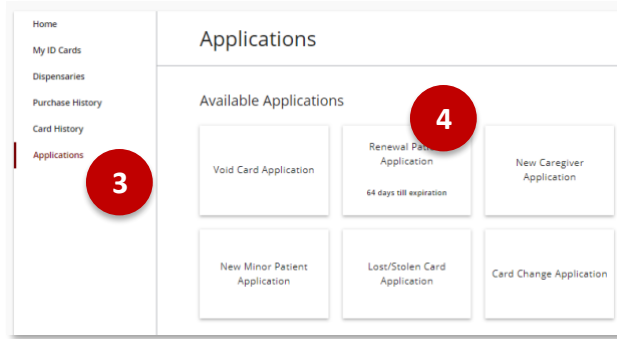
2. Select **Patient** tile



3. Select **Applications** tab

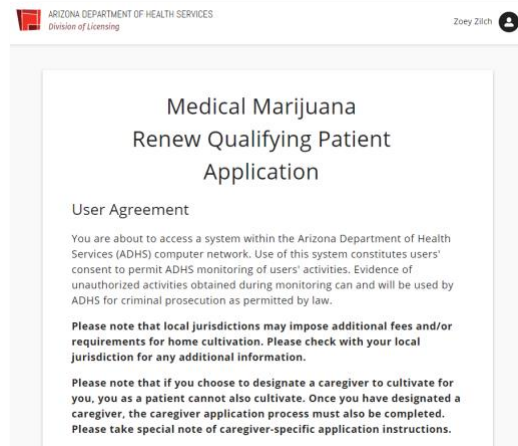
4. Select **Renewal Application** tile

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



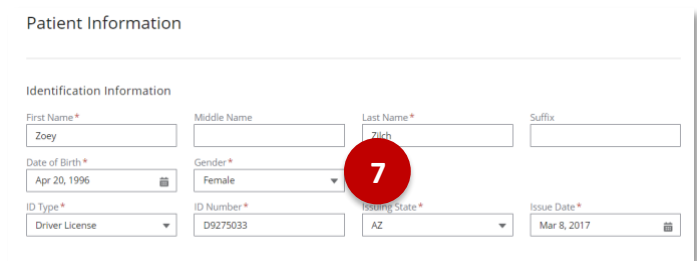
5. View Renewal Agreement page

6. Click **Agree and Proceed**



7. Review Patient Information

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



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**

Caregiver Information

\* Do you want to designate a caregiver?

Request to Cultivate?

\* Are you requesting to cultivate?

Approval to cultivate will not be granted without a residential address that meets the requirements to cultivate.

14. Enter Physician Information

Physician Information

Primary Physician Information

Physician Name \*  Date of Examination \*  Date Physician Signed \*

Physician Address \*

City \*  State \*  Zip Code \*  Phone Number \*

License Number \*  Physician License State \*  License Type \*

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 Sclerosis
- 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

17. View Other Information

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?

No 18

SNAP Eligibility

**If you are eligible for SNAP assistance and proper documentation is provided, your application fee will be reduced from \$150 to \$75.**

\* Are you eligible for the Supplemental Nutrition Assistance Program (SNAP)?

No 19

You will be required to upload a document showing that you are currently eligible for SNAP benefits. This document must have the patient's name on it (such as your card with your name on it or your acceptance of benefits letter). SNAP cards without the name of the patient applying will not be accepted as proof of current SNAP benefits.

Back Save & Exit Save & Continue 20

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

Upload Supporting Documentation

---

- **Electronic copy of photo identification \***
- Upload Files Or drop files
- **Current digital photograph \***
- Upload Files Or drop files 21
- **Electronic copy of completed and signed physician certification form \***
- Upload Files Or drop files
- **Electronic copy of completed and signed qualifying patient attestation**
- Upload Files Or drop files
- **Supplemental Nutrition Assistance Program(SNAP) documentation, if applicable**
- Upload Files Or drop files

