

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Interim Cabinet Secretary

Bureau for Public Health
Office of Medical Cannabis

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Caregiver Application Instructions

Applications are submitted on our application portal at <https://wv-public.mycomplia.com>

Documents that will need to be uploaded to you application include:

1. **Digital photo:**
Submit a new photo that is of your head and shoulders, facing forward, with a blank, light-colored background, taken at eye level, similar to a passport or driver's license photo. This photo will be used to populate the caregiver ID card, if approved.
2. **ID Document:**
A clear and legible copy of your driver's license, passport, or other form of photo identification.
3. **Proof of WV Residency:**
This can be a West Virginia drivers license or state ID with a current West Virginia address, a utility bill, voters registration card, or other document establishing your residence in West Virginia.
4. **Criminal Background Check Applicants Rights Acknowledgement:**
This form is included in this packet for your signature.
5. **Caregiver Designation by Patient**
This form is also included and will need to be signed and notarized.
6. **Proof of Financial Hardship**
This field is only available if you are requesting a waiver of the \$50 fee due to financial hardship. Proof of eligibility (DHHR benefits letter, SSI statement, pay stubs, etc...) can be uploaded here.

Caregiver applicants are also required to submit to fingerprinting and a background check. Background checks are processed through IntentGO, who is contracted by the State of West Virginia. Reference the attached instructions for making an appointment through IdentoGO.

If you have any questions or concerns or need further assistance, please do not hesitate to contact our office at 304.356.5090 or via email at medcanwvpatients@wv.gov

Sincerely,

The Office of Medical Cannabis

Fingerprint Service Code Form

Service Name: Medical Cannabis Caregivers

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

228R1Q

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Federal ID Card with a seal or logo from a Federal agency
- Government ID Card with a seal or logo from local government agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card / Green Card (I-551)
- Merchant Mariner Card (MMD)
- Military ID Card
- Passport Book or Card
- Enhanced Tribal Card (ETC)
- Visa
- Uniformed Services Identification Card (Form DD-1172-2)

You will be responsible for the fee that is charged for the background check.



Don't have access to the Internet? You can still schedule an appointment by calling **855-766-7746**



Criminal Background Check Rights Acknowledgement

By my signature below, I acknowledge receipt of the documents entitled NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS and PRIVACY ACT STATEMENT from the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Medical Cannabis website; I certify that I have read and understand both of those documents.

Printed Name

Date

Signature

A signed copy of this document is required for each principal, operator, financial backer, and employee at the time of initial permit application.

West Virginia Department of Health and Human Resources Patient Authorization for Designation of Caregiver

A Patient Authorization Form is required as documentation of a patient's designation of an individual to serve as the patient's caregiver. This fully executed form must be submitted with the Caregiver's application.

PATIENT NAME		
Last Name	First Name	Middle Name
CAREGIVER NAME		
Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Social Security Number		Date of Birth

I, _____, affirm that I am designating _____
Patient's Name
Caregiver's Name

to serve as my caregiver in order to assist me in the use of medical cannabis.

 Patient Signature, or in the case of a minor, Parent/Legal Guardian Signature Date

 Caregiver's Relationship to Patient

State of _____

County of _____

This record was acknowledged before me on _____

by _____

Notary Public

My commission expires _____

Place Stamp Here

A photocopy, facsimile, or other electronic version of this document may be accepted as an original signature.

PATIENT CAREGIVER REGISTRATION GUIDE

The licensing system used by the Office of Medical Cannabis is an online system, requiring access to the internet. It is highly recommended that you complete your application on a desktop or laptop computer with Google Chrome as the browser. Smartphones and tablets and other browsers may not provide the most optimal user experience.

