

Office of Medical Cannabis Application Roadmap

Step 1

Discuss medical cannabis with a registered physician and obtain their certification.



Step 2

Complete your patient application with the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health, Office of Medical Cannabis at <https://wv-public.mycomplia.com>.

Step 3

Submit your \$50 application fee via check or money order, made payable to WV DHHR at:

Office of Medical Cannabis
350 Capitol Street, Suite 523
Charleston, WV 25301

**Fee waivers for financial hardship may be available.*



Step 4

The Office of Medical Cannabis will process your application in the order it was received, typically within 30 days.

If there are problems with your application, you will receive an email with instructions to correct.



Medical Cannabis Card Issued

Seeing a Physician

Senate Bill 386 was signed into law by Governor Jim Justice on April 19, 2017, creating the Medical Cannabis Act that allows for cannabis to be used for certified medical use by a West Virginia resident with one of the following serious medical conditions:

- Cancer
- HIV / AIDS
- Multiple Sclerosis
- Terminal Diagnoses
- Parkinson's Disease
- Spinal Cord Damage
- Amyotrophic Lateral Sclerosis
- Post Traumatic Stress Disorder
- Epilepsy
- Neuropathy
- Huntington's Disease
- Chronic or Intractable Pain
- Crohn's Disease
- Intractable Seizures
- Sickle Cell Anemia

A registered physician will evaluate your diagnosis and need for medical cannabis. If the physician recommends medical cannabis, they will send the Office of Medical Cannabis an electronic certification that will be included with your application to the state.

A current list of physicians authorized to certify patients for medical cannabis in West Virginia can be found at omc.wv.gov.



Applying for a Medical Cannabis Card

Digital Photo

Submit a current photo of yourself. This photo will be used on your medical cannabis card, if approved, and should be a clear, front-facing photo of your head and shoulders. Remove hats and sunglasses and avoid using filters. This photo should resemble (but not be a copy of) a passport or drivers license photo.

Photo ID

Submit a copy of your driver's license, state ID, or passport. Your photo ID should be clearly legible and not expired.



Required Documents

Proof of Residency

Submit a copy of a utility bill, vehicle or voter registration, lease agreement, or other document establishing West Virginia residency.



Hardship Waiver

Patients requesting a waiver of the \$50 application fee must submit proof of income. W2's or pay stubs within 30 days are acceptable. Statements of benefits showing enrollment in low-income assistance programs are also acceptable, such as SNAP, Medicaid, SSI / SSDI, or Section 8 (HUD).

Applications for medical cannabis cards through the State of West Virginia are submitted at <https://wv-public.mycompla.com/>.

Instructions on completing your application can be found by clicking the user guide here.



Applications are processed in the order they are received, typically within 30 days.

If there are any problems with your application, the Office of Medical Cannabis will contact you via email to make corrections.



Application Processing Fee

There is a \$50 application fee for both initial and renewal applications for medical cannabis cards. Payment can be made via electronic payment (ACH) as a part of your application, or in the form of a check or money order mailed to our office with your application number written in the memo line.

Patients may request the \$50 fee be waived based on financial hardship. Proof of hardship will need to be provided as a part of your application. W2s or pay stubs dated within 30 days are acceptable proof. Benefit statements showing participation in low-income assistance programs at the state and federal level (such as SNAP, Medicaid, SSI / SSDI, or Section 8 (HUD) housing) are also acceptable proof.

Please include applicant legal first name and last name and application reference number in the memo line of the check. App record id will generate after you submit and will be in the submission email.

Payment Options *

- ACH (Pay with your checking or savings account : which requires bank routing and bank account number. Credit or debit cards are not accepted.)
- Mail Payment



Application Processing Fee, Online Payment (ACH)

ACH payments are made within the application portal. Selecting ACH as the payment method will direct you to the ACH payment site automatically. Once complete, you will receive a confirmation that your payment has been received and your application has been submitted.



Your transaction has been approved.

Your application is processing.
You will be sent a confirmation email within the next hour.

[RETURN TO APPLICATION](#)

Your application has been submitted to the West Virginia Office of Medical Cannabis.
Your application reference code is **1900**. Please retain this for your records.

Application Submission Date : **09/05/2023 4:09 PM**

Your application is submitted and cannot be modified at this time.

i If you do not receive email notifications, please check your spam folder.



