

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 Patient Card, click on the link for Patient Registration: <u>https://wv-public.mycomplia.com/#!/signin</u>

• In the upper right corner of the screen, click on <u>Register</u> to create an account.

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES		•) Sign In Register
West	Virginia Medical Cannabis Portal - Sign Ir	
	Username (email) * Username	
	Password * Password	
	Accept Terms and Conditions.	
	I'm not a robot	
	SIGN IN	
9 2021 State of West Virginia Terms and Conditions		Powered by 📚 Complia ၊ WVOMCI v.5.289.0

• Enter your registration information.

DEPARTMENT OF HEALTH & HUMAN RESOURCES			*	9 Sign In	Register
	Register for the West Virginia	Office of Medical Cannabis Portal			
	WARNING: Please be sure that the information provided during read and you CANNOT modify the				
	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 Terr	ns and Conditions before proceeding.			
		t status Brazo - Terres			
	C If you didn't receive your v	rification 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. To request another verification email, please visit https://wv-public.mycomplia.com/#!/resendVerifyAccountEmail.
- Once your account has been verified, log in to Complia: <u>https://wv-public.mycomplia.com/#!/signin</u>. If you forget your password, click the <u>Forgot Password</u> 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	
	Usemame (email) * Username	
	Password * Password	
	Accept Terms and Conditions.	
	I'm not a robot	
	SIGN IN	
9 2021 State of West Virginia Terms and Conditions		Powered by 🥪 Complia и wvoмси v.5.289.0

• Click on <u>Create New Application</u> for a New Patient Registration.





• Click on <u>New Patient Registration</u> and then click <u>Create Application</u>.

New A	Application						×
		You are creat	ting a new ap	plication for:	Henry Doe		*
	New Physician Registration	New Pat Registra	tient	New Car Registr		Patient Update	
	Caregiv	er Update	Patient Re	enewal		rgiver ewal	
			CREATE A	APPLICATION			

• Once the application is created, please complete all required information. Each application contains multiple tabs with required data fields, question responses, and document uploads.

Applications / New	Patient Application						
GENERAL INFORMATION	CONTACT INFORMATION	LEGAL GUARDIAN INFORMATION	PHYSICIAN / CONDITION INFORMATION	QUESTIONS	DOCUMENTS	PAYMENT	REVIEW

- Make sure you click <u>Save and Next</u> when completing each tab so that your information is saved as you progress through the application.
- On the "Physician/Condition Information" tab:
 - Once you enter the <u>WV Medical Cannabis Program Physician Registration</u> <u>Number</u>, the rest of the Physician Information will populate.
 - The <u>Condition Information</u> must be entered exactly as provided on the Patient Certification form. Any discrepancies will result in the application being rejected for correction.
- Documentation needed for the application:
 - Digital photo of passport quality. See Appendix A for assistance with photo.
 - Photo ID, such as a copy of your driver's license.



- Proof of West Virginia residency. Click this link to view acceptable documentation: <u>https://transportation.wv.gov/dmv/drivers/pages/drivers-licenses.aspx</u>
 - Click on <u>Acceptable Proof Documents</u>
 - Then click on <u>Proof of West Virginia Residency Documents</u>
- Copy of the completed Patient Certification form provided to you by your physician.
- If requesting a waiver of the fee based on financial hardship (income below 200% of the federal poverty level), provide acceptable proof of income, such as a W-2, recent pay stubs, proof of benefit eligibility, etc. Please do not send a payment if you are requesting a fee waiver. If the waiver is not granted, you will be notified to submit the fee at that time.
- If you are unable to finish the application in one attempt, please make sure you click <u>Save</u> so your information will be there when you return to the application. When you return to log back into Complia, please do not create another new application. You will click on <u>Applications</u> and then select your application (click on the <u>Not Applicable</u> option under <u>Application ID</u>).

