



# Missouri Department of Health and Senior Services DIVISION OF CANNABIS REGULATION

## Application Tutorial 8 | Adding Cultivation Details

### Patient and Caregiver Cultivation

The steps below provide how-to guidance for adding cultivation to a patient or caregiver ID card application. Cultivation details are entered in the 'Questions' tab of the application and must include details of the location where the plants will be grown, who will have access, and how the space will be secured.

If cultivation space will be shared with another patient, the other patient's name, and PAT# must be added.

Adding cultivation to a patient or caregiver ID card application does include an additional fee.

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

### How-to Add Cultivation Details

1. Navigate to the **Questions** tab and answer the general patient questions.
2. If you would like to home cultivate, click **'Yes'** to answer the question **"Do you intend to cultivate medical marijuana?"**. If you do not want to home cultivate, click **'No'**.
3. You must answer the question **"Do you agree to immediately make available access to the patient cultivation facility upon request from the department?"**. Click **'I Agree'**.

Applications / New Patient

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

Do you speak a language other than English? \*

Yes  
 No

Please confirm One (1) Physician or Nurse Practitioner certification, which is less than thirty (30) days old, has been submitted on behalf of the qualifying patient. \*

I Agree  
 I Disagree

Are you currently eligible for any Missouri low-income assistance programs? ⓘ

Yes  
 No

Do you intend to cultivate medical marijuana? \* ⓘ


Yes  
 No

**Cultivation Information**

Cultivation Security Arrangements and Processes \*  
\*Describe your cultivation area, the security measures and who will have access here. Click the information bubble to the right for more information. ⓘ

Do you agree to immediately make available access to the patient cultivation facility upon request from the department? \*

I Agree  
 I Disagree

- Click the **Information icon**  to read the rules and requirements for your home cultivation facility. After reading these rules and requirements, close the information box.
- 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 \***  
 \*Describe your cultivation area, the security measures and who will have access here. Click the information bubble to the right for more information.

Do you agree to immediately make available access to the patient cultivation facility upon request from the department? \*

I Agree

I Disagree

- In the Cultivation Address section, enter the **Street, City, County, State,** and **Zip Code** of your home cultivation facility.

- Click **'Verify Address'** to verify the address you have entered.

**Cultivation Address**

Street \*

Unit No. / Apt No.

City \*

County \*


State \*

Zip Code \*

Application cannot be submitted since the selected state is not Missouri.

Address Verified? \*

No



This is required.

## How-to Add Shared Details

- If your cultivation facility will be shared, click **'Yes'** to answer the question **'Will this cultivation facility be shared?'**
- If you answered **'Yes'**, enter the **Name of Patient/Caregiver, License number of Patient/Caregiver.** If they are applying for cultivation, type **"applying for cultivation"** in the **"license number"** box.

Will this cultivation facility be shared? \*

Yes


No

Please only include one entry. For Updates/Renewals: If you have previously entered more than one shared space, please choose and limit to only one shared space. Due to legislative changes all the personal cultivation information will move off the Patient Application and to a separate Personal Cultivation Application available soon.

**Patient/Caregiver Details**

Name of Patient/Caregiver \*  
 Joe Doe

License number of Patient/Caregiver  
 PAT000000




10. Click 'Yes' to answer the question: **Do you attest that the information provided in this application is true and correct?**
11. Enter today's date as your **Signature Date**.
12. To continue with the next tab and filling out the rest of the application, click '**Save & Next**'.

Do you attest that the information provided in this application is true and correct? \*

Yes

No

Signature Date \* 

Updated 2/7/2025