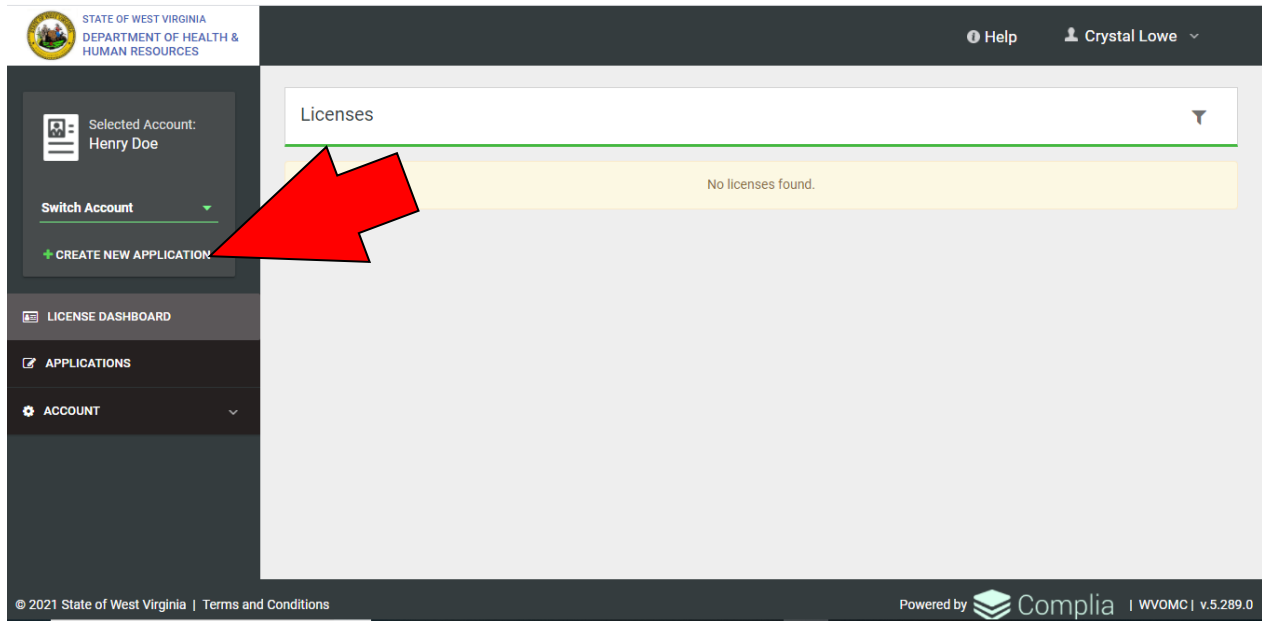
- To apply for the **Caregiver ID Card**, after the patient has received his/her approval from OMC, you will need to create an account at <https://wv-public.mycomplia.com/#!/signin> by entering your email address and creating a password for the account. Click on register.

- Enter your registration information.

