



Patient Self-Registration: Certified patient who is over the age of 18 and capable of consenting to medical treatment. Please scroll down to Section B or click [here](#) for instructions.

Proxy Applicant Registration: Applying on behalf of a certified patient under the age of 18 or an individual who is incapable of consent. Please scroll down to Section C or click [here](#) for instructions.

Designated Caregivers: For individuals designated by a certified patient or by the proxy applicant in a registry application. Please scroll down to Section D or click [here](#) for instructions.

A. To Register You Need:

All patients must have the following documentation to register:

- a signed certification from a NYS registered practitioner;
- photoID;
- proof of NYS residency; and
- a birth certificate for patients under the age of 18.

The table below provides information regarding the documentation that may be accepted.

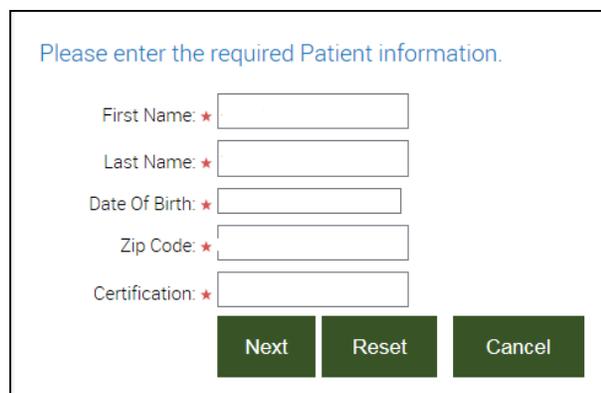
Photo ID	New York State Residency (Permanent or Temporary)
<ul style="list-style-type: none"> ✓ ID number from your NYS Driver’s License or NYS Non-Driver ID Card. <i>When registering online, do NOT upload a copy of your ID. You only need to enter the 9-digit number in the NYS DMV ID field provided on the registration screen.</i> ✓ If you do not have a NYS Driver’s License or NYS Non-Driver ID Card, you can upload a recent photo; head and shoulders up on a plain background (jpg format) with no hat or sunglasses. This photo can be taken with a cell phone or camera. 	<ul style="list-style-type: none"> ✓ ID number from your NYS Driver’s License or NYS Non-Driver ID Card. <i>When registering online, do NOT upload a copy of your ID. You only need to enter the 9-digit number in the NYS DMV ID field provided on the registration screen.</i> ✓ Pay stubs (from within the last two months) ✓ Current lease agreement ✓ Utility bill (gas, electric, cable) with service address that matches the certification address from one of the last two months ✓ Mortgage statement from one of the last two months ✓ NYC ID Card ✓ Social Security Administration official correspondence ✓ Practitioner/Hospital bill from last two months

Please note that these are **NOT** accepted:

- United States passport
- Out-of-State Driver License/Out of State Non-Driver Identification Card
- Tax returns
- Bank/credit card statements
- Cell phone bill

B. Certified Patient Self-Registration Instructions

1. **Login to MyNY.gov at <https://my.ny.gov/>.**
If you do not have an account: go to <https://my.ny.gov/> and click on the “Don’t have an Account?” button. Follow the instructions posted on the Medical Marijuana Program website for more help:
https://www.health.ny.gov/regulations/medical_marijuana/docs/my_ny_gov_instructions.pdf.
Write down your username and password because you will need to access this account to re-register, if needed. Keep your username and password in a safe place and never share them with anyone.
2. **Click on the Health Applications icon.**
3. **Click on the link to the Medical Marijuana Data Management System (MMDMS).**
4. **Select the role that applies to you.**
Instructions are provided on the screen to help you in pick the correct role. Please wait for the page to fully load before clicking a role.
5. **Enter Your Information and click “Next.”**



Please enter the required Patient information.

First Name: *

Last Name: *

Date Of Birth: *

Zip Code: *

Certification: *

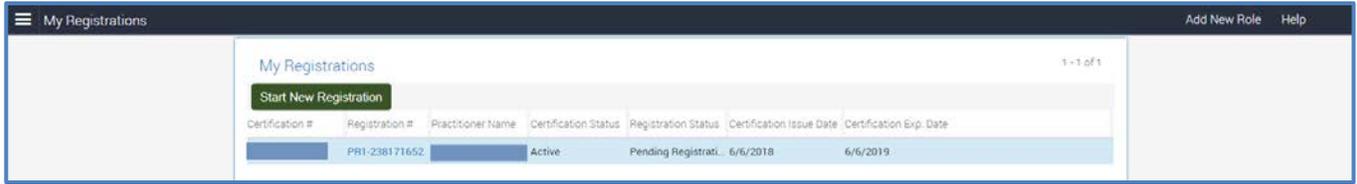
Next Reset Cancel

- a. The Date of Birth must be entered in MM/DD/YYYY format.
- b. The Certification # can be found on the upper right-hand corner of the certification form issued by your registered practitioner. Please enter the number exactly as it appears on the form starting with “PC1-” followed by the number, no spaces. (Note that PC is followed by the number one (1), not the letter I.)

