



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services - MMMP
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333

Tel: (207) 287-4325; Toll Free: 1-855-355-4325

Fax: (207) 287-2671; TTY Users: Dial 711 (Maine Relay)



Medical Use of Marijuana Program
INSTRUCTIONS FOR COMPLETING
PATIENT APPLICATION FORM
Effective September 28, 2011

**An application for a *Patient*
Registry Identification Card
is *voluntary* and there is
no fee.**

Possession of a Registry Identification Card will assist law enforcement officials to know that you may lawfully possess and/or cultivate marijuana for your medical use.

If you choose not to apply for a Registry Identification Card, please review the instructions regarding the information you must present to law enforcement to verify your lawful participation in the program as a non-registered qualified patient.

INSTRUCTIONS

Complete form. If you choose to register, the application form is to be completed and signed by the patient or the patient's parent or legal guardian. There is **no fee** for a qualified patient to register. If you choose to obtain marijuana from a caregiver or dispensary, the **department-approved designation form** you will use can be located at <http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>. Who will grow for the patient is entirely the decision of the patient.

Section 1 is identifying information for the patient. If you plan to grow your own marijuana, you must indicate where it will be grown.

You must attach a **copy of your physician certification form** to your application. Here is some information about the physician certification form: [1] A patient cannot complete the physician certification form. [2] The physician certification form must be completed by a physician who has a bona fide patient-physician relationship with you. [4] The physician shall give you the completed signed and dated original certification form printed on tamper resistant paper. [5] Please note that the physician shall determine the expiration date of your certification. The physician can use a period of 12 months or less, based upon his or her professional judgment.

You must attach a **copy of your Maine driver's license** to your application. If there is no driver's license, another Maine-issued photo identification card is required. No photo identification card is required for a hospice patient or a nursing home resident.

Section 2 This section must be completed if the patient is a minor, or an adult with a court-appointed guardian or a durable power of attorney. This section identifies the legally responsible adult for a minor or person under guardianship or durable power of attorney. Copies of guardianship or durable powers of attorney must be attached to the application.

Section 3 You must sign and date this patient declaration. Read it carefully.

Send. You must send the completed application with required attachments to: Division of Licensing and Regulatory Services, Department of Health and Human Services, Maine Medical Use of Marijuana Program, 11 State House Station, 41 Anthony Ave., 2nd Floor, Augusta, ME 04333

Questions: Any questions concerning the application can be submitted to dlrsmmp.dhhs@maine.gov or call 287-4325.