Application Processing Fee, Mailed Payment

The application fee may be paid by check or money order by patients who choose not to make electronic payments. Checks and money orders should be payable to the West Virginia Department of Health and Human Resources (WV DHHR). Please note your application reference number in the memo line.

John Doe
123 Anywhere Street
Charleston, WV 25301

5719

DATE: September 5th, 2023

PAY TO THE ORDER OF: WV DHHR \$ 50.00

Fifty Dollars DOLLARS

MEMO: John Doe
Application 68954

Johnathan Doe

Security Features Detailed on Back

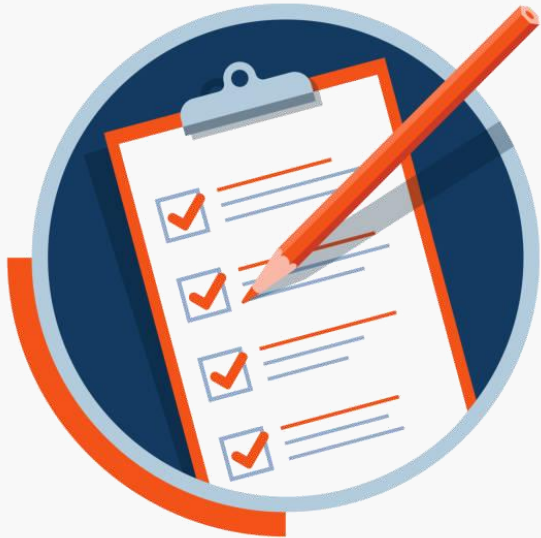
⑆000045678000 0000⑆ ⑈0000

Checks or money orders should be sent to:

**Office of Medical Cannabis
350 Capitol Street, Suite 523
Charleston, WV 25301**



Processing your Application



The Office of Medical Cannabis will typically review your application within 30 days of submission.

If your application is approved, you will receive an approval email from the Office of Medical Cannabis with instructions on how to access your medical cannabis card.

If your application is rejected for errors, you will receive an email from the Office of Medical Cannabis with instructions on what corrections to make. Common rejection reasons include blurred, cropped, or filtered digital photos, expired photo IDs, missing proof of residency, missing payment, or not selecting a valid online-electronic physician certification.



Using the Patient Application Portal

<https://wv-public.mycomplia.com/>

➔ Sign In

Register

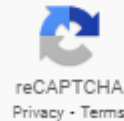
West Virginia Medical Cannabis Portal - Sign In

Username (email) *

Password *

Accept [Terms and Conditions](#).

I'm not a robot



➔ SIGN IN

🔒 FORGOT PASSWORD

*Register for a
New Account
(if needed)...*

WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.

Legal First Name *

Legal Last Name *

Email * YOUR.EMAIL@ABC.COM

Confirm Email * YOUR.EMAIL@ABC.COM

Phone Number *

What type of application would you like to get started with? *

Password *

👁 Re-enter Password *

Please read and accept [Terms and Conditions](#) before proceeding.

I'm not a robot



REGISTER

🔄 If you didn't receive your verification email, please [click here](#).

Using the Patient Application Portal

<https://wv-public.mycomplia.com/>

➔ Sign In

Register

West Virginia Medical Cannabis Portal - Sign In

Username (email) *

YOUR.EMAIL@ABC.COM

Password *

.....

Accept [Terms and Conditions](#).

I'm not a robot



➔ SIGN IN

🔒 FORGOT PASSWORD

...then sign in

WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.

Legal First Name *

Legal Last Name *

Email * YOUR.EMAIL@ABC.COM

Confirm Email * YOUR.EMAIL@ABC.COM

Phone Number *

What type of application would you like to get started with? *

Password *

Re-enter Password *

Please read and accept [Terms and Conditions](#) before proceeding.