If you receive an error message, please check that all information you are entering matches your certification exactly. If you find information that is incorrect on your certification, please email the Department of Health at mmp@health.ny.gov and give us your certification number and the information that was entered incorrectly. We will work with your practitioner to correct the information.

6. Select “REGISTER/VIEW MY REGISTRATIONS.”

7. Select “Start New Registration.”



Note: If you leave the system without finishing your registration and come back later, you should click the blue Registration # (PR1-) to see your pending registration. Do NOT select “Start New Registration” or you will get an error message.

8. **Review Patient Information Section:**

This section will contain information from the certification form issued by your certifying practitioner that you cannot change. If there is a mistake, please email the Department at mmp@health.ny.gov and give us your certification number and the information that is incorrect.

If you have a valid NYS Driver’s License or NYS Non-Driver ID Card, enter the 9-digit ID number in the NYS ID field. Do NOT enter spaces or dashes and do NOT upload a copy of your NYS DMVID in addition to entering the number (this will slow down approval of your registration).

You also can enter or edit your email address so the Department can reach you if more information is needed, or if the Department can’t reach you by telephone.

9. **Mailing Address:**

Your residence address (home address) is the address your practitioner entered on the certification form. If your residence address is incorrect, please upload a Proof of Residency document as outlined in Step #10 and enter a comment in the space provided with the correction.

If your mailing address is different from your residential address please select “No” and enter your mailing address. Check your address entries before submitting the registration (remember to include an apartment number, if you have one).

10. **Supporting Documentation:** Click on the “What supporting documents do I need?” link for more information or see [Section A](#) on the first page of this document. Do not upload a copy of your certification as this may slow down approval of the registration.

- A. Click the “[New Document](#)” button and find the document you need to upload to the registration on your computer, table or phone. (each document must be added separately).
- B. Click on “[Choose a Value](#)” to open the *Attachment Type* dropdown menu. Select the type of document you uploaded. For example, if you uploaded a utility bill as proof of NYS address, use the dropdown menu to select “*Proof of Residency*”.
- C. Comments: If your residence address has changed or the apartment number is missing, you can add comments in the space provided under the “Comments” column so updates can be made by the Department before mailing your registry ID card.
- D. If a photo is uploaded, you can check the status of the photo validation using the “Photograph Status” column. The photo will be sent to the practitioner for validation.

Attachment Name	Attachment Type	Photograph Sta	Approval Status	Comments	Comments-DOH	Created Date
	Choose a Value		Pending			2/5/2019

11. **Designate Caregivers:** If you would like to designate up to two caregivers, click the “Add Caregiver” button (shown below).

NYS ID	First Name	Last Name	DOB	Address	Relationship Status
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After clicking on the “Add Caregiver” button, the screen pictured below will display. All fields are required. Once all fields have been completed, click the “Add” button.

Please only enter the first name and last name, as it appears on the NYS DMV ID or NYS Non-Driver ID. If the NYS DMV ID or NYS Non-Driver ID includes a middle initial/name or suffix, please do not include it. If the first name is displayed with just an initial, only the initial should be entered as the first name on the registration.



After your registration is approved, the person(s) you designated as a caregiver must create their own My.NY.Gov account and register as a caregiver to receive their caregiver registry ID card. Caregivers MUST have their own registry ID card to buy medical marijuana from a dispensing facility for you.

- Acknowledgment/Photo Likeness:** Once the registration form is complete, read the acknowledgement statement. Then, answer the question for holders of NYS Driver’s Licenses and Non-Driver ID Cards. If the photo no longer looks like you, you will need to upload a new photo.

- Click “Submit Registration”**

If all required fields are not complete, the “Submit Registration” button will be grayed out and you won’t be able to submit. To save the current information and finish the registration later, click the “Save & Exit” button.

14. **Registration Status:**

Once the registration has been submitted, a pop-up message will display within a few moments showing the status of your registration.

