



**GPI**

**Medical Marijuana Clinic**

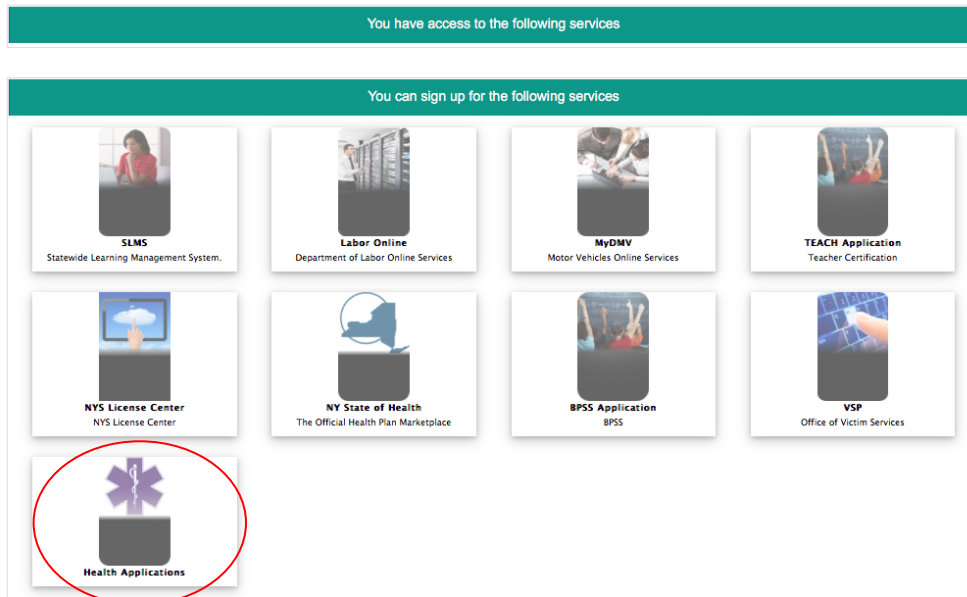
# Medical Marijuana Registration Instructions



New York State  
Department of Health

# Medical Marijuana Registration Instructions

1. Log into your account at <https://my.ny.gov/>
2. Click on Health Applications Icon at the bottom of the screen

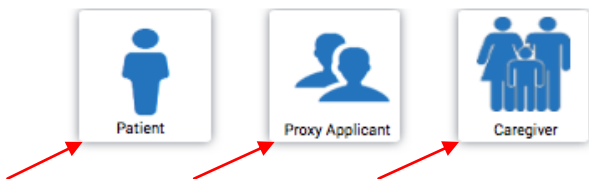


3. Click on the Medical Marijuana Data System Management



**\*\*If you are a proxy applicant registering as a caregiver click on “Add a Role” link located on the top right corner of the screen\*\***

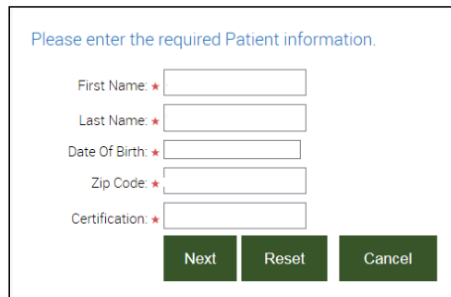
4. Select the appropriate Icon. For example if you are a patient select the patient icon. This screen may take a little time to load, please wait for the page to fully load before making your selection.



5. Enter information for each field below and click “Next”

a. Enter the Date of Birth in **MM/DD/YYYY** format

b. For patients: the Certification Number can be found in the upper right – hand corner of the form. Enter the number **exactly as it appears** on the form. Starting with “PC” and include the “-“then follow with the number **WITHOUT** any spaces.



Please enter the required Patient information.