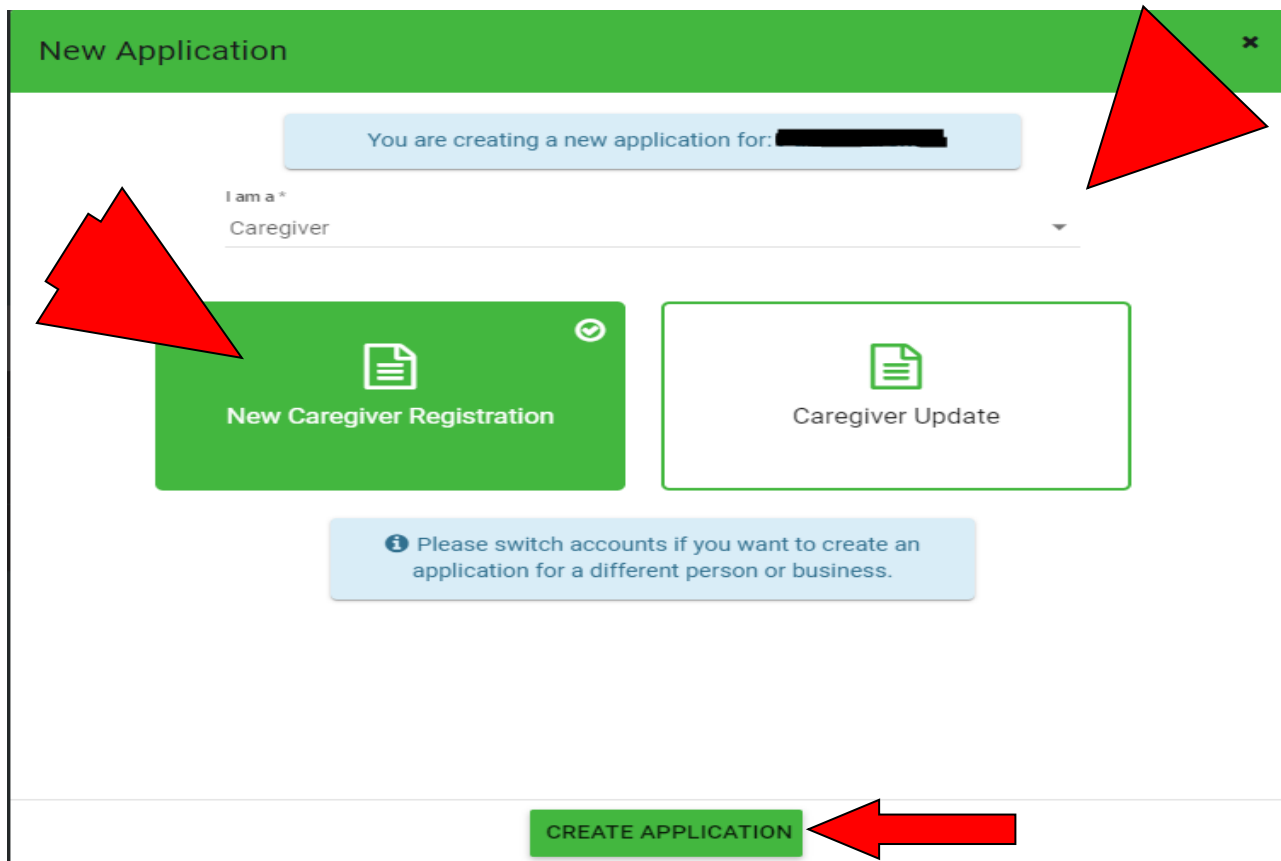
Legal First Name		Legal Last Name	
Email		Confirm Email	
Phone Number			
What type of application would you like to get started with?			Individual
Password		Re-enter Password	

- Once you have entered the registration information and submitted, you will receive an email from Complia with a link to verify your account. When you click on the link, you will be automatically directed back to the website.
 - To request another verification email, please visit <https://wv-public.mycomplia.com/#!/resendVerifyAccountEmail>.
 - If you forget your password, click the Forgot Password button, provide your email address, and follow the instructions.

- Click on Create New Application.



- Select Caregiver from the dropdown menu. Then select New Caregiver Registration and select Create Application.



- Provide the requested information.

GENERAL INFORMATION

Legal First Name		Middle Name		Legal Last Name	
				Suffix	
D.O.B.		SS #		Are you at least 21 years of age?	
ID Document Driver's License / State ID / Passport / Tribal ID		ID Number		ID Expiration Date (Required)	
Phone		Email			

PATIENT INFORMATION

Is the Patient 18 years or older?		Associated Patient Name			
Associated Patient License Number		Associated Patient License Expiration Date			

CAREGIVER CONTACT INFORMATION

Street Address (No PO)

			Unit #./Apt. #		City	
County		State	WV	Zip Code		

Mailing Address

			Unit #./Apt. #		City	
County		State	WV	Zip Code		

QUESTIONS

Are you requesting a waiver of the \$50 application fee based on financial hardship?