Save & Exit Save & Continue 23

24. Review Information

25. Click **Edit Section** to make changes

26. Click **Submit & Go to Payment**

Review

---

**Patient Information**

Identification Information Edit Section

First Name  
**Zoey**  
Middle Name

Last Name  
**Zilch**  
Suffix

Date of Birth  
**4/20/1996**


Id Type  
**Driver License**

State  
**AZ**

Gender  
**Female**

Id Number  
**D9275033**

Issue Date  
**3/8/2017**



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

**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](#)

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

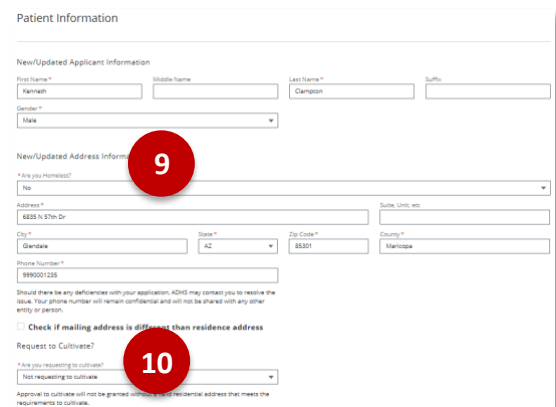
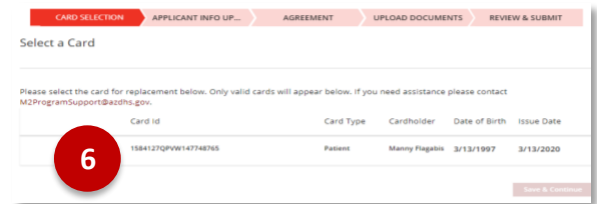
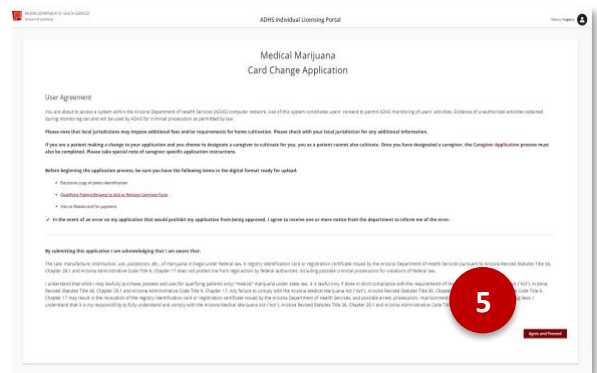
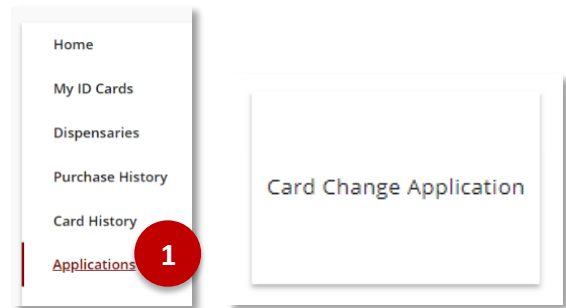
# APPLICATIONS: CARD CHANGE

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
9. Select the fields in the form that need to be changed – replace the current information with updated information
10. Review **Cultivation** choice



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

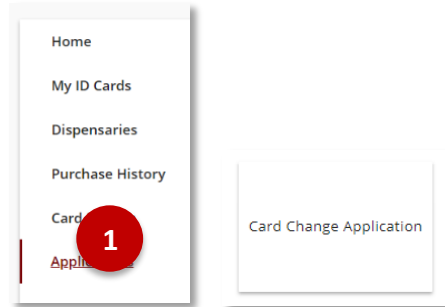
19. Review details on the Review page and proceed to through payment if necessary

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

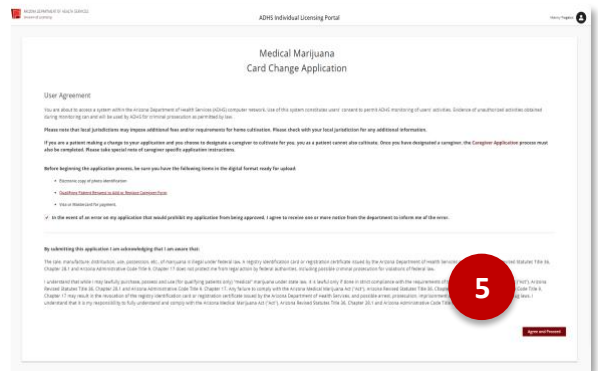
# APPLICATIONS: CARD CHANGE – MINOR PATIENT CAREGIVER

