



STATE OF MISSOURI
DEPARTMENT OF HEALTH &
SENIOR SERVICES

Missouri Medical Marijuana Program Patient Registry User Guide

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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 “Patient Information” in the menu, then click on “Patient – How to Apply”
3. Click on the blue button that reads “Patient/Caregiver Application Registration”.

How to Apply - Patient Information

DHSS Home > Licensing & Regulations > Medical Marijuana > how-to-apply-pi-Medical

Click on the **Patient/Caregiver Application Registration** blue box located under the photograph to apply for your identification card. If a “Warning-Exiting Site” pop-up box appears, click “Yes” to proceed to the registry. **Only applications submitted through the on-line registry will be accepted.** For more information, review **19 CSR 30-95.030**. Qualifying Patient/Primary Caregiver.

For information on how to enter and register patient and caregiver data into the on-line application, open the **Patient Registry User Guide**.

NEW! Click below to apply or to update an approved application

Patient/Caregiver Application Registration

Patient Forms

- Physician Certification Form (Standard)
- Physician Certification Form (Alternative Amount)
- Parental/Legal Guardian Form
- Patient Authorization

Facility Information
Hemp (Department of Agriculture)
News Releases
Patient Information
Patient Services
Patient - How to Apply
Application Checklist
Application Information - Rejected/Denied
Frequently Asked Questions
How to Download Patient/Caregiver ID Card
Qualifying Medical Conditions

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@mycompliance.com.



WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.

First Name * Last Name *

Email * Confirm Email *

Phone Number *

What type of application would you like to get started with...
Patient/Caregiver

SSN * Confirm SSN *

Date of Birth * Confirm Date of Birth *
Date of Birth Confirm Date of Birth
This field is required. This field is required.

Password * Re-enter Password *

Please read and accept [Terms and Conditions](#) before proceeding.

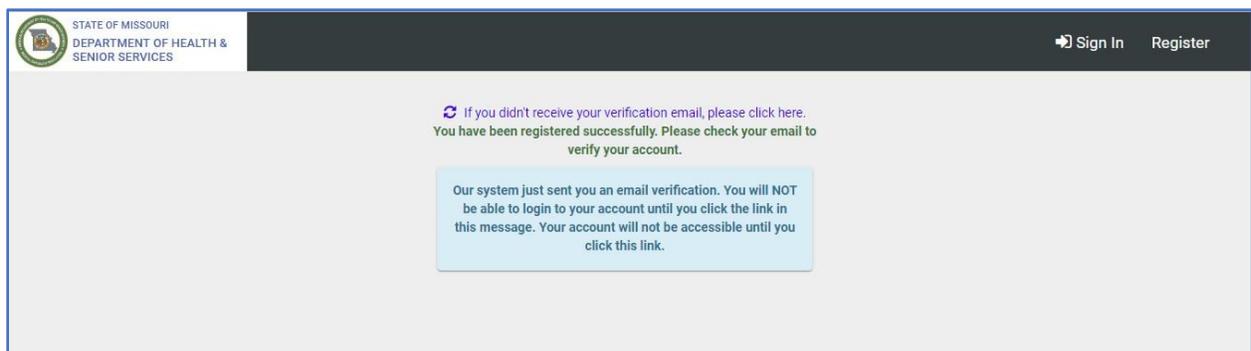
I'm not a robot 

[If you didn't receive your verification email, please click here.](#)

REGISTER

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.

