IOWA | Health and Human Services
Division of Compliance and Administration

Application to Cancel Medical Cannabis Registration Card

Patient Information

Patient Name: _____

Patient Registry Number: _____ Date of Birth:_____

Address: _____

Phone Number: _____ Email Address: _____

Caregiver Information (if applicable)

Caregiver Name: _____

Caregiver Registry Number: _____ Date of Birth:_____

Address: _____

Phone Number: _____ Email Address: _____

Cancellation Request

I, _____, hereby request that the Iowa Department of
(Name)
Human Services, Bureau of Cannabis Regulation cancel my:

☐ Patient medical cannabis registration card.

☐ Caregiver medical cannabis registration card.

- Reinstatement of a medical cannabis registration card requires a new Health Care Practitioner certification and new application.
- Application fees are non-refundable.
- For patients cancelling a caregiver's registration card, the caregiver will receive notice of the cancellation.

☐ I request that cancellation be effective 30 days from the date of signature to allow time to use or dispose of any medical cannabis products currently in my possession.

☐ I request that cancellation be effective immediately.

Signature: _____

Date: _____

Scan to upload form: