

INITIAL STATE REGISTRATION: STEP BY STEP

<u>Step 1</u>: Visit the Medical Use of Marijuana Online System at <u>https://patient.massciportal.com</u>.

C Medical Use of Marijuana Online System
Login
Instructions: Use this page to login to the Medical Use of Marijuana Online System. If you don't have an account, click on the "Create Account" button to create one. If you had an account on the Massachusetts Virtual Gateway, you will need to verify your identity and claim your account by clicking on the "Claim Account" button.
Username:
Password:
You have been successfully logged out
Log in
Create Account Claim Account
Forgot Usemame Forgot Password

• Click on the "Create Account" link

Medical Use of Marijuana Onli	ne System
Create Account	
Instructions: Please fill in the fields below to create an account for the Med	lical Use of Marijuana Online System. All fields marked with an asterisk (*) are required.
User Information	
First Name: *	
Middle Name:	
Last Name: *	
Email: *	
Confirm Email: *	
Password: *	
Confirm Password: *	
The password must meet the following requirements:	
Must be at least 12 characters long.	
Contain at least one upper case character.	
Contain at least one lower case character. Contain at least one number.	
Contain at least one of the following characters: I, @, #, #	\$, %, ^, &.
I agree to the Medical Use of Marijuana Online System's	terms and conditions.
I'm not a robot	
Cancel Create Account	

The Cannabis Control Commission runs the portal. We can certainly help you with what we can, but they have ultimate control over the website. This packet is for educational purposes only.



- Enter your information in the "User Information" section
- Accept the "Terms and Conditions" by clicking "I agree to the Medical Use of Marijuana Online System" terms and conditions.
- Pass the CAPTCHA
- Click "Create Account."

***Make sure you write down your Password and Username (Shown on next page) because you will need these later

<u>Step 2:</u> The next page explains how you will receive an email to the email address you provided. This email will contain a link to confirm your email address to complete your registration. That screen will look as such:

C Medical Use of Marijuana Online System
Verify Your Email
Your account has been created successfully. Your username is tkane. A verification email has been sent to the email address provided. Please click the link sent in the email to activate your account. If you have not received the email, click here to resend the email.

• The e-mail will come in from <u>noreply@massciportal.com</u>. You will have 30 minutes to get into your e-mail in order to click on the link. If you do not reach that e-mail in time, then it needs to be resent.

Activate your Massachusetts Medical Use Of Marijuana Online Account Intox x

noreply@massciportal.com to me -
Date: Saturday, February 15, 2020
A new account has been created on the Massachusetts Medical Use of Marijuana Online System. Your username is provided below.
username: tkane
To activate this account click on the link below. (this link will expire in 30 minutes) If you have trouble clicking the link, you may also copy and paste it into your browser.
https://patient.massciportal.com/mmj-patient/user/confirmEmail?token=018acd46-3a0d-49b5-9678-80325a00a6a9
If you have any questions about the Medical Use of Marijuana Program, please visit <u>www.mass.gov/medicalmarijuana</u> or call (833) 869-6820.
Sincerely,
The Medical Use of Marijuana Program Massachusetts Cannabis Control Commission
Reply Forward

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<u>Step 3</u>: After clicking the link in the email, click the link on the page to proceed to the login page: <u>patient.massciportal.com</u>

C Med	lical Use of Marijuana Online System
Login	
Instructions: Use this page to log your account by clic	gin to the Medical Use of Marijuana Online System. If you don't have an account, click on the "Create Account" button to create one. If you had an account on the Massachusetts Virtual Gateway, you will need to verify your identity and claim king on the "Claim Account" button.
Username:	
Password:	
Log in	
Create Account	Claim Account
Forgot Username	Eorgot.Password

• Sign in using your Username and Password, and click "Log In" to access the system. Your username will be the first letter of your name and your last name. Your password will be whatever you had created. Once you sign in, you will see this screen.

Medical Use of Marijuana Online System
Welcome
Welcome to the Medical Use of Marijuana Online System. You may register as a patient or personal caregiver by clicking the appropriate box below.
Please note that before you can register as a patient, you must obtain a certification from your Certifying Healthcare Provider.
Register as a Patient Register as a Caregiver

• Click "Register as a Patient".

