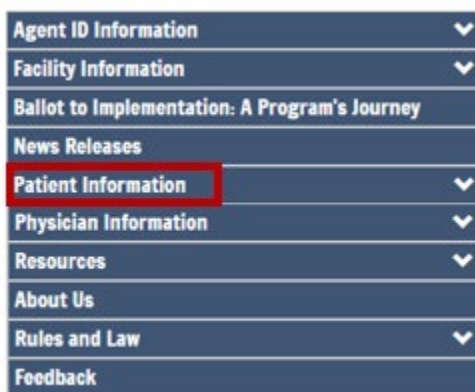


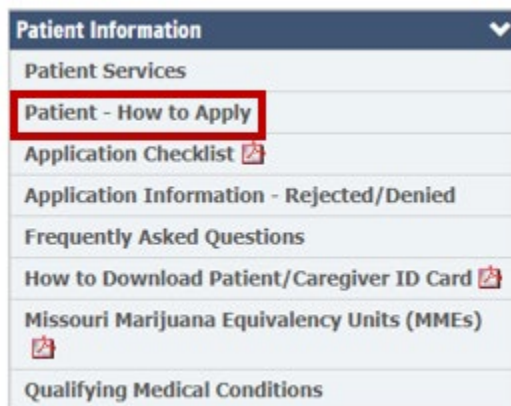
## Creating an Account & Registering as a Patient

**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 **Missouri Medical Marijuana** webpage at: <https://medicalmarijuana.mo.gov>
2. Click on **'Patient Information'** in the blue menu.



3. Click on **'Patient – How to Apply'**.



4. Click on the blue button that reads **'Patient/Caregiver Application Registration'**.


Missouri Department of Health & Senior Services

MO.gov Governor Parson Find an Agency Online Services Search

Healthy Living Senior & Disability Services Licensing & Regulations Disaster & Emergency Planning Data & Statistics

## How to Apply - Patient Information

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



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

### Steps to Licensure

Step 1: Forms    Step 2: Register    Step 3: Apply

### Agent ID Information

Facility Information

Ballot to Implementation: A Program's Journey

News Releases

Patient Information

Physician Information

Resources

About Us

Rules and Law

Feedback

### Contact Information

Section for Medical Marijuana Regulation  
PO Box 570  
Jefferson City, MO 65102-0570

**NEW Temporarily Closed**  
Toll-Free Access Line: **866-219-0165** (8:30 am – 3:30 pm CST Monday-Friday)

Email for general inquiries:  
[medicalmarijuanainfo@health.mo.gov](mailto:medicalmarijuanainfo@health.mo.gov)

Email for medical marijuana facility:  
[mmfacilities@health.mo.gov](mailto:mmfacilities@health.mo.gov)

Media Request Form

- Click 'Yes' at the pop-up box warning that you are exiting site in order to be redirected to the **Patient Registry website**.

