



Colorado Department of Public Health and Environment

Medical Marijuana Registry

In November 2000, the voters of Colorado approved Amendment 20 (attached) that authorizes the use of marijuana to alleviate certain debilitating medical conditions: cancer; glaucoma; HIV/AIDS positive; cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis. In addition, patients and physicians may submit petitions to the Colorado Department of Public Health and Environment to include other medical conditions that may be alleviated by the medical use of marijuana. Amendment 20 authorizes a patient or a primary caregiver to possess no more than two ounces of a usable form of marijuana and not more than six marijuana plants, with three or fewer being mature, flowering plants that are producing a usable form of marijuana.

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.

A patient who has been diagnosed with a debilitating condition that may be alleviated by the medical use of marijuana may apply to the Colorado Department of Public Health and Environment for a Medical Marijuana Registry identification card. The Colorado Department of Public Health and Environment will accept patient applications for a Medical Marijuana Registry identification card on or after June 1, 2001. The following process has been established:

- The patient must obtain certification (form attached) from a physician licensed in Colorado that he/she has been diagnosed with a debilitating condition that may be alleviated by the medical use of marijuana.
- The certifying physician should keep a copy of the certification and other documentation supporting the diagnosis in the patient medical record.
- The patients should submit an application (form attached) along with the Physician Certification form, a copy of a photo ID, and the non-refundable \$90.00 application fee to the:

Medical Marijuana Registry
Colorado Department of Public Health and Environment
HSVR-ADM2-A1
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

- The Registry will verify the licensure status of the physician and may contact the physician to verify the certification. Verifications will occur within 30 days of receipt of the application.
- The Registry will mail the patient a Medical Marijuana Registry identification card within 5 days after the verification.
- The patient will also be notified within 5 days after the verification process if the application has been denied.

The Registry may be contacted at the above address or by phone at (303) 692-2184.



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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.



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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, please contact the Registry for additional instructions.

Before sending materials, please make sure your application packet is complete.

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

PHOTO ID THAT ESTABLISHES COLORADO RESIDENCY (driver's license, state ID)

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
HSVR-ADM2-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 send to the Registry. These are proof that your application is in process.

If the applicant is under the age of 18, or you have more questions, contact the Registry at (303) 692-2184.

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



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Medical Marijuana Registry

APPLICATION FOR IDENTIFICATION CARD (Applicant less than 18 years of age)

Instructions: Please complete all required information and return this application along with the Physician's Certification form, the Parental Consent Form, a copy of a photo identification (such as a driver's license), proof of Colorado residency, and the non-refundable \$90.00 application fee to: Colorado Department of Public Health and Environment, Medical Marijuana Registry, HSVR-ADM2-A1, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. You may contact the Registry at (303) 692-2184.

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

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PHYSICIAN CERTIFICATION (Applicant less than 18 years of age)

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:



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PARENTAL CONSENT FORM (Patients less than 18 years of age)

Instructions: Please complete all required information and return this Parental Consent form along with the Application, the Physician's Certification form, a copy of a photo identification such as a driver's license, proof of Colorado residency, and a non-refundable \$90.00 application fee to: Colorado Department of Public Health and Environment, Medical Marijuana Registry, HSVR-ADM2-A1, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530. You may contact the Registry at (303) 692-2184.

All parents residing in Colorado must sign this Parental Consent form. One parent must be designated as the primary caregiver.

PATIENT INFORMATION	
NAME (LAST, FIRST, MI):	DATE OF BIRTH:
PRIMARY CAREGIVER PARENT	
NAME (LAST, FIRST, MI):	DATE OF BIRTH:
MAILING ADDRESS:	TELEPHONE NUMBER:
CITY, STATE, AND ZIP CODE:	
SECOND PARENT	
NAME (LAST, FIRST, MI):	DATE OF BIRTH:
MAILING ADDRESS:	TELEPHONE NUMBER:
CITY, STATE, AND ZIP CODE:	
I consent to the use of medical marijuana by the patient named above and agree to serve as the patient's primary caregiver.	
PARENT CAREGIVER SIGNATURE:	DATE:
I consent to the use of medical marijuana by the patient named above.	
SECOND PARENT SIGNATURE:	DATE:

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