



Colorado Department of Public Health and Environment

Medical Marijuana Registry

Frequently Asked Questions

Can you refer me to a doctor?

No. It is the responsibility of the patient to work with a physician with whom he/she has a bona fide doctor-patient relationship.

Where do I get the seeds or plants to start growing medical marijuana?

Are there clubs or organizations that help patients to grow or acquire their medicine?

The Medical Marijuana Registry is not affiliated with any privately operated club, organization or dispensary and is not authorized to provide information on acquisition of marijuana.

Where can I legally use my medicine?

No patient shall: Engage in the medical use of marijuana in a way that endangers the health or well-being of any person; or engage in the medical use of marijuana in plain view of, or in a place open to, the general public. Law enforcement has informed the Medical Marijuana Registry of the following: Any place outside of the patient's home is considered public. "In plain view" also includes the patient's yard or garage if that patient can be seen using their medicine by neighbors.

Why can't I go to a pharmacy to fill a prescription for medical marijuana?

Pharmacies can only dispense medications that are prescribed. Marijuana is currently classified by the federal government as a Schedule I drug, which means it cannot be prescribed by any health care professional. Amendment 20 allows doctors to *recommend* marijuana, and it allows patients to grow their own medical marijuana for their private use.

How is my confidentiality protected?

Your confidentiality is protected by law and by the procedures used by the registry. No lists of doctors, patients or caregivers are given out to anyone. Local law enforcement may only contact the registry to verify the information on a specific identification card. The registry database resides on a stand-alone computer and is password protected and encrypted. The office and all of its contents are locked at night when the registry administrator is out of the office.

How does my card protect me?

A patient may engage in the medical use of marijuana, with no more marijuana than is medically necessary to address a debilitating medical condition. A patient's medical use of marijuana, within the following limits, is lawful: No more than two ounces of a usable form of marijuana; and no more than six marijuana plants, with three or fewer being mature, flowering plants that are producing a usable form of marijuana.

I do not have the money for the fee. Is it a one-time payment? Can it be waived? Can I make installment payments? Will my insurance pay?

Full payment must be made at the time of application. The fee must be paid with the renewal application each year. The fee cannot be waived, and the registry cannot accept installment payments. Insurance companies are not required to pay the fee.

What if I move or my caregiver moves? What if I want to change my caregiver?

When there has been a change in the name, address, physician, or primary caregiver of a patient who has qualified for a registry identification card, that patient must notify the registry of any such change within ten days. A patient who has not designated a primary caregiver at the time of application may do so in writing at any time during the effective period of the registry identification card, and the primary caregiver may act in this capacity after such designation.

Can I use my Colorado Medical Marijuana Registry identification card in another state?

At this time, there are no "reciprocity" agreements with other states to recognize the Colorado law except in Montana and Rhode Island.

I am a registered patient in another state, do I have any legal right to use my medicine while visiting Colorado?

No, Colorado's law does not recognize patients registered in other states.

Does the Medical Marijuana Registry give free legal advice?

No, patients are on their own to seek out legal advice or hire an attorney.



Colorado Department of Public Health and Environment

Medical Marijuana Registry

Instructions for Applying for a Medical Marijuana Registry Identification Card

You must complete the **Application for Identification Card** form and ask your physician to complete the **Physician Certification** form. If the applicant is a minor or you have more questions, please contact the Registry at (303) 692-2184.

Before sending materials, please make sure your application packet is complete. Incomplete applications will be returned to the applicant.

APPLICATION FOR IDENTIFICATION CARD

- Please complete the entire application form.
- You may choose to designate caregiver, although you do not have to. A caregiver is defined as “a person, other than the patient and the patient's physician, who is eighteen years of age or older and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.”
- Complete the physician information
- Sign and date the application

PHYSICIAN CERTIFICATION

- Your physician must complete and sign the physician certification form
- Only an MD or DO licensed to practice medicine in the state of Colorado may sign this form
- The Registry must receive your complete application within 60 days of the physician's signature

A LEGIBLE PHOTO COPY OF A PHOTO ID THAT ESTABLISHES COLORADO RESIDENCY (driver's license, state ID) See other side of this form for other options.

NON-REFUNDABLE \$90.00 APPLICATION FEE (check or money order payable to CDPHE)

SEND ALL OF THE ITEMS ABOVE TO:

Colorado Department of Public Health and Environment
Medical Marijuana Registry
HSVRD-MMP-A1
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

The information you provide will be verified within 30 days of receiving all the application materials. If approved, your card will be issued within 5 days after verification. The maximum time is 35 days between receipt of the completed application and issuing or denying the identification card.

The applicant will receive one card with the patient's information and caregiver information, if designated. The caregiver will not receive a card.

