



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**
Division of Cannabis Regulation

Online Registry Portal User Guide

Section for Patient and Application Services

1/21/2025

Introduction

This guide is provided by the Missouri Division of Cannabis Regulation (DCR) as a tool to help applicants navigate the Online Registry Portal when applying for a patient or caregiver ID card.

Additional assistance and resources are available on the DCR website – cannabis.mo.gov.

Table of Contents

Introduction	2
Browser/Hardware Recommendation	3
Online Registry Portal	3
Password Reset.....	6
Sign In	7
Update User Account Password	8
Adding an Individual to an Account.....	8
New Patient/Caregiver Application.....	11
Completing an Application - General Information Tab.....	13
Completing a Minor Application	14
Contact Information Tab	15
Physician/Condition Information Tab.....	16
Questions Tab - Cultivation Options.....	18
Documents Tab - Uploading Documents	19
Review Tab.....	19
Locating “Rejected” Applications.....	20
Application Corrections	22
Patient Identification Card Download	23
Search for an Application	24
Launch an Existing Application	25

Browser/Hardware Recommendation

Google **CHROME** should be used to access the online registry portal from a computer or mobile device. Other browsers will result in technical glitches within the application.

Online Registry Portal

Registering for a First-Time User Account

1. Navigate to cannabis.mo.gov
2. Click **Patient Information** from the right-side menu, then click **Patient—How to Apply**.
3. From the 'How to Apply' page, click the box labeled **Patient/Caregiver Application Registration**.

The screenshot shows the 'How to Apply - Patient Information' page. The right-hand navigation menu is expanded, showing a list of links. A yellow box labeled '2.' highlights the 'Patient Information' menu item, which is further expanded to show 'Patient - How to Apply'. A second yellow box labeled '3.' highlights the 'Patient/Caregiver Application Registration' button in the main content area. The page also features a 'NEW!' banner and a 'Patient/Caregiver Application Registration' button.

How to Apply - Patient Information

DHSS Home » Licensing & Regulations » Cannabis Regulation » how-to-apply-pi

Click on the **Patient/Caregiver Application Registration** blue box located under the 'How to Apply' section to apply for your identification card. If a "Site" pop-up box appears, click "Yes". Only applications submitted through the online registry will be accepted. For more information, review **19 CSR 100-1.040**. Qualifying Patient/Primary Caregiver.

For information on how to enter and register patient and caregiver data into the on-line application, open the **Patient Registry User Guide**.

NEW: Application Guides

Each video focuses on a specific topic in the application process to assist caregivers with creating and managing their application, such as how to enter physician and condition information or to find and correct a rejected application.

NEW! Click below to apply or to update an approved application

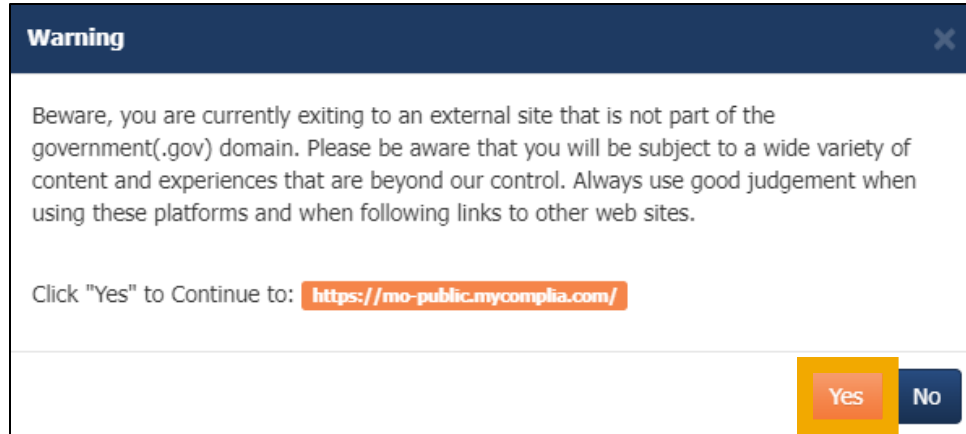
Patient/Caregiver Application Registration

What application should I submit?

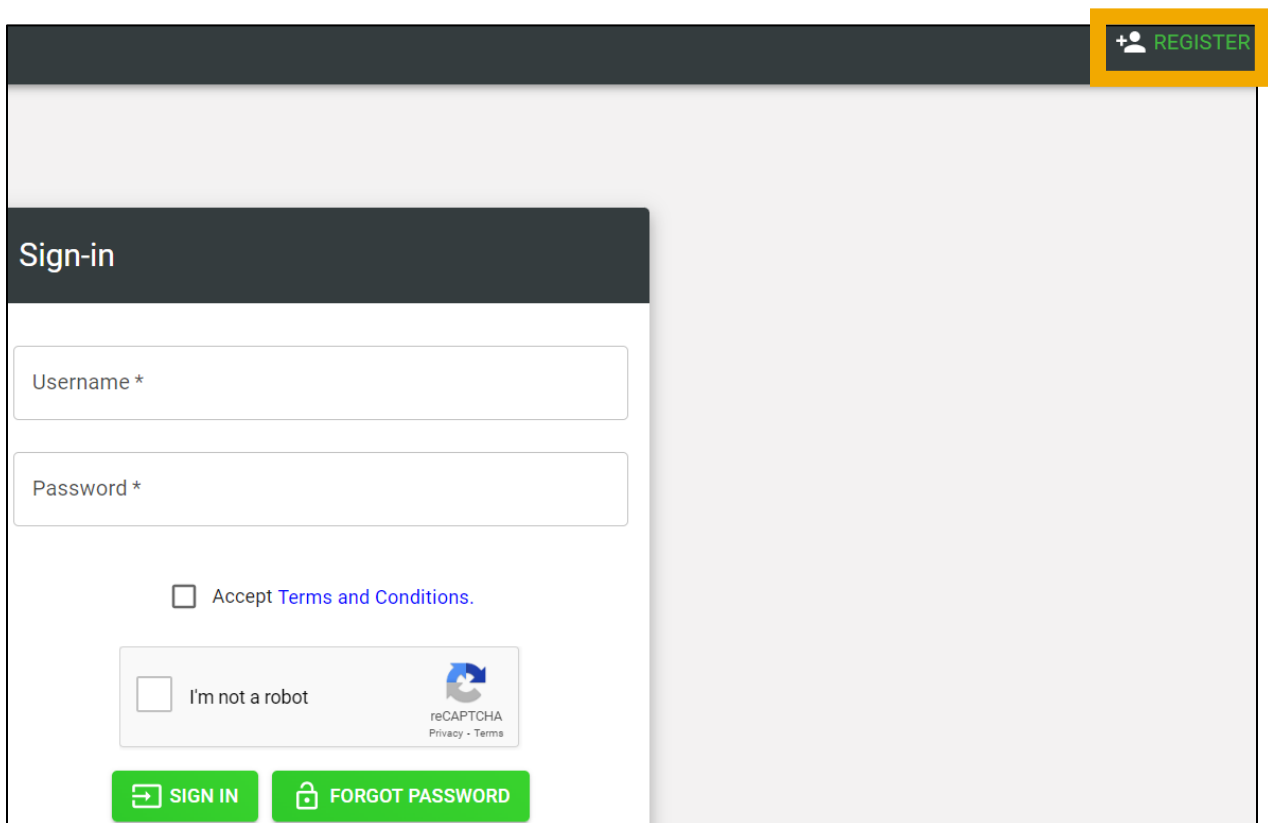
Right-side menu:

