



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.

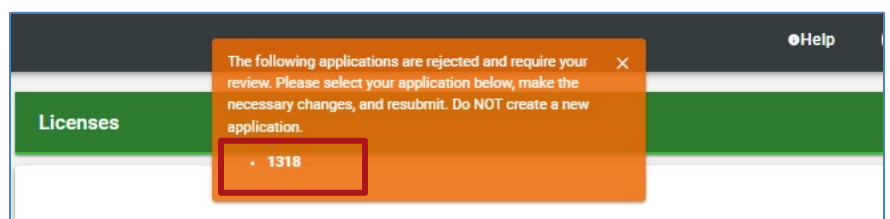
The online registry portal works best when using Google Chrome as your internet browser to help minimize possible errors within the system.

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 with the following elements: an 'Email *' input field, a 'Password *' input field with a toggle icon, an 'Accept Terms and Conditions' checkbox with a red arrow pointing to it, an 'I'm not a robot' checkbox with a red arrow pointing to it, a reCAPTCHA logo, and two buttons: 'SIGN IN' (highlighted with a red box) and 'FORGOT PASSWORD'.

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



- Once the application opens, the needed corrections are listed at the top of the screen.
- 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

- Click **'Save & Next'** on each tab before continuing to the next tab.
- 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

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

CANCEL | SUBMIT