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES						O Help 1 Cr	ystal Lowe	*
Selected Account: Henry Doe	Applications				CR	REATE NEW APPLICATION	T NO	Û
Switch Account	Status Filter by Status : 5 selected	• •	Filter by Application Type	•			ø	•
+ CREATE NEW APPLICATION								
E LICENSE DASHBOARD	Application ID	Title	Status 🛧	Application Type	Submitted Date		Actions	
2 APPLICATIONS	Not Applicable		Open	New Patient Registration	Not Applicable			

- As your application is nearing completion, navigate to the <u>Review</u> tab to verify all required items are completed. If you see any red Xs, you need to go back to the applicable tab to complete the missing item and save the changes.
- Upon completion of the application, including uploading all documents, click <u>Submit</u>. A confirmation screen will appear with the Application ID number.
- Mail payment (check or money order payable to WV DHHR) to: WV Office of Medical Cannabis, 350 Capitol Street, Room 523, Charleston, WV 25301. The Application ID number and patient name must be in the memo line of the check or money order.
- You will be notified via email of the status of your application. If your application is rejected and sent back to you for correction, please make the correction(s) and resubmit your application.
- Please allow at least 30 days from notification that your application and payment were received before checking the status of your application.
- Registration does not mean medical cannabis products can immediately be obtained. The industry is working to develop facilities in West Virginia, and the patient card is valid only



in West Virginia and offers no legal protection for products obtained outside of the West Virginia medical cannabis system.

Program Help

For questions regarding application requirements, acceptable documentation, the status of your application, rules, regulations, policy, or other program specific questions, please contact the Office of Medical Cannabis directly at (304) 356-5090 or via email at <u>medcanwv@wv.gov</u>.

You are also encouraged to visit <u>https://dhhr.wv.gov/bph/Pages/Medical-Cannabis-</u> <u>Program.aspx</u> for program information.

Technical Help

If you have technical support questions and need assistance with logging in, switching accounts, or utilizing the portal, please contact <u>support-WV@mycomplia.com</u> or (720) 259-8357 for further assistance.

Please provide your license number or Application ID number, your name and as many details as possible when contacting technical support. When you email support, a ticket is automatically created with your request details.

Complia support is <u>not</u> able to provide status updates on submitted applications. Please <u>do not</u> contact Complia support to ask about the status of your application.





Change Password

• While logged in, you will find "Change Password" when you click on your name in the upper right corner.

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES	0 Нер	上 Crystal 🗸
a Accounts		Profile Change Password
Q Search	Choose a module to your left to proceed	Sign Out
📕 All Tasks		
📕 My Tasks (0)		
🚑 New Items 🗸 🗸		
C Renewals ~		
🕼 Updates 🗸 🗸 🗸		

• Proceed with the change instructions that appear on the next screen.

Pro Tips

- Pro Tips are found throughout the software, where additional information may be helpful.
- Some Pro Tips have hyperlinks to download documents. When you click on the icon, a window will open.

LICENSE	GENERAL INFORMATION	CONTACT INFORMATION	LEGAL GUARDIAN INFORMATION	PHYSICIAN / CONDITION INFORMATION	QUESTIONS	PAYMENT REVIEW
•	Digital Photo 🚯				UPLOAD NEW	+
۶ ا	ID Document				UPLOAD NEW	+
•	Proof of West Virgi	nia Residency 🚯			UPLOAD NEW	+
	Physician Certificat	ion 🚯			UPLOAD NEW	+



Here is a sample Pro Tips for a "Questions Document:"



FAQs – Frequently Asked Questions

- How do I change my mailing address? If your application is still pending, send an email to <u>medcanwv@wv.gov</u> to request the application be rejected and sent back to you for correction. If your application has been approved, you would submit a Patient Update application.
- How can I get assistance completing my application? Contact the Office of Medical Cannabis by email at medcanwv@wv.gov or by calling (304) 356-5090.
- How can I check on the status of my application? You can see the status when you login to your portal. You will also receive an email notification when your application has changed status.
- How do I change my name? If your application is still pending, send an email to medcanwv@wv.gov to request the application be rejected and sent back to you for correction. If your application has been approved, you would submit a Patient Update application.
- How can I check on the status of my license? On your License Dashboard, there is a "Status" column next to your license.
- Where can I find my expiration date? On your License Dashboard, there is a "Expiry Date" column next to your license.
- How do I know which documents have not been uploaded to my application? You will see a red X on the Review Screen before you submit.
- **Can I update my photo?** If your application is still pending, send an email to <u>medcanwv@wv.gov</u> to request the application be rejected and sent back to you for



correction. If your application has been approved, you would submit a Patient Update application.

