

Illinois Department of Public Health
Intent to Present Technical Evidence
*Public Hearing to Review Petitions Requesting Addition of Debilitating Conditions
to the Medical Cannabis Registry Program*

Persons wishing to present technical evidence about a petition being reviewed are required to file a statement of intent with the Department. **Statements of Intent to Present Technical Evidence must be submitted to the Division of Medical Cannabis via email to dph.medicalcannabis@illinois.gov by 5 PM on Monday, April 25 or postmarked by April 22, 2016 if sent via regular mail.** One statement of intent is required for debilitating condition the speaker wishes to present on.. Organizations are encouraged to select one speaker to represent the group. Incomplete statements shall not be accepted. The statement of intent to present technical evidence shall include:

1. **Name of the person filing the statement and organization represented (if any).**

2. **For which petition for a debilitating condition do you wish to present technical evidence?**

Check one

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Chronic Pain Due to Trauma |
| <input type="checkbox"/> Chronic Pain Syndrome | <input type="checkbox"/> Chronic Post-Operative Pain |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Intractable Pain |
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Post-traumatic Stress Syndrome | <input type="checkbox"/> Dysthymic Disorder |
| <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Panic Disorder |

3. **Do you support or oppose the petition at issue.** Check one
 I support the petition I oppose the petition

4. **Indicate the approximate amount of time needed to present (limit to no more than 3 minutes).**

5. **Indicate if a closed session is requested.** Check one
 I request closed session to present my technical evidence I will present in the open forum

Mail the statement of intent to Division of Medical Cannabis, Illinois Department of Public Health, 535 W. Jefferson Street; Springfield, IL 62761-0001.

