



Creating a Minor Patient Application

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

The parent/legal guardian of the minor must also complete and submit a Parent/Legal Guardian Consent Form with the application. This form must be completed and signed by the same Parent/Legal Guardian that is listed in the minor patient's application. Once the minor patient's application has been approved, this Parent/Legal Guardian will be required to complete and submit a caregiver application.

Proof of Legal Guardianship can be a copy of a birth certificate or adoption record showing the guardian listed on this application is the applicant's parent, or a copy of court documentation showing that the guardian listed on this application has legal guardianship over the applicant.

Minor applications also require completing the **Parent/Legal Guardian Form** and providing **Proof of Legal Guardianship**. The **Parent/Legal Guardian form** can be found by going to the Missouri Division of Cannabis Regulation website at: www.cannabis.mo.gov

Click on '**Patient Information**' and '**Patient – How to Apply**', scroll down and click '**Parent/Legal Guardian Form**' PDF.

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

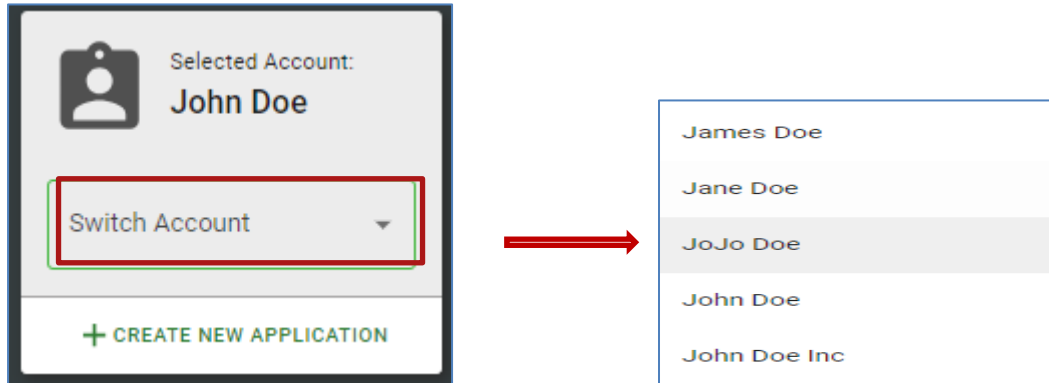
How-to Create a Minor Patient Application

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**.

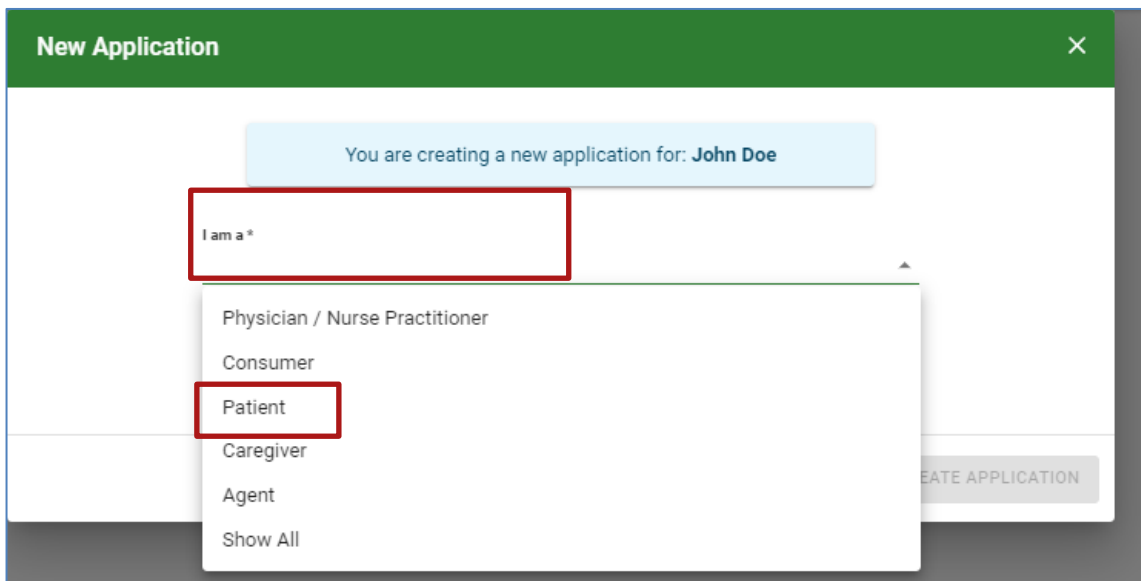
Before creating an application, check that the minor patient's name is listed under **"Selected Account"** in the top corner of the screen.

