

MS MEDICAL CANNABIS PROGRAM: PRE-APPLICATION CHECKLIST

APPLICATIONS ARE NOW AVAILABLE

Patients & Caregivers

Please gather all of the following documentation & information, prior to beginning an application.

*****Individuals interested in participating in the MS Medical Cannabis Program are required to submit applications within 60 days from the date of Practitioner's signature. Patients will need to contact the Practitioner to schedule a new visit if certification expires*****

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Caregiver Entity Business Information

This is applicable to the following entity types (nursing homes, hospice, etc.)

The screenshot shows a web application interface for 'New Caregiver Registration'. The top navigation bar includes 'GENERAL INFORMATION' (highlighted), 'CONTACT INFORMATION', 'QUESTIONS AND ATTESTATIONS', 'DOCUMENTS', and 'PAYMENT'. Below the navigation, there are two input fields: 'Please select the type of caregiver application.' and 'Legal Caregiver Name (Business Name or Legal Full Name)'. The 'Patient Information' section contains the following fields and controls:

- 'Associated MS Patient Identification Card Number' with a 'VERIFY LICENSE NUMBER' button.
- 'Associated Patient First Name' and 'Associated Patient Last Name' input fields.
- 'Is the Patient 18 years or older?' with radio buttons for 'Yes' and 'No'.
- 'Is the information shown correct?' with radio buttons for 'Yes' and 'No'.

At the bottom of the form, there are three buttons: 'SAVE', 'SAVE & NEXT', and 'CANCEL'.

- Facility Name
- Facility Physical address
- Facility mailing address
- Facility number
- Facility email
- EIN
- Facility Contact Person (Name & Phone)
- Licensing Entity & License Number
- MS Medical Cannabis Program Patient ID Card(s)

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Caregiver Entity Required Documentation

****To be submitted with application*

- Government Issued ID (Facility license issued by the State of MS)
- Caregiver Authorization Form
- Proof of state residency (Facility license issued by the State of MS)
- Proof of background check (Facility license issued by the State of MS)
- Proof of valid entity licensure
- Digital photo (Facility license issued by the State of MS)
Please see photo requirements in General Requirements" section of checklist

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Individual Caregiver Information

- Social Security Number
- Phone number
- Email address
- Physical Address
- Mailing Address

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Individual Caregiver Required Documentation

****To be submitted with application*

- Caregiver Authorization/Patient Authorization Form
- Proof of state of residency
- DMV Issued ID card
- Digital Photo ***Please see photo requirements in General Requirements" section of checklist***
- Fingerprinting is required as part of the background check. Fingerprint cards must be submitted either in person or by mail to: MSDH Fingerprint Unit, 143B Lefleur's Square, Jackson, MS 39211 either in person or by mail
- Typed or written document stating your legal name and when fingerprints were submitted/mailed to MSDH Fingerprint Unit
- Completed, notarized affidavit found here:
https://msdh.ms.gov/msdhsite/_static/resources/19111.pdf

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Mississippi Resident Patient Information

Individuals are required to submit applications within 60 days of their in-person visit with the certifying practitioner. Individuals are required to submit their own application.

*Additional Documentation for Minors is required

Applications - New Patient Registration

GENERAL INFORMATION CONTACT INFORMATION CERTIFYING PRACTITIONER/ CONDITION INFORMATION CAREGIVER INFORMATION QUESTIONS AND ATTESTATIONS DOCUMENTS

Legal First Name * Middle Name Legal Last Name *

Date of Birth * 01/01/2001 Social Security Number * 123-45-6789 Drivers License/State ID Issuing State *

Drivers License/State ID Number * Email * johnsmith@imaginary.com Phone Number *

Is the Patient 18 years or older? *

Yes No

Card Type

Card Type I am applying for * Annual Resident Are you requesting a reduced or waived fee? *

SAVE SAVE & NEXT CANCEL

- Date of Birth
- Social Security Number
- DMV Issued ID Number
- Email address
- Phone number
- Address (Physical & Mailing)

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Resident Patient Documentation

Additional Documentation for Minors listed in #15***To be submitted with application******ADDRESS ON PROOF OF RESIDENCY MUST MATCH ADDRESS ENTERED ON APPLICATION AND HAVE PATIENT'S NAME LISTED AS AN OWNER/ACCOUNT HOLDER*****

- Digital photo ***Please see photo requirements in General Requirements" section of checklist***
- Proof of State Residency (residential ownership deed, lease/rental documents, power bill, gas bill, water bill, vehicle registration)
- DMV Issued ID
- Caregiver Authorization (if applicable)
- MS Medicaid Participant Document Proof (MS Medicaid card)
- Disabled Veteran or Disabled First Responder Document Proof (see MSDH Rules, Title 15, Part 22)

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Parent/Legal Guardian of Minor (under age 18) Patient Information

- Name
- Date of Birth
- Social Security Number
- Phone number
- Email address

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Parent/Legal Guardian of Minor Patient Documentation

****To be submitted with application*

- Parent/Legal Guardian Consent Form
- Proof of Legal Guardianship

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Temporary Non- MS Resident Patient Information

- Date of Arrival
- Social Security Number
- DMV Issued ID
- Email address
- Phone number
- Residence Address

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Temporary Non- MS Resident Patient Required Documentation

****To be submitted with application*

- Digital photo ***Please see photo requirements in General Requirements" section of checklist***
- Proof of State Residency (power bill, gas bill, water bill)
- DMV issued ID
- Current Valid Program ID card from State of Residence

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