



Canna-Wise

ALTERNATIVE MEDICINE

STATE REGISTRATION RENEWAL STEP BY STEP

Step 1: Go to <https://patient.massciportal.com/mmj-patient/login> and click on the option the reads, Claim Account. You will be prompted to enter a Registration number, Last name, DOB, and the last 4 of your social. After this information is entered you may continue to step 2. *If you have already claimed your account please enter your login info and skip to step 4*



Medical Use of Marijuana Online System

Claim Account

Instructions:

Please fill in the fields below to verify your identity in order to claim your Medical Use of Marijuana Online System account (previously associated with the Massachusetts Virtual Gateway). If you are a patient, you may enter your pin or your registration number in the field below. If you are a caregiver, you must enter your registration number. Please enter your last name and registration number exactly as they appear in your registration card. All fields marked with an asterisk (*) are required.

User Information

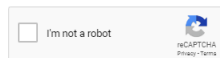
Patient PIN or Registration Number: *

Last Name: *

Date of Birth (mm/dd/yyyy): *

Social Security Number (Last 4 Digits): *

I agree to the Medical Use of Marijuana Online System's [terms and conditions](#).



Step 2: After you enter your information, an email will be sent to the email registered to your account. Once you open the email they sent you, you may continue to step 3



Medical Use of Marijuana Online System

Claim Account Email Sent

An email has been sent to your registered email address (a*****@gmail.com). Please click on the link in the email to create a new password for your account. If you do not receive the message within a few minutes, please check your junk email folder.

Step 3: Once you've opened the email that was sent to you, the program will welcome you and prompt you to renew your MMJ Patient ID. If you see this screen continue to step 4



Medical Use of Marijuana Online System

Home


Welcome , to the Medical Use of Marijuana Online System. Your registration is EXPIRED as of February 11, 2020.

If you have any questions, please contact the Medical Use of Marijuana Program at (833) 869-6820.

Please renew your registration by clicking the "Renew Registration" link below.

[Renew Registration](#)

Step 4: If you've made it this far you will be on a screen that looks similar to the one below. You're going to want to click the green box the reads "Proceed" and continue on to step 5


Medical Use of Marijuana Online System

Renew Registration

General Instructions for Patient Registration


[Renewal Overview](#)

Your medical provider, after a thorough assessment of your health, believes you may benefit from medical use of marijuana for your debilitating disease. Your medical provider has renewed your certification on-line and now you need to renew your registration with the Medical Use of Marijuana Online System. Please follow the detailed instructions below.

- Step 1: Click on the "Proceed" button below to begin the renewal process.
- Step 2: Review the registration information you previously entered into the system and make any necessary changes.
- Step 3: Read and agree to the attestations by clicking the checkbox next to the stated requirements.
- Step 4: Click the "Proceed" button to continue the renewal process.

Note: There is a 30 minute timeout for the Medical Use of Marijuana Online System. Any information that has not been saved will be erased.

Step 5: Once you click proceed, you will be prompted to input or confirm your information. Once all the lines are filled in your information is entered move forward to step 6.


Medical Use of Marijuana Online System

Registration Information

Instructions:
Please review your registration information below and make any necessary changes. All fields marked with an asterisk (*) are required.

Registration Information

Registration Number: P111

Name:

Mother's Maiden Name: *

Gender: *

Date of Birth (mm/dd/yyyy): 09/27/

Social Security Number (Last 4 Digits):

Home Phone Number (111-222-3333): *

Mobile Phone Number (111-222-3333):

Email:

Residential Address

Homeless:

Address 1: *

Address 2:

City: *

State: Massachusetts

ZIP Code: *

Mailing Address

Mailing address is the same as above:

Address 1: *



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state:

ZIP Code: *

Mailing Address
Mailing address is the same as above:

Address 1: *

Address 2:

