## Contents

Browser/Hardware Recommendation ........................................................................................................... 1
Public Portal - Registering for a User Account First Time ........................................................................ 1
Password Reset ........................................................................................................................................... 3
Sign In ............................................................................................................................................................ 4
Update User Account Password .................................................................................................................. 5
New Patient/Caregiver Application ........................................................................................................... 5
Create New Patient/Caregiver Application ............................................................................................... 6
Minor Application ........................................................................................................................................ 7
Contact Information .................................................................................................................................... 8
Physician/Condition Information ................................................................................................................ 9
Questions - Cultivation Options .................................................................................................................. 10
Questions – Cultivation Facility Share Option ............................................................................................. 10
Add an Individual to your Account ............................................................................................................. 11
Switch Users ................................................................................................................................................ 12
Documents – Uploading Documents .......................................................................................................... 13
Review ......................................................................................................................................................... 13
Locate “Rejected” Applications ................................................................................................................... 14
Application Corrections ............................................................................................................................... 15
Patient Identification Card .......................................................................................................................... 15
Search for an Application ............................................................................................................................. 16
Status Definitions ....................................................................................................................................... 16
Launch an Existing Application .................................................................................................................... 17
Browser/Hardware Recommendation

It is strongly recommended that Google CHROME be used to submit an application from a Personal Computer device. Mobile devices and other browsers may result in difficulty with the application process.

Public Portal - Registering for a User Account First Time

1. Navigate to: https://medicalmarijuana.mo.gov
2. Click on “How to Apply – Patient” in the menu.
3. Click on the blue button that reads “Patient/Caregiver Application Registration”.
4. Click Yes at the pop-up box warning that you are exiting site in order to be redirected to the Missouri Medical Marijuana Program (MMMP) Registry Portal.
5. In the top right corner of the “Sign In” page, click Register.
6. Fill out the provided form completely. Be sure to select the type of application you want. Ensure Social Security Number and Date of Birth are correct before registering.

NOTE: Incorrectly entered Social Security Number and Date of Birth cannot be changed by the applicant after registration; you will have to submit a help ticket to support-mo@mycomplia.com.
7. Read the Terms and Conditions and check the box. Click I’m not a robot, follow the prompts, and click Register.

**NOTE:** The email address provided at User Registration will receive notification of change in application status.

8. Launch your email and check for a verification message from the Missouri Medical Marijuana Program (MMMP). Click Verify and sign in with the E-mail address and password you have created.
NOTE: If you do not receive the email within 15 minutes, click the link to resend. You will **not** be able to log in until you verify your email address.

Password Reset

1. Navigate to: [https://mo-public.mycomplia.com/#!/signin](https://mo-public.mycomplia.com/#!/signin).

2. Click **Forgot Password** to request a password reset.
3. Enter your registered email, click **I’m not a robot**, follow the prompts, and click **Send Reset Password Mail**.

4. Look for the Email and follow the prompts to reset your password.

---

**Sign In**

1. Navigate back to: [https://mo-public.mycomplia.com/#/signin](https://mo-public.mycomplia.com/#/signin).

2. Enter in your **Username (email)**.

3. Enter in your **Password**.

4. Check the **Accept Terms and Conditions** box, click **I’m not a robot**, click **Sign in**.
Update User Account Password

1. Upon Sign In, click the **drop down arrow** for the User Account.
2. Click **Change Password** to change your password.
3. Enter **Current Password**, **New Password**, **Re-enter Password**, and click **Change Password**.

New Patient/Caregiver Application

1. Upon successful Sign In, click the **Create New Application** link.

   **Note:** You may create more than one Application per User Account.

2. Choose the appropriate application type.
3. Under selected account, click **Create Application**.
Create New Patient/Caregiver Application

1. Begin filling in details on the General Information tab. Enter First Name, Last Name, Date of Birth, Social Security Number, Email, and Phone Number.

2. Be sure to click the Information icon 🔄 for helpful pro tips.

   **NOTE:** Items denoted with an * are required fields that must be completed in order to save and move to the next screen.
• 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.

Minor Application

1. After selecting Patient Application, fill in the minor applicant’s First Name, Last Name, and Phone Number.

2. Click Yes if patient is 18 years or older, click No if patient is under 18.

3. Fill out the Parent/Legal Guardian Information.

4. Minor applications require extra documents; Proof of Legal Guardianship and Parent/Legal Guardian Consent Form.
5. Click **SAVE & NEXT** to save your information and move on to the next section.

---

**Contact Information**

1. Fill in the residence address details on the **Contact Information** tab. Enter **Street, City, County, State, Zip Code**, and click **Verify Address** to select whether to use entered address or verified address.

2. For the mailing address section, click the **Copy from Street Address** button to copy the information from the residence address or, if using a different address, enter the **Street, City, State, Zip Code**, and click **Verify Address** to select whether to use entered address or verified address.

