
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

How to apply online as a Primary Caregiver

This guide will walk you through how to apply as a primary caregiver for an adult patient or a minor patient.

Step 1: You will need your associated patient's completed health care practitioner certification form with you listed as a caregiver on page 1.

CAREGIVER DESIGNATION	
Patient or guardian completes this section only if a caregiver has been designated for a patient	
"Caregiver" or "Primary Caregiver" means a person, who is a resident of Iowa or a bordering state, including but not limited to a parent or legal guardian, at least eighteen years of age, who has been designated by a patient's health care practitioner as a necessary caretaker taking responsibility for managing the well-being of the patient with respect to the use of medical cannabidiol.	
Patient Name (First, Middle Initial, Last)	
I, _____, (adult patient or guardian of minor), hereby authorize the following person to be my designated primary caregiver for the purpose of managing my well-being related to the use of medical cannabidiol. I authorize this caregiver to assist me in the transportation, storage and use of medical cannabidiol. This person will be responsible for applying through a separate application form for their own Medical Cannabidiol Registration Card as my caregiver.	
Designated Caregiver	Caregiver Name (First, Middle, Last)
	Caregiver Permanent Address (Street, Apt. #, City, State, zip)
	Caregiver Mailing Address (P.O. Box, Apt. #, City, State, zip)

Step 2: Apply online using the Online Caregiver Registration button.

- You can find this on our website <https://hhs.iowa.gov/omc>

The Office of Medical Cannabidiol

The mission of the Office of Medical Cannabidiol (OMC) at the Iowa Department of Health and Human Services is to have a high-quality, effective, and compliant medical cannabidiol program for Iowa residents with serious medical conditions. The OMC works to balance a patient's need for access to treatment of their debilitating medical condition, with the requirement to ensure the safety and efficacy of the products.

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Are you visiting our site to submit your patient or caregiver application?

Use the buttons below to submit the required documents and apply online:

[Online Patient Registration](#)

[Online Caregiver Registration](#)

Step 3: Select if you are a new or renewing caregiver.

Have you been issued an Iowa Medical Cannabidiol card before?

Yes, I am a renewing caregiver

No, I am a new caregiver

SUBMIT

- If renewing, you'll be asked for your registration number and email address. The registration number can be found on your previously issued card.

Step 4: Select if you are applying as a caregiver for a minor or adult patient.

- If for an **adult patient**, your associated patient must have a currently issued card for you to be approved. You'll be asked to provide their registration number on the application.
- If for a **minor patient**, they do not need to apply as a patient. You will be issued a card on their behalf when approved.

Caregiver Application

**Required Fields. Additional information may be requested in order to complete your account.*

**Using an out of date device/browser or poor connectivity may result in incomplete or failed applications.*

Patient Type

Adult or Minor Patient *



Step 5: Fill out the online application.

- If applying to be a caregiver for an adult patient, you'll enter their registration number on the application here:

Patient Registration Number

- If applying to be a caregiver for a minor patient, you'll have a section to complete their demographic information.

Minor Information

First Name	Middle Name	Last Name
<input type="text" value="Minor First Name *"/>	<input type="text" value="Minor Middle Name"/>	<input type="text" value="Minor Last Name *"/>

Date of Birth

Step 6: Upload required images.

- The patient's completed health care form with you listed as a primary caregiver on page 1.
- A photo of the front of your valid driver's license or state issued non-operator's ID.

Upload scanned application documents (max 20MB) - (gif, png, jpg, pdf file formats accepted).

SELECT Valid Photo Id*

Choose File No file chosen

SELECT Health Care Practitioner Certification (HCPC)*

Choose File No file chosen

SELECT HCPC (Page 2, if needed)

Choose File No file chosen

SELECT HCPC (Page 3, if needed)

Choose File No file chosen

Submit

Step 7: Electronically sign the attestation and submit.

- Once you click submit, an attestation statement will appear. Enter the same email you used on the application, and check the box to complete the electronic signature.

By signing below, I certify that the information on this application is complete, true and submitted for the purpose of obtaining a State of Iowa Medical Cannabidiol Registration Card. If approved for the Registration Card, I agree to the terms of the Iowa Medical Cannabidiol Act, §124E and the associated administrative rules, Iowa administrative code 6—154.

I certify under penalty of perjury that all of the information provided by me on this application is true and correct and that I understand that providing false or misleading information may result in the denial or cancellation of my Medical Cannabidiol Registration Card and that the law provides severe penalties (fine and/or imprisonment) for the willful submission of known false information.

I understand that I am required to know and comply with the provisions of the Medical Cannabidiol Act and the administrative rules which implement this Act. I agree to notify the Office of Medical Cannabidiol, in writing, within 30 days of any change to the information provided. Once applications are processed, communication will be sent to your residence or email address (if provided) with further instructions. Please provide an email address for communication and program updates. Any Registration Card that is lost or stolen must be reported to the Office of Medical Cannabidiol immediately. Applicant information changes that are printed on the Registration Card (such as name or address) will require a new card to be issued.

By checking this box, I understand and agree to the above attestation statement.

Email:

(Please ensure you provide the same email address as you provided in your application)

[Continue](#)

Step 8: Complete your payment.

- After signing the attestation and submitting you'll be directed to this payment screen to pay the \$25 caregiver registration fee.



Iowa Government Online *Electronic Payment Solutions*

Make a Payment

My Payment

Annual Cannabidiol Reg. Fee

Step 9: When your application is reviewed you will receive an email stating that you are either approved or pending information.

- If **Approved**, you'll receive an approval email with your valid digital card attached as a PDF.

- If **Pending Information**, you'll receive an email stating which items are missing, and you can upload the missing items or make a payment using a link in that email.