



## Overview

This form must be completed in order to be approved to act as a facility caregiver, which permits the possession, acquisition, delivery, transfer, transportation, and/or administration of medical cannabis products and provides continuity of care to certified patients. 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](mailto: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 certification document. Please keep a photocopy of the patient’s certification with this form.
- If you need to purchase medical cannabis on behalf of a registered patient, please present a copy of the patient’s certification form in conjunction with a copy of your approved designated caregiver facility registration to the registered organization.

Questions? Contact the Medical Cannabis Program at (844) 863-9312 or email [medical@ocm.ny.gov](mailto: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 will maintain a copy of each registered patient(s) certification document 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