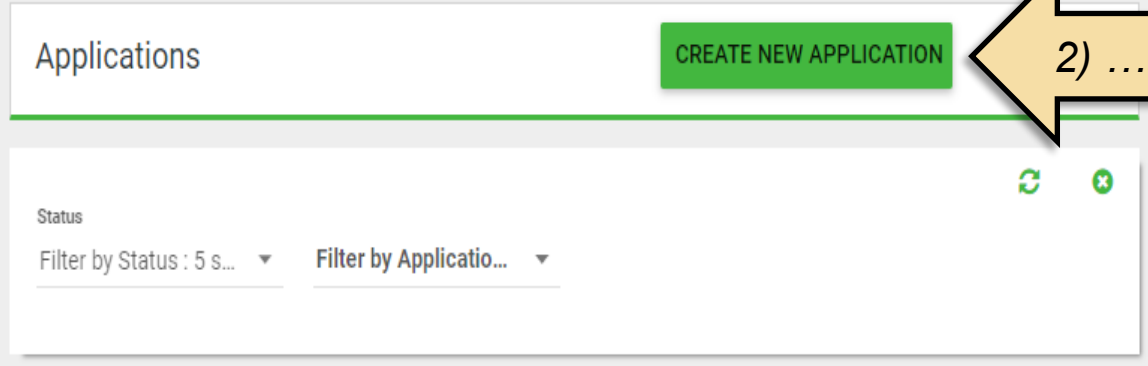
I'm not a robot



REGISTER

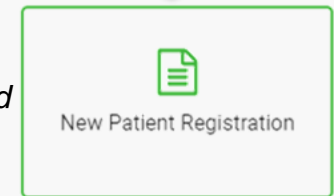
If you didn't receive your verification email, please [click here](#).

Using the Patient Application Portal

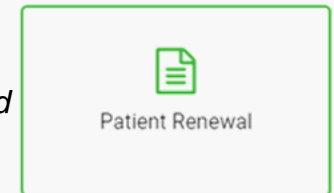


2) ...then *CREATE NEW APPLICATION*, then...

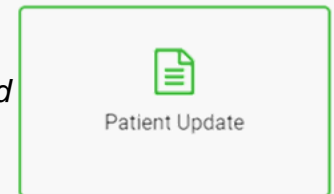
3) ...select application type



New Patient Registration



Patient Renewal



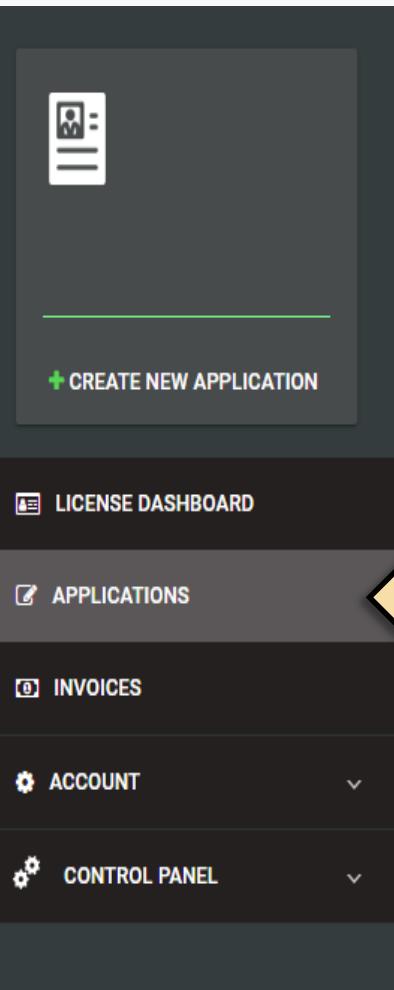
Patient Update

1) Click *APPLICATIONS*...

For patients who have never held a West Virginia medical cannabis card

For patients who have an existing card that is due to expire or is expired

For patients who need to update information for their existing medical cannabis card



Using the Patient Application Portal (New Patients)

Begin entering your personal information

Applications / New Patient Application

GENERAL INFORMATION CONTACT INFORMATION LEGAL GUARDIAN INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS

Legal First Name * This is required. Middle Name Legal Last Name * This is required.

