



Online 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.iowa.gov/omc/Patient-Registration>.



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

For Patients And Caregivers

Patient Registration

Caregiver Registration

Petition To Add Qualifying
Conditions


For Physicians

Adult Patient Registration

All adult patients age 18 and over must complete a patient registration application. Minor patients (under 18 years old) and any adult patients who need a caregiver will need the caregiver to complete a separate caregiver registration application (see caregiver registration tab on the left side of this screen). Registration cards are valid for one year and must be renewed annually.

How to Apply (And Renew):

1. Download the form below, and schedule a visit with your physician to discuss medical cannabidiol.

- [Healthcare Practitioner Certification Form](#) 

- Patient brings the signed Health Care Practitioner Certification Form with them following the visit



Step 2: Image upload and payment preparation

- Before you apply online, please prepare the following documents for upload:
1. The Health Care Practitioner Certification Form- this can be scanned as one page or photo/scan of each of the three pages
 2. Your photo ID (Iowa driver's license or non-operator state ID) - this can be a scan or photo of the front only
 3. Proof for reduced fee (if applicable)- this can be a scan of your actual card or award letter
 4. 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, firefox or edge as your browser

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



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

Patient Registration

Caregiver Registration

Petition To Add Qualifying Conditions

For Physicians

For Law Enforcement And Public Safety

For Manufacturers And Dispensaries

Medical Cannabidiol Board

All adult patients age 18 and over must complete a patient registration application. Minor patients (under 18 years old) and any adult patients who need a caregiver will need the caregiver to complete a separate caregiver registration application (see caregiver registration tab on the left side of this screen). Registration cards are valid for one year and must be renewed annually.

How to Apply (And Renew):

1. Download the form below, and schedule a visit with your physician to discuss medical cannabidiol.

- [Healthcare Practitioner Certification Form](#) 

2. Complete an adult patient application.

- After a patient's healthcare practitioner certification form has been signed by their physician, for faster review and approval, patients should apply using our online patient application by clicking on the blue button below:

[Online Patient Registration](#)



Step 4: Fill out the online Adult Patient Application

Adult Patient Application

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

First Name

Patient's First Name *

Middle Name

Patient's Middle Name

Last Name

Patient's Last Name *

Gender

Select your gender designation *

Date of Birth

(MM/DD/YYYY)*

Drivers License Number or State ID Number

License or State ID # *

Primary Phone Number

Primary Phone *

Secondary Phone Number

Secondary Phone

Check this box if a confidential message may be left at this number. Check this box if a confidential message may be left at this number.

Email Address

Enter Valid Email Address *

Primary Contact Method

Select your primary contact method *

Permanent Iowa Address:

Street Address *

City *

Iowa



Step 5: Upload the required documents

Uploads are attached to the same page as the Adult Patient Application

SELECT Valid Photo Id*
 No file chosen

SELECT Health Care Practitioner Certification (HCPC)*
 No file chosen

SELECT HCPC (Page 2, if needed)
 No file chosen

SELECT HCPC (Page 3, if needed)
 No file chosen

SELECT Waiver form
 No file chosen

SELECT Waiver form (Page 2, if needed)
 No file chosen

Valid documents for reduced fee are Social Security Disability benefit notice, Supplemental Security Income payment receipt, Iowa Medicaid card

SELECT Reduced Fee Verification*
 No file chosen

SELECT Reduced Fee Verification Page 2 (if needed)
 No file chosen

I qualify for the reduced fee.

Photo ID is a copy of your Iowa Driver's License or state issued Non-operator's card

SUBMIT

Please Note:

Depending on the size of files loaded and the Internet speed, the SUBMIT process can take up to a minute.



Step 6:

Once you click submit, an attestation statement will appear. Enter the same email you put for your contact information, 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 641—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)

[Continue](#)



Step 7: Provide Payment



Electronic Payment Solutions

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 8: Receive an email stating you are either approved and issued, or pending information

- If **Approved**, the patient will receive an email containing a valid temporary card they can use to purchase products at the dispensaries immediately. The hard copy cards will be sent in the mail.
- If **Pending Information**, the patient will receive an email stating which items are missing, and will need to provide IDPH with any required missing items to complete the approval process.



Applying online as a caregiver is the same process as the Adult Patient except you will apply online at <https://idph.iowa.gov/omc/Caregiver-Registration>

How to Apply (And Renew):

1. Ensure your patient has a completed healthcare practitioner form, with you listed as the designated primary caregiver.

- [Healthcare Practitioner Certification Form](#) 

2. Complete a caregiver registration application.

- For faster review and approval, caregivers should apply with our online caregiver application using the blue button below:

[Online Caregiver Registration](#)