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<u>Step 5:</u> Enter information for all 4 identification fields and click the "Proceed" button.

The PIN Number is the number you received from your Certifying Healthcare Provider, and that was emailed to you by the Program, after you were certified.

Identification Instructions: Please fill in the fields below. All fields marked with an asterisk (*) are required. In the "PIN or Registration Number" field, enter the PIN or registration number given by your Certifying Healthcare Provider after they certified you for the medical use of marijuana. Patient Identification PIN or Registration Number: * Last Name: *	
Instructions: Please fill in the fields below. All fields marked with an asterisk (*) are required. In the "PIN or Registration Number" field, enter the PIN or registration number given by your Certifying Healthcare Provider after they certified you for the medical use of marijuana. Patient Identification PIN or Registration Number: * Last Name: *	
Patient Identification PIN or Registration Number: * Last Name: *	/en to you
PIN or Registration Number: *	
Last Name: *	
Date of Birth (mm/dd/yyyy): *	
Social Security Number (Last 4 Digits): *	

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<u>Step 6:</u> If you successfully enter all of the identification fields you will be taken to the instructions page. Review these instructions and click "Proceed." This will look as such:

C Medical Use of Marijuana Online System	
Instructions	
General Extension	
regularization progress regularization regularizatio regularizatio regul	
Please also make sure to keep track of your username and password. You will need this information to log in to the system to make any necessary updates or to renew your registration.	
PREPARING FOR REGISTRATION	
In order to register as a patient in the Medical Use of Marijuana Online System you will need the following:	
A valid form of identification (as cullined below) A obscience in discussed if (as cullined below)	
* • plonggippi or yourse (as summa carrow) Scan and save on your computer the valid form of identification and the photograph of yourself.	
These documents will be uploaded to the Medical Use of Marijuana Online System during the patient registration process.	
VALID FORMS OF IDENTIFICATION	
Valid forms of identification include:	
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The address you enter in the Medical Use of Manjuana Online System must match the address on your Massachusetts driver's license or ID card and the proof of residency that you submit. Proof of Massachusetts residency may include, but is not limited to:	
A utility bill gas, electric: helphome, cable, or helphome, oil), that is less than 60 days old. It must contain your name and address Vour current Marketine egistration card with your current address Tution bill with your current address, It must have a due date of less than 60 days old. Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Car insurance policy or bill (less than 60 days old) Card Markased Cardit card that displays your name and address First-class mail from any foetari or state agency that displays your name and address (adde less than 60 days old) Current Markased Prefessional License with your address (adde less than 60 days old)	
PHOTOGRAPH OF YOURSELF	
This photo will be placed on your Program ID Card.	
Your photo should be:	
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Please ensure that your photo is in jpp format with a maximum size of 2 MB. If your photo does not fit the specifications listed above, then your application may be denied. Prooram ID Card	
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Step 7: On the next page (shown below), you will enter your information into the required fields denoted by a red asterisk (*). These include the following:

Registration Information: Mother's Maiden Name, Gender, Home Phone Number, and E-mail

Residential Address: Address, City, and Zip Code

If you are homeless, you may check the box denoting your status. If you check this box, you will be required to provide a Massachusetts mailing address.

<u>Please note</u>: If you are submitting a driver's license or a Massachusetts ID card as your valid form of identification, the name and address in your application must match the name and address on your corresponding Valid Form of ID.

Mailing Address: Address, City, State, and Zip Code

If your mailing address is the same as your residential address, you may check the box and the information will automatically populate.

Identification Document Information: Valid Form of Identification and Number on Valid Form of Identification

From the drop down menu, select which "Valid Form of Identification" you will be uploading:

Massachusetts Driver's License; Massachusetts ID; United States passport; or US Military ID

Enter the "Number on your Valid Form of ID." Depending on which valid form of ID you upload, the number will be your:

Massachusetts Driver's License number (Include the 'S'); Massachusetts ID number; United States passport number; or US Military ID number

<u>Attestation</u>: Read through the Attestations and check the box to attest that you understand and agree with each of the attestations.

Once you complete filling out your information and check the attestation box, click "Proceed."