Date of Birth * 11/13/1980 Social Security Number * XXX-XX-XXXX Are you a resident of West Virginia? *
 Yes No

Is the Patient 18 years or older? * Yes No

Race/Ethnicity Phone * This field is required

Email * This field is required

SAVE SAVE & NEXT CANCEL

Applications / New Patient Application

GENERAL INFORMATION CONTACT INFORMATION LEGAL GUARDIAN INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS

Street Address

Street * Unit No. / Apt No. City *
PO Boxes are not acceptable PO Boxes are not acceptable

County * State * Zip Code *

Zip +4

Address Verified? * No VERIFY ADDRESS

Mailing Address

COPY FROM STREET ADDRESS

Street * Unit No. / Apt No. City *
State * Zip Code * Zip +4

Address Verified? * No VERIFY ADDRESS

SAVE SAVE & NEXT CANCEL

Using the Patient Application Portal (New Patients)

Choose 'Online-Electronic Certification' and select the correct certification from your provider

Applications / New Patient Application

GENERAL INFORMATION CONTACT INFORMATION LEGAL GUARDIAN INFORMATION **PHYSICIAN / CONDITION INFORMATION** QUESTIONS DOCUMENTS

This information can be obtained from the medical cannabis patient certification form you receive from your West Virginia Medical Cannabis Program registered physician.

Manual - Document Upload

Online - Electronic Certification

VIEW AVAILABLE CERTIFICATIONS

Condition Information

Date of Patient Examination *
Date of Patient Examination This field is required. Serious Medical Condition *

Recommended Amount *

Ounces of Plant Material Every 30 Days * Grams of THC Concentrate Every 30 Days *

Do you have a limitation on the allowable time periods and/or form? *

SAVE **SAVE & NEXT** **CANCEL**

Physician Certification Selection

Please select the Physician Certification by clicking on respective sections below.

Physician Name: **Dr John Doe**

Recommendation ID 12345 Examination Date: 04/27/2023

CANCEL **UPDATE**

All physician certifications are now electronic. The Office of Medical Cannabis no longer accepts paper copies of physician certifications.

Using the Patient Application Portal (New Patients)

Answer application questions

Financial Hardship Waivers

Applications / New Patient Application

< GENERAL INFORMATION CONTACT INFORMATION LEGAL GUARDIAN INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS P/ >

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 you are required to notify the bureau if you no longer have the serious medical condition that is noted on your certification within 10 days of the change? *

Yes

No

SAVE SAVE & NEXT CANCEL

A financial hardship waiver may be approved for patients with low income, defined as earning less than 200% of Federal Poverty Guidelines.

Proofs of income include W-2s or the last 30 days of pay stubs. Benefit statements showing participation in low-income assistance programs at the state or federal level (such as SNAP, Medicaid, SSI / SSDI, or Section 8 (HUD) housing) are also acceptable proof.

You will need to upload proof of income in the next section (*documents*).

Using the Patient Application Portal (New Patients)




Uploading required documents




Digital photos must be front facing and capture the head and shoulders, as seen in the examples below.




Applications / New Patient Application

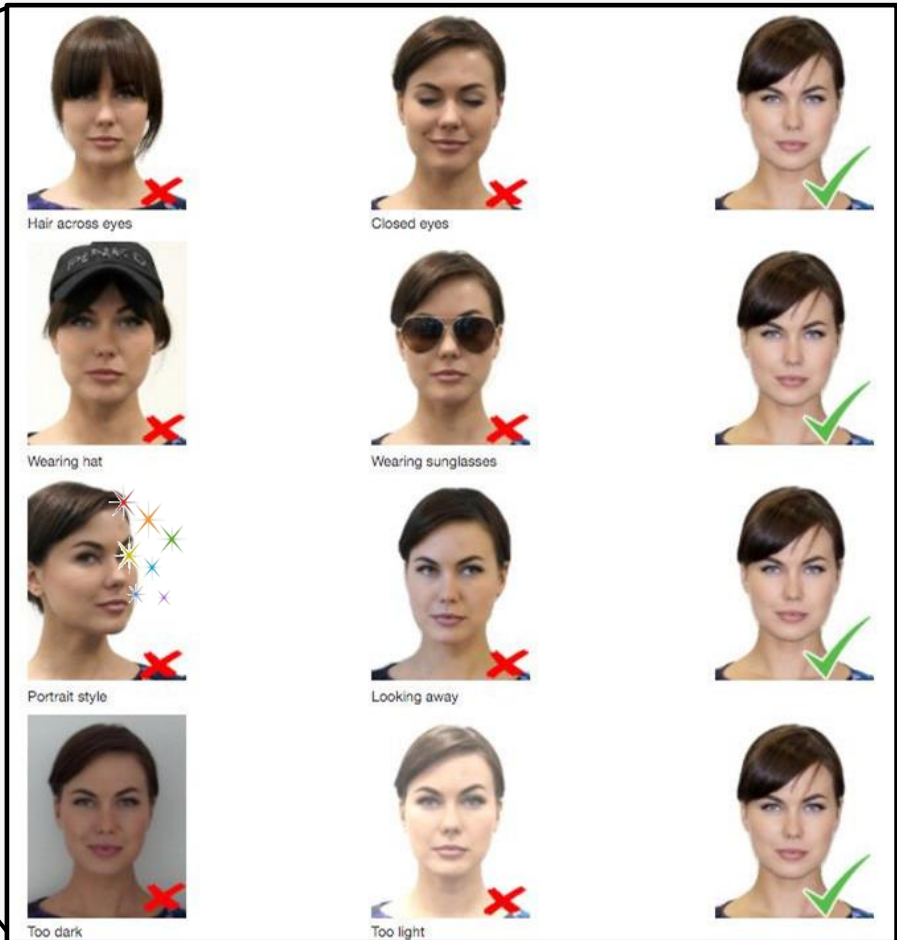
< APPLICATION LEGAL GUARDIAN INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW >

