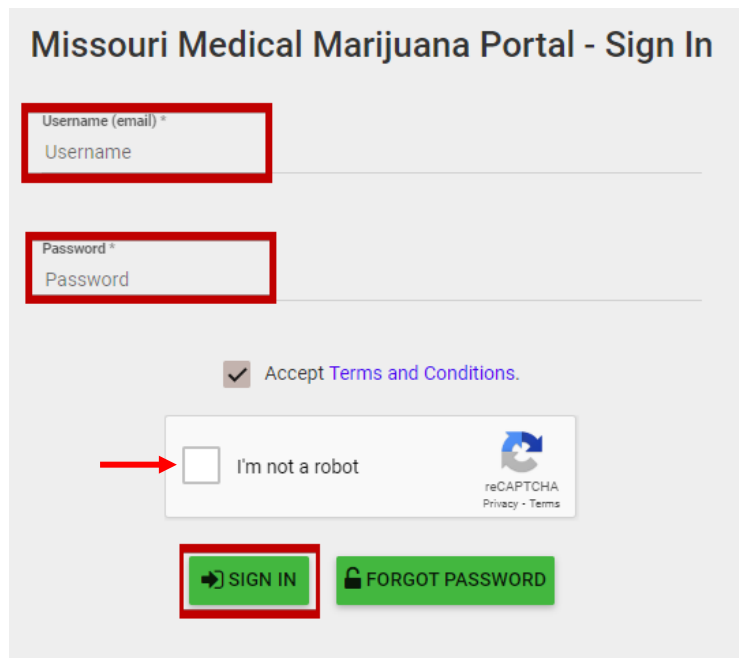


## Creating a Minor Patient Application

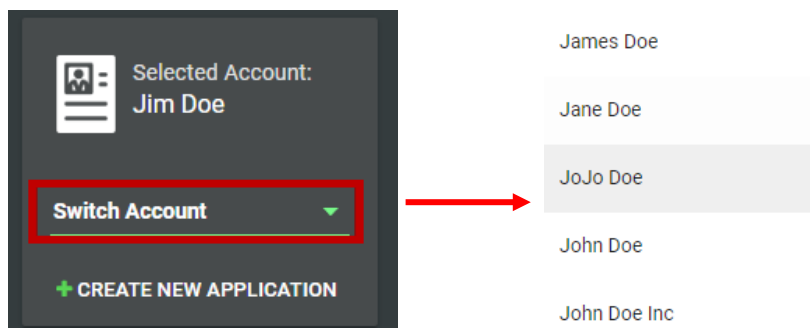
**Note:** It is recommended that you use Google Chrome as your internet browser because other browsers may not work properly with the Patient Registry website.

1. Navigate to the **Patient Registry 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**.



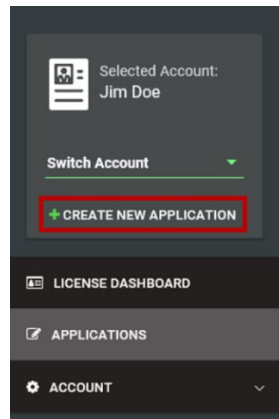
Before you start the application, make sure you are creating an application for the correct individual on the account by verifying the name under **Selected Account**.