		Address 12 *			
Registration Information		Address 2			
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Name:		All Case			
Mother's Maiden Name: *		Halling Address			
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Date of Birth (mm/dd/vvvv):		City -			
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The Cannabis Control Commission runs the portal. We can certainly help you with what we can, but they have ultimate control over the website. This packet is for educational purposes only.



Step 9: If you successfully enter all of the identification fields you will be taken to the "Valid Form of Identification" page.

- Enter the expiration date of your Valid Form of ID.
- Scan a copy of the front of your MA ID or MA Driver's License.

<u>Please Note:</u> Only include a scan of the back if your address is different than the one on the front of the license. Your address needs to match whatever the MA RMV has in their system.

That can be updated by visiting: <u>https://atlas-myrmv.massdot.state.ma.us/myrmv/_/</u>

• To upload a copy of your Valid Form of ID, click "Choose File" or "Browse" button and select the file that you saved to your computer prior. Then click "Upload" before hitting the "Proceed" button at the bottom of the screen.

When uploading a document to this screen, ensure that the document is in .jpg format or .pdf format and has a maximum size of 2 MB.

<u>Please note</u>: This file should contain a copy of your Valid Form of ID. You should not upload the picture of yourself at this time; you will be asked to do so on the next page.

<u>Also note</u>: If you are uploading a US Military ID, you must upload the file that contains both the **front and back** copy of your ID.

Valid Form of Identification		
Instructions:		. 🗸 Ins
Upload a valid form of identification that meets the requirements outlined below, the four forms of ID listed below. Be sure to upload an image of your entire valid	and input the requested information. Please note this page is to upload your valid form of ID; ensure it is only one o form of ID, including both the front and back of the ID. Do not upload a photo of yourself here. You will upload a	
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• Click "Proceed" to continue to the next page.

****Additional Step ONLY for those registering using a US Passport or US Military ID:** You will be prompted to upload a picture of yourself as well. This photo will be placed on your Program ID Card. Those registering with their MA ID or MA Driver's License with have their photo already pulled from the RMV database so they can skip this step.

Photograph of Yourself:

Your photo must be:

- o In color;
- A square photo in portrait/upright format;
- Taken in front of a plain white or off-white background;
- Taken within the last 6 months to reflect what you look like now;
- Showing only your head and the top of your shoulders;
- Taken looking directly at the camera held at eye level;
- Taken with both eyes open, and without eyewear; and
- Taken without any item that covers your face or head, except for religious purposes.

A passport photo meets these requirements and can be obtained at any location that issues passport photos, such as a pharmacy, the post office, or a camera store. Alternatively, you may upload a photo from a cell phone camera if the photo meets the requirements outlined above.

• Scan said photo to the device you're doing the registration on. Choose this photo from your files and click "Upload" before proceeding to the next page.

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Step 10: After uploading the image of your identification and the picture of yourself (if applicable), then you must submit a document that proves that you are a resident of Massachusetts (as outlined below):

Upload one of the following, which proves that you are a resident of Massachusetts:

- Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address;
- Current Massachusetts motor vehicle registration card with your current address;
- o Tuition bill with a due date of less than 6 months ago and addressed to your current address;
- \circ $\,$ Car insurance policy or bill that is dated less than 60 days old;
- Home mortgage, lease or loan contracts dated within 6 months of today with your name, address and signature;
- o Certified U.S. Marriage Certificate dated within the past 6 months;
- \circ $\;$ Property tax or excise tax bill for the current year with your name and address;
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address; or
- Current Massachusetts-issued Professional License with your address.

***Also, the name and address you submit in the Medical Use of Marijuana Online System must match the name and address on the document that you submit to prove your Massachusetts residency.

- Scan or take a picture of one of these proofs that clearly display all the applicable information such as full name, MA address and the date.
- Click "Choose File" and pick the correct file that has the scan of the Proof of Residency
- Click "Upload" to upload file to registration

When uploading a document to this screen, ensure that the document is in .jpg format or .pdf format and has a maximum size of 2 MB.