If you need to switch to a different account, click **'Switch Account'**, and select the correct name. minor patient applications should be created in the minor patient's account.

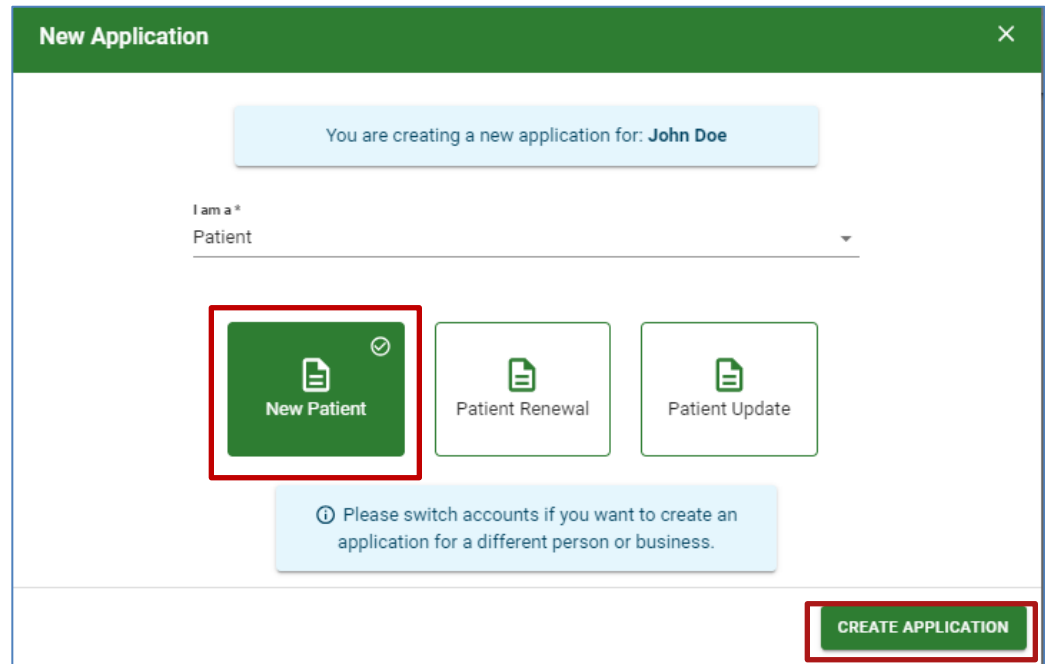
If you need to switch to a different account, click **'Switch Account'**, and select the correct individual.