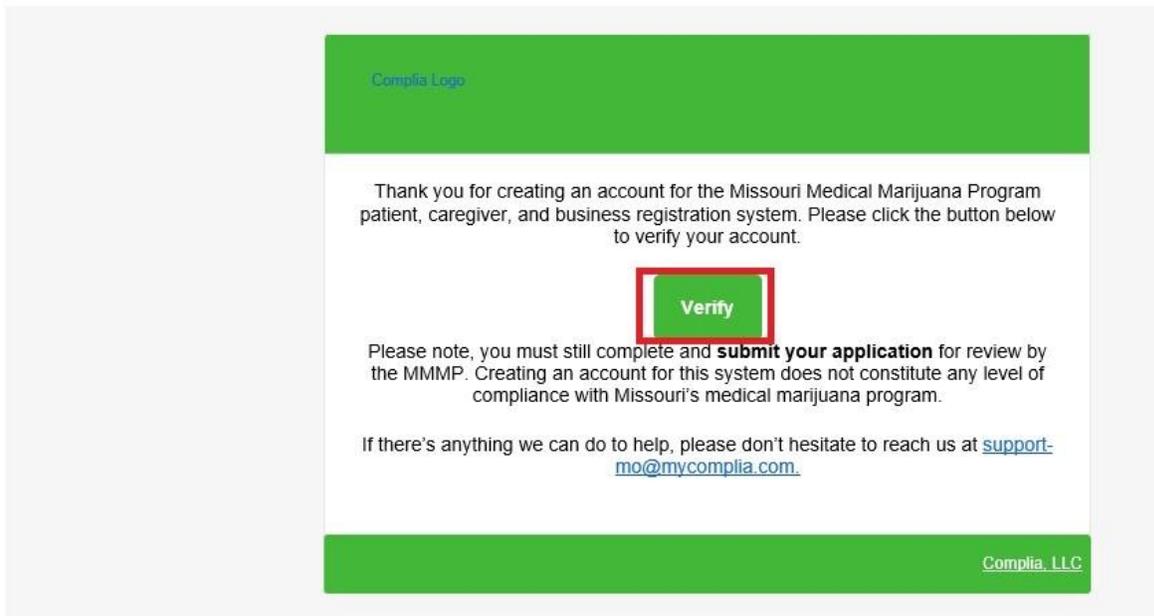


NOTE: If you do not receive the email within 15 minutes, click the link to resend. **You will not be able to log in until you verify your email address.**



MMMP <mmmp-noreply@nonprod.mo.mycomply.com>
To: MMPTester@yahoo.com

To protect your privacy, Yahoo Mail has blocked remote images in this message. [Show images](#)



Password Reset

1. Navigate to: <https://mo-public.mycomply.com/#!/signin>.
2. Click **Forgot Password** to request a password reset.



⚠ Please use a supported browser for best performance. Please click [here](#) for a list of supported browsers

DISMISS

Missouri Medical Marijuana Portal - Sign In

Username (email) *

Username

Password *

Password

Accept Terms and Conditions.

I'm not a robot



reCAPTCHA

[Privacy](#) [Terms](#)

[SIGN IN](#)

[FORGOT PASSWORD](#)



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.

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Sign In Register

Reset Password

Enter your registered email *

Email

I'm not a robot

reCAPTCHA
Privacy - Terms

SEND RESET PASSWORD MAIL

Sign In

1. Navigate back to: <https://mo-public.mycomply.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**.

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Sign In Register

Please use a supported browser for best performance. Please click [here](#) for a list of supported browsers

DISMISS

Missouri Medical Marijuana Portal - Sign In

Username (email) *

Username

Password *

Password

Accept Terms and Conditions.

I'm not a robot

reCAPTCHA
Privacy - Terms

SIGN IN FORGOT PASSWORD



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**.



Change Password

Current Password *
Current Password

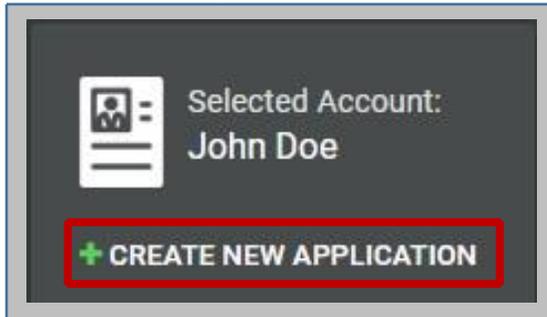
New Password *
New Password

Re-enter Password *
Re-enter Password

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](#)

First Name * John **1** Middle Name Doe **1** Last Name *
Date of Birth * 02/03/1969 State of Missouri ID/DL Number * 123-45-6789 Social Security Number *
Email * john.doe@email.com Phone * (123)456-7890 **1** Is the Patient 18 years or older? *
 Yes **2**
 No

Parent / Legal Guardian Information **3.**
First Name * Middle Name Last Name *
Date of Birth * Date of Birth Social Security Number * Phone *
This field is required.
Email *



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.

