



Overview

A facility can register with the Office of Cannabis Management to be a designated caregiver facility, to assist certified patients with the possession and administration of cannabis within the facility. Pursuant to Section 3(17) of the Cannabis Law, "facility" means: a general hospital or residential health care facility operating pursuant to Article 28 of the Public Health Law; an adult care facility operating pursuant to Title 2 of Article 7 of the Social Services Law; a community mental health residence established pursuant to section 41.44 of the Mental Hygiene Law; a hospital operating pursuant to section 7.17 of the Mental Hygiene Law; a mental hygiene facility operating pursuant to Article 31 of the Mental Hygiene Law; an inpatient or residential treatment program certified pursuant to Article 32 of the Mental Hygiene Law; a residential facility for the care and treatment of persons with developmental disabilities operating pursuant to Article 16 of the Mental Hygiene Law; a residential treatment facility for children and youth operating pursuant to Article 31 of the Mental Hygiene Law; a private or public school; or a research institution with an internal review board. Once registered as a designated caregiver, the facility can help patients with the possession, acquisition, delivery, transportation, and/or administration of approved medical cannabis products.

Application Instructions:

An authorized facility representative must complete this application form and submit it via e-mail to medical@cannabis.ny.gov. When review is complete, you will receive a registration approval from the Office of Cannabis Management. Please maintain the registration approval for your records for five (5) years and ensure that it is readily retrievable upon request.

Facility Information (Facility MUST be located in New York State) – Please print clearly or type	
Facility Name:	
Type of Facility:	
Operating Certificate or License # (if applicable):	
Facility Address:	
Authorized Facility Representative and Title:	
E-mail:	Phone:

As an authorized representative of the above facility, I attest to the following:

- The abovementioned facility agrees to secure and ensure proper handling of approved medical cannabis products for registered patients receiving medical cannabis within the facility.
- I understand that as a designated caregiver facility, authorized staff members may assist the abovementioned patient with possession, acquisition, delivery, transportation, storage and/or administration of approved medical cannabis products.
- The abovementioned facility has policies and procedures in place to ensure safe handling of all cannabis at the facility.
- The abovementioned facility agrees to promptly notify the Medical Cannabis Program if it wishes to no longer be a facility caregiver.
- All the information provided is true and I acknowledge that a false statement is punishable under section 210.45 of the Penal Law.

Signature of Authorized Facility Representative: _____ Date: _____

Questions? Contact the Medical Cannabis Program at 1-844-863-9312 or medical@cannabis.ny.gov