- Agent ID Information
- Facility Information
- Ballot to Implementation: A Program's Journey
- Microbusiness Information
- News Releases
- Patient Information**
 - Health Effects of Marijuana
 - Patient Services
 - Application Video Tutorials
 - Patient - How to Apply
 - Application Checklist
 - Application Information - Rejected/Denied
 - Frequently Asked Questions
 - How to Download Patient/Caregiver ID Card
 - Missouri Marijuana Equivalency Units (MMEs)
 - Qualifying Medical Conditions
- Physician/Nurse Practitioner Information
- Cultivation - Patient/Caregiver & Consumer
- Resources
- Data and Reports

4. In the pop-up box, which alerts that you are exiting the site to be redirected to the Online Registry Portal, click **Yes**.



5. Once the Online Registry Portal sign-in page has loaded, click word **Register** in the top right corner.



6. Complete the entire registration form.

- Be sure to select the **Patient/Caregiver/Physician** account type.
- Ensure that both **Social Security Number (SSN)** and **Date of Birth (DOB)** are correct before registering.

NOTE: Incorrectly entered **SSN** and **DOB** fields cannot be changed after registration; to correct this, a help ticket must be submitted to nlssupport-mo@egov.com.

The screenshot shows the registration form for the Missouri Division of Cannabis Regulation Portal. At the top, a dark header bar contains the text "Register for the Missouri Division of Cannabis Regulation Portal". Below this is a yellow warning box with the text: "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." The form fields include: "Legal First Name *" and "Legal Last Name *" (text input), "Email *" and "Confirm Email *" (text input), "Phone Number *" (text input), "What type of application would you like to get started with? *" (dropdown menu), "Password *" and "Re-enter Password *" (text input with eye icons for visibility). Below the password fields is a yellow-bordered box containing a checkbox for "Please read and accept Terms and Conditions before proceeding.", a checkbox for "I'm not a robot" with a reCAPTCHA logo, and two green buttons labeled "CANCEL" and "REGISTER". At the bottom of the form, there is a link: "If you didn't receive your verification email, please click here."

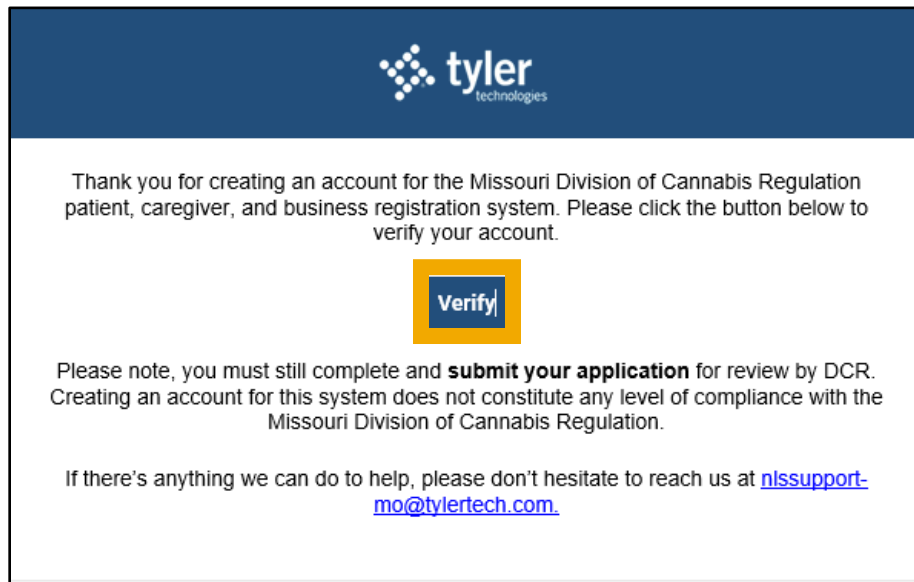
7. Read the **Terms and Conditions** and check the 'read and accept' box. Click **I'm not a robot**, follow the prompts, and click **Register**.

NOTE: The email address used to register will receive notifications when there is a change in application status.

The screenshot shows a confirmation message with a green checkmark icon on the left. The text reads: "You have been registered successfully. Please check your email to verify your account." Below this, a smaller text block states: "Our system just sent you an email verification. You will NOT be able to login to your account until you click the link in this message. Your account will not be accessible until you click this link." At the top of the message, there is a link: "If you didn't receive your verification email, please click here."

8. Check your email for a follow-up verification message from sender “**DCR**”.
9. Within that email, click **Verify**. This will bring you to the Online Registry Portal sign-in page, where you will then log-in with the email address and password created in the registration form.

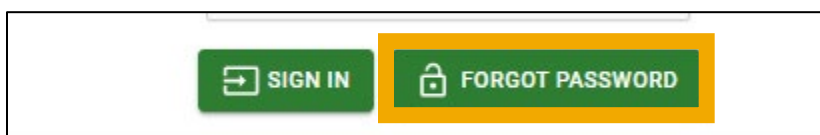
NOTE: If you do not receive the verification email within 15 minutes, click the available link to resend. **You will not be able to log in until you verify your email address.**