The screenshot shows a web form with a navigation bar at the top containing tabs: GENERAL INFORMATION, CONTACT INFORMATION (highlighted), PHYSICIAN / CONDITION INFORMATION, QUESTIONS, DOCUMENTS, PAYMENT, and REVIEW. The form is divided into two main sections: Residence Address and Mailing Address. In the Residence Address section, the Street field is highlighted with a red box and the number '1.'. In the Mailing Address section, the 'COPY FROM STREET ADDRESS' button is highlighted with a red box and the number '2.', and the 'SAVE & NEXT' button at the bottom of the form is highlighted with a red box and the number '3.'. Both address sections include fields for Street, Unit No. / Apt No., City, County, State, and Zip Code, along with an 'Address Verified?' toggle and a 'VERIFY ADDRESS' button.



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.

Condition Information

Date of Patient Examination *
Date of Patient Examination Recommended Amount (30 Day Period) *
This field is required. **1.**

Qualifying Medical Condition *

Physician Information

Physician First Name * Physician Last Name * Physician License Number *
Physician License Type * **2.** Physician Phone * Physician Email *
Date of Doctor Signature *
Date of Doctor Signature This field is required.

Physician Office Address

Street * Unit No. / Apt No. City *
State * **3.** Zip Code *
Address Verified? * No **4.**



Questions - Cultivation Options

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.

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

Do you intend to cultivate medical marijuana? *

Yes
 No

1.

WARNING: After your application is submitted, you will NOT be able to modify this selection until late 2019. If you intend to cultivate medical marijuana in 2019, please select 'Yes' in your response.

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.

2.

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

I Agree
 I Disagree

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.

