



Overview

To allow facilities to possess and administer medical cannabis products and provide continuity of care to certified patients, a facility may apply to become an Office of Cannabis Management (Office) approved designated caregiver facility prior to being designated as a caregiver by a certified patient. Pursuant to Article 1 Section 3(21) of the Cannabis Law, “designated caregiver 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; a research institution with an internal review board or any other facility as determined by the Office. Once registered as a designated caregiver facility, the facility may assist the patient with the possession, acquisition, delivery, transfer, transportation, and/or administration of medical cannabis products. Registrations issued to caregiver facilities shall remain valid for two years from the date of issuance.

Application Submission Instructions

Facility Registration Steps:

- An authorized facility representative must complete all fields on this form and sign the form.
- Submit the form via one of the following methods, please do not do both:
 - E-mail the completed form to medical@ocm.ny.gov
 - Fax a copy to 518-474-6355

Upon Office review you will receive a processed copy of this form, which will serve as the facility caregiver registration.

- The facility must retain a signed copy of the designated caregiver facility registration form approved by the Office for the facility’s records.
- This form is only valid with a valid patient registry ID card. Please keep a photocopy of the front and back of the patient’s registry ID card with this form.
- If you need to purchase medical cannabis on behalf of a registered patient, please present a copy of the front and back of the patient’s registry ID card in conjunction with a copy of your approved designated caregiver facility registration to the registered organization.
- Any designated caregiver facility employees handling medical cannabis products must be twenty-one years of age or older.

Questions? Contact the Medical Cannabis Program at (888) 626-5151 or email medical@ocm.ny.gov



To Be Completed by the Facility to Register

Facility Name _____

Facility Address _____

Authorized Facility Representative and Title _____

Operating Certificate or License # (if applicable) _____

Issuing Agency _____

Email _____ 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 medical cannabis products.
- I understand that as a designated caregiver facility, authorized staff members may assist registered patients with possession, acquisition, delivery, transfer, transportation, storage and/or administration of approved medical cannabis products.
- I understand that designated caregiver facility employees handling or purchasing medical cannabis products on behalf of a registered patient must be twenty-one years of age or older.
- I will maintain a copy of each registered patient(s) registry ID card for the patient(s) under the care of the designated caregiver facility for four years.
- I will maintain a copy of this registration form for four years.
- The abovementioned facility agrees to promptly notify the New York State Office of Cannabis Management Medical Cannabis Program if it wishes to terminate its designated caregiver facility registration prior to the expiration date.
- 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 _____

For NYS Office of Cannabis Management Use Only	Facility Registration ID#	Processed by
	Expiration Date	Date Processed