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

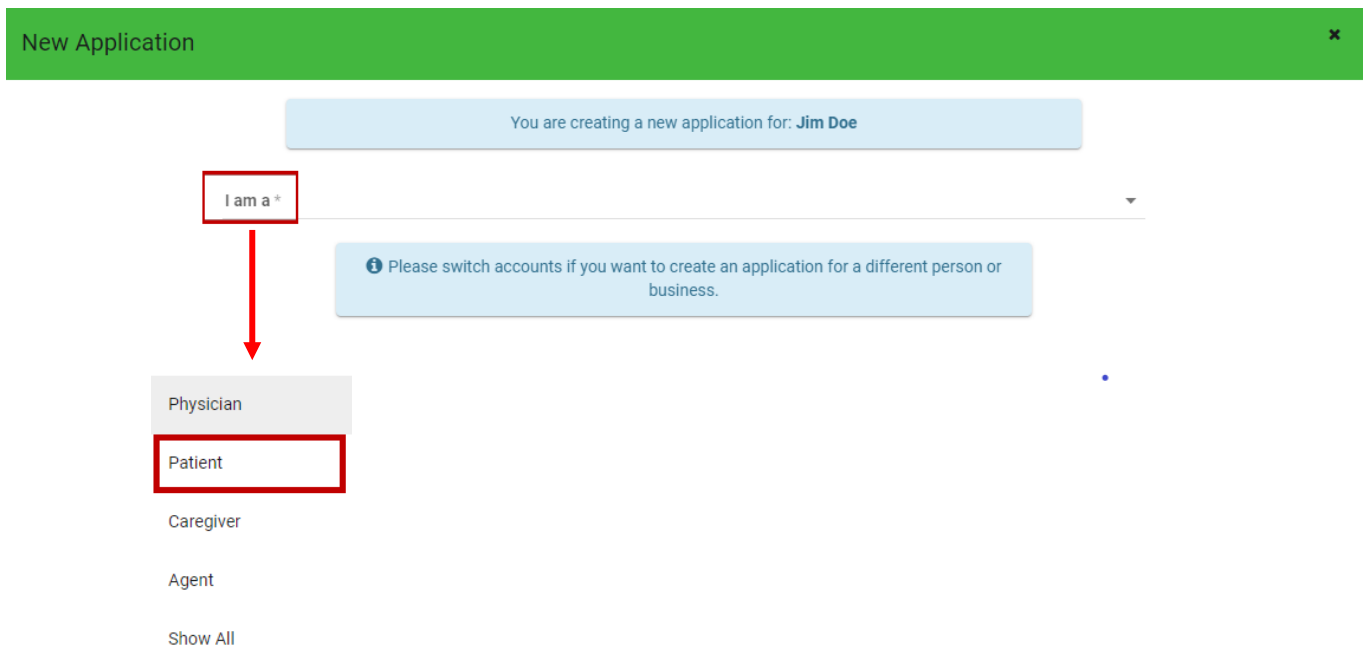


6. Click **'Create New Application'**.

**Note:** You may create more than one application per user account



7. For the application type, click **'I am a'**, and select **'Patient'**.



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

New Application

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

I am a \*  
Patient

New Patient Patient Renewal Patient Update

Please switch accounts if you want to create an application for a different person or business.

CREATE APPLICATION

9. On the **General Information** tab, fill in the minor applicant's **Legal First Name**, **Legal Last Name**, and **Phone Number**.

**NOTE:** The Date of Birth, Social Security Number and Email Address should already be filled in.

10. Click **'No'** to answer the question **"Is the Patient 18 years or older?"**

Applications / New Patient Application

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

Legal First Name \* Middle Name Legal Last Name \*

Date of Birth \* 02/03/2003 State of Missouri ID/DL Number Social Security Number \* 987-65-4321

Email \* jimdoe@email.com Phone \*

Is the Patient 18 years or older? \*  
 Yes  
 No

SAVE SAVE & NEXT CANCEL

11. 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.**

Parent / Legal Guardian Information ⓘ

First Name *	Middle Name	Last Name *
Date of Birth * Date of Birth <small>This field is required.</small>	Social Security Number *	Phone *
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.







12. 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 Medical Marijuana Regulation website at: [www.medicalmarijuana.mo.gov](http://www.medicalmarijuana.mo.gov)

13. Click on **‘Patient Information’** in the blue navigation pane.



Agent ID Information	▼
Facility Information	▼
Ballot to Implementation: A Program's Journey	
News Releases	
Patient Information	▼
Physician Information	
Resources	▼
Data and Reports	
About Us	
Rules and Law	▼
Feedback	

14. Click on 'Patient – How to Apply'.

<b>Patient Information</b> 
Patient Cultivation
Patient Services
Patient Services – User Guide Video Tutorials
<b>Patient - How to Apply</b>
Application Checklist 
Application Information - Rejected/Denied
Frequently Asked Questions
How to Download Patient/Caregiver ID Card 
Missouri Marijuana Equivalency Units (MMEs) 
Qualifying Medical Conditions

15. Click on the 'Parent/Legal Guardian Form' PDF link and fill out the form.

### Patient Forms

- **Parental/Legal Guardian Form** 
- **Patient Authorization** 

16. The **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 documentation showing that the guardian listed on this application has legal guardianship over the applicant.