



# Top 10 Tips for Successfully Completing Your Medical Cannabis Patient Registry Application

**1 Physician Written Certification Form** - Meet with your physician to discuss the use of medical cannabis for the treatment of your condition. This is an important first step in the application process. Your doctor must complete and mail this form to the Department. Your appointment must be within 90 days of submitting your application to the Department.



**2 Complete and sign application** - Fill in all parts of the application, choose a medical cannabis dispensing organization and sign the last page. Consider designating a caregiver if you will need help with using or purchasing medical cannabis.

**3 Application Fee** - Select a one-, two-, or three-year fee. Reduced fees are available for veterans or persons enrolled in federal Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) disability program. Veterans, include a copy of your DD214. SSDI/SSI recipients, include a copy of your benefit verification letter, dated within the last year.



**4 Photograph** - Do not send in a selfie! Visit your local passport photo service to get a 2x2 inch passport-sized photo. Double check - are you by yourself, facing the camera, is your full face showing? Take the picture against a plain, white backdrop with absolutely nothing in the background.

**5 Proof of residency** - You will need two items that prove you live in Illinois. The addresses on each of the documents must match the address on your application. Bank statements, utility bills, state ID, driver's license and voter ID cards are all acceptable. Check the application for a full list.



**6 Proof of age and identity** - Send us a copy of a valid, unexpired government issued photo ID like an Illinois Driver's License or a copy of your passport photo page.

**7 Fingerprint Consent Form and the receipt from the livescan fingerprint vendor** - The form must be signed and include the Transaction Control Number (TCN). You must submit the completed form along with your application within 30 days of being fingerprinted.



**8 Veterans** - Send in a copy of your DD214 and the application fee. If you are receiving care at a Veterans Affairs (VA) facility, you may submit 12 months of medical records from the VA instead of a Physician Written Certification Form.

**9 Caregiver application** - Complete the entire caregiver application and send it with the caregiver fee and all supporting documents (photo, proof of residency, proof of age and identity, fingerprint consent form, caregiver's signature). The caregiver application should be sent with your patient application.



**10 Call or email with questions** - If you have a question, check with the Division of Medical Cannabis before sending your application. Call us at 855-636-3688 or send an email to [DPH.MedicalCannabis@Illinois.gov](mailto:DPH.MedicalCannabis@Illinois.gov).