OMMP Application Checklist

Patients who submit their applications with all the correct documentation generally receive their cards faster than those who submit incomplete applications. The following checklist will help you submit a complete application in order to receive your cards as quickly as possible.

- *A copy of your submitted written application documentation along with proof of the date of mailing, or other transmission of the documentation, affords you the same legal protection as a registry identification card, until you receive your card or notification that your application has been approved, denied or terminated.*
- *Written documentation of your application does not allow you access to dispensaries.*

Checklist:

- ☐ Is your Attending Physician's Statement (APS) complete and signed by a Medical Doctor (MD) or Doctor of Osteopathy (DO) licensed in the state of Oregon?

⚠ **We must receive the APS within 90 days of the date your doctor signed the form in order for it to be valid.**

- ☐ Is your application form complete and signed by the Patient?
- ☐ Have you included valid state or federally issued photographic ID for everyone listed on the application form?
- ☐ Have you included the appropriate fee?

  - **The application fee is $200 unless you qualify for one of the reduced fees.**

Reduced fee options:

- $60 with proof of Oregon Food Stamp benefits (SNAP), or
- $50 with proof of Oregon Health Plan (OHP) eligibility, or
- $20 with proof of receipt of Supplemental Security Income (SSI) monthly benefits, or
- $20 with proof of receipt of compensation from the United States Department of Veteran's Affairs (VA) based on a finding of 100% service-connected disability or receipt of a needs-based pension from the VA as described in OAR 333-008-0020.

Growsite registration fee:

- If a designated Grower is someone other than the Patient, a $50 Growsite registration fee will be required in addition to the application fee.

After you have double checked your paperwork mail your completed application materials by certified mail to:

OHA/OMMP
PO Box 14450
Portland, OR 97293-0450

Or deliver them to our secure drop box located on the 1st floor of the Portland State Office Building at 800 NE Oregon Street, Portland, Oregon, 97232-2162.

******Please keep a copy of your records******

Oregon Medical Marijuana Program
PO Box 14450
Portland, OR 97293-0450
(971) 673-1234 (Mon – Fri, 9:00am - 4:00pm)
www.healthoregon.org/ommp

Office Use Only

CHC	GR4	
FS	OHP	SSI

APPLICATION FORM Type or print legibly. Do not alter this form or use white out.

PATIENT – REQUIRED

LEGAL NAME (Last, First, MI):	☐Male ☐Female	DATE OF BIRTH:
MAILING ADDRESS:		PHONE:
CITY: STATE: ZIP:		COUNTY:
PHOTO ID # AND ISSUING AGENCY(Enclose Copy):		

CAREGIVER – OPTIONAL (*Complete **ONLY** if you have a Caregiver)*

LEGAL NAME (Last, First, MI):	☐Male ☐Female	DATE OF BIRTH:
MAILING ADDRESS:		PHONE:
CITY: STATE: ZIP:		COUNTY:
PHOTO ID # AND ISSUING AGENCY (Enclose Copy):		

GROWER/GROWSITE– OPTIONAL (*Complete **ONLY** if you have a Grower/Growsite)*

*****CANNOT BE A DISPENSARY*****

LEGAL NAME (LAST, FIRST, MI):	☐Male ☐Female	DATE OF BIRTH:
MAILING ADDRESS:		PHONE:
CITY: STATE: ZIP:		COUNTY:
PHOTO ID # AND ISSUING AGENCY(Enclose Copy):		
GROWSITE ADDRESS:		
CITY: STATE: **Oregon** ZIP:		COUNTY:

FEES – REQUIRED The correct fee must be enclosed. If you are unsure please contact the OMMP.

NO GROWER/GROWSITE, OR PATIENT IS HIS/HER OWN GROWER, AND:

Submits no reduced fee proof:	$200.00
Submits current SNAP proof:	$60.00
Submits current OHP proof:	$50.00
Submits current SSI ***OR*** Vet 100% disability proof:	$20.00

PATIENT IS DESIGNATING GROWER OTHER THAN HIS/HERSELF, AND:

Submits no reduced fee proof:	$250.00
Submits current SNAP proof:	$110.00
Submits current OHP proof:	$100.00
Submits current SSI ***OR*** Vet 100% disability proof:	$70.00

OMMP FEES ARE NON-REFUNDABLE. Enclose check or money order payable to OMMP. This form must be sent with the payment. Do not staple or tape. See reverse for information on documentation required for fee types.

PATIENT SIGNATURE & DATE – REQUIRED

I TESTIFY THAT THE ABOVE INFORMATION IS TRUE:

PATIENT SIGNATURE:	DATE:

DO NOT FAX – Contact the OMMP to request this document in an alternative format.