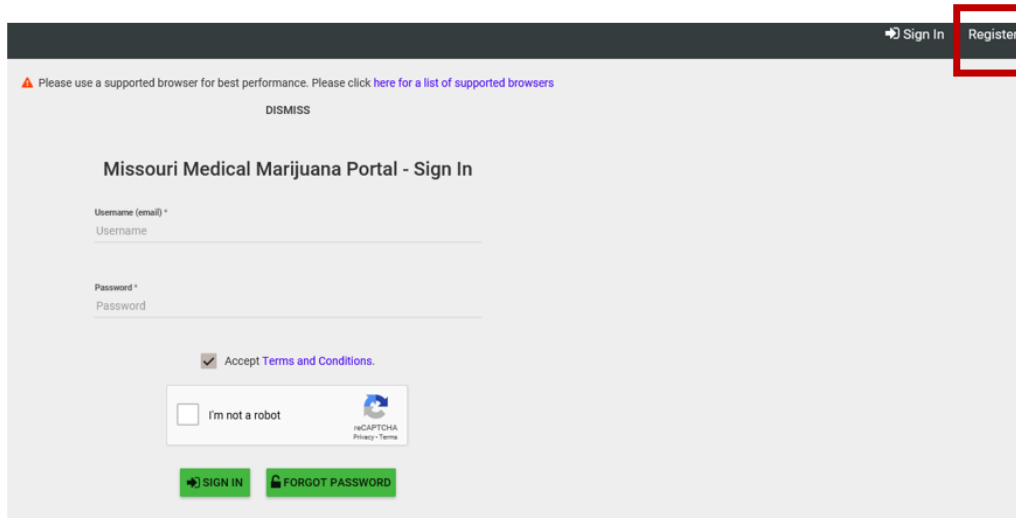
**Warning - Exiting Site**

Beware, you are currently exiting to an external site that is not part of the government (.gov) domain. Please be aware that you will be subject to a wide variety of content and experiences that are beyond our control. Always use good judgement when using these platforms and when following links to other web sites.

Click "Yes" to Continue to:  
<https://mo-public.mycompliance.com/>

**Yes** **No**

6. In the top right corner of the **Sign In** page, click **'Register'**.



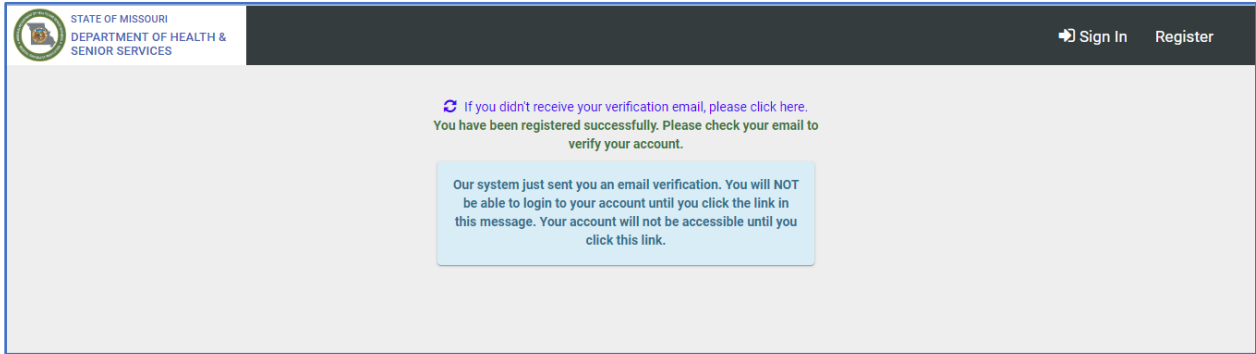
7. Fill out the provided form completely by entering your **Legal First Name**, **Legal Last Name**, **Email Address**, and **Phone Number**. Be sure to select the type of application you want. Enter your **Social Security Number** and **Date of Birth** and make sure they are correct before registering.

**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](mailto:support-mo@mycomplia.com).

8. Read the **Terms and Conditions** and check the box. Click **I'm not a robot**, follow the prompts, and click **Register**.

A screenshot of the registration form. At the top, there is a yellow warning box: '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.' The form fields include: 'First Name \*' and 'Last Name \*'; 'Email \*' and 'Confirm Email \*'; 'Phone Number \*'; a dropdown menu for 'What type of application would you like to get started with...' with 'Patient/Caregiver' selected; 'SSN \*' and 'Confirm SSN \*'; 'Date of Birth \*' and 'Confirm Date of Birth \*' (both with calendar icons and 'This field is required' error messages); 'Password \*' and 'Re-enter Password \*' (with eye icons); a checkbox for 'Please read and accept Terms and Conditions before proceeding.'; and a reCAPTCHA widget with 'I'm not a robot' and 'hCAPTCHA' text. A green 'REGISTER' button is at the bottom. Two red arrows point to the checkbox for terms and conditions and the reCAPTCHA checkbox. At the very bottom, there is a link: 'If you didn't receive your verification email, please click here.'

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



STATE OF MISSOURI  
DEPARTMENT OF HEALTH &  
SENIOR SERVICES

Sign In Register

[↻ If you didn't receive your verification email, please click here.](#)  
You have been registered successfully. Please check your email to  
verify your account.

Our system just sent you an email verification. You will NOT  
be able to login to your account until you click the link in  
this message. Your account will not be accessible until you  
click this link.