City: *

State: *

ZIP Code: *

Identification Document Information
Valid Form of Identification: *

Number on Valid Form of Identification: *

Attestation

- I submitted to the Cannabis Control Commission (CCC), all the required information to the best of my abilities and have not made any representations that are deceptive, misleading, false or fraudulent, or that tends to deceive or create a misleading impression, whether directly, or by omission or ambiguity. I promise that if such representations are made, my registration as a patient may be suspended or revoked and I may be subject to criminal prosecution.
- I agree that I will only engage in the use of medical use of marijuana that is consistent with my certifying medical provider's recommendations, including patient supply.
- I promise that once I obtain a temporary or annual registration, that I will not to engage in the diversion of marijuana purchased for medical use and that if I engage in diversion, my registration as a patient may be suspended or revoked and I may be subject to criminal prosecution. I understand that the protections conferred by the Massachusetts law for possession of marijuana for medical use are applicable **only within Massachusetts**, G.L. c. 94I. See G.L. c. 94G. I also understand that Massachusetts law does not provide immunity under federal law or poses an obstacle to federal enforcement of federal law.
- I understand that to demonstrate that I am a medical-use patient, I must carry my Medical Use of Marijuana Program (Program) temporary registration or ID card at all times while in possession of marijuana for medical use.
- I understand that I am responsible for notifying the Program within five business days (by calling [833] 869-6820) after any change to the information that I have submitted to the Cannabis Control Commission (CCC), or if my Program ID Card has been lost, stolen, or destroyed.
- I understand that I must carry my Medical Use of Marijuana Program ID card at all times while in possession of marijuana for medical use.
- I understand that I am responsible for notifying the Medical Use of Marijuana Program within five business days (by calling (833) 869-6820) after any change to the information that I have submitted to the Department, or if my Program ID Card has been lost, stolen, or destroyed.
- I understand that, if available, a copy of my photo in the Registry of Motor Vehicles database will be transferred into the Medical Use of Marijuana Online System for record keeping purposes.
- I understand that the photo in the Medical Use of Marijuana Online System database will be placed on my Medical Use of Marijuana Program ID Card for identification purposes.
- I authorize the Program to release to Medical Marijuana Treatment Centers (MTCs), formerly, Registered Marijuana Dispensaries MTCs, for the purpose of dispensing marijuana.

Step 6: After your information has been entered, at the bottom of the page you will be asked if you want to update your license photo. Simply choose yes or no. If you choose yes, you will be prompted to select and upload your photo to your profile. Once you've completed this part you can move on to step 7.

Valid Form of Identification

Instructions:

Valid forms of identification include:

- Massachusetts driver's license
- Massachusetts ID card (with a photograph of yourself)
- US passport AND another document that proves your Massachusetts residency, or
- US military ID AND another document that proves your Massachusetts residency

The address you enter in the Medical Use of Marijuana Online System must match the address on your Massachusetts driver's license or ID card. If you are using a passport or military ID, the address you enter during registration must match your proof of residency that you submit. *Proof of Massachusetts residency may include, but is not limited to:*

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

For more information on how to update the name and address on your Massachusetts license or ID, or how to renew your license or ID, please contact the RMV, or visit their website at www.massrmv.com

- Below you will find valid forms of identification you have submitted in the past. If your valid form of identification is expiring soon, it is recommended that you upload a new valid form of identification below. Please check to make sure that the expiration date and the address on the ID matches what is in your online registration.

My Uploaded Document

| Document | Date Uploaded | Actions |
|--------------------|---------------------|---------|
| MA Drivers License | 01/31/2019 11:28 PM | |

My Identification Document

Number on Valid Form of Identification: S


Expiration date of Valid Form of ID: 09/27/

Valid Form of Identification: Massachusetts Driver's License

Would you like to update your identification information and upload a new identification document?:

No

Step 7: After you enter your information and update your license photo, you will be prompted to upload a second proof of residency. This can be any document including but not limited to a Utility Bill, MA Motor Vehicle Registration, Tuition Bill, U.S. Marriage Certificate, Property or Excise Tax, First Class Mail from a Federal or State Agency, Car Insurance Policy or Bill, Current MA-Issued Professional License, or a Mortgage, Lease, or Loan. Once you upload this second proof of residency you can move on the next step