- ☐ Yes
- ☒ No

Do you pledge you will not divert medical cannabis to any individual or entity that is not lawfully entitled to use or possess medical cannabis? *

- ☒ Yes
- ☐ No

Do you understand that you are required to notify the bureau of any address or name changes within 10 days of the change? *

- ☒ Yes
- ☐ No

Do you understand that a patient or caregiver who intentionally, knowingly, or recklessly violates any provision of this act may have their identification card suspended or revoked and the suspension or revocation shall be in addition to any criminal or other penalty that may apply. *

- ☒ Yes
- ☐ No

Do you attest that the information provided in this application is true and correct? *

- ☒ Yes
- ☐ No
















Do you understand that a false statement made in the application is punishable under the applicable provisions of law? *

- ☒ Yes
- ☐ No

As a caregiver, I understand that I may only register 5 patients into my care. *

- ☒ Yes
- ☐ No

DOCUMENTS

 Caregiver Photo 	 UPLOAD NEW	+
 ID Document 	 UPLOAD NEW	+
 Proof of West Virginia Residency 	 UPLOAD NEW	+
 Criminal Background Check Applicants Rights Acknowledgement 	 UPLOAD NEW	+
 Caregiver Designation by Patient 	 UPLOAD NEW	+

- Caregivers are required to submit a \$50.00 processing fee for the application, unless requesting a waiver based on financial hardship.
- You will need to upload a copy of the **Patient Authorization for Designation of Caregiver** and the **Criminal Background Check Rights Acknowledgement** forms that are attached.
- You will also be required to submit fingerprints for a criminal background check through IdentoGo. You will also be responsible for the fee that is charged for the background check.

PAYMENT

****Please include applicant legal first name and last name and application reference number in the memo line of the check**

Payment Options *

☒ Mail Payment

✓ Payment Options: Mail Payment

Please make all checks payable to:

WV DHHR

Please mail payment to:

350 Capitol Street

Room 523

Charleston, WV 25301

*** Please include applicant legal first name and last name and application reference number in the memo line of the check. ***

Fee Details







Patient Registration

\$50



Additional Information if patient is under 18:

LEGAL GUARDIAN INFORMATION


Parent, Legal Guardian, or other designated individual must apply and be approved as a Caregiver prior to obtaining medical cannabis for a Minor Patient.

First Name *	Middle Name	Last Name *
<div>Date of Birth *</div> <div> Date of Birth </div> <div>This field is required.</div>	<div>Social Security Number *</div> <div></div>	<div>ID Document *</div> <div></div>
<div>ID Number *</div>	<div><div>ID Expiration Date *</div><div> ID Expiration Date </div><div>This field is required.</div></div>	
<div>Phone *</div>	<div>Email *</div>	

Street Address

<div>Street *</div> <div>PO Boxes are not acceptable</div>	<div>Unit No. / Apt No.</div> <div>PO Boxes are not acceptable</div>	<div>City *</div>
<div>State *</div> <div></div>	<div>Zip Code *</div>	<div>Zip +4</div>
<div>Address Verified? *</div>	<div><input type="checkbox"/> No</div>	<div> VERIFY ADDRESS</div>

Mailing Address

 COPY FROM STREET ADDRESS

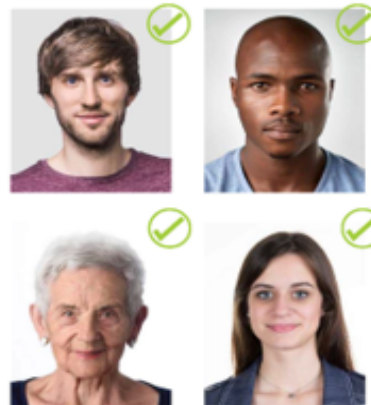
A digital photo of the caregiver will also need to be provided. It must be of passport quality – front facing, full head and shoulders, solid, light-colored background. No hats, dark glasses, or filters. A copy of a photo is not acceptable; it must be an actual photo. Instructions below.

