



Missouri Department of Health and Senior Services

## DIVISION OF CANNABIS REGULATION

Application Tutorial 12 | Locating and Correction a Reject Application

### Applications Returned for Corrections

The steps below provide how-to guidance for locating, correcting, and resubmitting a patient, caregiver, consumer cultivator, physician, nurse practitioner or agent ID application that is in 'rejected' status.

DCR will send an email to the email address in the application with specific corrections. Applicants should log into their account, open the returned application, make the needed corrections, and resubmit. There is no additional fee for correcting and resubmitting an application.

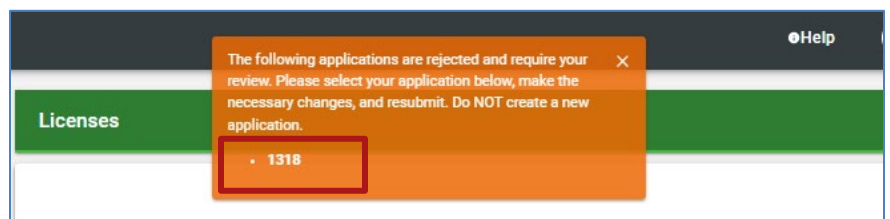
The online registry portal works best when using Google Chrome as your internet browser to help minimize possible errors within the system.

### Locating & Correcting a Rejected Application

1. Navigate to the **Online Registry Portal website** at: <https://mo-public.mycomplia.com>
2. Enter your **Username (email)** and **Password**.
3. Check the **Accept Terms and Conditions** box if it is not already checked.
4. Click **I'm not a robot**. Click **Sign In**.

The screenshot shows the 'Sign-in' page. The 'Email \*' and 'Password \*' input fields are highlighted with red boxes. Below the password field, the 'Accept Terms and Conditions' checkbox is indicated by a red arrow. The 'I'm not a robot' checkbox is also indicated by a red arrow. At the bottom, the 'SIGN IN' button is highlighted with a red box.

5. An orange box will appear indicating that your application was rejected. To access the application, click on the Application ID Number.



6. Once the application opens, the needed corrections are listed at the top of the screen.
7. To make corrections, revisit each tab and fill in the missing or incomplete information.

**Applications / New Patient**

Your application has been Rejected by Missouri Medical Marijuana Program. Please check the comments mentioned below and re-submit the application.

Your application reference code is **1318**.

Rejected Reason : **As of 1/30/2020, your application is rejected for Physician Certification Form. You have submitted a physician certification form that is more than 30 days old. The signature date on the form needs to be no more than thirty days old from the date that you submit your application. Please submit a physician certification form with a date that is within the 30 day time frame. Your application is considered incomplete until these corrections are made. When making changes to your application, be sure to click "save and next" until your application says it is submitted.**

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

8. Click '**Save & Next**' on each tab before continuing to the next tab.
9. After making the corrections, navigate to the **Review** tab and scroll down to make sure there are no red **X's** to indicate missing information. If you still have red **X's**, revisit the appropriate tab to make the corrections.

**Residence Address**

✓ Street: 123 Main Street      Unit No. / Apt No.:      ✓ City: Anywhere  
 ✗ County:      ✓ State: Missouri      ✓ Zip Code: 12345  
 ✗ Address Verified?: No

**Mailing Address**

✓ Street: 123 Main Street      Unit No. / Apt No.:      ✓ City: Anywhere  
 ✓ State: Missouri      ✓ Zip Code: 12345  
 ✗ Address Verified?: No

**Physician / Condition Information**

**Condition Information**

✓ Date of Patient Examination: 09/13/2019      ✗ Recommended Amount (30 Day Period):  
 ✓ Qualifying Medical Condition: Cancer

**Physician Information**

✗ Physician First Name:      ✓ Physician Last Name: doe      ✓ Physician License Number: 24680

10. When all checkmarks are green, click '**Submit**' to update your application and resubmit.

CANCEL | SUBMIT