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

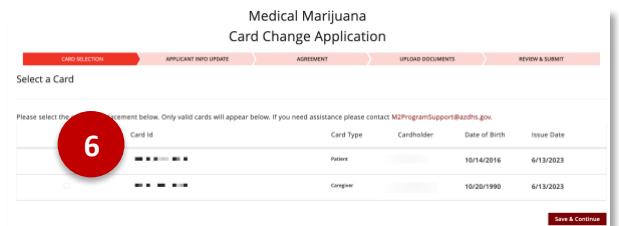
1. From the Individual Licensing Portal, select **Caregiver** tile and then **Applications** from menu
2. Select **Card Change Application** tile



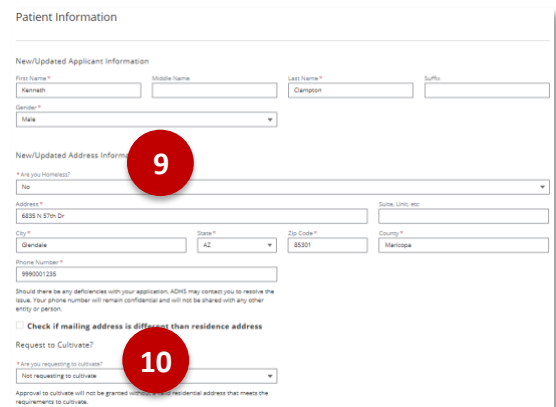
3. View **User Agreement**
4. Review **Notice** Checkbox
5. Click **Agree and Proceed**



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
9. Select the fields in the form that need to be changed – replace the current information with updated information
10. Review **Cultivation** choice



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

## 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

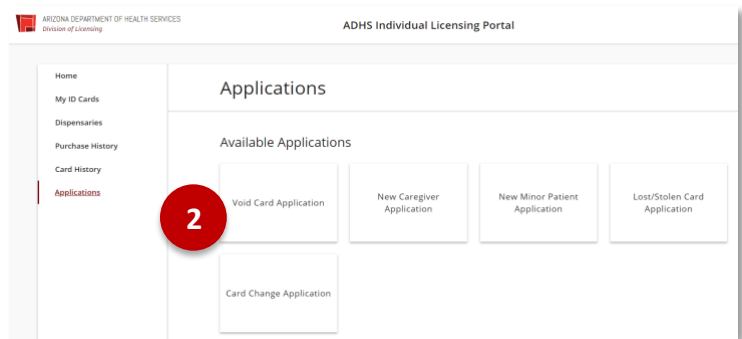
2. The patient will then go to the AZDHS Licensing portal <https://individual-licensing.azdhs.gov/s/login/?ec=302&startURL=%2Fs%2F> and create a new account using their personal email address and credentials – See Create a New Account for more details
3. Upon creating the new account, the patient will 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