Medical Use of Marijuana Online System

Proof of Massachusetts Residency


Instructions:
You need to confirm proof of residency by uploading supporting documentation. Accepted documents for the proof of Massachusetts residence include:

- Home mortgage or lease, or loan contracts (e.g., Retail Installment Sale Agreement or Motor Vehicle Installment Sale Contract), with the applicant's name, residential address and signature (dated within 6 months of application)
- Current, valid homeowner's or renter's insurance policy with the applicant's residential address that is for the current year
- Original or certified copy of a U.S. - issued Marriage Certificate (dated within 6 months of application)
- A utility bill (gas, electric, wired telephone, wired cable, or heating oil delivery bill), no more than 60 days old, that contains the applicant's name and residential address
- Current Massachusetts motor vehicle registration card
- A property tax or excise tax bill for the current year and contains the applicant's name and residential address
- Tuition bill with residential address, with a due date of not more than 6 months in the past
- Original letter issued and signed by the principal, headmaster, or official keeper of the records of a MA school (including a college or university) on school's letterhead that states the applicant is currently a resident student and includes the student's name and date of birth (dated within 1 month of application)
- First-class mail from any federal or state agency that displays residential address (dated within 60 days of application)
- Voter registration signed and certified by city/town clerk
- Car insurance policy/bill (no more than 60 days old)
- Current MA-issued Professional License that displays residential address
- Jury Duty Summons (dated within 3 months of application)
- Census or Census Verification for current year

Upload Proof of Massachusetts Residency
Select the file proving your Massachusetts residency to upload: *

No file chosen

Step 8: After completing steps 1-7 you will be brought back to a screen welcoming you to the program, showing the dates you have expired and renewed. At this screen you have access to print out a temporary ID Card to use until your hard copy comes. Click on the words that read [Print Temporary Registration Card](#) and continue to the next step.



Medical Use of Marijuana Online System

Home

Welcome [Name] to the Medical Use of Marijuana Online System. Your registration is EXPIRED as of February [Date], 2020.

If you have any questions, please contact the Medical Use of Marijuana Program at (833) 869-6820.

You have submitted a Registration Renewal application, on February 20, 2020. Once your application for registration is processed, you will be notified about the status of your registration. Applications for registration are processed in the order they are received.

To Print your temporary registration card please click the "Print Temporary Registration Card" link below:
[Print Temporary Registration Card](#)



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Step 9: You have completed everything you need to in order to claim your account/renew with the state! On this final screen you will see your temporary ID Card and the option to print it out. Please print out this temporary ID Card and keep it on you at all times that you plan to go to a dispensary until your hard copy comes in the mail

TEMPORARY REGISTRATION CARD



**Cannabis Control Commission
Medical Use of Marijuana Program**

This temporary registration card expires fourteen (14) days from the start date of your certification. You must carry this card all times while in the possession of medical marijuana and marijuana-infused products (MIPs). Please begin the registration process as soon as possible; if you have not completed the process in 14 days, your temporary registration will expire and no longer be valid. This card entitles you to a limited 14-day supply or no more than 2.5 ounces of marijuana. Certifying Healthcare Providers are encouraged to print out this card and the essential caregiver registration information at no additional or minimal cost to their patients.

REGISTRATION
PATIENT
TEMPORARY

| | |
|-----------------------------|------------|
| Registration Number: | P111 |
| Name: | |
| Registration Type: | Patient |
| Expiration Date: | 03/04/2020 |

Patients and caregivers who misuse a temporary registration card, including using the card to purchase more than the limited 14-day supply or more than 2.5 ounces of marijuana, will likely be subject to disciplinary action including revocation of a temporary registration and denial of an annual registration. This card must be destroyed on the receipt of an annual registration card.