PHOTO GUIDELINES

1. The photo provided with the application must be taken within the last 6 months.
2. Stand or sit straight and still while taking the photo.
3. Face the camera directly, at eye level before taking the photo so your full face is visible.
4. Photos must be taken vertically (not sideways/horizontally). Once uploaded to the application system, crop in a square.
5. Use a plain white or off-white background in the picture.
6. Photos must have a neutral facial expression (mouth closed, eyes open).
7. The photo must be comparable to the proof of identity (such as a driver's license) also being submitted.
8. Resolution Limits: Minimum: 600 x 600 pixels. Maximum: 1200 x 1200 pixels.
9. File Format: .jpg, .png, or .gif and no larger than 3 MB in size.

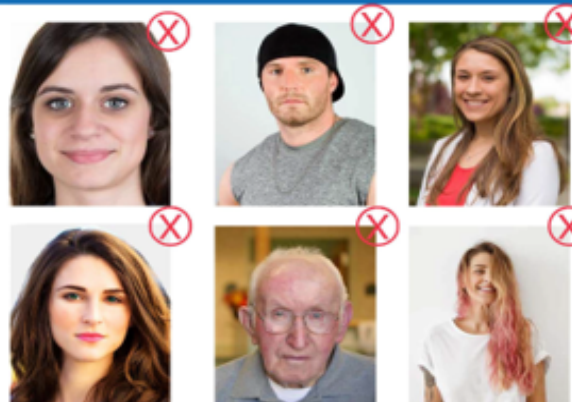
DOs

- Keep hair out of your face. It should not cover your eyebrows, eyes, ears, or any part of your face.
- Remove eyeglasses and hats before taking the photo.
- Avoid shadows on your face.
- Hats or head coverings for religious purposes are permitted as long as the full face is visible. *Submit a signed statement that form of covering is customary religious attire.*
- A covering recognized for medical purposes is permitted as long as the face can be clearly seen. *Submit a signed doctor's statement verifying the hat or head covering in the photo is used for daily medical purposes.*



DON'Ts

- Do not use digital filters, borders, text or any other method of altering the appearance of the picture.
- Do not tilt your head or turn shoulder to the side.
- Do not crop off the head and shoulders by zooming in too closely.
- Do not wear sunglasses, show hands or other objects in the photo.
- Do not re-size the photo beyond the minimum (600 x 600)



§16A-5-2. Caregivers.

(a) Requirements. —

(1) If the patient designates a caregiver, the application shall include the name, address, and date of birth of the caregiver, and other individual identifying information required by the bureau and the following:

(A) Federal and state criminal history record information as set forth in subsection (b) of this section.

(B) If the caregiver has an identification card for the caregiver or another patient, the expiration date of the identification card.

(C) Other information required by the bureau.

(2) The application shall be accompanied by a fee of \$50. The bureau may waive or reduce the fee in cases of demonstrated financial hardship.

(3) The bureau may require additional information for the application.

(4) The application shall be signed and dated by the applicant.

(b) Criminal history. — A caregiver shall submit fingerprints for the purpose of obtaining criminal history record checks, and the West Virginia State Police or its authorized agent shall submit the fingerprints to the Federal Bureau of Investigation for the purpose of verifying the identity of the applicant and obtaining a current record of any criminal arrests and convictions. Any criminal history record information relating to a caregiver obtained under this section by the bureau may be interpreted and used by the bureau only to determine the applicant's character, fitness and suitability to serve as a caregiver under this act. The bureau shall also review the prescription drug monitoring program relating to the caregiver. The bureau shall deny the application of a caregiver who has been convicted of a criminal offense that occurred within the past five years relating to the felony sale or possession of drugs, narcotics or controlled substances, or conspiracy thereof. The bureau may deny an application if the applicant has a history of drug abuse or of diverting controlled substances or illegal drugs.