



Qualifying Patient/Primary Caregiver Online Application Checklist

DHSS accepts qualifying patient and primary caregiver applications in the online registry portal at mo-public.mycompla.com. Applicants must first register for an account to complete an application. Qualified patients must have a physician or nurse practitioner who has submitted an Electronic Physician Certification Form on their behalf prior to applying. Application requirements include:

Individual Identifying Information:

- ☐ Full Legal Name, Date of Birth, Social Security Number
- ☐ E-mail Address & Phone Number
- ☐ Residence Address AND Mailing Address

Physician Certification Form

- ☐ As part of the application process, Qualifying Patients **must** obtain a Physician Certification issued no more than thirty days prior to the date the application is submitted.
- ☐ A Physician Certification Form must be completed, signed, and submitted by either:
 - A Missouri-licensed **Physician**, active, and in good standing; OR
 - A **Nurse Practitioner** who is licensed and in good standing as an advanced practice registered nurse, or successor designation, under Chapter 335 of the Revised Statutes of Missouri.
- ☐ Certifying physicians and nurse practitioners will submit the form electronically through the online registry portal. Qualifying Patients will then select the form within the patient application.

Additional Required Documentation:

- ☐ A clear, color photo of the applicant's face taken within the prior three (3) months. This cannot be a photo of a driver's license or passport.
- ☐ For non-emancipated qualifying patient applicants: A Parental/Legal Guardian Consent Form.
- ☐ For Caregiver applicants: A completed Patient Authorization Form.
- ☐ A legible copy of the applicant's photo identification card issued by a state or federal government entity.

Additional Information:

- ☐ At the option of the applicant, a statement indicating whether the qualifying patient is currently eligible for any Missouri low-income assistance programs and, if so, which programs.
- ☐ If the applicant is seeking authority to cultivate medical marijuana, details about the cultivation location, security, and access will be required within the "Questions" tab of the application.
- ☐ Attestation statements, signature, and date of the application, & all applicable fees.