Password Reset

Navigate to: <https://mo-public.mycomplia.com/#!/signin>

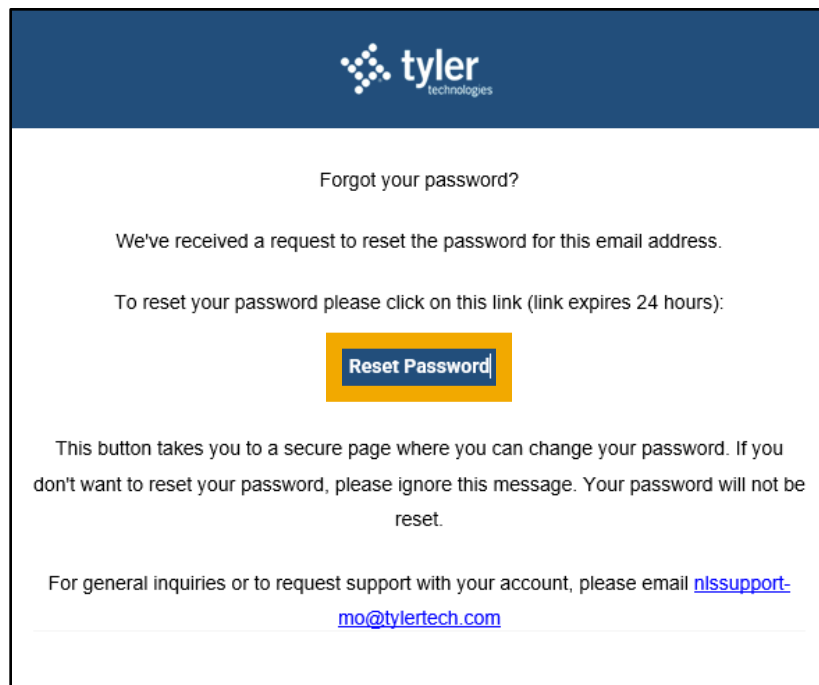
Select **Forgot Password** to request a password reset.



Enter your email address, check **I'm not a robot**, follow the prompts, and select **Send Forgot Password Mail**.

A screenshot of a web form titled "Forgot Password" in a dark header. Below the header is a text input field labeled "Email *". Underneath the input field is a section containing a checkbox labeled "I'm not a robot" and a reCAPTCHA widget. This entire section is highlighted with a yellow rectangular box. At the bottom of the form are two green buttons: "CANCEL" with a left-pointing arrow icon, and "SEND FORGOT PASSWORD EMAIL" with a padlock icon.

Look for the email from sender “**DCR**” and follow the prompts to reset your password.



Sign In

1. Navigate to <https://mo-public.mycomplia.com/#!/signin>
2. Enter your **Username**.
3. Enter your **Password**.
4. Check the **Accept Terms and Conditions** box, check **I'm not a robot**, click **Sign In** button.

A screenshot of the Sign-in page. The page has a dark grey header with the text "Sign-in". Below the header are two input fields: "Email *" and "Password *". The "Email *" field is highlighted with a yellow box and labeled "2.". The "Password *" field is highlighted with a yellow box and labeled "3.". Below the input fields are three checkboxes: "Accept Terms and Conditions.", "I'm not a robot", and a reCAPTCHA widget. The "I'm not a robot" checkbox is highlighted with a yellow box and labeled "4.". Below the checkboxes are two buttons: a green "SIGN IN" button with a yellow border and a green "FORGOT PASSWORD" button.

Update User Account Password

1. Once signed in, click the **drop-down arrow** for the **User Account**.
2. Select **Change Password** to change your password.
3. Complete the **Current Password**, **New Password** and **Re-enter Password** fields, then click **Change Password**.

The image contains two screenshots illustrating the password change process. The top screenshot shows a user profile dropdown menu for 'JOHN' with a green circle icon. A yellow arrow labeled '1.' points to the dropdown arrow. Another yellow arrow labeled '2.' points to the 'Change Password' option in the menu. The bottom screenshot shows the 'Change Password' form. It has three input fields: 'Current Password *', 'New Password *', and 'Re-enter Password *'. A red error message 'Please enter password again.' is visible below the first field. A yellow arrow labeled '3.' points to the 'CHANGE PASSWORD' button at the bottom right. Another yellow arrow labeled '3.' points to the 'Current Password *' field. A third yellow arrow labeled '3.' points to the 'New Password *' field. A fourth yellow arrow labeled '3.' points to the 'Re-enter Password *' field.

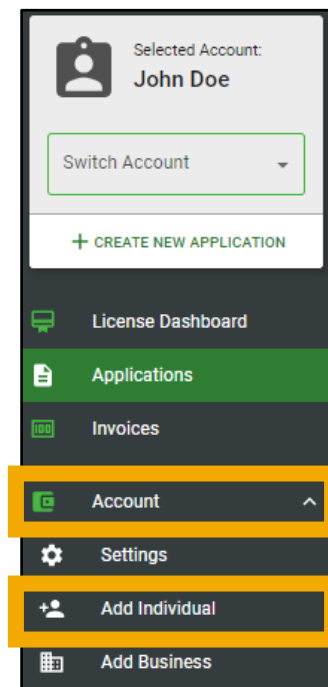
Adding an Individual to an Account

1. Click **Account** then **Add Individual**.

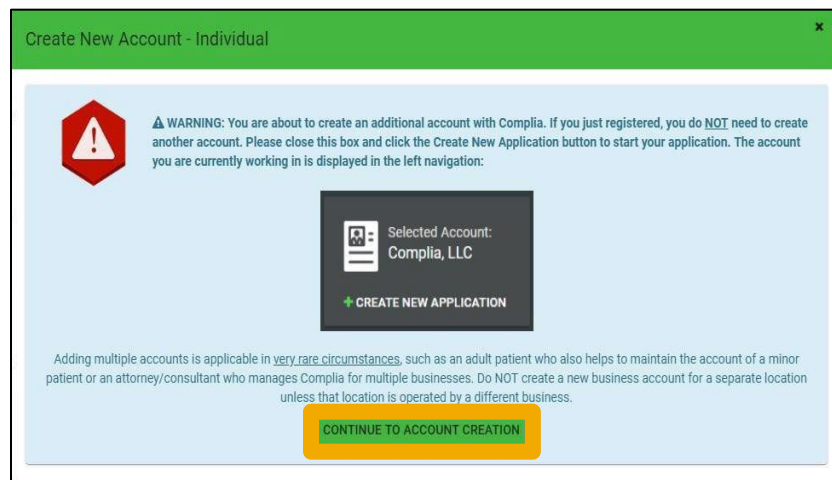
NOTE: Add an individual to your account only when:

- Applying as caregiver for a minor patient within the same account.
- Relatives are sharing an email address, whom all have active ID cards.

