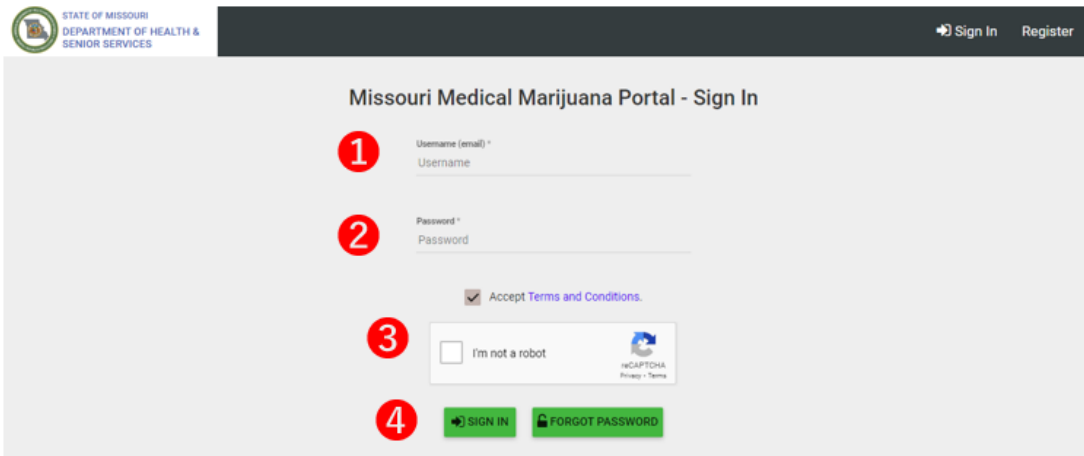


Update a Caregiver Application

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

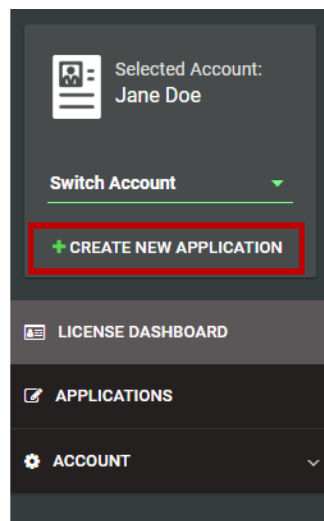
Log into the **Registry website** at: <https://mo-public.mycomplia.com>.

1. Enter your **Username (email)**.
2. Enter your **Password**.
3. Click **I'm not a robot** (If a pop-up window appears, follow the prompts, select all images that have the item mentioned).
4. Click **'Sign In'**.



To update a Caregiver application:

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



6. Click 'I am a'.

The screenshot shows a green header bar with the text "New Application" and a close icon. Below it is a light blue notification box that says "You are creating a new application for: Jane Doe". Underneath is a dropdown menu labeled "I am a*" with a red border. Below the dropdown is another light blue notification box with an information icon and the text: "Please switch accounts if you want to create an application for a different person or business." At the bottom of the form is a green button labeled "CREATE APPLICATION".

7. Click 'Caregiver'.

The screenshot shows a dropdown menu with the following options: "Physician", "Patient", "Caregiver", "Agent", and "Show All". The "Caregiver" option is highlighted with a red border.

8. Select 'Caregiver Update'. Click 'Create Application'.

The screenshot shows the "New Application" form with the "I am a" dropdown menu set to "Caregiver". Below the dropdown are three options: "New Caregiver", "Caregiver Renewal", and "Caregiver Update". The "Caregiver Update" option is highlighted with a red border and has a checkmark icon in the top right corner. Below these options is a light blue notification box with an information icon and the text: "Please switch accounts if you want to create an application for a different person or business." At the bottom of the form is a green button labeled "CREATE APPLICATION" with a red border.

9. On the License Information tab, click 'License Number', and select the Caregiver ID Number.

LICENSE INFORMATION | GENERAL INFORMATION | CONTACT 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 *
CAR000077

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

Does this Update application involve a change for minor to adult status? No

To make any changes, click to change the status from 'No' to 'Yes'. For this example:

10. 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'.

Note: if you are already home cultivating 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?**

11. Click 'Save'.

License Number *
CAR000077

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 application involve a change for minor to adult status? 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 caregiver registration? No

SAVE CANCEL

12. Click **'Save & Next'**.



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

A screenshot of a web application interface. At the top, a green header bar contains the text 'Applications / Caregiver Update Application'. Below this is a navigation bar with several tabs: 'LICENSE INFORMATION', 'GENERAL INFORMATION', 'CONTACT INFORMATION', 'QUESTIONS', 'DOCUMENTS', 'PAYMENT', and 'REVIEW'. The 'QUESTIONS' tab is highlighted with a red box. Below the tabs, the main content area contains a question: 'Do you intend to cultivate medical marijuana? *'. This question and its two radio button options, 'Yes' (which is selected) and 'No', are enclosed in a red rectangular box. Below the question is a section titled 'Cultivation Information' with a text input field and two more questions with radio button options: 'Do you agree to immediately make available access to the patient cultivation facility upon request from the department? *' and 'Does the licensed patient you are applying to be a caregiver for currently have a cultivation license? *'. The text input field has a character count '0 / 500'.

14. 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?**

15. Click **'Yes'**.

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

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

17. 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.

Cultivation Information

Cultivation Security Arrangements and Processes *



0 / 500

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 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 those who will be sharing the facility with you.

Cultivation Information

Cultivation Security Arrangements and Processes *



0 / 500

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

19. 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 *


20. If your cultivation facility will be shared, click **'Yes'** to answer the question **Will this cultivation facility be shared?**
21. 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

Patient/Caregiver Details



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

23. Click **'Save & Next'** to continue.

24. Go to the **Review** tab.

Applications / Caregiver Update Application

LICENSE INFORMATION GENERAL INFORMATION CONTACT INFORMATION QUESTIONS DOCUMENTS PAYMENT

25. 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