Approved: If approved, the system will bring you to a page where you can get your temporary registry ID card. Click on the blue hyperlinked TempCard and then click either the Open or the Save button (depending on the browser you use) to open the document and print. When shown with government issued photo identification, the temporary registry ID card can be used to buy medical marijuana from a registered organization’s dispensing facility. This card is valid for 30 days from the date your registration was approved. You should receive a registry ID card within 7 to 10 business days in the mail.

Pending Review: Your registration will have this status if you uploaded documents or a photo. Your registration will be reviewed by the Department. You can log back into your My.NY.gov account to check the status of your registration at any time. Once the registration is in an Approved status you can access the temporary registry ID card by logging back into your My.NY.gov account and clicking on the three white lines in the top left corner to select “My Temporary Card.”

c. Proxy Applicant Registration Instructions

1. **Log in to MyNY.gov at <https://my.ny.gov/>.**

If you do not have an account: go to <https://my.ny.gov/>, click on the “Don’t have an Account?” button and follow the instructions posted on the program website for more help: https://www.health.ny.gov/regulations/medical_marijuana/docs/my_ny_gov_instructions.pdf. Write down your username and password because you will need to access this account to reregister, if needed. Keep your username and password in a safe place and never share them with anyone.

2. **Click the Health Applications icon.**

3. **Click on the link to the Medical Marijuana Data Management System (MMDMS).**

4. **Select the role that applies to you.**

Instructions are provided on the screen to help you pick the correct role. Please wait for the page to fully load before making any selections.

5. **Enter Patient Information and click “Next.”**

The Patient Certification number can be found on the upper right-hand corner of the certification form issued by the patient’s registered practitioner. Please enter the number exactly as it appears on the form starting with “PC1-“ followed by the number, no spaces. (Note that PC is followed by the number one (1), not the letter I).

Proxy applicants only should enter the first name and last name, as it appears on the NYS DMV ID or NYS Non-Driver ID. If the NYS DMV ID or NYS Non-Driver ID includes a middle initial/name or suffix, please do not include it. If the first name is displayed with just an initial, only the initial should be entered as the first name on the registration.

Medical Marijuana Program: Proxy Applicant Registration

In order to register, a patient must be issued a certification from a practitioner registered with the New York State Department of Health's Medical Marijuana Program. Please enter the information in the fields below exactly as it appears in the Patient Certification. A proxy applicant must be over twenty-one years of age.

Please enter the required Patient information.

Patient First Name: ★

Patient Last Name: ★

Patient Date Of Birth: ★

Patient Zip Code: ★

Patient Certification Number: ★

Please enter the required Proxy Applicant information.

Proxy Applicant First Name: ★

Proxy Applicant Last Name: ★

Proxy Applicant Date Of Birth: ★

6. Select "REGISTER/VIEW REGISTRATIONS."
7. Select the blue "PR1-" number (shown below).

Certification #	Registration #	Patient Name	Practitioner Name	Certification Status	Registration Status	Certification Issue Date	Certification Exp. Date
	PR1-241263070			Active	Pending Registration	6/5/2018	6/5/2019

Note: If you clicked on the green Start New Registration button, click Cancel or use the back button to go back to a previous page. If you leave the system and come back later to finish the registration, you will need to click the blue "PR1-" number to get to your pending registration.

8. **Validate Patient Information:** The top two sections of the registration screen will display information from the certification form issued by your practitioner that you cannot change. If there is a mistake, please email the Department at mmp@health.ny.gov and give us the patient certification number and the information that is incorrect.

If the patient has a NYS DMV ID or NYS Non-Driver ID Card, enter the 9-digit ID number in the NYS DMV ID field. Do not enter spaces or dashes and do not upload a copy of the ID (this will slow down approval of the patient's registration). Note that expired NYS DMV IDs and NYS Non-Driver ID Cards will not be accepted.

Patient Information

First Name: ★ Last Name: ★ DOB: ★ Phone #: ★

NYS DMV ID: NYS Driver License or Non-Driver ID Number (Numbers Only, No Spaces) Email:

Please do not upload a copy of your NYS DMV ID in addition to entering the number.

If the patient does not have a NYS DMV ID or NYS Non-Driver ID Card, supporting documentation will need to be uploaded in Step #10.

- 9. Residence Address:** The patient's residence address (home address) is the address the practitioner entered on the certification form. If the patient's residence address is incorrect, please upload a Proof of NYS Residency document as outlined in Step 10 and enter a comment in the space provided with the correction.