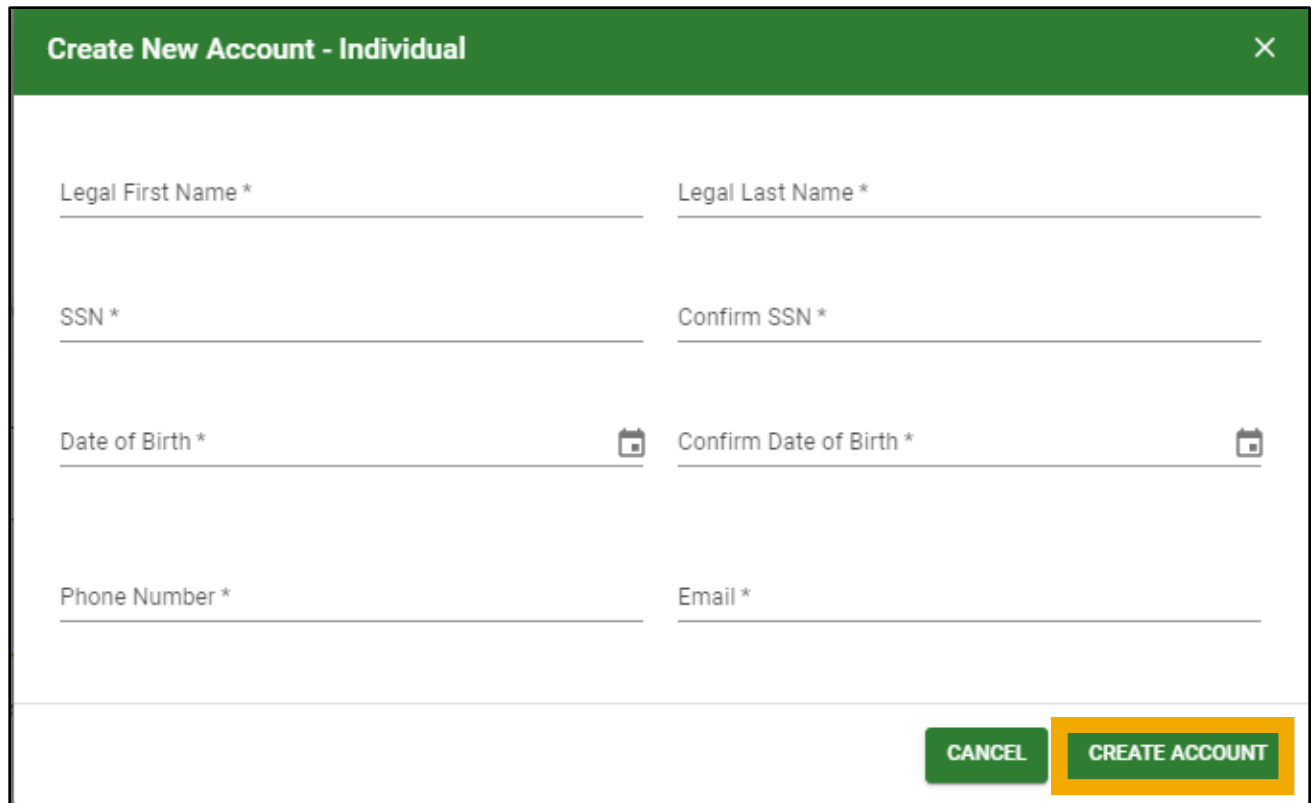
- Any other circumstances, please contact DCR directly.



2. A warning will pop-up, click **Continue to Account Creation**.

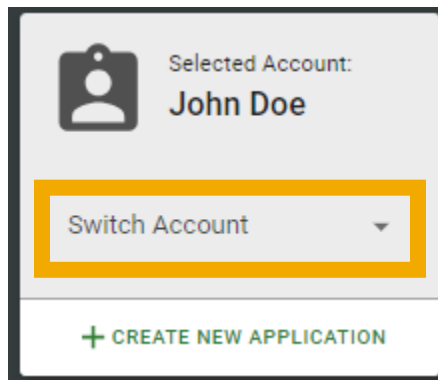


3. Fill out the **New Account** information and click **Create Account**.



The image shows a 'Create New Account - Individual' form. It has a green header bar with the title and a close button. The form contains several input fields arranged in two columns. The first column includes 'Legal First Name *', 'SSN *', 'Date of Birth *' (with a calendar icon), and 'Phone Number *'. The second column includes 'Legal Last Name *', 'Confirm SSN *', 'Confirm Date of Birth *' (with a calendar icon), and 'Email *'. At the bottom right, there are two buttons: 'CANCEL' and 'CREATE ACCOUNT'. The 'CREATE ACCOUNT' button is highlighted with a yellow border.

4. After adding a new individual to your account, you can switch between accounts by selecting the **Switch Account** drop-down menu.

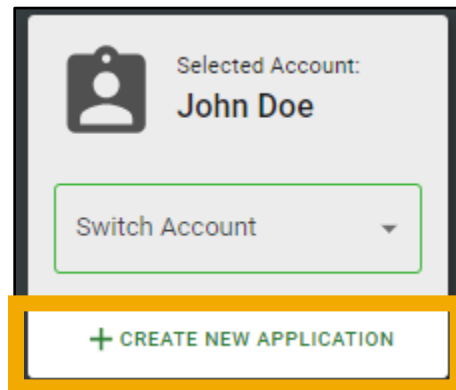


The image shows an account selection interface. It features a grey header bar with a user icon and the text 'Selected Account: John Doe'. Below this is a drop-down menu labeled 'Switch Account' with a yellow border. At the bottom, there is a green button with a plus icon and the text '+ CREATE NEW APPLICATION'.