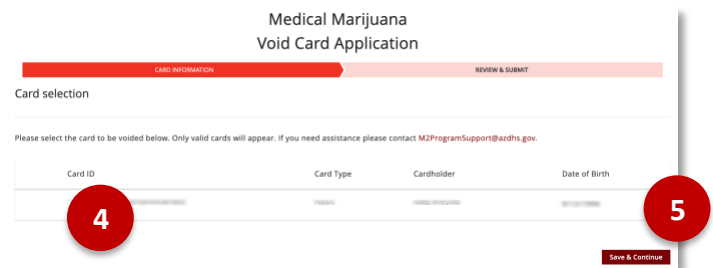
# APPLICATIONS: VOID CARD

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

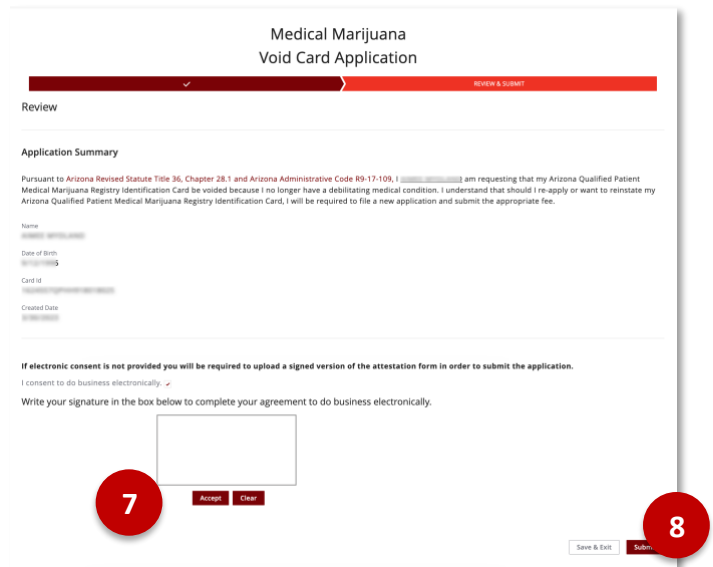


4. Select the appropriate card to be voided



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

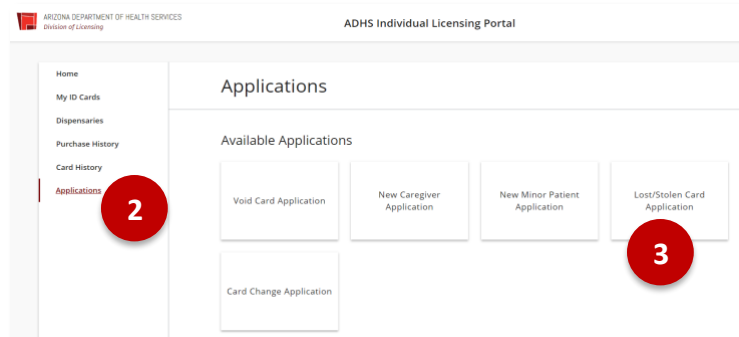
8. Select Submit to complete the application

**NOTE:** once the Void Application is approved, the selected card will no longer be valid for use

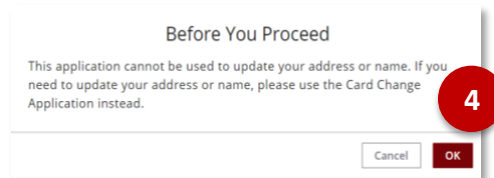
# APPLICATIONS: LOST /STOLEN CARD

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**
7. Click **Agree & Proceed**



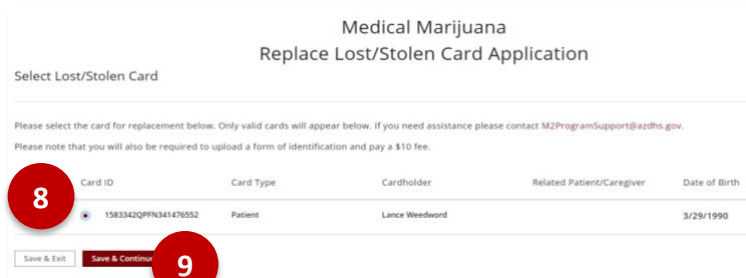
**To successfully complete and submit a lost/stolen application, the applicant must:**

- Select card to be replaced based on card number, name, and date of birth.
- Copy of Valid ID.
- Have ready an electronic copy of your identification to upload into the application.
- Have ready a Visa or Mastercard for payment.
- Verify all data are correct before saving each page of the application.
- Complete and submit the entire application without closing the browser.

**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.**

**Agree & Proceed**

8. Select **Card ID** to be replaced
9. Click **Save & Continue**



10. Upload required documentation

11. Click **Submit & Go to Review**

12. Review application details

13. To edit, click **Edit Section**

14. Click **Submit & Go to Payment**

15. Complete Payment Process to submit application

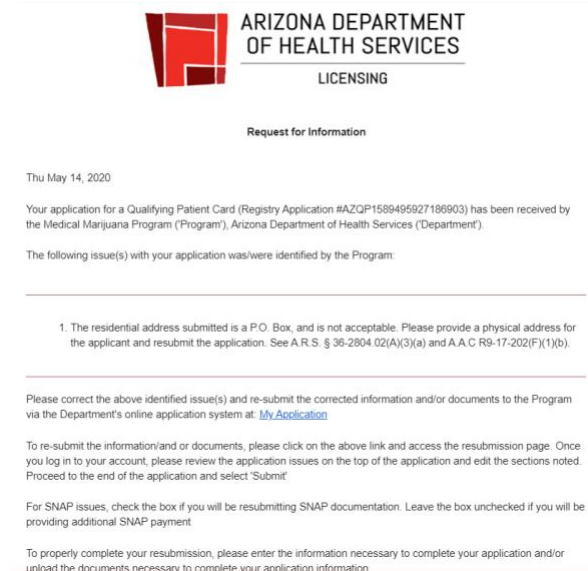
# SUBMITTING APPLICATIONS: APPLICATION ISSUES