First Name: \*

Last Name: \*

Date Of Birth: \*

Zip Code: \*

Certification: \*

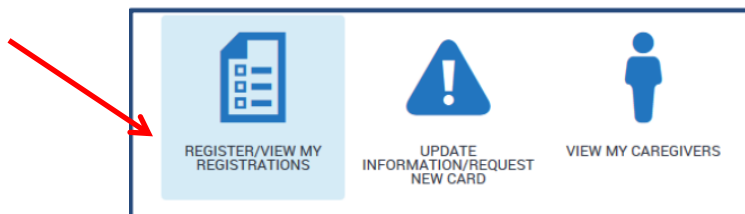
Next    Reset    Cancel

c. If you receive an error message, please check that the information you entered matches exactly what appears on your certification.

d. If information on your certification is incorrect your practitioner may need to issue a new certification for you

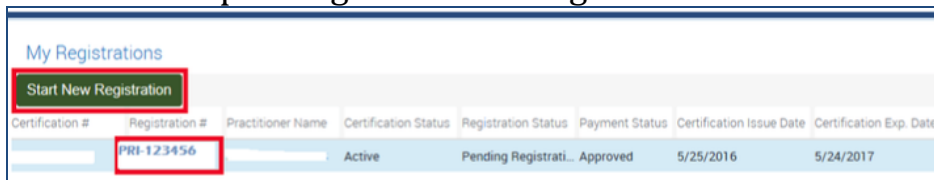
6. On the home page select “REGISTER/VIEW MY REGISTRATIONS”

- **\*\*If you are a caregiver you will choose REGISTER/VIEW MY PATIENTS\*\***



7. My registrations page will display. Click on “Start New Registration” button

- **\*\*For caregivers “My Patient’s “ page will display. Here you will select the patient and click “Accept Designation and Register” button\*\***



My Registrations

Start New Registration

Certification #	Registration #	Practitioner Name	Certification Status	Registration Status	Payment Status	Certification Issue Date	Certification Exp. Date
	PR-123456		Active	Pending Registrati...	Approved	5/25/2016	5/24/2017

a. If you leave the system and come back later, **DON'T** select Start New Registration button. You **will need to** select the **BLUE** registration number to resume the process

- i. If you select Start New Registration button you will receive an error message

8. The top two sections of the registration screen will already be auto filled with the information from your certification.

- **\*\*Caregivers will have to enter their phone number. Then Skip to step 13\*\***

9. If you(the patient) have a New York State Driver’s License or Non – Driver ID card enter the ID Number in the NYS ID field

**Patient Information**

First Name: [Redacted] Last Name: [Redacted] DOB: 1/1/1950 Phone #: (111) 111-1111

NYS ID: [Redacted] NYS Driver License or Non-Driver ID Number (Numbers Only, No Spaces)

Please do not upload a copy of your NYS ID in addition to entering the number.

- DO NOT** upload a copy of the driver’s license or non – driver ID card in addition to entering the number.
- Verify that all the information is correct (**if it is skip to Step 12**)
  - If residence address is incorrect you will need to upload proof of residency (See Step 11)

Residence Address: [Redacted] If your Residence Address is incorrect, please upload a Proof of Residency document.

Is your Residence address the same as your mailing address?\*: [No]

- If mailing address is different from your residential address select NO and enter your mailing address

Is your Residence address the same as your mailing address?\*: No

Mailing Address\*: [Redacted] City\*: Albany State\*: [Redacted] ZIP Code\*: 12345

10. If you don’t have New York State Driver’s license or Non – drive ID card you will need to provide your photo and proof of residency. See Step 11 for details

11. Upload supporting documents by clicking “New Document” button.

**Upload Supporting Documents for Patient**

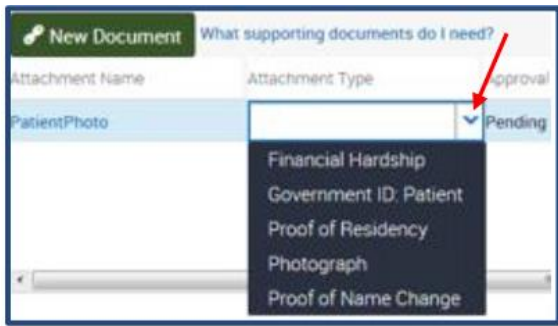
**New Document** What supporting documents do I need? Please do not upload a copy of the certification issued by your practitioner as it is not required.