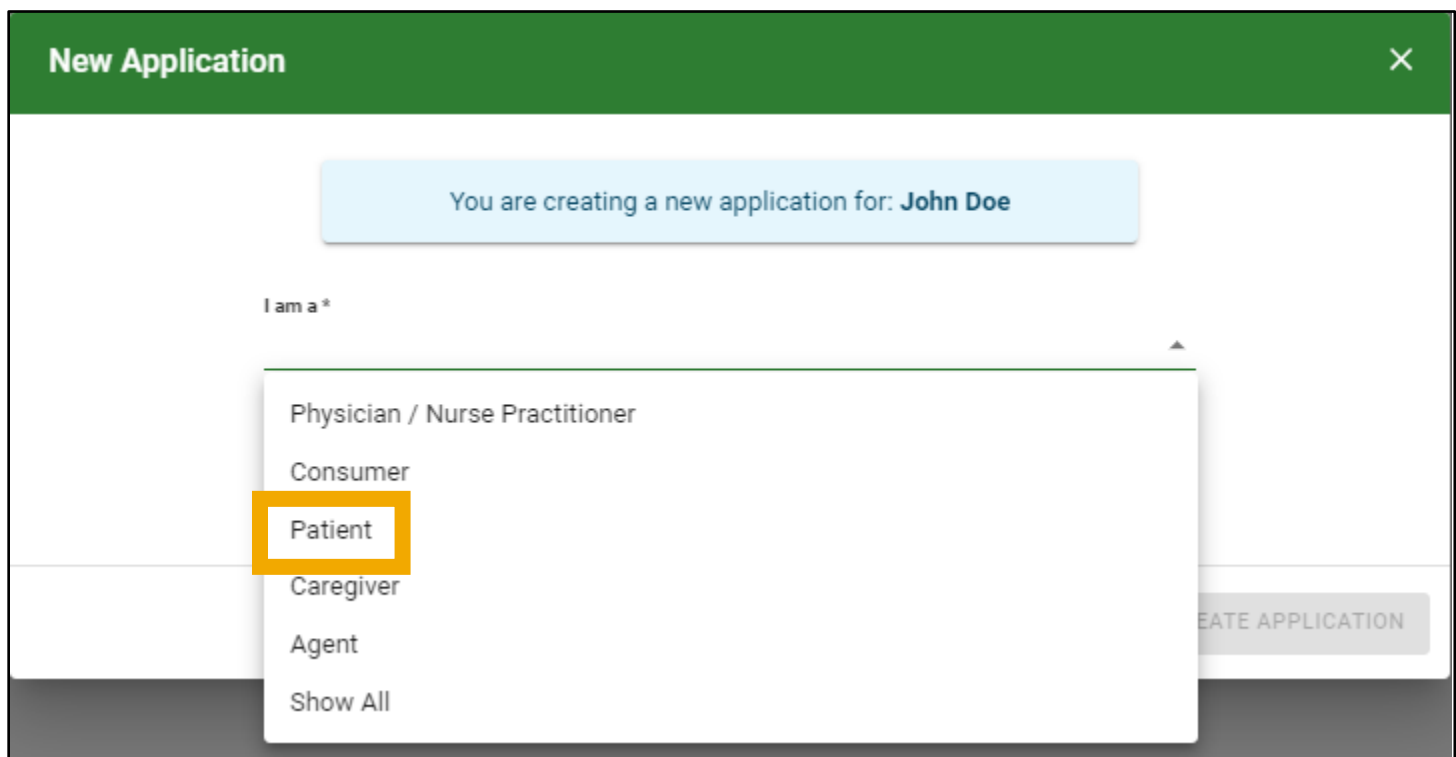
New Patient/Caregiver Application

1. Upon successful sign-in, click the **+Create New Application** link.

NOTE: You may create more than one application per User Account.



2. Click the **I am a*** drop-down menu and select **Patient**.



3. If you are a new patient, select **New Patient Registration**. If you are renewing an application, select **Patient Renewal**. If you are updating an existing ID card, select **Patient Update**.
4. Select one, click **Create Application**.

New Application

You are creating a new application for: **John Doe**

I am a *
Patient

New Patient

Patient Renewal


Patient Update

Please switch to a different person or business.

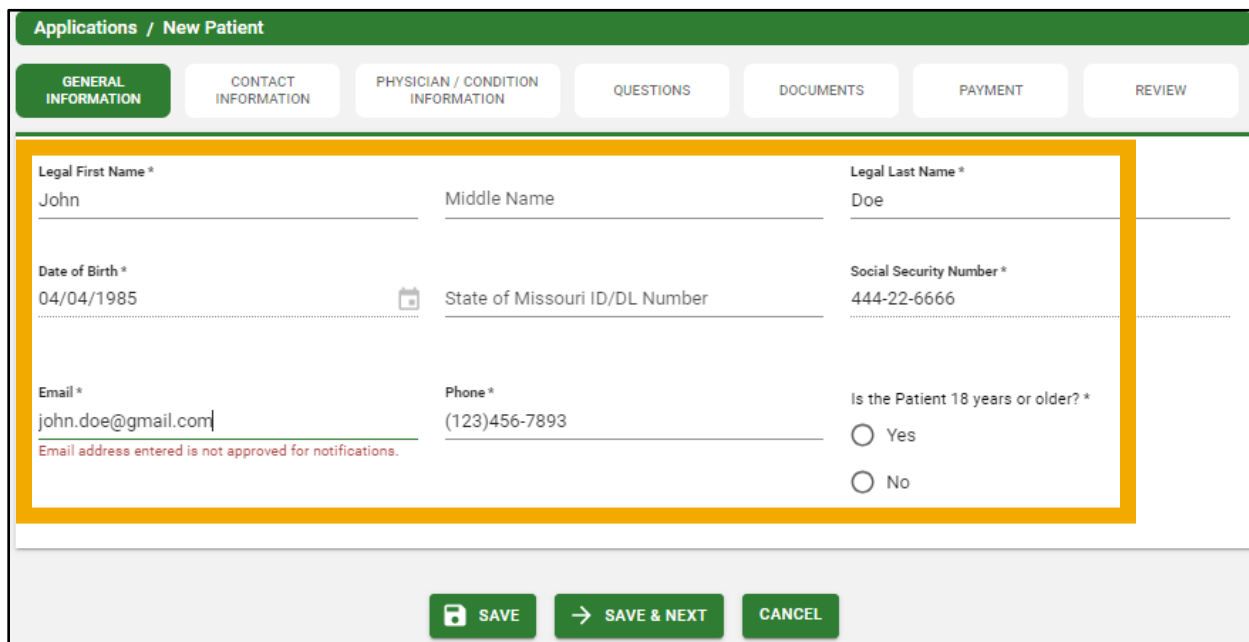
OR

CREATE APPLICATION

Completing an Application - General Information Tab

1. Begin filling in details on the **General Information** tab.
 - a. Enter **First name, Last Name, Date of Birth, Social Security Number, Email** and **Phone Number**.
2. Be sure to click on the **Information** icon  for helpful pro tips.

NOTE: Items marked with an asterisk (*) are required fields and must be completed to save and move to the next screen.



Applications / New Patient

GENERAL INFORMATION CONTACT INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW

Legal First Name * John Middle Name Legal Last Name * Doe

Date of Birth * 04/04/1985 State of Missouri ID/DL Number Social Security Number * 444-22-6666

Email * john.doe@gmail.com Phone * (123)456-7893 Is the Patient 18 years or older? * ☐ Yes ☐ No

Email address entered is not approved for notifications.

SAVE SAVE & NEXT CANCEL

- Click the **Save** button to save an edited field data.
- Click the **Save and Next** button to save the edited data fields and move to the next tab.
- Click the **Cancel** button if you do not wish to save edited data, and to exit the application.



SAVE SAVE & NEXT CANCEL

Completing a Minor Application

1. After selecting **Patient Application**, fill in the minor applicant's **First Name**, **Last Name** and **Phone Number**.
2. Select **No** for a patient that is under 18.