Questions – Cultivation Facility Share Option

Address Verified? * Yes **VERIFY ADDRESS**

Will this cultivation facility be shared? * 

Yes
 No

Patient/Caregiver Details

Name of Patient/Caregiver * **3.** 

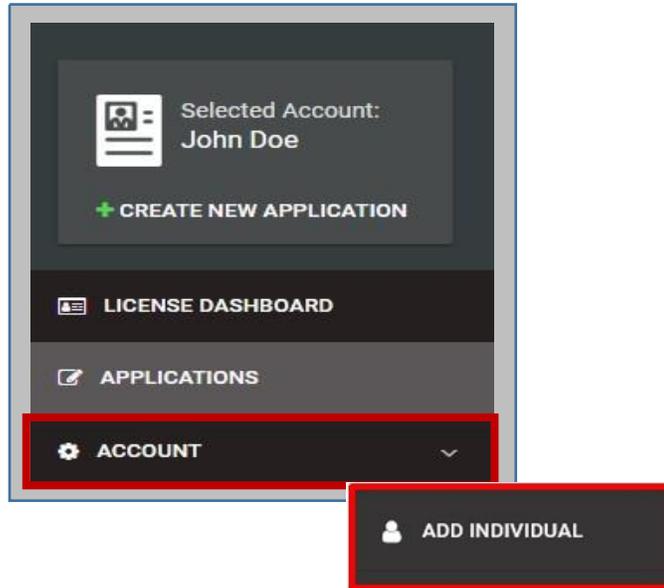
License number of Patient/Caregiver

+ ADD PATIENT/CAREGIVER DETAILS

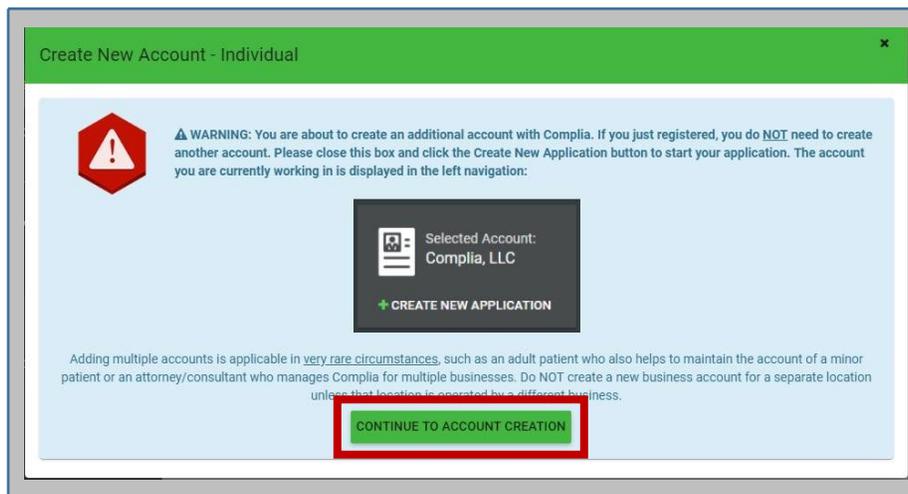


Add an Individual to your Account

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



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



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**.

Create New Account - Individual

First Name * Last Name *

SSN * Confirm SSN *

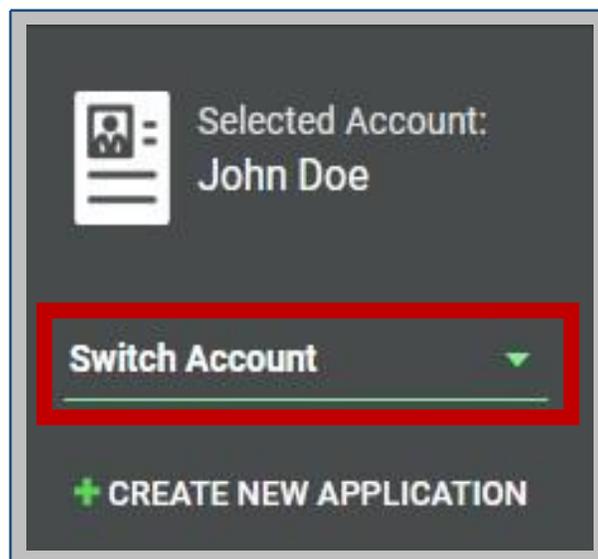
Date of Birth * Confirm Date of Birth *

Date of Birth Confirm Date of Birth

CANCEL CREATE ACCOUNT

Switch Users

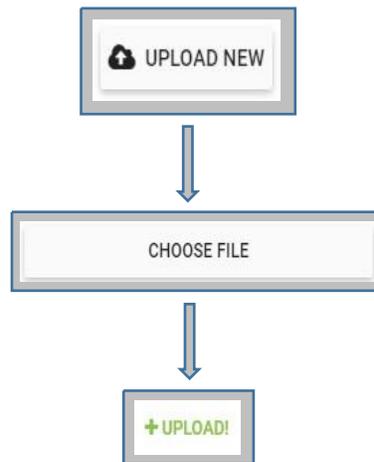
- After adding a new individual to your account, you can switch between accounts by clicking the **Switch Account** drop down menu.





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.

Applications / New Business

GENERAL INFORMATION PERSONS OF INTEREST LOCATION INFORMATION PRIMARY CONTACT QUESTIONS DOCUMENTS PAYMENT REVIEW

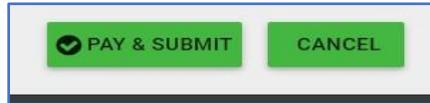
Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✘ Entity Legal Name:	✘ License/Certification Type:	✘ Tax ID (SSN or EIN): 777-99-1234
Trade/Fictitious Name:	✘ Entity Phone:	✔ Email: mmpster@yahoo.com
Website:	✘ Business Structure/Type:	



- 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:

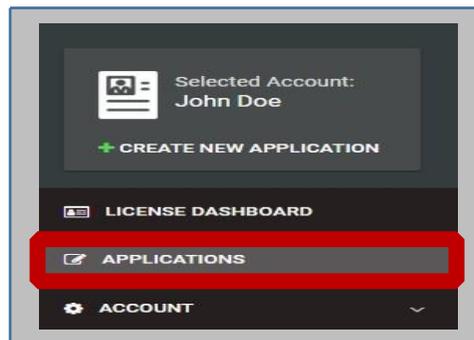
- Log into your **MMMP Registry account** at mo-public.mycomplia.com.
- An orange box will appear stating your application was rejected. Click on the **Application ID Number** located on the bottom left-hand corner of the box.