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Medical Use of Marijuana Online System

Proof of Massachusetts Residency

Instructions:

You must submit a document that proves that you are a resident of Massachusetts (as outlined below). Also, the name and address you submit in the Medical Use of Marijuana Online System **must match** the name and address on the document that you submit to prove your Massachusetts residency.

When uploading a document to this screen, ensure that the document is in .jpg format or .pdf format and has a maximum size of 2 MB.

Upload one of the following, which proves that you are a resident of Massachusetts:

- · Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address;
- Current Massachusetts motor vehicle registration card with your current address;
- Tuition bill with a due date of less than 6 months ago and addressed to your current address;
- · Car insurance policy or bill that is dated less than 60 days old;
- · Home mortgage, lease or loan contracts dated within 6 months of today with your name, address and signature;
- Certified U.S. Marriage Certificate dated within the past 6 months;
- · Property tax or excise tax bill for the current year with your name and address;
- · First-class mail dated less than 60 days old from any federal or state agency that displays your name and address; or
- Current Massachusetts-issued Professional License with your address.

Upload Proof of Massachusetts Residency

Select the file proving your Massachusetts residency to upload: *

Choose File No file chosen

Upload



• Click "Proceed" to continue

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<u>Step 11</u>: You'll see the photo the state will be using for your hard copy, plastic Medical Marijuana Program card.

Step 12: You'll be taken to a screen where you'll have to double check all of your information such as your name, address, phone number, etc. Once you click "Submit", your registration will automatically be processed as long as your registered using your MA Identification or your MA Driver's License. You'll see this page as shown below:

Medical Use of Marijuana Online System								AG
				A Home	My Caregivers	\$ <u>My Purchases</u>	My Registration	O Help
Home Welcome You are a registered patient with the Medical Use of Mar	ijuana Program. Your registration number is P	and your registration is active until February	, 2021 .					
Important Dates My Registration Expiration Date: My Certification End Date:	02/19/2021 - 1 year from today 02/17/2021 - 11 months, 29 days from today							
To print your temporary program ID card please click the "Print Temporary Program Print Temporary Program ID Card Please use the menu at the top right of the screen to navigate through the system: Home - Return to the home page My Caregivers - Manage your caregiver(s) My Registration - View/update your registration information, or deregister My Purchases - View your recent purchases Help - Additional help and information	n ID card" link below.							

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From here, you will be able to print your temporary, paper Program ID Card. You will receive your plastic Program ID Card in the mail at a later date. Temporary, paper Program ID Cards expire four weeks from the date that your registration is approved by the Program. By the time the temporary expires, you should have received a plastic Program ID Card in the mail.

If you do not receive your plastic Program ID Card within three weeks, call the Program at (833) 869-6820.

The temporary, paper Program ID Card looks like this:

	TEMPORARY PROGRAM	I ID CARD						
C	Cannabis Control Commission Medical Use of Marijuana Program							
PA REGIS	This is your temporary, paper registration is approved by th must carry your Program ID (use. If you do not receive you Program at (833) 869-6820.	Program ID Card which e e Medical Use of Marijuan: Card all times while you are ir plastic Program ID Card	xpires four weeks from the date that your a Program. You e in possession of marijuana for medical in the mail within three weeks, call the					
TIE TR.	YOUR	Registration Number: Name:	P					
PZ	IMAGE	Registration Type:	Patient					
TION	HERE	Expiration Date:	03/31/2020					
	You must carry your Program ID Care	d all times while you are in posses	sion of marijuana for medical use.					

It will have the image you provided or the image from the Registry of Motor Vehicles in the "Your Image here" portion. It will also have your patient registration number, name and expiration date when that temporary card will expire.

Unfortunately, those registering with a US Military ID or a US Passport will have to wait for the state to process your registration. This process may take two to three weeks.

Anyone registering with those credentials will then be taken to the Home screen with a message stating that you have submitted a new registration application. Once your registration application is reviewed by the Medical Use of Marijuana Program, you will be notified by email regarding the status of your registration.

Registration applications are reviewed in the order they are received.

For further questions or if you would like to try and expedite your registration being processed, you can try to contact the state via their phone number (833) 869-6820 or by e-mailing Matthew Giancola at: Matt.Giancola@CCCMass.com

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