Residence Address: If your Residence Address is incorrect, please upload a Proof of Residency document.

Is your Residence address the same as your mailing address?*:

If the patient's mailing address is different from their residential address please select "No" and enter the patient's mailing address. Check address entries before submitting the registration (remember to include an apartment number, if the patient has one.)

- 10. Supporting Documentation:** Click on the "What supporting documents do I need?" link for more information about documents needed for registration or see [Section A](#) of these instructions. Do NOT upload the certification.

Upload Supporting Documents for Patient 1 - 1 of 1

[New Document](#) What supporting documents do I need? Please do not upload a copy of the certification issued by your practitioner as it is not required.

Attachment Name	Attachment Type	Photograph Sta	Approval Status	Comments	Comments-DOH	Created Date
	Choose a Value		Pending			2/5/2019

- Supporting documents are uploaded by clicking the "[New Document](#)" button (shown above) and following the instructions on the screen.
- Click on "[Choose a Value](#)" to open up the Attachment Type dropdown menu. Select the type of document you uploaded. For example, if you uploaded proof of residence, use the dropdown menu to select "Proof of Residency."
- Enter comments, if needed, in the space provided under the "Comments" column to alert the Department of changes or document details.
- If a photo is uploaded, you can check the status of the photo validation using the "Photograph Status" column. The photo will be sent to the practitioner for validation.

11. **Enter Proxy Applicant Information:** Contact information is required in case the Department needs to contact you. Please complete the information shown in the screen below. If the relationship is set to Parent/Legal Guardian, the bottom “Parent/Legal Guardian Information” section will disappear. If you entered your first name, last name or DOB incorrectly, please email mmp@health.ny.gov with the updates and a copy of your NYS DMV ID so the correction can be made.

Proxy Applicant Information

First Name: Last Name: Relationship: Other Appropria Phone #: NYS DMV ID: ?

Address: City: State: ZIP Code:

Upload Supporting Documents for Proxy Applicant No Records

New Document What supporting documents do I need? Please do not upload a copy of the certification issued by your practitioner as it is not required.

Attachment Name	Attachment Type	Approval Stat	Comments	Comments-DOH	Created Date
No Records					

Parent/Legal Guardian Information

First Name: Last Name: DOB: NYS DMV ID: ?

12. **Caregiver as Proxy:** If you are completing the registration as a Proxy Applicant, at least one caregiver must be designated in the patient registration. If the Proxy Applicant also is the Caregiver, click the “Add me as Caregiver” button. Caregivers only can register after a patient’s registration has been Approved.

Add Caregivers No Records

Add Caregiver **Add me as Caregiver** Activate Caregiver Inactivate Caregiver Show Caregiver Instructions

NYS ID	First Name	Last Name	DOB	Relationship	Address	Relationship Status
No Records						

Additional Caregivers: To add a different caregiver, click the “Add Caregiver” button (shown above).

If you selected the “Add Caregiver” button, the screen pictured below will display. After entering all required information, click the “Add” button. The first name, last name and DOB must match the caregiver’s NYS DMV ID. If the caregiver’s first name on the NYS DMV ID is displayed with a first initial only, enter the first initial.

Add Caregiver X

All fields are required. Please enter the details exactly as it appears on the Caregiver's NYS DMV ID.

First Name

Last Name

DOB

NYS DMV ID ?

Street Address

City

State : **NY**

ZIP Code



After the patient registration has a status of Approved, the person(s) added as a caregiver **MUST** complete their own registration with the program as a caregiver and receive their own caregiver registry ID card. Caregivers **MUST** have their own registry ID card to buy medical marijuana from a dispensing facility for the patient.

Acknowledgement/Photo Likeness: Once the registration form is complete, read the acknowledgement section and answer the question under the acknowledgement.

Acknowledgement

I acknowledge that all the information provided is true and that a false statement in the application is punishable under section 210.45 of the Penal Law. I acknowledge that the Department may request additional information from me, or contact the patient's certifying practitioner, to verify information in this application. As an applicant on behalf of a minor or patient incapable of providing consent, I consent to the certified patient's use of the approved medical marijuana product.

Is the Patient's NYS ID photo a true likeness of him/her?:

13. Submit Registration.

If all required fields are not complete, the "Submit Registration" button will be grayed out and you will not be able to submit the registration. To save the current information and finish the registration later, click the "Save & Exit" button.

If submitted successfully, you will receive a pop-up message indicating the status of the registration. If there are errors on the registration, you will receive a pop-up message and you will need to make updates.

