



Oregon Medical Marijuana Program (OMMP)

Application Form and Attending Physician Statement Instructions

KEEP A COPY FOR YOUR RECORDS

Application Form

SECTION A – Patient Information

- Complete all of Section A.
- You must provide a clear, legible, and valid copy of a U.S. State or Federal issued photographic identification card that includes last name, first name, and date of birth. If the information or expiration date is not on the front of the ID, copy the back of the card showing that it is current.

SECTION B – Designated Primary Caregiver

A designated primary caregiver is a person age 18 or older who has significant responsibility for your care (your physician cannot be your caregiver).

- Part B of the application allows you to designate a caregiver. You do not have to designate a primary caregiver unless you are under age 18.
- If you choose to list a caregiver, you must provide 1) a clear, legible, and valid copy of a U.S. State or Federal issued photographic identification card that includes last name, first name, and date of birth, and an expiration date, 2) the caregiver's address, and 3) the caregiver's phone number.
- There is no additional fee to designate a caregiver on your application form.
- If you remove your caregiver, it is your responsibility to tell the caregiver that he or she is no longer protected under the Oregon Medical Marijuana Act (OMMA).

SECTION C – Person Responsible for a Growsite and Marijuana Growsite Address

- The designated grower will be subject to a criminal history check for certain felony convictions.
- For your grower, you must provide 1) a clear, legible, and valid copy of a U.S. State or Federal issued photographic identification card that includes last name, first name, date of birth, and expiration date, 2) the grower's address and 3) the grower's phone number.
- Per Oregon Administrative Rule 333-008-0025, you must list the physical address of where your marijuana is to be produced. The physical address must be located in the State of Oregon.
- You may list only one grow site; a P.O. Box is not acceptable for a grow site address.
- If you remove your grower, it is your responsibility to tell the grower that he or she is no longer protected under the OMMA.

SECTION D – Fees

Application Fee

- The fee for a new or renewal application is either:
 - \$200; or
 - \$100 if you provide proof of Oregon Health Plan (OHP) eligibility or if you provide proof of receiving monthly Food Stamp benefits; or
 - \$20 if you provide proof of Supplemental Security Income (SSI) benefits.

Growsite Registration Fee

- The fee if someone other than yourself is your grower is \$50. This fee is in addition to your application fee.
- See the back page of the application form and OAR 333-008-0020 for OHP, Food Stamp and SSI eligibility and proof requirements. Please note that Social Security Disability Insurance (SSDI) or Social Security Retirement receipt **do not** qualify an applicant for a reduced fee.
- Please make your check or money order out to “**OMMP**” or “**OHA/State of Oregon**”. We do not accept debit or credit cards. The application form must accompany the payment.

SECTION E – Signature & Date

- The form must be signed and dated by the applicant.
- If a proxy is signing the application for you, please note this on your application.

If you are a minor...

If the applicant is under age 18, the parent or guardian must complete the **Declaration of Person Responsible for a Minor** form and complete Part B of the Application Form as a primary caregiver. The “**Declaration of Person Responsible for a Minor**” form is available from the OMMP office. This form must be notarized.

Attending Physician’s Statement

SECTION A – Patient Information

- Clearly print the patient’s full name, address, telephone number and date of birth.

SECTION B – Physician Name and Address

- Clearly print the physician’s name, mailing address and telephone number.

SECTION C – Physician’s Statement

The physician signing your OMMP documentation must be a Medical Doctor (MD) or Doctor of Osteopathy (DO) currently licensed to practice medicine in Oregon under Oregon Revised Statute Chapter 677. He or she must meet the definition of an “attending physician” (OAR 333-008-0010(3)).

- The physician must complete this section by checking the boxes to indicate your qualifying debilitating medical condition.
- The physician must sign and date the form. The date must be current within 90 days of the date of your new application or current card’s expiration.

As an alternative to the Attending Physician’s Statement, you may submit **signed, dated, valid, written documentation** from your physician. This documentation can be in the form of a signed and dated copy of your medical records or a signed and dated letter and must state:

- You are his or her patient;
- You have been diagnosed with a debilitating medical condition covered by the Oregon Medical Marijuana Act; and
- The medical use of marijuana may mitigate the symptoms or effects of your condition.
- This documentation must also be current within 90 days of the date of your new application or current card expiration.

You may request any form, including the rules and statutes, by phone, mail, or in person. You may also get a copy of all OMMP documents online at our website (www.healthoregon.org/mm).

All information on your application will be verified by the OMMP.