



# Missouri Department of Health and Senior Services DIVISION OF CANNABIS REGULATION

Application Tutorial 14 | Patient Update Application

## Making Updates to a Patient Application

The steps below provide how-to guidance for approved patient ID cardholders that need an update or change.

Types of updates available include changes to name, residence address, digital photo, recommended amount of marijuana, existing cultivation details; to request the ID card deactivation; or to add cultivation to an approved ID card that previously did not include cultivation.

Requests to add cultivation include an application fee that is due when the update is submitted. The other update applications do not have an application fee.

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

## How-to Update a Patient 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 a 'Sign-in' form with the following elements:

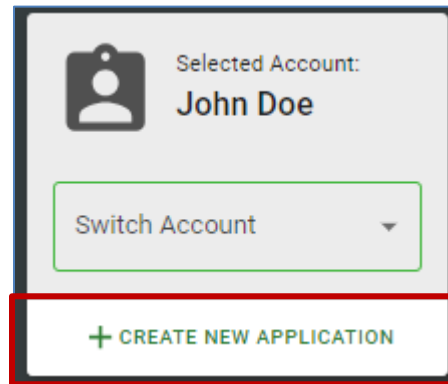
- An 'Email \*' input field with a red border.
- A 'Password \*' input field with a red border and a toggle icon on the right.
- An unchecked checkbox labeled 'Accept Terms and Conditions' with a red arrow pointing to it.
- An unchecked checkbox labeled 'I'm not a robot' with a red arrow pointing to it, next to a reCAPTCHA logo.
- A green 'SIGN IN' button with a red border.
- A green 'FORGOT PASSWORD' button.

Before you start the application, make sure you are creating an application for the correct individual on the account by verifying the name under **Selected Account**. Minor Patient Applications should be created in the Minor Patients account.

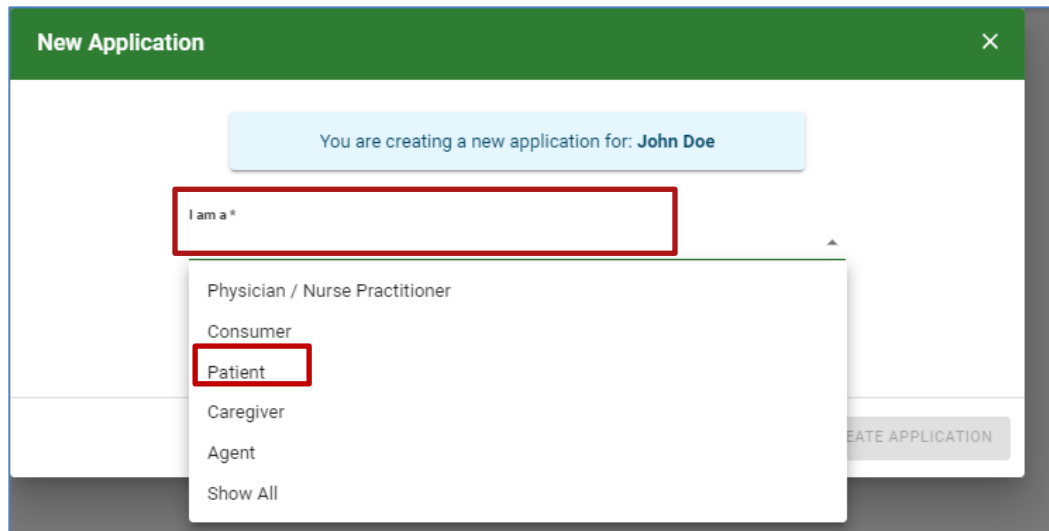
If you need to switch to a different account, click **'Switch Account'**, and select the correct individual.

5. Click **'Create New Application'**.

**Note:** You may create more than one Application per User Account.



6. Click **'I am a'** and select **'Patient'**.



7. Select 'Patient Update'. 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 accounts if you want to create an application for a different person or business.

CREATE APPLICATION

8. On the License Information tab, click 'License Number' to select the Patient ID number.

Applications / Patient Update

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

Please select the applicable license number from the drop down. Please note: If your license has been deactivated or is expired, it may not appear in the drop down.

License Number \*  
PAT000284

Does this Update involve a change to your name? No

Does this Update involve a change in your residence address? No

Does this Update involve a change to your desire to cultivate medical marijuana? Yes

Does this Update involve a change in the recommended dosage amount of your Physician Certification Form(s)? No

Does this Update involve a change in the location of your cultivation location and/or security agreement? No

Do you intend to cancel your patient registration? No

Does this update involve uploading a new digital photo? No

SAVE CANCEL

9. To make any changes, click to change the status from 'No' to 'Yes'.

- For this example, change the status for the desire to cultivate medical marijuana. Click the slide bar to 'Yes'.

Does this Update involve a change to your desire to cultivate medical marijuana?  Yes

**Note:** if you are already approved for home cultivation and this update is to *change* the location of your cultivation location, then click on the slide bar for **Does this Update involve a change in the location of your location and/or security agreement?**

- Click 'Save'.



- Click 'Save & Next'.



- Navigate to the **Questions** tab, and click 'Yes' to answer the question 'Do you intend to cultivate medical marijuana?'

