MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF COMMUNITY AND PUBLIC HEALTH

MISSOURI HEMP EXTRACT REGISTRATION CARD APPLICATION

Date Received

APPLICANT INFORMATION (please print or type)

"Applicant" is a Missouri resident eighteen years of age or older (1) with intractable epilepsy **or** (2) who is the parent or legal guardian responsible for the medical care of a minor with intractable epilepsy.

Applicant Full Legal Name (last name, first name, and middle name) (include suffixes, i.e., Junior, Senior, II, III, etc.)	Date of Birth	Gender
		☐ Male ☐ Female

Address	City	State	Zip Code

County	Telephone Number	Email Address

Race		Ethnicity
☐ Asian/Native Hawaiian/Pacific Islander	☐ White	☐ Hispanic
☐ African American/Black	☐ Mixed Race	☐ Non-Hispanic
☐ American Indian/Alaskan Native	☐ Other	

MINOR INFORMATION (please print or type)

Minor Full Legal Name (last name, first name, and middle name) (include suffixes, i.e., Junior, Senior, II, III, etc.)	Date of Birth	Gender
		☐ Male ☐ Female

Address	City	State	Zip Code	County

Race		Ethnicity
☐ Asian/Native Hawaiian/Pacific Islander	☐ White	☐ Hispanic
☐ African American/Black	☐ Mixed Race	☐ Non-Hispanic
☐ American Indian/Alaskan Native	☐ Other	

This application must be accompanied by all of the following:

- A copy of the applicant's valid photo identification
- Missouri Hemp Extract Registration Card Neurologist Certification
- Copy of a record of the neurologist's evaluation and observation relating to the individual's treatment for intractable epilepsy

Submit this application and the additional required documents referenced above to:

Department of Health and Senior Services
Division of Community and Public Health
P.O. Box 570
Jefferson City, MO 65102-0570

APPLICANT'S SIGNATURE (original signature required)

	Date

MO 580-3082
10-14