



Missouri Department of Health and Senior Services

DIVISION OF CANNABIS REGULATION

Application Tutorial 15 | Caregiver Update Application

Making Updates to a Caregiver Application

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

Types of updates available include changes to name, residence address, digital photo, 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 Caregiver 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**.

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

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Selected Account:
John Doe

Switch Account

+ CREATE NEW APPLICATION

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

New Application

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

I am a*

- Physician / Nurse Practitioner
- Consumer
- Patient
- Caregiver**
- Agent
- Show All

CREATE APPLICATION

7. Select '**Caregiver Update**'. Click '**Create Application**'.

New Application

You are creating a new application for: **Ashley Fry**

I am a*
Caregiver

New Caregiver Caregiver Renewal **Caregiver 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**', and select the Caregiver ID Number.

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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 *

CAR000053

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? No

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

- For this example:

Click on the slide bar for **Does this Update involve a change to your desire to cultivate medical marijuana?** and change the status 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?**

10. Click 'Save'.

SAVE

11. Click 'Save & Next'.

SAVE → SAVE & NEXT CANCEL

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

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LICENSE INFORMATION GENERAL INFORMATION CONTACT INFORMATION **QUESTIONS** DOCUMENTS PAYMENT REVIEW

Do you intend to cultivate medical marijuana? * ⓘ

☒ Yes

☐ No

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? *

ⓘ ☐ Yes

☐ No

Does the licensed patient you are applying to be a caregiver for currently have a cultivation license? *

☐ Yes

☐ No

13. 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?**

14. Click 'Yes'.

Note: if you select 'No', a warning message indicates that your application cannot be submitted with this selection.

15. You must answer the question **Does the licensed patient you are applying to be a caregiver for currently have a cultivation license?**

16. Click 'No'.

Note: if you select 'Yes', a warning message indicates that your application cannot be submitted with this selection because cultivation cannot be added to the caregiver application since you have indicated that the licensed patient is also licensed to cultivate.

17. 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.

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Do you intend to cultivate medical marijuana? *

☒ Yes ☐ No

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? *

☒ Yes ☐ No

Does the licensed patient you are applying to be a caregiver for currently have a cultivation license? *

☐ Yes ☒ No

18. 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 *

County * State * Zip Code *

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

Address Verified? * ☐ No ☒ Yes **VERIFY ADDRESS**

This is required.

19. 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

20. Click '**Save**' to update the changes.

SAVE SAVE & NEXT CANCEL

21. Navigate to the Review tab.

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22. Review your updated home cultivation description 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**'.

Payment

✓ Payment Options: Credit Card

CANCEL PAY & SUBMIT

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