



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.

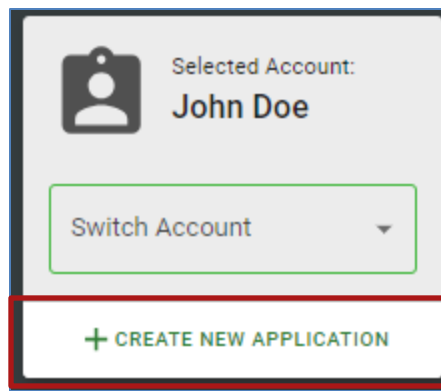
How-to Create an Adult Patient Application

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**.

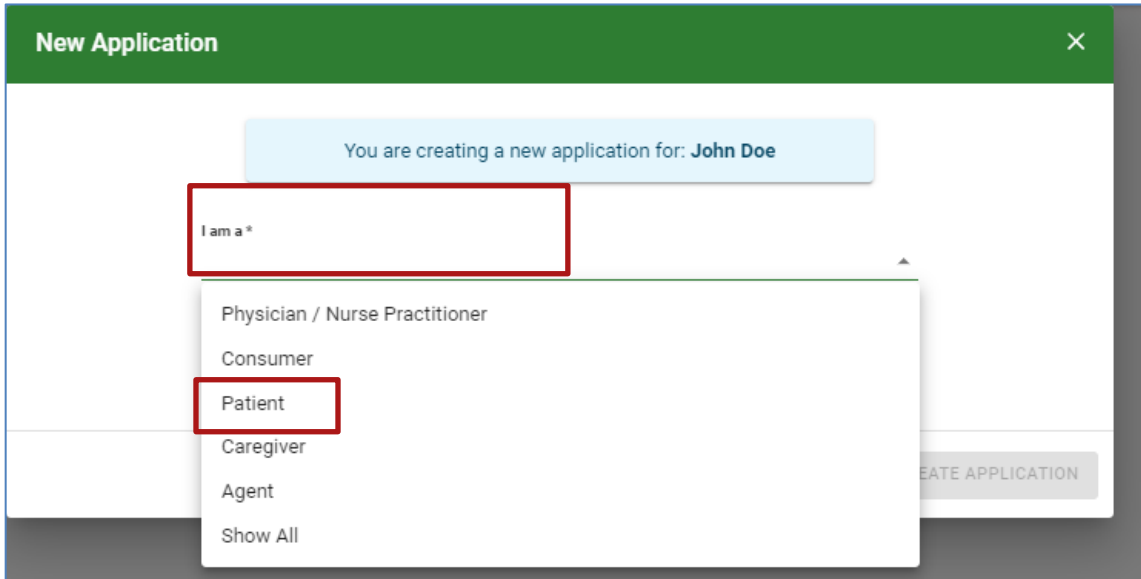
The screenshot shows the 'Sign-in' page with the following elements and annotations:

- Email *** input field: A red rectangular box highlights the input field.
- Password *** input field: A red rectangular box highlights the input field, which includes a toggle icon for visibility.
- Accept Terms and Conditions**: A red arrow points to the checkbox.
- I'm not a robot**: A red arrow points to the checkbox, which is part of a reCAPTCHA widget.
- SIGN IN**: A green button with a white arrow icon, highlighted by a red rectangular box.
- FORGOT PASSWORD**: A green button with a white lock icon.

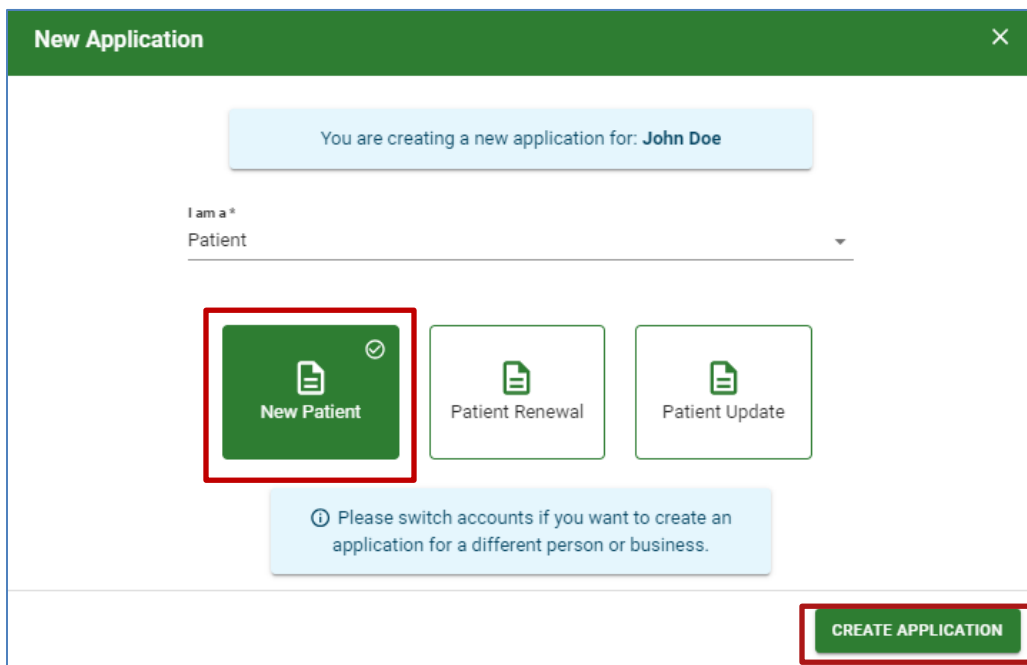
6. Click 'Create New Application'.



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?"**

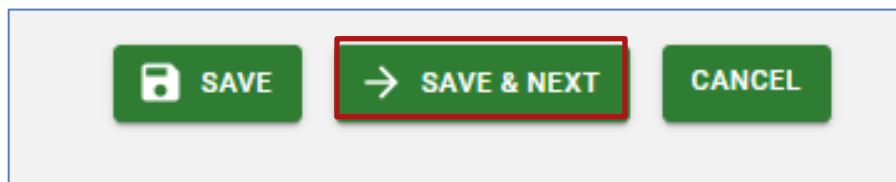
Items marked with an * are required fields that must be completed in order to save the application and move to the next screen. Your **Date of Birth, Social Security Number, and Email Address** should automatically be filled in. You will be unable to edit this information and should contact DCR if edits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

The screenshot shows a web form titled "Applications / New Patient" with a green header. Below the header are seven tabs: "GENERAL INFORMATION", "CONTACT INFORMATION", "PHYSICIAN / CONDITION INFORMATION", "QUESTIONS", "DOCUMENTS", "PAYMENT", and "REVIEW". The "GENERAL INFORMATION" tab is active. The form contains the following fields and values:

- 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 (with a note: "Email address entered is not approved for notifications.")
- Phone *: (123)456-7893
- Is the Patient 18 years or older? *: Yes (selected)

At the bottom of the form are three buttons: "SAVE", "SAVE & NEXT", and "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.



Updated 2/6/2025