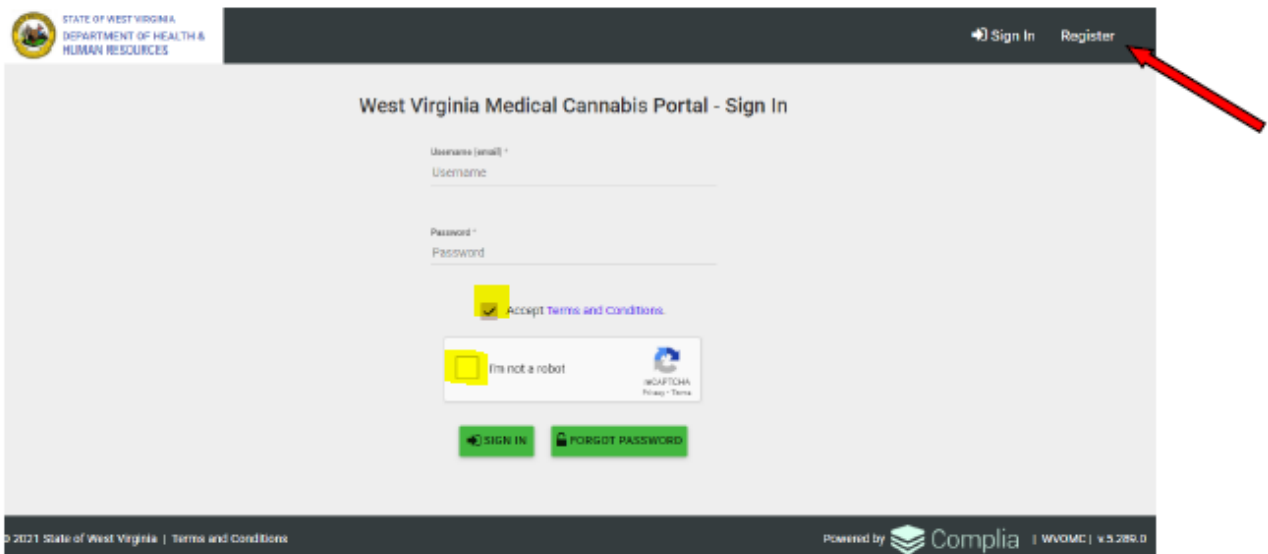


## PATIENT CAREGIVER APPLICATION PROCESS

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 |            |

STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH & HUMAN RESOURCES

Sign In Register

### Register for the West Virginia Office of Medical Cannabis Portal

**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 \*      Confirm Email \*

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      reCAPTCHA  
Privacy - Terms

**REGISTER**

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

- 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.

STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH & HUMAN RESOURCES

Sign In Register

### West Virginia Medical Cannabis Portal - Sign In

Username (email) \*  
Username

Password \*  
Password

Accept [Terms and Conditions](#).