## Resubmitting Corrected Applications

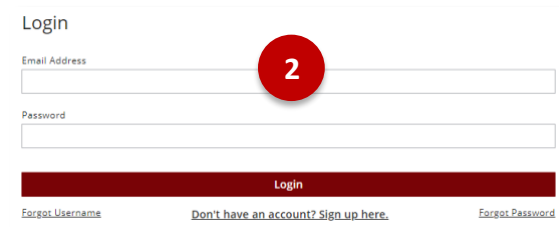
If there is an issue with a submitted application, it will appear in the check application status form section of the individual licensing portal. Application issues must be addressed in order for an application to be considered for approval

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

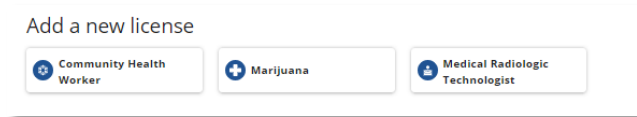
1. When issue is found with submitted application, applicant will receive an email stating the issue(s)
2. Click **My Application** to be redirected to the Individual Licensing Portal to login and view application



1. Login to Individual Licensing Portal



2. 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
6. Select the appropriate application  
with the status **Action Required** to  
reopen



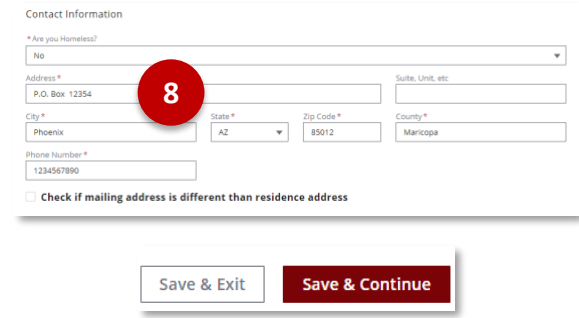
- 7. View application – Application Issues will be listed at top of application

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 be considered resubmitted



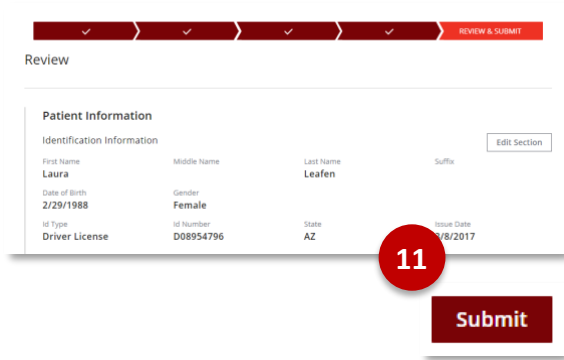
- 8. Correct all application issue(s)

- 9. Click **Save & Continue** to progress through application



- 10. On the final review page of the application – the Submit button will be displayed

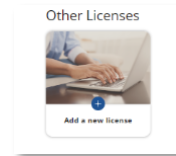
- 11. Select the **Submit** button – Application will be in Resubmitted status if user has successfully completed all necessary steps for resubmittal of the application



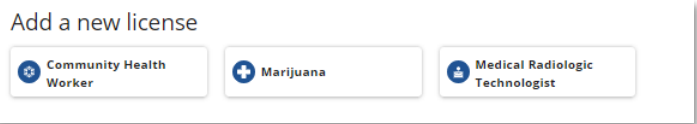
# CHECK APPLICATION STATUS

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.