Please note that the Digital Photo uploaded here will be used on your medical card.

 Digital Photo *  

 ID Document *  

 Proof of West Virginia Residency *  



Using the Patient Application Portal (New Patients)

Uploading required documents

Applications / New Patient Application

LEGAL GUARDIAN INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS **DOCUMENTS** PAYMENT REVIEW

Please note that the Digital Photo uploaded here will be used on your medical card.

Digital Photo * ⓘ UPLOAD +

ID Document * ⓘ UPLOAD +

Proof of West Virginia Residency * ⓘ UPLOAD +

Proof of Financial Hardship ⓘ

Proof of low-income assistance benefit * UPLOAD +

SAVE SAVE & NEXT CANCEL

Your ID document must be a current photo ID establishing your identity, such as a passport, driver's license, or state ID.

Acceptable proofs of residency include lease agreements, current utility statements, voter registration cards, or similar forms that establish your West Virginia residency.

A full listing of acceptable ID and proof of residency documents can be found at the [West Virginia DMV](#).

If you have requested a waiver for financial hardship, you will need to upload your proof of income document or low-income assistance benefits statement.

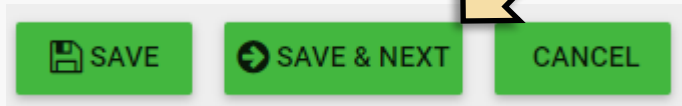
Using the Patient Application Portal (Payment)

ACH PAYMENT: Selecting ACH will automatically direct you to the payment portal when you click SAVE & NEXT

Please include applicant legal first name and last name and application reference number in the memo line of the check. App record id will generate after you submit and will be in the submission email.

Payment Options *

- ACH (Pay with your checking or savings account : which requires bank routing and bank account number. Credit or debit cards are not accepted.)
- Mail Payment



Checks or money orders should be made payable to “WV DHHR” and mailed to:

Office of Medical Cannabis
350 Capitol Street, Suite 523
Charleston, WV 25301

You will receive a five-digit application reference number after you submit your application. Please write this number on the memo line of your check or money order.

Do not submit a payment if you have requested a waiver of the \$50 fee due to financial hardship.

Using the Patient Application Portal (Mailed Payments)

The final step is to review your application and click **SUBMIT**.

You will receive an email confirmation that your application has been received.

Applications are processed in the order they are received, typically within 30 days.

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
Fee Waiver Requested	\$0

✓ SUBMIT

CANCEL

Using the Patient Application Portal (ACH Payment)

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
OMC-Patient	Patient Application or Renewal	\$50.00	1	\$50.00
Total				\$50.00

Selecting ACH will automatically direct you to the payment portal

Payment

Payment Type

Payment Type

Electronic Check

Select if this payment IS being funded specifically by a **FOREIGN** source (bank of company), an International ACH Transaction ("IAT").