The screenshot shows a form titled "Patient Application" with several fields. The "First Name" field contains "John" and is annotated with a yellow box and the number "1.". The "Last Name" field contains "Doe" and is also annotated with a yellow box and the number "1.". The "Phone" field contains "(123)456-7890" and is annotated with a yellow box and the number "1.". The "Date of Birth" field contains "02/03/1969". The "Social Security Number" field contains "123-45-6789". The "Is the Patient 18 years or older?" field has two radio buttons: "Yes" and "No". The "No" radio button is selected and is annotated with a yellow box and the number "2.". The "Email" field contains "john.doe@email.com". The "Middle Name" field is empty. The "State of Missouri ID/DL Number" field is empty.

3. Fill out the **Parent/Legal Guardian Information** field.

The screenshot shows a form titled "Parent / Legal Guardian Information" with several fields. The "First Name" field is empty and has a red error message "This is required." below it. The "Middle Name" field is empty. The "Last Name" field is empty and has a red error message "This is required." below it. The "Date of Birth" field is empty and has a red error message "This is required." below it. The "Social Security Number" field is empty and has a red error message "This is required." below it. The "Phone" field is empty and has a red error message "This is required." below it. The "Email" field is empty and has a red error message "This is required." below it.

4. Minor applications require extra document uploads, including Proof of Legal Guardianship and [Parent/Legal Guardian Consent Form](#).
5. Click **Save & Next** button to save your information and move to the next tab.



Contact Information Tab

1. Fill in the residence address details on the **Contact Information** tab. Enter **Street, City, County, State, Zip Code** and select **Verify Address** to use either entered address or verified address. A pop-out window will appear, select whether to use the entered address or verified address and click **Okay**.
2. For the mailing address, click the **Copy from Street Address** button to duplicate the information from the residence address or; if using a different address, enter the Street, City, State, Zip Code and then click **Verify Address** to use either the **entered address** or **verified address**.
3. Click **Save & Next** to save the information and move to the next tab.

The screenshot displays the 'CONTACT INFORMATION' tab in a software interface. At the top, a navigation bar includes tabs for GENERAL INFORMATION, CONTACT INFORMATION (active), PHYSICIAN / CONDITION INFORMATION, QUESTIONS, DOCUMENTS, PAYMENT, and REVIEW. The main content area is divided into two sections: 'Residence Address' and 'Mailing Address'. In the 'Residence Address' section, callout '1.' points to the 'Residence Address' header. Below this header are input fields for Street *, Unit No. / Apt No., City *, County *, State *, and Zip Code *. There is a toggle switch for 'Address Verified? *' set to 'No' and a green '✓ VERIFY ADDRESS' button. A red note states 'This is required.' The 'Mailing Address' section features a green button labeled 'COPY FROM STREET ADDRESS' with callout '2.' pointing to it. Below this are input fields for Street *, Unit No. / Apt No., City *, State *, and Zip Code *. It also includes a 'Address Verified? *' toggle set to 'No' and a '✓ VERIFY ADDRESS' button, with a red 'This is required.' note. At the bottom of the form, callout '3.' points to the 'SAVE & NEXT' button, which is part of a row containing 'SAVE', 'SAVE & NEXT', and 'CANCEL' buttons.

Physician/Condition Information Tab

1. Select the **Physician/Condition Information** tab.
2. Under **Recommendation Type**, select **Electronic Certification**. Once selected, a green box will appear to the right labeled **View Available Certifications**. Click to locate your certification.

The screenshot shows a form titled "Recommendation Type". It contains a dropdown menu with the text "Please select the type of physician certification to start with *" and the selected option "Electronic Certification". To the right of the dropdown is a green button with a document icon and the text "VIEW AVAILABLE CERTIFICATIONS". Below the dropdown is a text input field labeled "Physician Registration Number *". To the right of this field is a toggle switch labeled "Electronic Certification Selected? *" which is currently turned off, with the text "No" next to it. Below the toggle switch is a red error message "This is required."

3. A pop-up window will appear listing all available certifications that are linked to your SSN and DOB. Click on the electronic form to select, then click the **Update** button.

The screenshot shows a pop-up window titled "Physician Certification Selection". It contains a light blue instruction box that says "Please select the Physician Certification by clicking on respective sections below." Below this is a green box containing the text "Physician Name: Ashley Fry" and "Recommendation ID: 4129 Examination Date: 09/30/2024". To the right of this box is a green checkmark icon. At the bottom right of the window are two buttons: "CANCEL" and "UPDATE".

The information submitted by the certifying physician or nurse practitioner will auto-populate into the application.

4. Once your form is selected and appears in the application, click **Save & Next** to continue completing the application.

The screenshot shows three buttons: "SAVE" with a document icon, "SAVE & NEXT" with a right arrow icon, and "CANCEL". The "SAVE & NEXT" button is highlighted with an orange border.


NOTE: If a tan box appears with **No Physician Certification found**, this means that *either* the physician or nurse practitioner has not yet submitted an electronic form, *or* the SSN and DOB submitted with the electronic form is incorrect. To correct, please contact the physician or nurse practitioner first to determine if the error is within the electronic form or if the form has not yet been submitted. If neither the form nor the account contains errors, then the patient, physician or nurse practitioner should contact DCR for resolution.