Once the patient's registration is approved, the caregiver(s) who is designated can access the system to complete his or her caregiver registration. The caregiver must bring both the caregiver Registry ID Card and the patient's certification form to a registered organization's dispensing facility to buy medical marijuana for the patient.

D. Designated Caregiver Instructions

After the patient completes the registration, and it is approved, the designated caregiver can register.

1. **Login to MyNY.gov at <https://my.ny.gov/>.**

If you do not have an account: go to <https://my.ny.gov/>, click on the “Don’t have an Account?” button and follow the instructions on the program website for more help: https://www.health.ny.gov/regulations/medical_marijuana/docs/my_ny_gov_instructions.pdf.

Write down your username and password because you will need this to access this account to re-register when a new certification is received by the patient, or if you are designated as a caregiver for another patient. Keep your username and password in a safe place and never share with anyone.

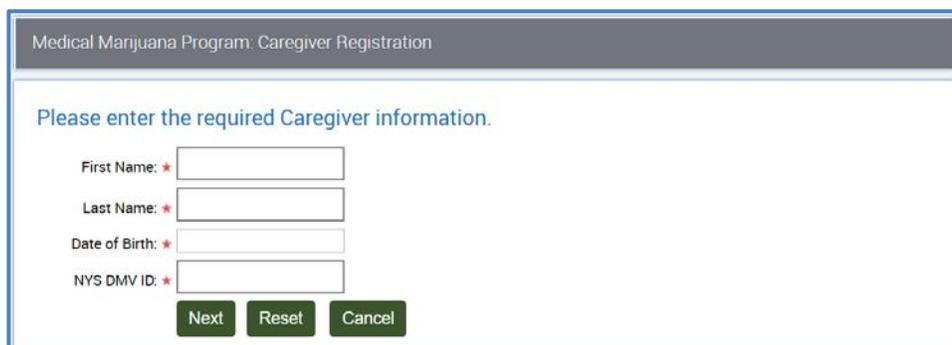
Note: If you are a proxy applicant who is now registering as a caregiver, use the same username and password used when you completed the patient registration to complete your caregiver registration. If another caregiver was designated in addition to you, that caregiver must create his or her own my.ny.gov account to register as a caregiver.

2. **Click the Health Applications icon.**
3. **Click the link to the Medical Marijuana Data Management System (MMDMS).**
4. **Proxy Applicant:** If you are a Proxy Applicant who is now registering as a caregiver, click on the “Add New Role” link located on the top right corner of the screen. All other caregivers can skip to step #5.



5. **Select the Caregiver Role.**
6. **Enter information for each field below and click “Next.”**

The NYS DMV ID must be populated with the caregiver’s NY Driver’s License or New York State Non- Driver ID number.

A screenshot of the 'Medical Marijuana Program: Caregiver Registration' form. The form title is 'Medical Marijuana Program: Caregiver Registration'. Below the title, it says 'Please enter the required Caregiver information.' There are four input fields: 'First Name: *', 'Last Name: *', 'Date of Birth: *', and 'NYS DMV ID: *'. Each field has a red asterisk indicating it is required. At the bottom of the form, there are three buttons: 'Next', 'Reset', and 'Cancel'.

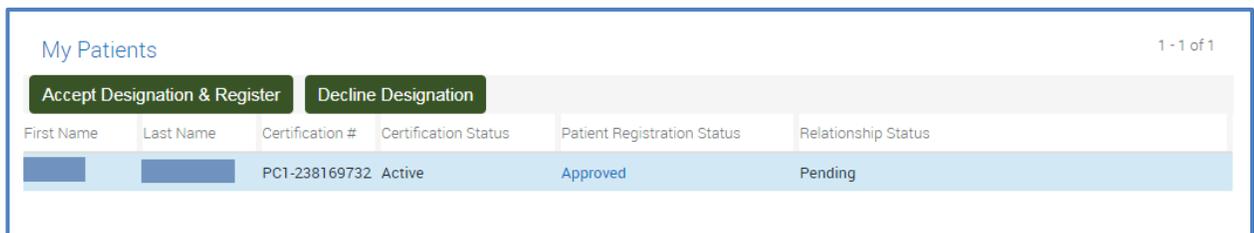
If you get an error message, please confirm with the patient that you show as a Pending caregiver on the patient's account. You cannot register unless the patient has designated you as a caregiver.