Oregon Medical Marijuana Program
PO Box 14450, Portland, OR 97293-0450
Phone: (971) 673-1234, (Mon – Fri, 9:00am – 4:00pm)
www.healthoregon.org/ommp

Application Form Instructions

PATIENT INFORMATION – REQUIRED

- Patient information is required and this section must be completely filled out.
- Additional requirements must be met if the Patient is under the age of 18.

CAREGIVER INFORMATION – OPTIONAL

- If the Patient chooses to have a Caregiver, this section must be completely filled out.
- A Caregiver is not required if the Patient is 18 or older.

GROWER/GROWSITE INFORMATION – OPTIONAL

- If the Patient chooses to have a Grower/Growsite, this section **must** be completely filled out.
- A Dispensary may ***not*** be designated as either a Grower or a Growsite.
- The Authority must conduct a criminal history check on every Grower per ORS 475.304(6)(a).
- An additional fee is required if the designated Grower is not the Patient.

FEES – REQUIRED

$200.00 No reduced fee proof is submitted. No Grower/Growsite is listed or the Patient is his/her own Grower.

$250.00 No reduced fee proof is submitted. A Grower/Growsite is listed and the Patient and Grower on the application are different people.

$60.00 Current proof of Oregon **Supplemental Nutrition Assistance Program (SNAP)** receipt is submitted. No Grower/Growsite is listed or the Patient is his/her own Grower.

$110.00 Current proof of Oregon **Supplemental Nutrition Assistance Program (SNAP)** receipt is submitted. Grower/Growsite is listed and the Patient and Grower on the application are different people.

$50.00 Current proof of **Oregon Health Plan** receipt eligibility is submitted. No Grower/Growsite is listed or the Patient is his/her own Grower.

$100.00 Current proof of **Oregon Health Plan** receipt eligibility is submitted. Grower/Growsite is listed and the Patient and Grower listed on the application are different people.

$20.00 Current proof of **Supplemental Security Income**[1] receipt eligibility is submitted. No Grower/Growsite or the Patient is his/her own Grower.

$70.00 Current proof of **Supplemental Security Income**[1] receipt eligibility is submitted. Grower/Growsite is listed and the Patient and Grower on the application are different people.

$20.00 Current proof of either **service connected compensation from the VA based on a finding of 100% service connected disability OR receipt of a needs-based pension from the VA as described in OAR 333-008-0020** is submitted. Grower/Growsite is listed or the Patient is his/her own Grower.

$70.00 Current proof of **service connected compensation from the VA based on a finding of 100% service connected disability OR receipt of a needs-based pension from the VA as described in OAR 333-008-0020** is submitted. Grower/Growsite is listed and the Patient and Grower on the application are different people.

[1] NOTE: **Social Security Disability Income (SSDI) and Social Security Retirement benefits *do not qualify*.**

Patient mail complete application, Attending Physician Statement, ID copies, and check or money order to:

OHA/OMMP
PO Box 14450
Portland, OR 97293-0450

You must present your original, valid OMMP card to enter a medical marijuana dispensary. (OAR 333-008-1230, 333-008-1245)
A dispensary will NOT accept a copy of your application and proof of transmission under any circumstances.

Until this application has been approved or denied by the Oregon Medical Marijuana Program, a copy of these materials (along with proof of mailing or transmission) shall have the same legal effect as a registration card. ORS 475.309(9).	The Oregon Medical Marijuana Act neither protects marijuana plants from seizure nor individuals from prosecution if the federal government chooses to take action against patients, caregivers, or growers under the federal Controlled Substances Act.

DO NOT FAX – Contact the OMMP to request this document in an alternative format.

ATTENDING PHYSICIAN'S STATEMENT
Oregon Medical Marijuana Program

Office use only: OBME

Instructions: Please complete all sections of this form in order to comply with the registration requirements of the Oregon Medical Marijuana Act **OR** provide relevant portions of the patient's medical record containing all information required on this form. **This does not constitute a prescription for marijuana**.

If you need this document in an alternate format, please call (971) 673-1234

This form must be received by the OMMP within 90 days of the physician's signature date.

You cannot renew more than three months prior to your current card expiration date.

PLEASE TYPE OR PRINT LEGIBLY.

