

## Locating & Correcting a Rejected Application

**Note:** It is recommended that you use Google Chrome as your internet browser because other browsers may not work properly with the Patient Registry website.

- 1. Login to your **Patient Registry website** at <u>mo-public.mycomplia.com.</u>
- 2. An orange box will appear indicating that your application was rejected. To access the application, click on the **Application ID Number**.

	A Please use a supp	The following applications are rejected and require your review. Please select your application below, make the recessary changes, and resubmit. Do NOT create a new that application. • 1133	r supported browsers
Licenses			т
		No licenses found	L

- 3. When the application opens, the reason(s) for rejection are shown at the top of the screen
- 4. To make corrections, revisit each tab and fill in the missing or incomplete information.

	Your application has bee	n rejected by Missouri Medical Ma Yo Reje	rijuana Program. ur application refe action Reason : In	Please check ti erence code is complete infor	he comment 1133. mation	ts mention	ed below and re-submit the application.
GENERAL FORMATION	CONTACT	PHYSICIAN / CONDITION	QUESTIONS	DOCUMENTS	PAYMENT	REVIEW	

- 5. Click **'Save & Next'** on each tab before continuing on to the next.
- 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.:	Vity: Anywhere		
X County:	✓ State: Missouri	✓ Zip Code: 12345		
X Address Verified?: No				
Mailing Address				
✓ Street: 123 Main Street	Unit No. / Apt No.:	Vity: Anywhere		
V State: Missouri	✓ Zip Code: 12345			
X Address Verified?: No				
Physician / Condition Information				
Condition Information				
Vate of Patient Examination: 09/13/2019	🗶 Recommended Amount (30 Day Period):			
Qualifying Medical Condition: Cancer				
Physician Information				
X Physician First Name:	Physician Last Name: doe	✓ Physician License 24680		

7. When you have all green checkmarks, click 'Submit' to update your application and resubmit.