Keep copies of all the documents you submit to the Registry. For proof that your application has been submitted, you may want to send your application in by certified mail.

Forms are available at: <http://www.cdphe.state.co.us/hs/medicalmarijuana/marijuanafactsheet.html>

PATIENT'S PROOF OF RESIDENCY IN COLORADO

At least 1 of the following*	Or at least 2 of the following
Colorado Driver's License	Colorado Driver's License--Expired
Colorado ID	Colorado ID--Expired
Temporary Colorado Driver's License	Out of State Driver's License
Temporary Colorado ID	Out of State ID
	Passport
	US military ID
	Tribal ID
	Work Identification/paycheck stub/w-2
	Voter registration card
	Phone bill, electric bill, etc. addressed to the patient at their mailing address

*All documents must be currently valid

We need at least one of these documents to show the patient's date of birth



Colorado Department of Public Health and Environment Medical Marijuana Registry

APPLICATION FOR IDENTIFICATION CARD

New Application

Renewal Application

Instructions: Please complete all required information and return this application along with the Physician's Certification form, a copy of a photo identification that establishes Colorado residency (such as a driver's license), and the non-refundable \$90.00 application fee to: Colorado Department of Public Health and Environment, Medical Marijuana Registry, HSVRD-MMP-A1, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. Incomplete applications will be returned to the applicant. You may contact the Registry at (303) 692-2184. **Please make check or money order payable to CDPHE.**

APPLICANT INFORMATION		
NAME (LAST, FIRST, MI):		DATE OF BIRTH:
MAILING ADDRESS:		TELEPHONE NUMBER:
		ALTERNATE#
CITY AND ZIP CODE:	COUNTY:	SOCIAL SECURITY NUMBER:
CAREGIVER INFORMATION*		
NAME (LAST, FIRST, MI):		DATE OF BIRTH:
MAILING ADDRESS:		TELEPHONE NUMBER:
		ALTERNATE#:
CITY AND ZIP CODE:		
PHYSICIAN INFORMATION		
NAME (LAST, FIRST, MI):		TELEPHONE NUMBER:
MAILING ADDRESS:		
CITY, STATE, AND ZIP CODE:		PHYSICIAN LICENSE#
PATIENT SIGNATURE		
I testify that the above information is true.		
PATIENT SIGNATURE		DATE

* A caregiver is defined by law as a person, other than the patient and the patient's physician, who is eighteen years of age or older and has significant responsibility for managing the well-being of a patient who has a debilitating medical condition.

In order to be eligible to receive protections under Colorado State law as a medical marijuana patient or care-giver you must be registered with the Colorado Medical Marijuana Registry that is operated and maintained by the Colorado Department of Public Health and Environment. The registry is not affiliated with any privately operated club, organization or dispensary.

WARNING ! THE USE, POSSESSION, DISTRIBUTION AND MANUFACTURE OF MARIJUANA REMAINS A FEDERAL CRIME IN COLORADO, AND POSSESSION OF A REGISTRATION CARD PROVIDES NO PROTECTION WHATSOEVER AGAINST FEDERAL CRIMINAL PROSECUTION.



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PHYSICIAN CERTIFICATION

Instructions: Please complete all the information required on this form OR provide relevant portions of the patient's medical record that contain all the information required on this form. Sign the form, and keep a copy in the patient's medical record. The patient will submit this certification along with his or her application for a Medical Marijuana Registry identification card. This does not constitute a prescription for marijuana. You may contact the Registry at (303) 692-2184 if you have any questions or concerns.

PATIENT INFORMATION	
NAME (LAST, FIRST, MI):	DATE OF BIRTH:
PHYSICIAN INFORMATION	
NAME (LAST, FIRST, MI):	TELEPHONE NUMBER:
MAILING ADDRESS:	
CITY, STATE, AND ZIP CODE:	
PHYSICIAN'S STATEMENT	
The above-named patient has been diagnosed with and is currently undergoing treatment for the following debilitating medical condition: (Check appropriate boxes.)	
1. <input type="checkbox"/> Cancer	
2. <input type="checkbox"/> Glaucoma	
3. <input type="checkbox"/> HIV or AIDS positive	
OR A medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of marijuana.	
4. <input type="checkbox"/> Cachexia	
5. <input type="checkbox"/> Severe pain	
6. <input type="checkbox"/> Severe nausea	
7. <input type="checkbox"/> Seizures (including those characteristic of epilepsy)	
8. <input type="checkbox"/> Persistent muscle spasms (including those characteristic of multiple sclerosis)	
Comments:	
I hereby certify that I, a physician duly licensed to practice medicine in Colorado, am the physician for the above-named patient. It is my conclusion that the applicant might benefit from the medical use of marijuana. This is not a prescription for the use of medical marijuana.	
SIGNATURE:	DATE: