

Adult Patient Application Instructions:

Adult (19 years and older)

Welcome to the North Dakota Medical Marijuana Program.

Applications will be completed and submitted online via the BioTrackTHC registration system found [here](#).

Required application information includes:

- Name (how it appears on state issued ID)
- Date of birth
- Mailing Address (must be a ND address)
- Phone number
- Email address

All information must be current to avoid any delay in the application process or receipt of an ID card

Applicants will be required to **upload** the following:

- A clear photo
 - ✓ *This is the photo that will go on the ID card if the application is approved.*

Photo Guidelines:

- Entire face must be visible.
 - Do not tilt the camera.
 - Do not use a filter (snapchat or other).
 - Eyes must be visible with the applicant looking directly at the camera.
 - A plain background is best.
 - Use good lighting (not too light or too dark).
 - Use a colored photo (not black and white).
 - No sunglasses.
 - Remove eyeglasses to avoid a glare.
 - Do not include other people in the photo.
 - Do not obstruct face with hands or other objects.
- An uploaded copy of the front of the applicant's ND state issued ID (driver's license or non-driver photo ID)

Poor quality photos or those that do not meet the requirements, will result in a delay in application processing.

Certifying Healthcare Provider Information:

- Provider first and last name
- Provider email address

Incorrect information, particularly the provider email address, will result in a delay in application processing.

Mandatory Questions/Answers: Applicants will be required to answer the following questions:

- Is the patient able to make their own medical decisions?
 - If answered “no” additional information must be provided. Patients who cannot make their own medical decisions must have a designated caregiver.
- Does the patient intend to have a designated caregiver? A designated caregiver (once carded) can purchase, possess, and help administer products to the registered patient. Patients can have up to five designated caregivers.
 - If answered “yes” additional information must be provided.
 - ✓ A designated caregiver must submit a separate designated caregiver application in order to receive a registry ID card.
 - ✓ A designated caregiver must enter the patient’s application barcode number on their application and click the ‘verify’ button.
- Is the patient a veteran?
 - If “yes”, then another question asks does the patient receive healthcare services and/or treatment from a Federal VA entity?
 - If both veteran-related questions are answered ‘yes’, once the application is submitted, Medical Marijuana Program staff will reach out to the applicant with further instructions.
- Is the patient enrolled in a hospice (end-of-life) care program?
 - If answered ‘yes’ additional information must be answered.
 - Hospice-enrolled patients will be required to upload additional documentation.
 - Hospice-enrolled patients should have one or more designated caregivers.

Medical Release of Information:

- The applicant signs and dates a medical release of information related to the debilitating medical condition(s) that qualify them for the program.
 - ✓ Medical Marijuana Program staff will reach out to patients or healthcare providers if more information is needed. Some healthcare facilities will also require that applicants complete their release of information form prior to sending requested medical records or information to the Medical Marijuana Program.

Written Certification (to be completed by the healthcare provider):

- Once an applicant has submitted their healthcare provider's full name and email address, the provider will receive an email notification and will find the written certification that they need to complete on their pending list on their account.
 - ✓ Please Note: If the applicant has entered the provider's email address incorrectly, they will not get the proper notification and will not have the patient application on their pending list. Please ensure the healthcare provider's name is spelled correctly and their work email address is entered correctly to avoid delays.
- If the applicant cannot complete a data field (it may be grayed out), it means that the information is meant for somebody else to complete, such as the healthcare provider.

Voluntary Demographic Information:

- Applicants can complete this information if they would like to.

Patient's Attestation Statement:

- All boxes must be checked and then the applicant must sign and date.

Application Fee:

- The **\$40 non-refundable application fee** can be paid in the following ways.
 - Online payment with a credit card, debit card, or electronic check. The online payment portal is at the end of the application. The 'pay now' button will only be activated once an applicant has completed their application in its entirety and has clicked the submit button.
 - ✓ If the blue button at the bottom of the application says 'save' rather than 'submit', it means that there is missing/incomplete information in the application. Please review the application, and once all required information is entered, the blue button at the bottom of the application will say 'submit'.
 - Check, cashier's check, or money order made payable to the NDDHHS; MM Program.
 - Write the application barcode number (10-digit alphanumeric number) on the payment to ensure the payment gets posted to the correct account/application.
 - Mail payment to:
NDDHHS, Medical Marijuana Program
600 E Boulevard Ave, Dept 325
Bismarck, ND 58505

State Law and Administrative Rules:

- Applicants should be familiar with state law and administrative rules that govern the Medical Marijuana Program (NDCC Chapter 19-24.1 and NDAC Chapter 33-

44-01), which can be found at <https://www.hhs.nd.gov/health/mm/state-laws-and-administrative-rules>.

Submitting Inaccurate, Incorrect, or False Information:

- Inaccurate or incorrect information could result in a delay in processing of an application.
- An applicant who knowingly submits false records or documentation required by the Medical Marijuana Program will be permanently disqualified from participating in the Medical Marijuana Program.
- A material misstatement by an applicant may result in the registry identification card being suspended or revoked.

Your Account:

Applicants can log into the registration system where they completed their application at any time to view the progress of their application. Information regarding application statuses can be found [here](#).

In addition, registered patients can check their 30-day limit meter and 30-day purchase history via their online account.

Registered patients and their designated caregivers are responsible for monitoring their card expiration date and renewing their application up to 45 days prior to their card expiring.

Contact Information:

For more information, or if you need an accommodation, please email medmarijuana@nd.gov or call 701.328.1311.

Following the submission of a complete application, including payment and the written certification by the healthcare provider, please allow 2-4 weeks for processing. Delays in processing could result from incomplete information, payment not being received, sub-par photos being submitted, or additional documentation or information not being provided when requested by Medical Marijuana Program staff.

Communication:

Medical Marijuana Program staff will utilize the **email address** that applicants have provided on their application as the first means of communication. Therefore, it is important that applicants monitor their email inbox for important information regarding their application. Failure to do so may result in delays in the review process.