Next >

Customer Information

Payment Information

Cancel

Customer Information

Complete all required fields [*]

Country *

United States

First Name *

John

Last Name *

Doe

Company Name

Address *

123 Anywhere Street

Address 2

City *

Charleston

State *

WV - West Virginia

ZIP/Postal Code *

25302

Phone Number *

3043565090

Email * ?

medcanwvpatients@wv.gov

Complete each section of the ACH payment field using your personal and bank account information

Next >

Using the Patient Application Portal (ACH Payment)

Payment Type ✓

Electronic Check

Customer Information ✓

Edit

Address

John Doe
123 Anywhere Street
Charleston, WV 25302

Phone Number

3043565090

Country

United States

Email Address

medcanwvpatients@wv.gov

Payment Information

Complete all required fields [*]

Name on Account *

John Doe ✓

This is a business account.

Routing Number *

012345678

Bank Name not available.

Account Number * ?

01234567890 ✓

Re-enter Account Number. *

01234567890 ✓

Checking Savings

Pay _____

012345678 Routing Number
01234567890 Account Number

Next >

Complete each section of the ACH payment field using your personal and bank account information

Payment Type ✓

Electronic Check

Customer Information ✓

Edit

Address

John Doe
123 Anywhere Street
Charleston, WV 25302

Phone Number

3043565090

Country

United States

Email Address

medcanwvpatients@wv.gov

Payment Information ✓

Edit

Electronic Check

****6637

Name on Account

John Doe

Terms and Conditions

[Open a new window to print](#)

revocation of this authorization, I may contact at .
7. I understand the Originating ID for this transaction is "1234567890". Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.
8. I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing 's state.

Yes, I authorize this transaction.

Verification

✓ I'm not a robot



reCAPTCHA
Privacy - Terms

Cancel

Submit Payment

Using the Patient Application Portal (ACH Payment)

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print.

Print 

Transaction Summary

Receipt Confirmation	
Description	Amount
WV Office of Medical Cannabis Online Payment	\$50.00
Total Amount Paid	\$50.00

Customer Information

Customer Name	John Doe	Receipt Date	9/5/2023
Local Reference ID	6421b3f7a97f7e0008442bde-1693944315310	Receipt Time	04:09:48 PM EDT

Payment Information

Payment Type	Electronic Check	Account Number	*****6637
		Order ID	68584128

Billing Information

Billing Address	123 Anywhere Street	Phone Number	3043565090
Billing City, State	Charleston, WV		
ZIP/Postal Code	25302	This receipt has been emailed to the address below.	
Country	US	Email Address	medcanwvpatients@wv.gov

Continue



Your transaction has been approved.

Your application is processing.
You will be sent a confirmation email within the next hour.

[RETURN TO APPLICATION](#)

Your application has been submitted to the West Virginia Office of Medical Cannabis.
Your application reference code is **1900**. Please retain this for your records.

Application Submission Date : **09/05/2023 4:09 PM**

Your application is submitted and cannot be modified at this time.

 If you do not receive email notifications, please check your spam folder.

Once an ACH payment is made,
you will receive a confirmation
notice and email

Patient Renewals and Patient Updates



Patient Renewal

Patients are required to see a physician and submit a renewal application annually to maintain their medical cannabis cards. New patient applications and renewal applications are completed the same way.

Renewal applications should be submitted before your card expires to ensure no lapses in eligibility.



Patient Update

Patient update applications are used to edit information on an existing account. Name or address changes, contact information updates, and updates to your medical condition can be made here.

There are no fees for patient update applications.

Patient Updates

Applications / Patient Update

LICENSE INFORMATION

GENERAL INFORMATION

CONTACT INFORMATION

LEGAL GUARDIAN INFORMATION

PHYSICIAN / CONDITION INFORMATION

QUESTIONS

DOCUMENTS

REVIEW

This section indicates what you would like to change. Select the items you would like to edit, then click "Save and Next" to move through your application and make corrections.

When finished, click "Submit."

Please select the applicable license number from the drop down. Please note: If your license has been deactivated or is expired, it may not appear in the drop down. You may review the document requirements for each update type by clicking the tip icon.

License Number *

Please describe the nature of this update.

0 / 500

Does this Update application include a change to your name?

No

Does this Update application involve a change in your residence address?

No

Does this Update application involve a change in the Condition Information?

No

SAVE

SAVE & NEXT

CANCEL

Contact

For additional information, please contact:

West Virginia Department of Health and Human Resources

Bureau for Public Health

Office of Medical Cannabis

350 Capitol Street, Room 523

Charleston, WV 25301

Phone: 304-356-5090

Email: medcanwv@wv.gov

Website: <https://omc.wv.gov>