



Missouri Department of Health and Senior Services DIVISION OF CANNABIS REGULATION

Application Tutorial 5 | Create a Patient Application

Creating a Patient Application

The steps below provide how-to guidance for starting a **new** patient application for adult individuals (at least 18 years old) to apply for a medical marijuana patient ID card.

Before creating an application, check that your name is listed under “**Selected Account**” in the top corner of the screen.

If you need to switch to a different account, click ‘**Switch Account**’, and select the correct name.

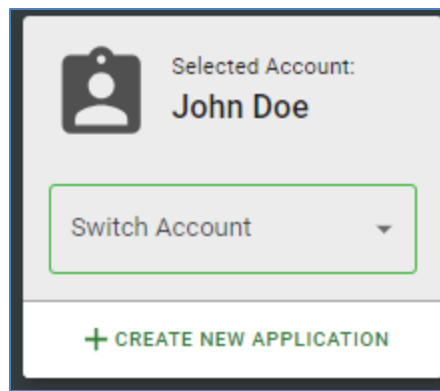
You may create more than one application per user account.

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

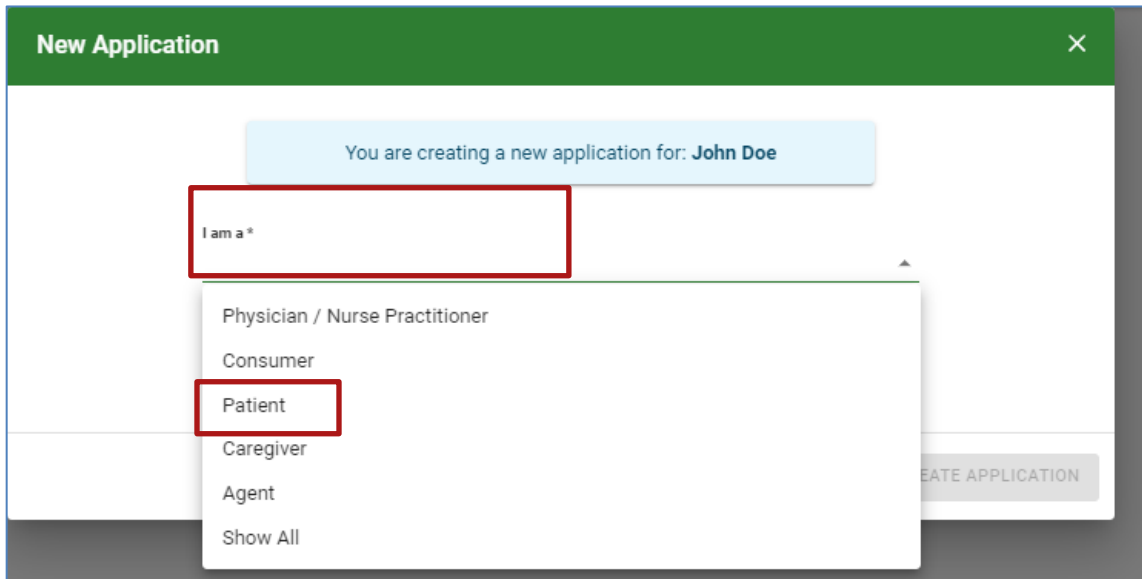
How-to Create an Adult Patient Application

1. Navigate to the **Online Registry Portal**: <https://mo-public.mycomplia.com/>
2. Enter your **Username (email)** and **Password**.
3. Check the **Accept Terms and Conditions** box.
4. Click **I’m not a robot**.
5. Follow the prompts and click **Sign In**.

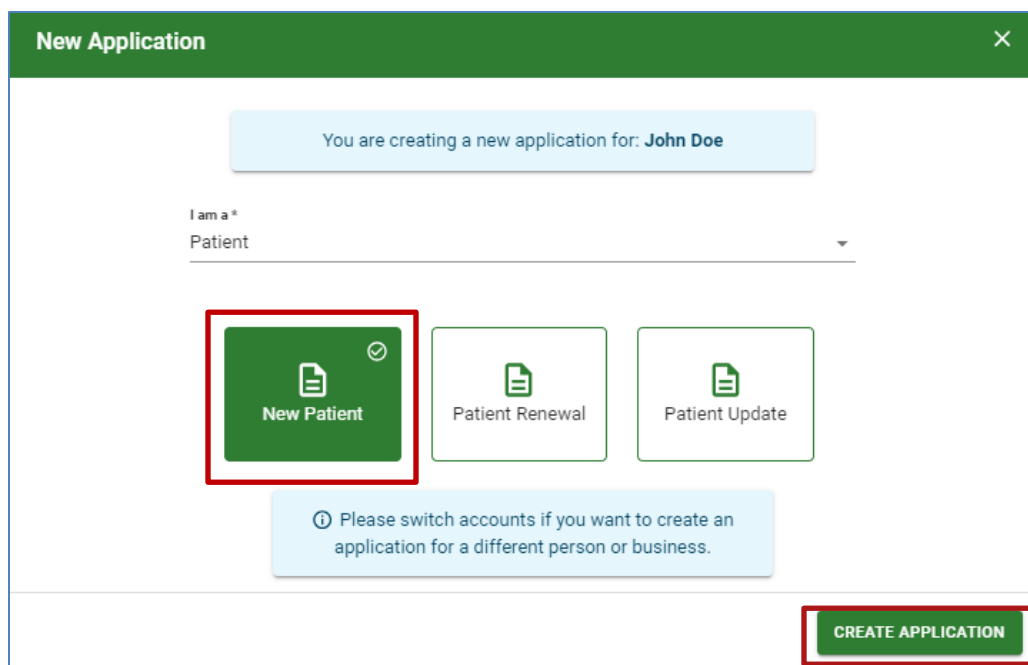
6. Click **'Create New Application'**.



7. For the **'Application Type'**, click **'I am a'**, and select **'Patient'**.



8. Select **'New Patient'**. Click **'Create Application'**.



9. Fill in the details on the **General Information** tab by entering your **Legal First Name**, **Legal Last Name**, and **Phone Number**.

10. Click **'Yes'** to answer the question: **"Is the Patient 18 years or older?"**

Items marked with an * are required fields that must be completed in order to save the application and move to the next screen. Your **Date of Birth**, **Social Security Number**, and **Email Address** should automatically be filled in. You will be unable to edit this information and should contact DCR if edits are needed.

Applications / New Patient

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

Legal First Name * John Middle Name Legal Last Name * Doe

Date of Birth * 04/04/1985 State of Missouri ID/DL Number Social Security Number * 444-22-6666

Email * john.doe@gmail.com Phone * (123)456-7893 Is the Patient 18 years or older? *

Email address entered is not approved for notifications.

☒ Yes ☐ No

SAVE SAVE & NEXT CANCEL

- Click the **"Save"** button to save the edited field data.
- Click the **"Save and Next"** button to save the edited data fields and move to the next tab.
- Click the **"Cancel"** button if you do not wish to save edited data.

SAVE SAVE & NEXT CANCEL

Updated 2/6/2025