I'm not a robot      reCAPTCHA  
Privacy - Terms

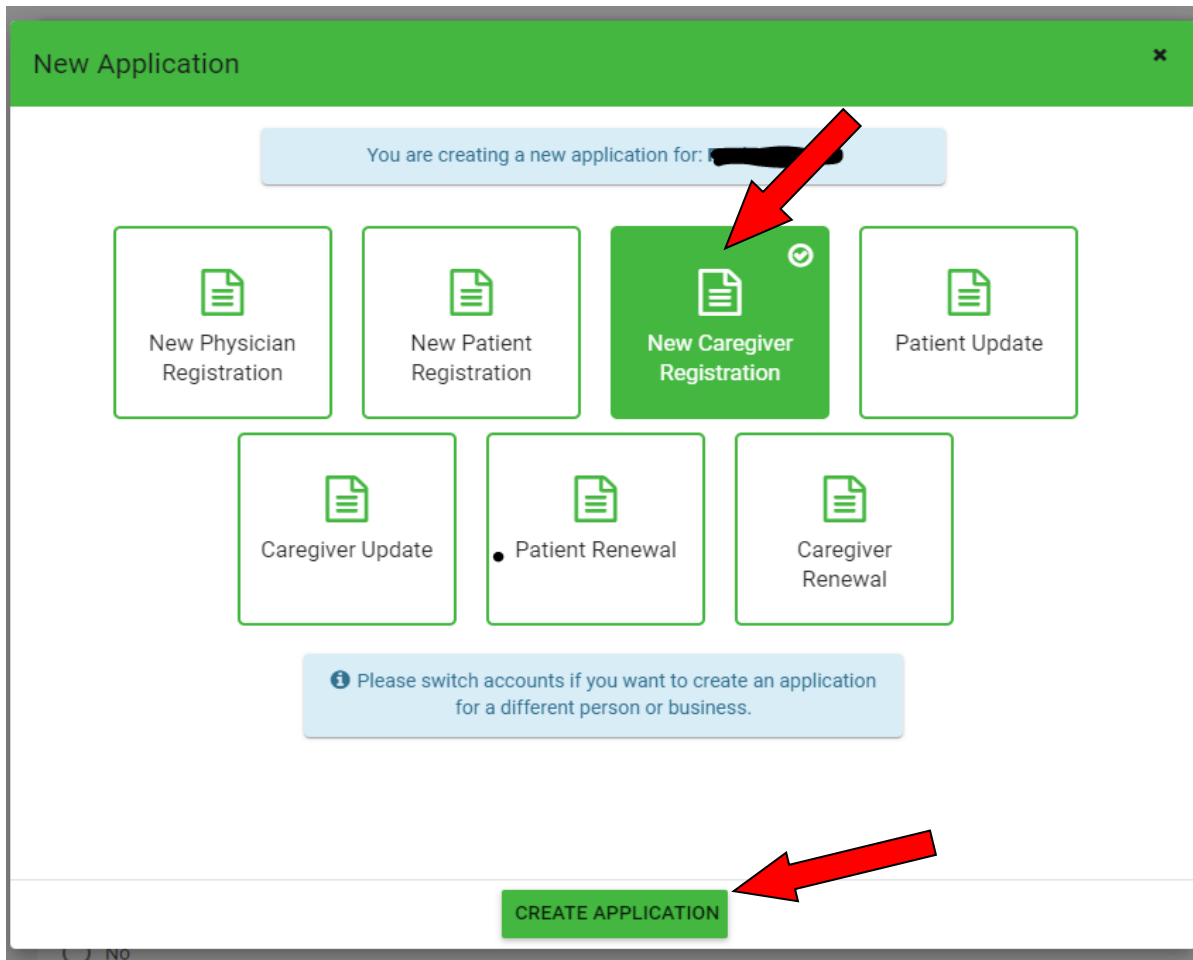
**SIGN IN**      **FORGOT PASSWORD**

© 2021 State of West Virginia | [Terms and Conditions](#)      Powered by Complia | WVOMC | v.5.289.0

➤ Click on Create New Application.

The screenshot displays the user interface of the State of West Virginia Department of Health & Human Resources. The top header includes the state logo and the text 'STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES'. On the right side of the header, there are links for 'Help' and the user's name 'Crystal Lowe'. A dark sidebar on the left contains navigation options: 'Selected Account: Henry Doe', 'Switch Account', and a prominent '+ CREATE NEW APPLICATION' button highlighted with a red arrow. Below these are sections for 'LICENSE DASHBOARD', 'APPLICATIONS', and 'ACCOUNT'. The main content area is titled 'Licenses' and shows a message: 'No licenses found.' The footer contains copyright information '© 2021 State of West Virginia | Terms and Conditions' and the text 'Powered by Complia | WVOMC | v.5.289.0'.

➤ Click on New Caregiver Registration and then click 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<br>State ID / Passport / Tribal ID |  | ID Number   |  | ID Expiration Date<br><i>(Required)</i> |  |
| 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 located on our website.
- You will also be required to submit fingerprints for a criminal background check through IdentoGo.

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 *                           |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>                  |
| Date of Birth *<br><input type="text"/> Date of Birth<br><small>This field is required.</small> | Social Security Number * <br><input type="text"/> | ID Document *<br><input type="text"/> |
| ID Number *<br><input type="text"/>   | ID Expiration Date *<br><input type="text"/> ID Expiration Date<br><small>This field is required.</small>                          |                                       |
| Phone *<br><input type="text"/>   | Email *<br><input type="text"/>  |                                       |

## Street Address

|  |  |   |
|--|--|---|
| Street *<br><small>PO Boxes are not acceptable</small> | Unit No. / Apt No.<br><small>PO Boxes are not acceptable</small> | City *  |
| State *<br><input type="text"/>                        | Zip Code *<br><input type="text"/>                               | Zip +4<br><input type="text"/>                  |
| Address Verified? *                                    | <input type="checkbox"/> No                                      | <input type="button" value="✓ VERIFY ADDRESS"/> |

## Mailing Address



## 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.

|                        |            |               |
|------------------------|------------|---------------|
| <b>PATIENT NAME</b>    |            |               |
| Last Name              | First Name | Middle Name   |
|                        |            |               |
| <b>CAREGIVER NAME</b>  |            |               |
| 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

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.

<https://dhr.wv.gov/bph/Documents/MedicalCannabis/Caregiver%20Designation%20Form.pdf>



## 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.



Fingerprint Service Code Form

WV Office of Medical Cannabis Use Only

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)



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

**§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.

YouTube video from Green Health Docs for patient registration.

Instructional Video for Registration Help: <https://youtu.be/G1MHlbcYiXo>

State Registration Link: <http://www.medcanwv.org/>