- You will be directed to the application screen where you can make any necessary corrections.

Option 2:

- Log into your **MMMP Registry account** at mo-public.mycomplia.com.
- 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 ID	Title	Status
1114	John Doe	Rejected



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.

Applications / New Patient Application

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

First Name * John Middle Name Last Name * Doe

Date of Birth * 02/03/1969 State of Missouri ID/DL Number Social Security Number * 123-45-6789

Email * john.doe@email.com Phone * (123)456-7890 Is the Patient 18 years or older? * Yes No

SAVE SAVE & NEXT CANCEL

Patient Identification Card

1. Log into your **MMMP Registry account** at mo-public.mycomply.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**.

Licenses

Status	Title	License Type	License Number	Expiry Date ↑	Actions
Approved	John Doe	New Patient Registration	PAT000046	07/24/2020	

Page: 1 Rows

View License

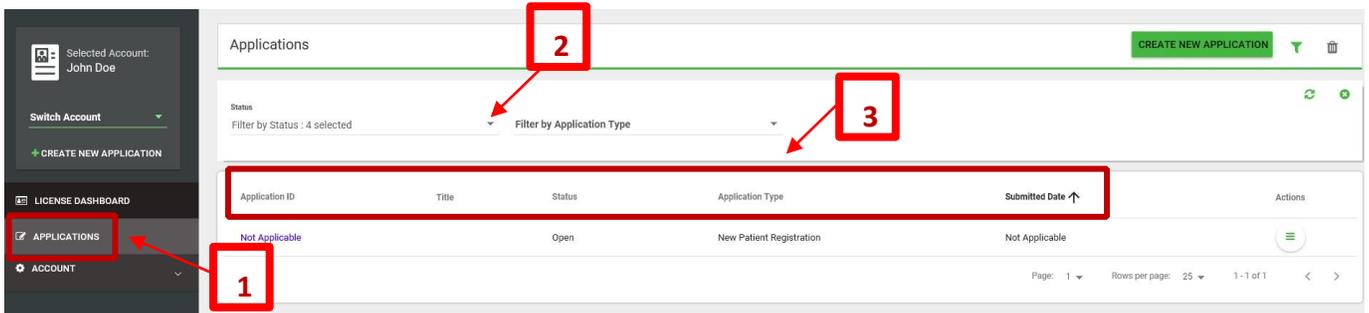
Download License

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.



The screenshot shows the 'Applications' dashboard. On the left sidebar, the 'APPLICATIONS' button is highlighted with a red box and labeled '1'. The main content area shows a table with columns: Application ID, Title, Status, Application Type, Submitted Date, and Actions. The 'Status' dropdown menu is highlighted with a red box and labeled '2'. The 'Submitted Date' column header is highlighted with a red box and labeled '3'. The table contains one row with the following data: Application ID: Not Applicable, Title: Not Applicable, Status: Open, Application Type: New Patient Registration, Submitted Date: Not Applicable.

Status Definitions

Open	Created/started applications not yet submitted for initial review.
Submitted	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.
Rejected	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.
Approved	Determination that the application has met the criteria for licensure and will be issued an ID Card.
Denied	Determination that the application does not meet the criteria for licensure.



Launch an Existing Application

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.

The screenshot shows a web interface for managing applications. On the left is a dark sidebar with navigation options: 'Selected Account: John Doe', 'Switch Account', '+ CREATE NEW APPLICATION', 'LICENSE DASHBOARD', 'APPLICATIONS', and 'ACCOUNT'. The 'APPLICATIONS' option is highlighted with a red box and an arrow labeled '1.'. The main content area is titled 'Applications' and features filter dropdowns for 'Status' (4 selected) and 'Application Type' (1 selected). Below the filters is a table with columns: Application ID, Title, Status, Application Type, and Submitted Date. The 'Not Applicable' link in the Application ID column is highlighted with a red box and an arrow labeled '2.'. The page number 'Page: 1' is visible at the bottom right.

Application ID	Title	Status	Application Type	Submitted Date ↑
Not Applicable		Open	New Patient Registration	Not Applicable