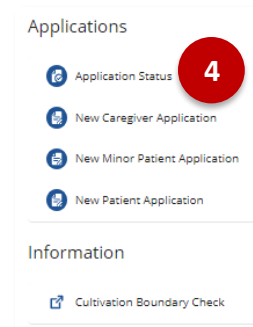
1. Login to **Individual Licensing Portal**
2. In the Programs section, select **Add a new license** tile



3. Select the **Marijuana** tile



4. Under Applications - Select **Check Application Status**
5. The **Application History** page will display
6. Application #, Type, Status will display
7. Open the Application by selecting the **Application #**



- a. If application is in **Not Submitted** status, applicant can resume application
- b. If application was previously submitted, the applicant can only edit the application when the application is in **Action Required** status



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

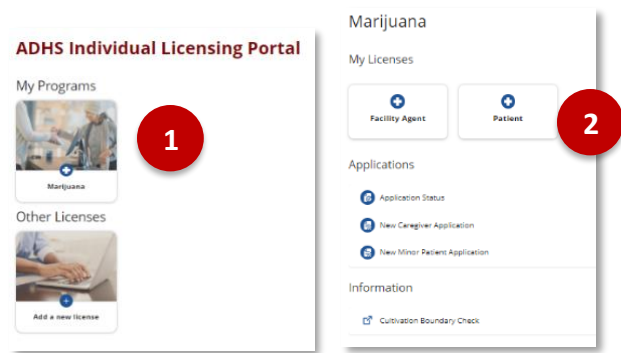
# PORTAL NAVIGATION

## Overview of Portal Site Features

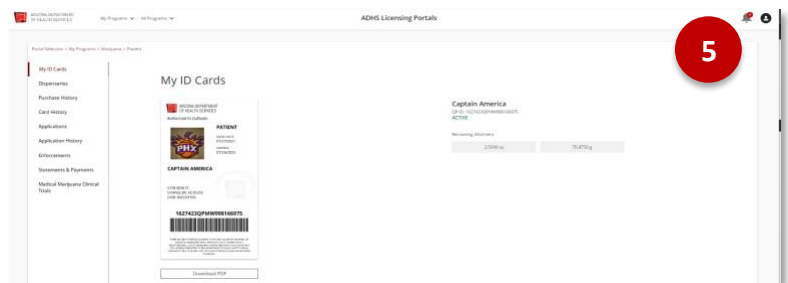
Once user is logged in to the portal, the various tiles will be displayed across the screen. Accessing Medical Marijuana will give users access to Patient/Caregiver ID card and much more information regarding card and dispensary details

1. 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

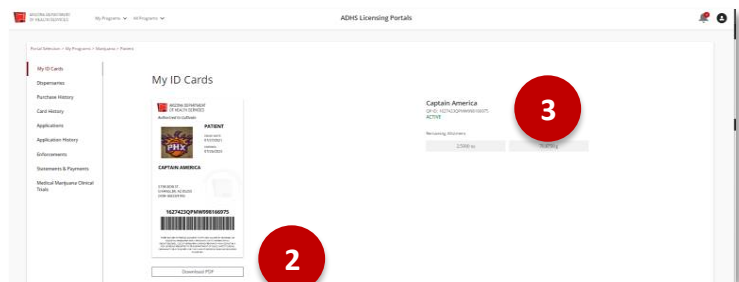


4. Landing Page will default to **My ID Cards**
5. Notifications appear in the bell icon
6. Click the bell to view statuses or respond to action required request
7. Navigate to additional tabs from left menu



## My ID Cards

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

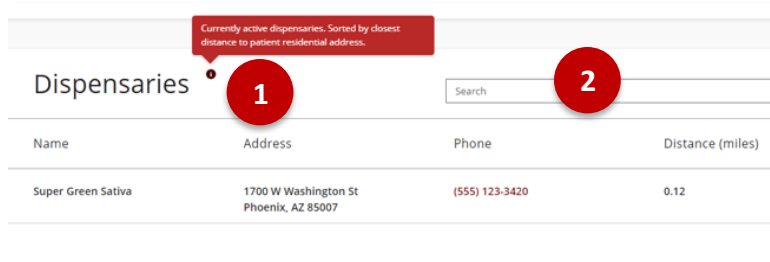




**NOTE:** If printing card, ensure **fit to page** is not selected – printing on a laser printer will provide best quality