3. Click **SAVE & NEXT** to save your information and move on to the next section.
Physician/Condition Information
NOTE: This information should match what the physician has noted on your Physician Certification Form.

1. Under Condition Information, provide the Date of Patient Examination, Recommended Amount for a 30 day period (i.e. 4 oz.), and the Qualifying Medical Condition.

2. Under Physician Information, provide the Physician First Name, Physician Last Name, Physician License Number, Physician License Type, Physician Phone, Physician Email, and the Date of Doctor Signature.

3. Under Physician Office Address, enter the Physician Office Street, City, State, and Zip Code and click Verify Address to select whether to use entered address or verified address.

4. Click SAVE & NEXT to save your information and move on to the next section.
1. If you would like to cultivate, this option will be under the **Questions** tab.
   
   **NOTE:** Be sure to carefully read the rules and requirements for your home cultivation facility.

2. Be sure to click the **Information** icon 🔄 for helpful pro tips.

3. If your cultivation facility will be shared with other qualified patients and/or caregivers, then those individuals will need to be listed in your **Cultivation Description** by adding them to the **Patient/Caregiver Details** field.
Add an Individual to your Account

1. Click on **Account** then **Add Individual**.

2. A menu will pop-up, click **Continue to Account Creation**.

   ![Continue to Account Creation](image)

**NOTE:** Add an individual to your account only when:

a. Applying as caregiver for a minor
b. Relatives are sharing an email
c. Any other circumstances, please contact our department for clarification
3. Fill out the **New Account** information and click **Create Account**.

**Switch Users**

- After adding a new individual to your account, you can switch between accounts by clicking the **Switch Account** drop down menu.
Documents – Uploading Documents

1. Click **Upload New** next to the document you are trying to upload.
2. Select **Choose File** to search for and select the appropriate document(s).
3. Once selected, click the **+Upload!** button.
4. Repeat the above steps to attach multiple files to the same document field.

Review

You will not be able to “Submit” your application until all application data requirements indicated with a red “X” are provided. You may click on the tabs at the top of the page to launch the respective screen to provide the required application data.
Click the **PAY & SUBMIT** button at the bottom of the page to submit your application. Upon successful payment transaction, the applicant will be returned to the online system and receive a confirmation of submission.

---

**Locate “Rejected” Applications**

**Option 1:**
1. Log into your **MMMP Registry account** at [mo-public.mycomplia.com](http://mo-public.mycomplia.com).
2. An orange box will appear stating your application was rejected. Click on the **Application ID Number** located on the bottom left-hand corner of the box.
3. You will be directed to the application screen where you can make any necessary corrections.

**Option 2:**
1. Log into your **MMMP Registry account** at [mo-public.mycomplia.com](http://mo-public.mycomplia.com).
2. Click on **Applications** in the menu on the left side of the screen. Your rejected application will appear in the center of your screen, its status will be listed as “**Rejected**”. Click on the **Application ID Number**.
Application Corrections

1. You can navigate your application by clicking on the **application menu tabs**. Any changes or corrections must be made under the appropriate tab.

2. To make required corrections, select **Save** and navigate to the **Review** section. Click **Submit** to update your application and resubmit.

Patient Identification Card

1. Log into your **MMMP Registry account** at [mo-public.mycomplia.com](mo-public.mycomplia.com).

2. ID Cards for approved licenses can be accessed from the homepage by going to the **ACTIONS** column to the far right of the screen.

3. Click on the button underneath **ACTIONS**.

4. Select **Download License**.

5. Save a copy of your Patient Identification Card to your device and print it off for your records as the MMMP will not be providing a physical card.
Search for an Application

1. Click the Applications button appearing on the left hand side of the screen to display a list of applications created within the system with applicable status.

2. Select a status from the drop down.

3. Click on a column header to sort the results.

NOTE: Applications will not receive an Application ID until they have been initially submitted to the MMMP for review.

Status Definitions

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Created/started applications not yet submitted for initial review.</td>
</tr>
<tr>
<td>Submitted</td>
<td>Determination that an initial application was successfully saved and submitted for review. Corrected applications that are successfully saved and resubmitted, will have their status changed from Rejected to Submitted.</td>
</tr>
<tr>
<td>Rejected</td>
<td>Determination that the application was reviewed and requires corrections. Applications will be given seven (7) days to provide missing information and resubmit the application. Reference 19 CSR 30-95.025 and 19 CSR 30-95.040.</td>
</tr>
<tr>
<td>Approved</td>
<td>Determination that the application has met the criteria for licensure and will be issued an ID Card.</td>
</tr>
<tr>
<td>Denied</td>
<td>Determination that the application does not meet the criteria for licensure.</td>
</tr>
</tbody>
</table>
1. Click on the **Applications** option appearing on the left hand side of the screen.

2. Click on the **link** appearing in the application ID column to launch the application.