A	PATIENT INFORMATION	
	PATIENT NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:
	MAILING ADDRESS:	TELEPHONE #:
	CITY, STATE AND ZIP CODE:	

B	PHYSICIAN INFORMATION	
	PHYSICIAN NAME:	MD/DO #:
	MAILING ADDRESS:	TELEPHONE #:
	CITY, STATE AND ZIP CODE:	

C	PHYSICIAN'S STATEMENT
	Debilitating Medical Condition: Check all appropriate boxes:
	☐ 1. Malignant neoplasm (Cancer)
	☐ 2. Glaucoma
	☐ 3. Positive status for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)
	☐ 4. Agitation due to Alzheimer's Disease
	☐ 5. Post-Traumatic Stress Disorder (PTSD)
	6. A medical condition or treatment for a medical condition that produces for a specific patient one or more of the following (check all that apply):
	☐ a. Cachexia
	☐ b. Severe pain
	☐ c. Severe nausea
	☐ d. Seizures, including but not limited to seizures caused by epilepsy
	☐ e. Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis.
	Comments:
	I hereby certify that I am a physician duly licensed to practice medicine in Oregon under ORS Chapter 677. I have primary responsibility for the care and treatment of the above-named patient. The above-named patient has been diagnosed with the above debilitating medical condition(s). Marijuana used medically may mitigate the symptoms or effects of this patient's condition. This is not a prescription for the use of medical marijuana.

PHYSICIAN'S SIGNATURE:	DATE:

PATIENT MAIL ATTENDING PHYSICIAN'S STATEMENT TO:

OHA/OMMP
PO Box 14450
Portland, OR 97293-0450

OMMP Basic Facts

Legal Protection

- The **Oregon Medical Marijuana Act** (OMMA) protects medical marijuana users in the State of Oregon who comply with its requirements from criminal prosecution for production, possession, or delivery of marijuana.
    - The OMMA neither protects marijuana plants from seizure nor individuals from prosecution if the federal government chooses to take action against patients, caregivers or growers under the federal Controlled Substances Act.
- An Oregon Medical Marijuana card protects cardholders only within the State of Oregon.
    - Oregon cardholders are only protected in another state if that state legally accepts Oregon's medical marijuana cards. Because medical marijuana programs vary by state, you may want to contact the state to which you are traveling for information on its laws.
    - An Oregon cardholder acts at his or her own risk when possessing, producing or delivering medical marijuana in another state without a medical marijuana card from that state.
- Nothing in the OMMA specifically addresses whether or not you can be evicted or terminated from employment because you are a cardholder.
    - It is up to you to decide whether or not to tell your landlord or employer that you are a cardholder.
    - If you have questions about these important issues, consult with an attorney.

Confidentiality

- The OMMP will **only** communicate directly with the patient.
- All written requests to release information about a patient must be signed and dated by the patient.
- The OMMP will not accept written or verbal requests for information from a caregiver, grower, or any other person or agency without the patient's written permission.
- The names and addresses of OMMP participants are confidential and not subject to public disclosure.
- Law enforcement personnel may contact the OMMP only to verify whether an individual is a patient, caregiver or grower or that a location is a registered growsite address.
- The OMMP will verify for law enforcement whether the patient, caregiver, grower, or growsite address in question is registered, or if an application is in process.
- The OMMP will disclose patient information to others only at the specific written request of the patient.

Growing and Possession

- The OMMP cannot supply you with seeds, starter plants, or give you advice on how to grow medical marijuana.
- A patient may reimburse his or her grower for the cost of supplies and utilities associated with the production of his or her medical marijuana; the Act does not allow reimbursement for labor or any other costs.
- All usable marijuana, plants, seedlings and starts are the property of the patient and must be returned to the patient upon request.
- Marijuana may be transferred by a registry identification cardholder to another registry identification cardholder as long no consideration is paid for the transfer.

OMMP Frequently Asked Questions

What happens to my application once I mail it?

- Once your application is complete OMMP staff will:
  - Send a "Verification Letter" to your attending physician, to confirm:
    - You are a patient of the physician listed on your Attending Physician's Statement,
    - you are affected by a debilitating medical condition covered by the OMMA, and
    - that your attending physician has recommended that medical marijuana may lessen or relieve the symptoms of your condition.
  - Conduct a criminal background check on the grower if applicable.
  - Cards for complete applications are mailed to patient within 30 days.
- **Please do not call to check your status prior to 30 days from the date we receive your application. The processing of applications takes time and the same staff members who review your application also answer the phones. The more calls we receive, the slower we process applications.**

Does the OMMP expedite the processing of applications so patients may access dispensaries?

No. All applications are treated equally and the OMMP processes them as quickly as possible.

- To ensure your application is processed as quickly as possible, make sure you:
  - Complete all required portions of your application
  - Submit a complete Attending Physician's statement
  - Include copies of current U.S. state or federal issued photo ID for the patient, caregiver ,and grower if applicable
  - Submit the correct payment amount:
    - If you are eligible for a reduced fee submit required proof
    - If you register a growsite include the required $50 fee
  - Do not call to check your application status for 30 days from the date we receive your application

What if I don't send in all the required parts of my application?