Attachment Name	Attachment Type	Approval Status	Comments	Comments-DOH	Created Date
1004.1	Choose a Value	Pending			9/26/2016

Select “Choose a value” under Attachment Type. From drop down menu choose the type of document that you attached.

For example if you attaching a photo select Photograph.

**DO NOT upload a copy of your certification**



**\*\*If you are a proxy applicant you will need to fill out Proxy Applicant Information Form\*\***

## GO TO STEP 13 IF YOU DON'T NEED A CAREGIVER

**\*\*If you are completing the application as a proxy you must designate a caregiver. If you are also patient's caregiver click "Add me as Caregiver" button\*\***

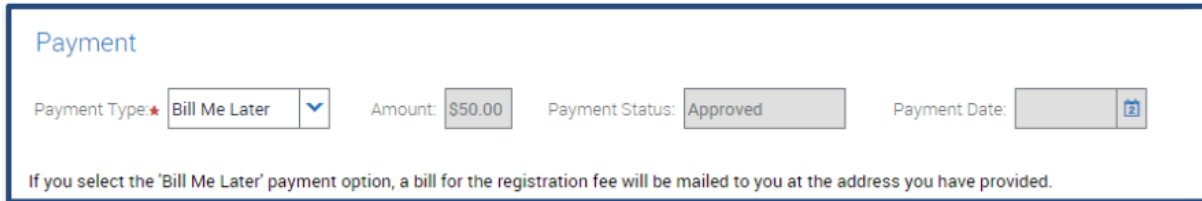
12. You can designate up to 2 caregivers. If you'd like to designate a caregiver click on "Add Caregiver" button.



A screen will display, and you will be required to enter all the fields. Once that is completed click on "Add" button

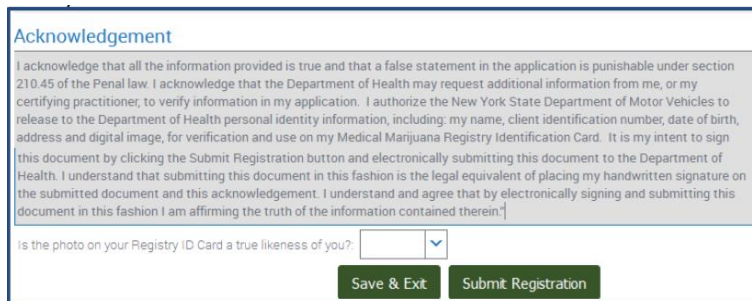
Once your registration status is ACTIVE. Your designated caregiver will have to create own My.NY.Gov account and separately register as a caregiver to receive own caregiver registry ID card.

13. Complete the payment section by using the “Payment Type” dropdown menu; choose **Bill Me Later** and your fee will be waived. You don’t have to enter any information in the Amount or Payment status.



The screenshot shows a form titled "Payment". It includes a dropdown menu for "Payment Type" with "Bill Me Later" selected, a text input for "Amount" containing "\$50.00", a dropdown for "Payment Status" with "Approved" selected, and a date input for "Payment Date". Below the form, a note states: "If you select the 'Bill Me Later' payment option, a bill for the registration fee will be mailed to you at the address you have provided."

14. Once the registration form is complete, read the acknowledgement and answer the question about your photo, then click “Submit Registration” button



The screenshot shows a form titled "Acknowledgement". It contains a paragraph of legal text regarding the user's agreement to provide information and authorize the release of their personal identity information. Below the text is a question: "Is the photo on your Registry ID Card a true likeness of you?" with a dropdown menu. At the bottom, there are two buttons: "Save & Exit" and "Submit Registration".

If all fields are not complete the “Submit Registration” button will not be accessible

If you’d like to save the information and complete the form later choose “Save &Exit” button

Once the registration form is submitted, you will receive message indicating the status of your registration. The department of health may contact you for more information.

Once you receive your registration card, you must bring it along with your certification to obtain marijuana products.

For more information go to:

[https://www.health.ny.gov/regulations/medical\\_marijuana/patients/](https://www.health.ny.gov/regulations/medical_marijuana/patients/)