Physician Certification Selection

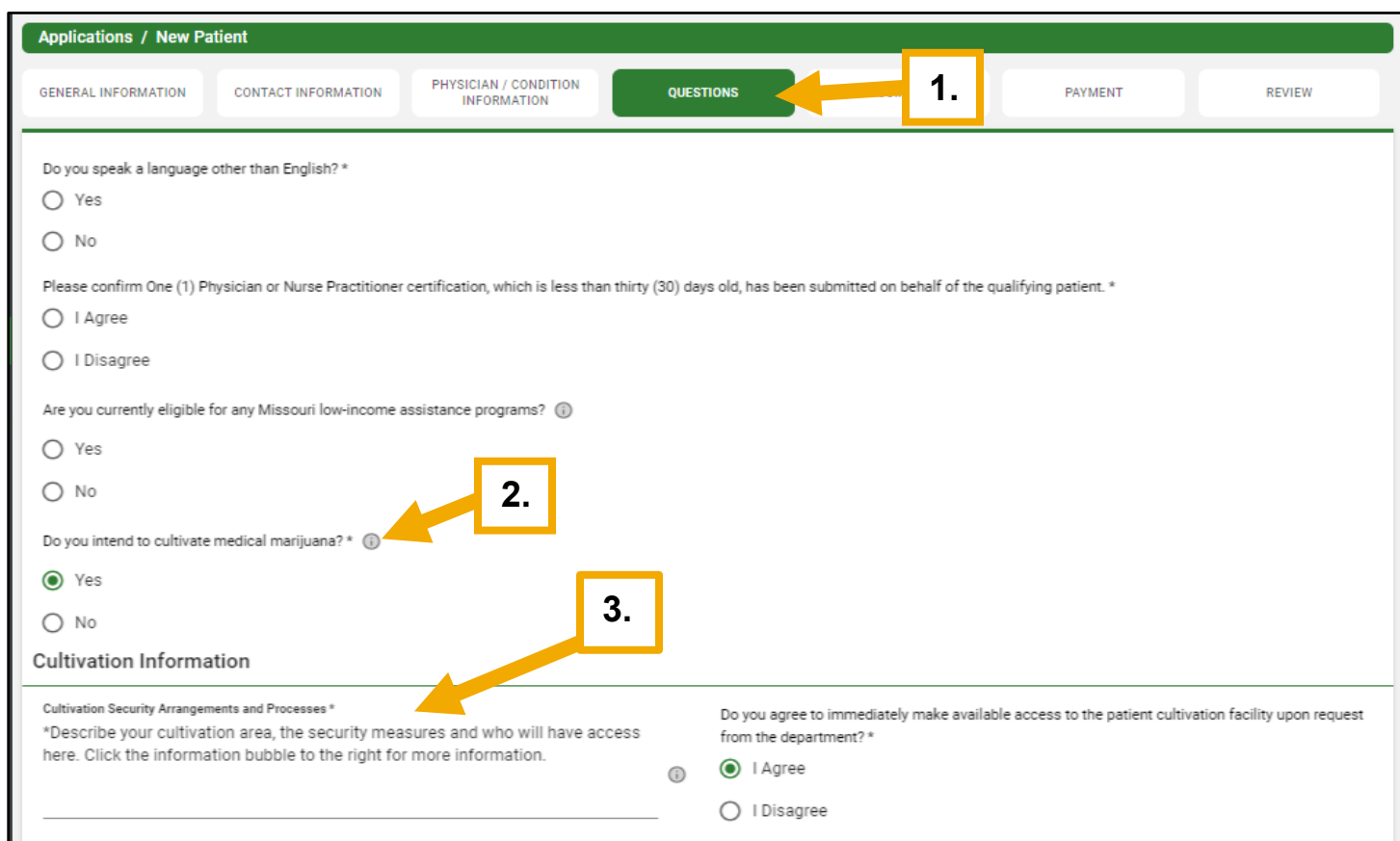
No Physician Certification found.

CANCEL UPDATE

Questions Tab - Cultivation Options

1. If you would like to cultivate, this option is available within the **Questions** tab.
 2. To begin, select **Yes** to the question “**Do you intend to cultivate medical marijuana?**”.
- NOTE:** Be sure to carefully read the rules and requirements for patient and caregiver cultivation prior to applying.
3. A new set of questions will appear related to cultivation. Select the correct **Yes** or **No** radial button, as applicable, for all questions.
 4. When completed, click the **Save** button.
 5. If your enclosed locked facility will be shared with another qualified patient or caregiver(s), the name and active ID card number must be listed in application under the **Shared Space** details.
 6. Be sure to click on the Information icon  for helpful pro tips throughout the cultivation section of the application.

NOTE: Pursuant to 19 CSR 100-1.040(5)(I), up to two qualifying patients, who both hold valid qualifying patient cultivation identification cards, may cultivate medical marijuana in a single enclosed, locked facility. Up to 12 flowering marijuana plants, 12 non-flowering plants 14 inches tall or more, and 12 non-flowering plants under 14 inches tall may be cultivated in that space.



Applications / New Patient

GENERAL INFORMATION CONTACT INFORMATION PHYSICIAN / CONDITION INFORMATION **QUESTIONS** PAYMENT REVIEW

1.

Do you speak a language other than English? *

☐ Yes

☐ No

Please confirm One (1) Physician or Nurse Practitioner certification, which is less than thirty (30) days old, has been submitted on behalf of the qualifying patient. *

☐ I Agree

☐ I Disagree

Are you currently eligible for any Missouri low-income assistance programs? ⓘ

☐ Yes

☐ No

2.

Do you intend to cultivate medical marijuana? * ⓘ

☒ Yes

☐ No

3.

Cultivation Information

Cultivation Security Arrangements and Processes *

*Describe your cultivation area, the security measures and who will have access here. Click the information bubble to the right for more information.

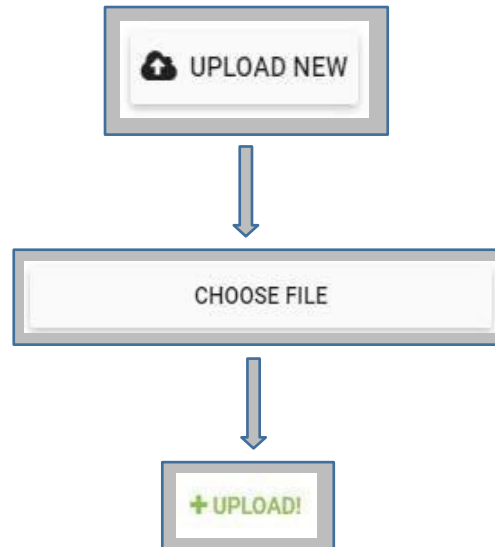
Do you agree to immediately make available access to the patient cultivation facility upon request from the department? *

☒ I Agree

☐ I Disagree

Documents Tab - Uploading Documents

1. Click **Upload New** next to the document you are trying to upload.
2. Click **Choose File** to select the appropriate document(s) from your computer or mobile device.
3. Once selected, click the **+Upload!** button.
4. Repeat the above steps to attach multiple files to the same document upload area.



Review Tab

NOTE: You will not be able to submit your application until all required fields marked with an **X** are provided. To go back to these areas in the application, click on the tab at the top of the page that matches the header. This will re-launch the respective tab where you can provide the required information.

Applications / New Patient

GENERAL INFORMATION CONTACT INFORMATION PHYSICIAN / CONDITION INFORMATION QUESTIONS DOCUMENTS PAYMENT REVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy. WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✗ Legal First Name: Middle Name: ✗ Legal Last Name:

✓ Date of Birth: 04/04/1985 State of Missouri ID/DL Number: ✓ Social Security Number: 444226666

✓ Email: amber.sims@health.mo.gov ✗ Phone: ✗ Is the Patient 18 years or older?:

Email address will receive application notifications.

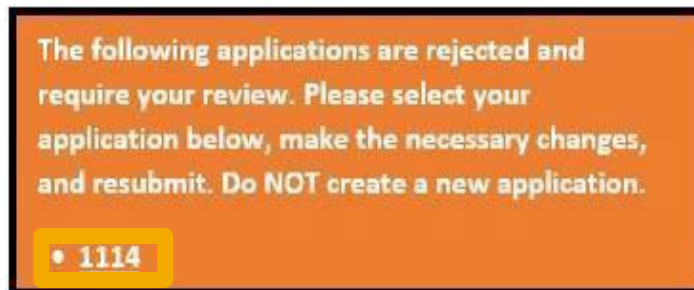
Once all information is accurate and complete, click the **Pay & Submit** button at the bottom of the page to submit your application. Upon successful payment transaction, the applicant will be returned to the online system and receive a confirmation of submission.