7. Select "Register/View My Patients."



8. Accept Designation & Register.

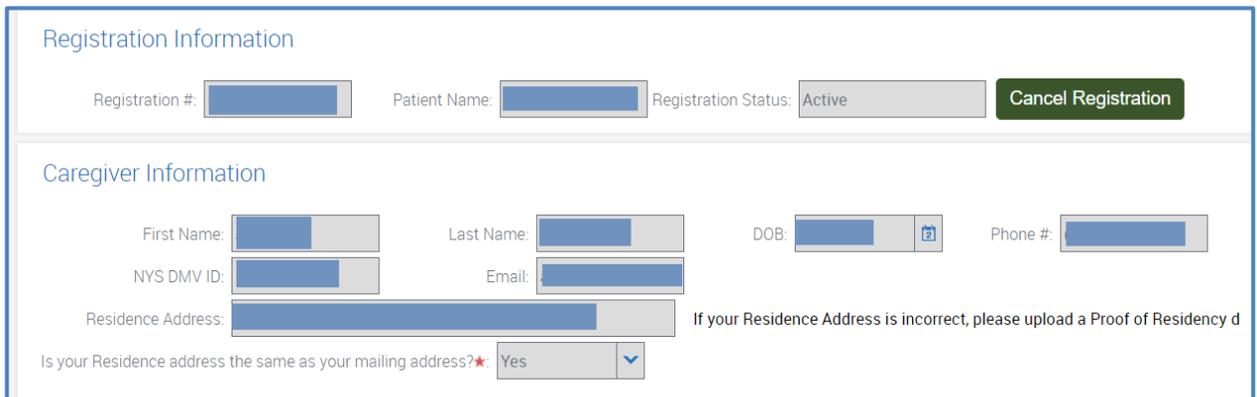
The "My Patients" page will display, showing all patients associated with the designated caregiver, but will only include patients who have completed the registration process.



If the caregiver decides that he or she cannot accept the designation for a patient listed, highlight the name of that patient in the list and click the "Decline Designation" button (shown above).

9. Caregiver Information: Most fields will be pre-filled based on information provided by the patient. Please enter a valid phone number and email address in the fields provided so the Department can reach you if there are questions about your registration.

If your residence address (home address) is not correct, please email the Department at mmp@health.ny.gov so we can make the correction. Enter your mailing address, including apartment number if applicable, to ensure your registry ID card is mailed to the right address.



10. Submit Registration.

Once the registration form is complete, read the acknowledgement statement. Holders of

NYS Driver's Licenses and NYS Non-Driver ID Cards must answer the question regarding the photo on their ID cards. If the photo no longer looks like you, you will need to upload a new photo. Click the "Submit Registration" button.

The screenshot shows a web form titled "Acknowledgement". It contains a text area with the following text: "I acknowledge that all the information provided is true and that a false statement is punishable under section 210.45 of the Penal Law. I attest that I am not the certified patient's practitioner. I agree to secure and ensure proper handling of all approved medical marijuana products for the certified patient for whom I am the designated caregiver. I attest that I am not currently already a designated caregiver for five current certified patients and I have not submitted an application which is pending, and if approved would cause me to be a designated caregiver for more than five current certified patients. I acknowledge that the Department of Health may request additional information from me to verify information in my application. I authorize the New York". Below the text area is a question: "Is the photo on your Registry ID Card a true likeness of you?" followed by a dropdown menu with a downward arrow. At the bottom right of the form are two buttons: "Submit Registration" and "Save & Exit".

Registration Status: Once the registration has been submitted, a pop-up message will display within a few moments with the status of your registration.

Approved: If Approved, the system will bring you to a new page where you can get your temporary caregiver registry ID card. Click on the blue hyperlinked TempCard and then click either the Open or the Save button (depending on the browser you use) to open the document and print. When shown with government issued photo identification, your caregiver temporary registry ID card can be used to buy medical marijuana products from a registered organization's dispensing facility for the patient. This card is valid for 30 days from the date your registration was approved. You should receive a registry ID card within 7 to 10 business days in the mail.

Pending Review: Your registration will have this status if you uploaded documents or a photo. Your registration will be reviewed by the Department. You can log back into your My.NY.gov account to check on the status of your registration at any time. Once the registration is in Approved status you can access the temporary registry ID by logging back into your My.NY.gov account and using the three white lines in the top left corner.

Bring your temporary ID card (or your permanent registry identification card when you receive it), the patient's certification, and a government-issued photo ID to a dispensing facility to purchase medical marijuana products for the patient.