1. Click **'Create New Application'**.
2. For the **'Application Type'**, click **'I am a'**, and select **'Patient'**.



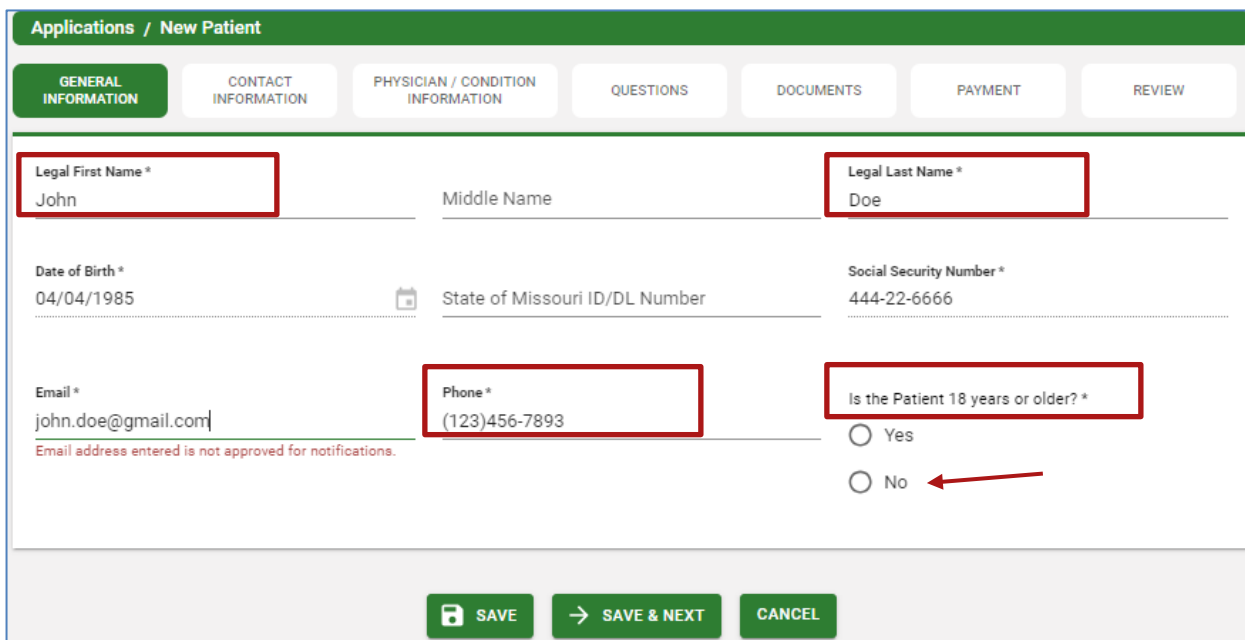
3. Select **'New Patient'**. Click **'Create Application'**.



The 'New Application' form has a green header with a close button. Below the header, a light blue box states 'You are creating a new application for: John Doe'. A dropdown menu labeled 'I am a *' is set to 'Patient'. Three buttons are shown: 'New Patient' (green with a document icon and a checkmark, highlighted with a red box), 'Patient Renewal' (white with a document icon), and 'Patient Update' (white with a document icon). A light blue informational box below the buttons says 'Please switch accounts if you want to create an application for a different person or business.' At the bottom right, a green 'CREATE APPLICATION' button is highlighted with a red box.

4. Fill in the details on the **General Information** tab by entering your **Legal First Name**, **Legal Last Name**, and **Phone Number**.
5. Click **'No'** 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. The minor patient's **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 'Applications / New Patient' form has a green header and a tabbed interface with tabs for 'GENERAL INFORMATION', 'CONTACT INFORMATION', 'PHYSICIAN / CONDITION INFORMATION', 'QUESTIONS', 'DOCUMENTS', 'PAYMENT', and 'REVIEW'. The 'GENERAL INFORMATION' tab is active. Fields include: '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), and 'Phone *' ((123)456-7893). A red box highlights the 'Is the Patient 18 years or older? *' question with radio buttons for 'Yes' and 'No'. A red arrow points to the 'No' option. A red box highlights the 'Legal First Name *' field. A red box highlights the 'Legal Last Name *' field. A red box highlights the 'Phone *' field. A red box highlights the 'Is the Patient 18 years or older? *' question. A red box highlights the 'No' radio button. At the bottom, there are three buttons: 'SAVE', 'SAVE & NEXT', and 'CANCEL'.

6. Fill out the **Parent/Legal Guardian Information** section by entering the parent or legal guardian's **First Name**, **Last Name**, **Date of Birth**, **Social Security Number**, **Phone**, and **Email**.

Please Note: The **Parent/Legal Guardian** listed on the application will be required to submit a Caregiver Application once the minor patient application has been approved.

Parent / Legal Guardian Information ⓘ

<input type="text" value="First Name *"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name *"/>
<input type="text" value="Date of Birth *"/>	<input type="text" value="Social Security Number *"/>	<input type="text" value="Phone *"/>
<input type="text" value="Email *"/>		

- To save your application and come back to it later, click the **“Save”** button, then log out or close your internet browser.
 - To continue with the next tab and filling out the rest of the application, click the **“Save and Next”** button.
 - If you want to cancel your application and start over, click the **“Cancel”** button.

Updated 2/6/2025