- How do I request a change to my "Physician Limitations" for my allowable monthly purchase amount and/or form? If your application is still pending, send an email to medcanwv@wv.gov to request the application be rejected and sent back to you for correction. If your application has been approved, you would submit a Patient Update application. No changes are made until the Office of Medical Cannabis reviews and approves it.
- How can I change the email address on my account? You may change the email address on the account by adding another email. Login to <u>Account</u>, <u>Settings</u>, <u>Security</u> and <u>Add</u> <u>User</u>. You will need to logout and login as the new user email and then remove the old email you are changing out. If you want to add an email back, click on <u>Removed Users</u> and restore the email.
- Who do I call for help submitting an application? Contact the Office of Medical Cannabis by email at medcanwv@wv.gov or by phone (304) 356-5090.



Appendix A

PHOTO REQUIREMENTS

Adult patients, minor patients, and caregiver applicants are required to:

- Upload a personal photo with your application. This photo will appear on the patient/caregiver identification card.
- 2. Submit proof of identity, such as:
 - West Virginia Driver's License
 - West Virginia State ID
 - U.S. Passport
 - Certified copy of birth certificate

To check the proof of identity requirements for your license type, visit

https://transportation.wv.gov/DMV/Drivers/Pages/Drivers-Licenses.aspx

NOTE: It is the applicant's responsibility to read and follow the guidelines for proper photo submission. Medical cannabis applications not meeting the requirements may be rejected and extend the application process until all correct information is submitted.

HOW TO OBTAIN A DIGITAL PHOTO

- Use a digital camera that will provide a clear, digital photograph.
- Use a smartphone camera that will provide a clear, digital photograph.
- Use a mobile app on a smartphone. There are mobile apps which may make taking photos of yourself easier. See the "Mobile Apps for Assistance" section below for more information.
- Visit a drug store or other locations offering passport photos. Remember to ask for a digital copy. A printed copy will not be accepted.

MOBILE APPS FOR ASSISTANCE

Disclaimer: This information is for reference purposes. The West Virginia Office of Medical Cannabis does not endorse any smartphone app or smartphone function, nor does it assume any liability for any harm that may arise from usage of any smartphone apps or smartphone functions, including those referred to below.

You may use smartphone apps and your phone camera as long as the photo meets the guidelines described. Some smartphone apps help users take photos for government IDs, such as passports.



- 1. **Android:** Open the Google Play App and search "Passport Photo." The search will have several apps available for download which assist with taking a photo (Figure 1).
- 2. **Apple IPhone:** Open the IOS App Store and search "Passport Photo." The search should lead to apps which help guide the phone camera to take a picture.



PHOTO GUIDELINES

- 1. The photo provided with the application must have been 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 pixels) or maximum (1200 x 1200 pixels) dimensions.
- Do not capture anyone else besides the person applying for a license in the photo.



UPLOADING PHOTOS

• After the photo is taken, users may use a smartphone or computer to save and upload the photo to the online application system.



• The saved image to be uploaded on the system must meet the following standards. Resolution Limits: Minimum: 600 x 600 pixels. Maximum: 1200 x 1200 pixels. File Format: .jpg, .png, or .gif and no larger than 3 MB in size.

USE THE ONLINE APPLICATION SYSTEM TO UPLOAD THE PHOTO.

Applications / New F	tient Application			
GENERAL INFORMATI	N CONTACT INFORMATION	LEGAL GUARDIAN INFORMATION	PHYSICIAN / CONDITION INFORMATION	QUESTIONS DOCUMENTS
6 6	gital Photo 🚯			C UPLOAD NEW
	Document 🚯			C UPLOAD NEW
	Document (Parent/Legal Guardian)			C UPLOAD NEW
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