Do you intend to cultivate medical marijuana? \*  Yes  No

**1**

**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

**2.**

- You are prompted to answer the question **Do you agree to immediately make available access to the patient cultivation facility upon request from the department?**

- Click 'I Agree'.

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

I Agree  I Disagree

**Note:** if you select 'I Disagree', a warning message indicates that your application cannot be submitted with this selection.

15. In the **Cultivation Security Arrangements and Processes** field, enter a description of your home cultivation area, including what security measures you will have in place, who will have access, and list those who will be sharing the facility with you.

**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

16. In the Cultivation Address section, enter the Street, City, County, State, and Zip Code of your home cultivation facility.

**Cultivation Address**

Street \*      Unit No./Apt No      City \*

Country \*      State \*      Zip Code \*

Application cannot be submitted since the selected state is not Missouri.

Address Verified? \*  No  **VERIFY ADDRESS**

This is required.

17. If your cultivation facility will be shared, click 'Yes' to answer the question Will this cultivation facility be shared? If you answered 'Yes', enter the **Name of Patient/Caregiver** and click 'Save Record'. If you want to add additional Patients or Caregivers, click '+Add New Record'.

Will this cultivation facility be shared? \*  Yes  No

Please only include one entry. For Updates/Renewals: If you have previously entered more than one shared space, please choose and limit to only one shared space. Due to legislative changes all the personal cultivation information will move off the Patient Application and to a separate Personal Cultivation Application available soon.

**Patient/Caregiver Details**

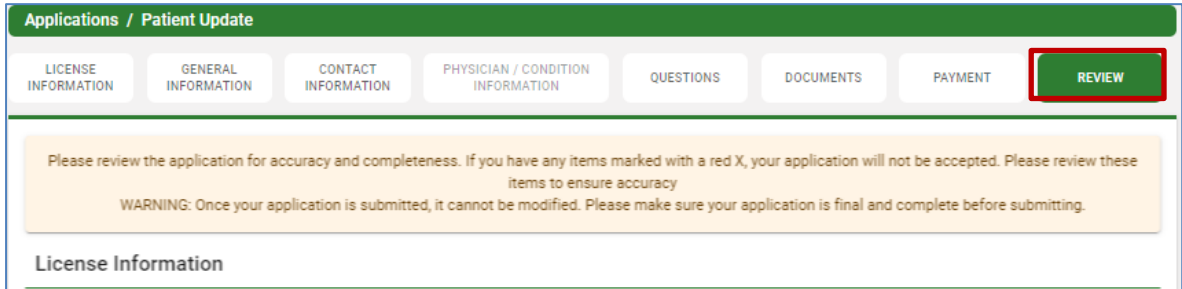
Name of Patient/Caregiver \*      License Number of Patient/Caregiver

**SAVE RECORD**

18. Click 'Save' to update the changes.

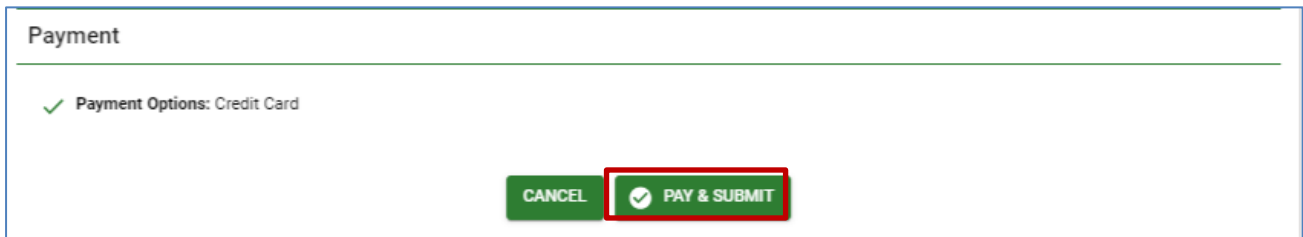
**SAVE**      **SAVE & NEXT**      **CANCEL**

19. Navigate to the Review Tab.



The screenshot shows a web interface for 'Applications / Patient Update'. At the top, there is a green header bar with the text 'Applications / Patient Update'. Below this, there is a horizontal navigation bar with seven tabs: 'LICENSE INFORMATION', 'GENERAL INFORMATION', 'CONTACT INFORMATION', 'PHYSICIAN / CONDITION INFORMATION', 'QUESTIONS', 'DOCUMENTS', 'PAYMENT', and 'REVIEW'. The 'REVIEW' tab is highlighted with a red border. Below the navigation bar, there is a yellow warning box with the text: '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.' Below the warning box, the text 'License Information' is visible.

20. Review your updated information. If there are any red X's, return to that section and make the necessary corrections. When you have all green check marks, scroll down, and click 'Pay & Submit'.



The screenshot shows the 'Payment' section of the interface. At the top, the word 'Payment' is displayed. Below it, there is a green checkmark followed by the text 'Payment Options: Credit Card'. At the bottom of the section, there are two buttons: 'CANCEL' and 'PAY & SUBMIT'. The 'PAY & SUBMIT' button is highlighted with a red border and contains a green checkmark icon.

Updated 2/7/2025