

# Online Patient Application and Renewal Walkthrough

Applying for your medical cannabidiol registration card online may result in faster approval, and more efficient communication.

The following slides show the steps to apply online at :

<https://idph.my.salesforce-sites.com/lowaReg>

# Step 1: Download and print the Health Care Practitioner Certification Form, and bring it with you to your certifying provider.

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## 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.

[Click to Subscribe for Medical Cannabidiol News](#)

### 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](#)

### Are you visiting our site to submit a waiver to increase your 90-day THC amount?

Click the button below to verify your account and upload your waiver:

[THC Waiver Upload](#)

\*Note\* - you must be an established patient with an active medical cannabidiol registration card to submit a waiver.

### Do you need a form?

- [Healthcare Practitioner Certification Form](#)
- [4.5g THC Waiver Form](#)

# Step 2: Image upload and payment preparation

Before you apply online, please prepare the following documents for upload:

- The Health Care Practitioner Certification Form- this can be scanned as one page or a photo/scan of each of the three pages
- Your photo ID (Iowa driver's license or non-operator state ID) - this can be a scan or photo of the front only
- Proof for reduced fee (if applicable)- this can be a scan of your actual card or award letter
- Be prepared with payment info using debit, credit or e-check

**Note: There are known issues with Internet Explorer as a browser, we recommend chrome, safari, or edge as your browser**

After completing these steps you are ready to start your application!

# Step 3: Go to <https://hhs.iowa.gov/omc> and click “Online Patient Registration.”

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## Step 4: Select if you are a new or renewing patient.

Have you been issued an Iowa Medical Cannabidiol card before?

- Yes, I am a renewing patient
- No, I am a new patient

SUBMIT

- If you are renewing, you will be asked to provide your registration number and email address. Your registration number can be found on your previous card. You will want to use the same email you used the previous year.

# Step 5: Fill out the online application.

- Please make sure you double check for errors with your name, date of birth, and driver's license number before submission.



## Adult Patient 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.*

First Name <input type="text" value="Patient's First Name *"/>	Middle Name <input type="text" value="Patient's Middle Name"/>	Last Name <input type="text" value="Patient's Last Name *"/>
Gender <input type="text" value="Select your gender designation *"/>	Date of Birth <input type="text" value="MM/DD/YYYY *"/>	Drivers License Number or State ID Number <input type="text" value="e.g. 99XX9999 *"/>
Race <input type="text"/>	Ethnicity <input type="text"/>	<input type="text"/>

# Step 6: Upload the required documents.

- The document upload buttons are further down on the adult patient application. Click the “choose file” buttons to select and upload your file.

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

SELECT Valid Photo Id\*

Choose File No file chosen

SELECT Heath 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

Valid documents for reduced fee are Social Security Disability benefit notice, Supplemental Security Income payment receipt, Iowa Medicaid card, Government Document indicating Veteran status

SELECT Reduced Fee Verification\*

Choose File No file chosen

SELECT Reduced Fee Verification Page 2 (if needed)

Choose File No file chosen

# Step 7: Electronically sign the attestation.

- 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 64—154.

I certify under penalty of perjury that all of the information provided by me on this application is true and correct. 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 10 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.

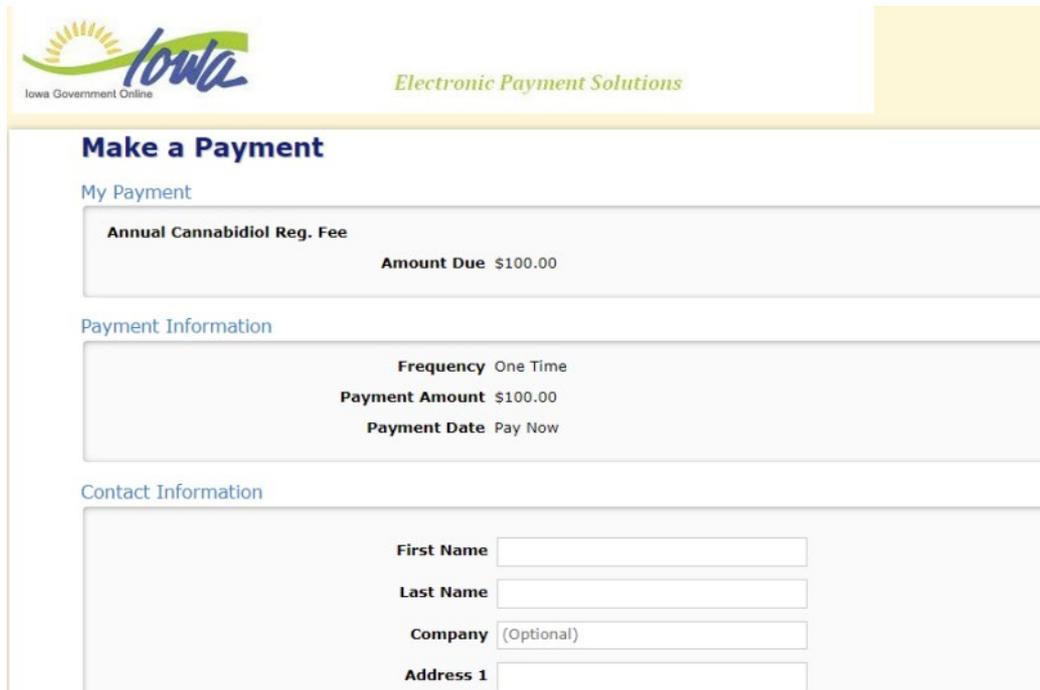
By checking this box, I understand and agree to the above attestation statement.

Email:

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

# Step 8: Complete your payment.

- After signing the attestation and submitting you'll be directed to this payment screen



The screenshot shows the 'Make a Payment' interface on the Iowa Government Online website. The header includes the Iowa logo and the text 'Electronic Payment Solutions'. The main content is organized into three sections: 'My Payment', 'Payment Information', and 'Contact Information'. The 'My Payment' section displays 'Annual Cannabidiol Reg. Fee' with an 'Amount Due' of \$100.00. The 'Payment Information' section shows 'Frequency' as 'One Time', 'Payment Amount' as '\$100.00', and 'Payment Date' as 'Pay Now'. The 'Contact Information' section contains four input fields: 'First Name', 'Last Name', 'Company (Optional)', and 'Address 1'.

**Make a Payment**

My Payment

**Annual Cannabidiol Reg. Fee**

**Amount Due** \$100.00

Payment Information

**Frequency** One Time

**Payment Amount** \$100.00

**Payment Date** Pay Now

Contact Information

**First Name**

**Last Name**

**Company**  (Optional)

**Address 1**

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

- If **Approved**, the patient will receive an approval email with their valid digital card attached as a PDF.
- If **Pending Information**, the patient will receive an email stating which items are missing, and they use the link in that email to either upload missing items or complete their payment.