Locating “Rejected” Applications

Option 1:

1. Log into your **Online Registry Portal** account at mo-public.mycomplia.com
2. An pop-out box will appear stating your application was rejected. Click on the **Application ID Number** located on the bottom left-hand corner of the box.

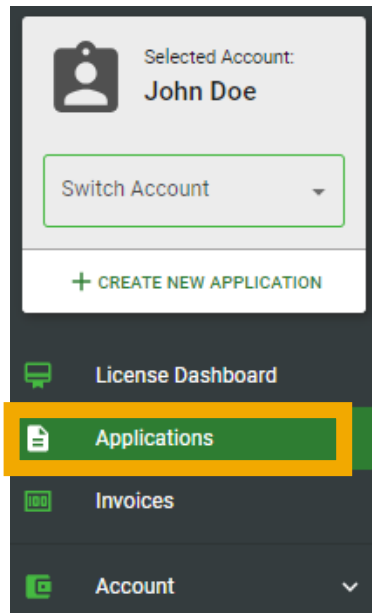


3. The application will be re-opened, where you can then make necessary corrections and resubmit the application.

Option 2:

1. Log into your **Online Registry Portal** account at mo-public.mycomplia.com

2. Click **Applications** from the menu on the left side of the screen.



3. Your rejected application will appear in the center of the screen, the status will be listed as **Rejected**. Click on the **Application ID Number** to re-open the application, make corrections and resubmit.

Application ID	Title	Status
1114	John Doe	Rejected

Application Corrections

1. Applications needing corrections can be navigated by clicking on any of the **application menu tabs**. Changes and corrections must be made under the appropriate tab.

For example: Cultivation edits are made on the **Questions** tab.

The screenshot displays the 'Applications / New Patient' form with the 'GENERAL INFORMATION' tab selected. The form contains the following fields and controls:

- Legal First Name ***: John
- Middle Name**: (empty)
- Legal Last Name ***: Doe
- Date of Birth ***: 04/04/1985
- State of Missouri ID/DL Number**: (empty)
- Social Security Number ***: 444-22-6666
- Email ***: amber.sims@health.mo.gov
Email address will receive application notifications.
- Phone ***: (314)952-5304
- Is the Patient 18 years or older? ***: ☒ Yes, ☐ No

At the bottom of the form, there are three buttons: **SAVE** (with a floppy disk icon), **SAVE & NEXT** (with a right arrow icon), and **CANCEL**.

2. To save required corrections, click **Save** at the bottom of the page. Navigate to the **Review** section by using **Save & Next** at the bottom of the page or clicking the **Review** tab at the top. From the **review tab**, click **Submit** to resubmit the corrections to DCR.

Patient Identification Card Download

1. Log into your **Online Registry Portal** account at mo-public.mycomplia.com
2. Approved ID cards can be accessed from the homepage by going to the **Actions** column to the far right of the screen.
3. Click on the button underneath **Actions**.
4. Select **Download License** from the menu.

The screenshot shows a web interface titled "Licensures" with a green header bar. In the top right corner of the header is a button labeled "PRINT DIGITAL CARD" with a download icon. Below the header is a table with the following columns: Status, Application ID, Title, License Type, License Number, Expiry Date ↑, and Actions. The first row of data shows a green checkmark in the Status column, "Approved" in Application ID, "4135" in Title, "John Doe" in License Type, "New Patient" in License Number, "PAT000284" in Expiry Date, and "Oct 4, 2027" in the Actions column. The Actions column for this row is highlighted with a yellow box, and a dropdown menu is open, showing four options: "View License", "Download License" (highlighted with a yellow box), "Patient Update", and "Patient Renewal". To the left of the dropdown menu, the text "Rows per page:" is visible.

Status	Application ID	Title	License Type	License Number	Expiry Date ↑	Actions
✓	Approved	4135	John Doe	New Patient	PAT000284	Oct 4, 2027

Note: Approved ID cards are only available through digital download on the License Dashboard; DCR does not provide physical ID cards. It is the ID card holder's responsibility to download and print their approved ID from the Online Registry Portal.

Search for an Application

1. Click the **Applications** button appearing on the left-hand side of the screen to display a list of applications created within the system with current status.
2. Click **status type** from the drop-down menu.
3. Click on a **column header** to sort the results.

NOTE: Applications will not receive an **Application ID** until they have been submitted to DCR for review through this online registry portal. If an application does not have an assigned ID, it has not been submitted.

The screenshot displays the 'Applications' section of a web portal. On the left sidebar, the 'Applications' button is highlighted with a yellow box and labeled '1.'. The main content area shows a table of applications. The table has columns: Application ID, Title, Status, Application Type, Submitted Date, and Actions. The 'Status' column header is highlighted with a yellow box and labeled '2.'. A single application is listed with status 'Open' and type 'New Patient'.

Status Definitions

Open	An application that has been created/started, but not yet submitted for initial review.
Submitted	When an application has been submitted to DCR for review. The status will change from <i>rejected</i> to <i>submitted</i> following submission of a corrected application.
Rejected	When the application was reviewed by DCR but is incomplete and requires corrections or additional information. Applicants are given fourteen (14) days to resubmit the application with missing information and required corrections.
Approved	When an application has met the rule criteria and an ID Card is issued to the applicant.
Denied	When the applicant has not submitted corrections or complete information, the application is incomplete and does not meet the rule requirements.

Launch an Existing Application

1. Click on the **Applications** option appearing on the left side of the screen.
2. Click on the **link** appearing in the **Application ID column** to open the application—either *Not Applicable* or an Application ID.
3. This will open the application to the **General Information tab**, use **Save & Next** at the bottom of the screen to navigate through the application.

The screenshot displays the 'Applications' page. On the left sidebar, the 'Applications' menu item is highlighted with a yellow box. The main content area features a table with the following columns: Application ID, Status, Application Type, Submitted Date, and Actions. A yellow box with the number '2.' and an arrow points to the 'Not Applicable' link in the Application ID column. The table contains one row with the following data: Application ID (Not Applicable), Status (Open), Application Type (New Patient), Submitted Date (Not Applicable), and Actions (trash icon). The page also includes a 'Switch Account' dropdown, a '+ CREATE NEW APPLICATION' button, and a 'License Dashboard' link.

Application ID	Status	Application Type	Submitted Date	Actions
Not Applicable	Open	New Patient	Not Applicable	