## Dispensaries Tab

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

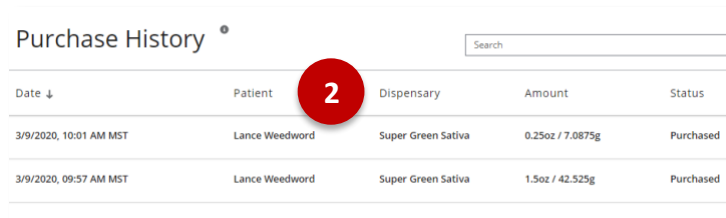


Name	Address	Phone	Distance (miles)
Super Green Sativa	1700 W Washington St Phoenix, AZ 85007	(555) 123-3420	0.12

**NOTE:** List is sorted by Legal Name

## Purchase History Tab

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

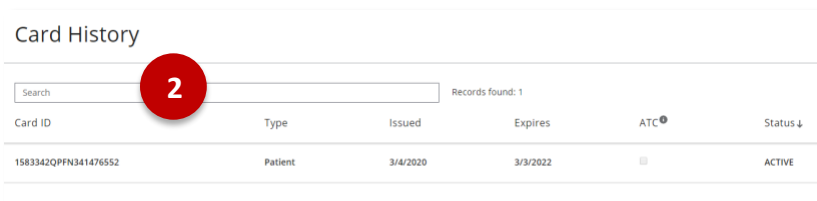


Date ↓	Patient	Dispensary	Amount	Status
3/9/2020, 10:01 AM MST	Lance Weedword	Super Green Sativa	0.25oz / 7.0875g	Purchased
3/9/2020, 09:57 AM MST	Lance Weedword	Super Green Sativa	1.5oz / 42.525g	Purchased

## Card History

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

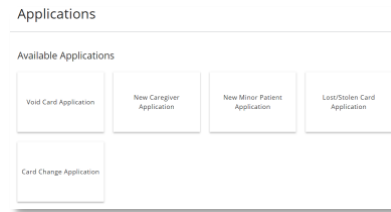
**NOTE:** 3 years of card history will display – to print page, click keyboard keys CTRL + P to view print/download screen



Card ID	Type	Issued	Expires	ATC®	Status ↓
1583342QPFN341476552	Patient	3/4/2020	3/3/2022	☐	ACTIVE

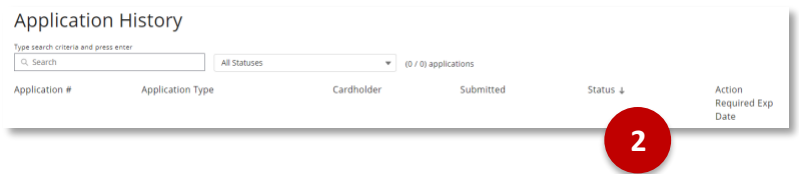
## Applications Tab

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



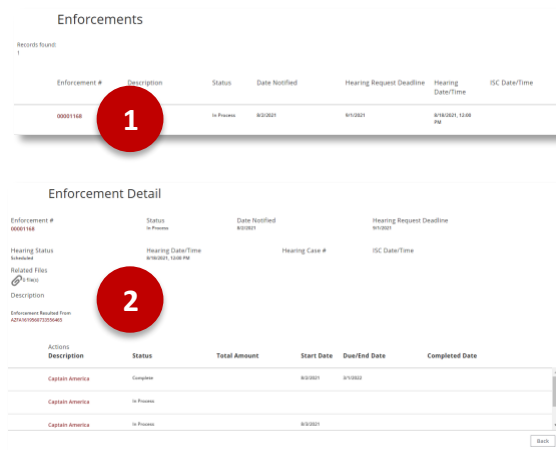
## Application History Tab

1. Submitted and drafted applications will display
2. Review Application Statuses
3. Action Required applications will display as well



## Enforcements Tab

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



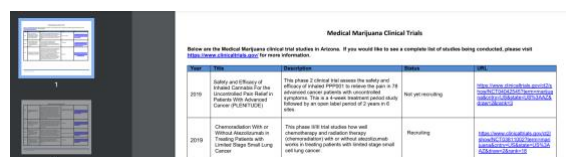
## Statements & Payments Tab

1. Any statements (invoices) or payments will display on this page
2. 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



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**Medical Marijuana Department**

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Telephone: 602-364-0857

Website: [www.AZDHS.gov/MedicalMarijuana](http://www.AZDHS.gov/MedicalMarijuana)