- If you don't send in all the required application materials OMMP staff will send you an "Incomplete Letter" outlining you what you need to submit to complete your application.
- You will have 14 days from the date of the letter to get the missing application material to the OMMP.
- If the missing application materials are not submitted within the 14 days, your application may be rejected.

How much does it cost to register?

- The standard application fee is $200.
- An applicant may qualify for a reduced fee of:
  - $60 with proof of Supplemental Nutrition Assistance Program benefits (SNAP), **or**
  - $50 with proof of Oregon Health Plan (OHP) eligibility, **or**
  - $20 with proof of receipt of Supplemental Security Income (SSI) monthly benefits, **or**
  - $20 with proof of receipt of compensation from the VA based on a finding of 100% service-connected disability or receipt of a needs-based pension from the VA as described in OAR 333-008-0020.

Growsite Registration Fee: If a designated grower is someone other than the patient, a growsite registration fee of $50 is required in addition to the application fee.

Do I need a Physician to recommend the use of medical marijuana?

Yes. A physician must state in writing that the patient has a qualifying debilitating medical condition and that medical marijuana may lessen or relieve the symptoms or effects of that condition annually.

Can a naturopath, chiropractor, or nurse practitioner sign my "Attending Physician's Statement"?

No. Attending Physician is defined as a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) licensed under ORS chapter 677.

Does the physician have to be licensed in Oregon?

Yes. The law specifies that a physician must be licensed in Oregon.

Do I have to list a grower and growsite address on my application?

Only if you are growing your own medical marijuana or are designating another person to grow medical marijuana for you.

- Patients growing medicine or designating a grower are required to provide the OMMP with the growsite address.
- Only one growsite address may be registered per patient.
- Growsites must be located in Oregon.

Who may act as a grower?

- A Patient may grow for his or herself or designate an individual 18 years or older to act as his or her grower.
- The OMMP conducts a criminal records check on all designated growers.
- If a grower has been convicted of felony violating ORS 475.840 through 475.920 on or after January 1, 2006, that person is prohibited from growing marijuana for a patient for five years from the date of conviction for the first offense.
- Individuals with more than one conviction are permanently prohibited from growing.

How can I find a medical marijuana dispensary in Oregon?

The Oregon Medical Marijuana Dispensary Program maintains a directory of licensed dispensaries on the web at mmj.oregon.gov.

Do I have to tell the OMMP if I change my mailing address, add or remove a caregiver, grower, or change my growsite address?

Yes. You are required to submit a Change form with updated information **within 30 days**.

- Change forms should be submitted via mail. The OMMP does not accept changes of information over the telephone or by fax.
- Changes to your caregiver and/or grower require that the former caregiver and/or grower cards be returned to the OMMP within seven days.
- Patients are required by law to notify former caregiver and/or grower that they no longer have this designation.

Do I need to have any legal concerns when I make changes to caregiver, grower, and/or growsite information?

Yes, it is important for your registry file to be up to date so if law enforcement requests verification of information from the OMMP your current caregiver, grower, and growsite are all protected.

- To make sure individuals and the growsite are protected, and that previously protected individuals know their status has changed, submit a Change form for caregiver, grower, and/or growsite changes immediately.

- The OMMP recommends that you obtain a new growsite registration card before moving plants to a new grow site and keep copies of all change forms.

Do I need to keep a copy of my application and any other information I send to the OMMP?

Yes. If your application has not yet been approved, denied or terminated you may provide law enforcement with a copy of your written documentation submitted to the department along with proof of the date of mailing or other transmission of the documentation.

- This documentation affords you the same legal protection as a registry identification card, until such time as you receive your card or notification that your application has been approved, denied or terminated.
- Written documentation of your application does not allow you access to dispensaries.

Can a patient withdraw from the program?

Yes. A patient must submit a written statement that he or she wishes to withdraw from the OMMP.

- All cards must be returned to the OMMP within seven days of the withdrawal notification.
- The patient's card and all cards associated will be voided.
- The patient is responsible for notifying his or her grower and caregiver, if applicable, that his or her card is no longer valid.
- The patient may reapply as a new patient at any time.

Do patients get a refund if they withdraw from the program?

No. The application and growsite fees are non-refundable.

Can the OMMP give me legal advice?

No. If you have questions concerning compliance with the Oregon Medical Marijuana Act you should consult a private attorney.

How can I verify that I am a grower or caregiver for a particular patient?

- The patient is responsible for getting the cards to the caregiver and grower. You can ask the patient to sign an approved Authorization for Use and Disclosure of Information form that will enable you to contact the OMMP and verify whether you are an authorized grower or caregiver for that patient.
- The OMMP is prohibited from providing any information concerning a patient to a grower or caregiver without a valid authorization of release of information