Medical Cannabis Registration Card
Caregiver Application

- For adult patients, the patient must also complete the Adult Patient Application.
- For minor patients, this Primary Caregiver Application must include the minor's parent or legal guardian name(s) and contact information.

Online submission is preferred and will result in quicker review and approval.
For online submission of registration applications, visit:
https://hhs.iowa.gov/medical-cannabis.

"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 cannabis.

Section A - Primary Caregiver Information	
Name (First, Middle, Last)	
Sex ☐ Male ☐ Female ☐ Unknown	
Date of Birth (must be 18 or older)	
Driver's License or Nonoperator's ID Number	
Permanent Address (Street, Apt. #)	
Address (City, State, Zip Code)	
Mailing Address (if different than above) (Street, Apt. #)	
Mailing Address (City, State, Zip Code)	
Phone	**Email**

Section B - Patient Information (required for ADULT patient only)
Name (First, Middle, Last)
Sex ☐ Male ☐ Female ☐ Unknown
Date of Birth (must be 18 or older)

Section C - Patient Information (required for MINOR patient only)
Name (First, Middle, Last)
Sex ☐ Male ☐ Female ☐ Unknown
Date of Birth (must be 18 or older)
Address Where Minor Lives (Street, Apt. #)
Address (City, State, Zip Code)
Mailing Address (if different than above) (Street, Apt. #)
Mailing Address (City, State, Zip Code)

Section D – Patient's Parent or Legal Guardian Information (required for MINOR patient only)	
Name (First, Middle, Last)	
Phone	**Email**

Note: The name of the minor patient's Parent or Legal Guardian will be printed on the back of the primary caregiver card. For confidentiality of the minor patient, their name is not printed on the card.

Section E - Primary Caregiver Attestation

By signing below, I understand that I am authorizing the Department of Health and Human Services, Bureau of Cannabis Regulation to share information in my confidential files pursuant to the circumstances described in Iowa Code 124E.11(1)(b)(1)(a)-(e). This will allow the Bureau of Cannabis Regulation staff to verify information with the certifying health care practitioner relating to the patient's qualifying debilitating medical condition and the dispensing of medical cannabidiol related to that condition. It will also allow the Bureau of Cannabis Regulation to complete the processing of the application(s) and issuance of a Medical Cannabis Registration Card.

I hereby authorize the Bureau of Cannabis Regulation, to exchange information about the patient's qualifying debilitating medical condition with the certifying health care practitioner and the Iowa-licensed medical cannabis dispensaries in relation to the issuance of a Medical Cannabis Registration Card and the dispensing of any cannabidiol/cannabinoid product.

I certify that the information on this application is submitted for the purpose of obtaining a State of Iowa Medical Cannabis Registration Card. If approved for the Medical Cannabis Registration Card, I agree to the terms of the Iowa medical Cannabidiol Act chapter 124E and the associated administrative rules, Iowa Administrative Code 641-154.

I certify under penalty of perjury that all 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 Cannabis Registration Card and that the law provides severe penalties (fine and/or imprisonment) for the willful submission of known false information. I agree to notify the Bureau of Cannabis Regulation, 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 Bureau of Cannabis Regulation immediately. Applicant information changes that are printed on the Registration Card (such as name or address) will require a new card to be issued.

Primary Caregiver Signature (required) Date

Primary Caregiver Application Checklist

1. **Information and Attestation**
    - Primary Caregiver must fill in Primary Caregiver Information (Section A), sign Attestation (Section E) and fill in the appropriate section(s) for an adult or minor patient.
        - For Adult Patient: Fill in Section B
            - If the patient is an adult, they must also submit a completed Adult Patient Application.
        - For Minor Patient: Fill in Sections C and D

2. **Health Care Practitioner Certification**
    - The patient's health care practitioner must complete the Health Care Practitioner Certification (separate form) to certify the patient's qualifying debilitating condition and designate the above-named caregiver.

3. **Applicant – Patient Documentation**
    - A clear copy of the primary caregiver's valid photo identification card must be attached.
    - This must be a valid state-issued driver's license or non-operator's identification card. If the caregiver is ineligible to obtain a driver's license or non-operator's identification card, contract the Bureau of Cannabis Regulation for further instructions.

4. **Application Fee**
    - Primary caregiver application fee: $25.00
    - Send a check or money order made out to Iowa Department of Health and Human Services.
    - **Do not send cash through the mail.**

To submit a paper application, mail the completed application and required materials to:

Iowa Health and Human Services
ATTN: BCR
321 E. 12th Street
Des Moines, IA 50319-0075