

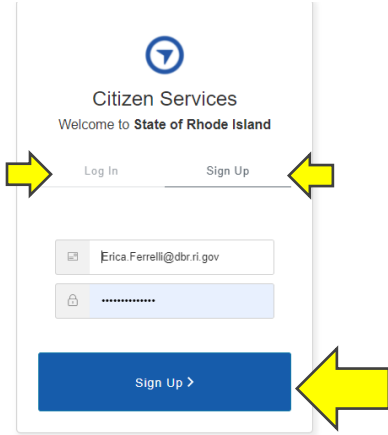


Office of Cannabis Regulation
Home-Grow Plant Tag System
User Guide

January 2022

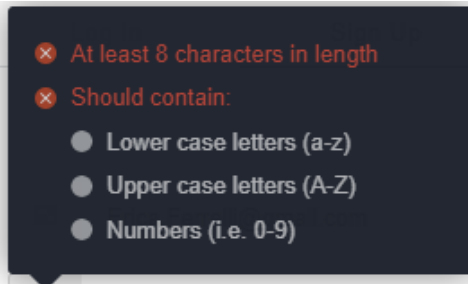
Let's Log In!

1. If you do not already have a Citizen Services Account, click “Sign Up”. If you already have an account, please “Log In” and skip to Page 3.



2. Enter in an email account you have complete access to.

3. Enter in a password. The password MUST comply with the below.



4. Once completed, you will be directed to “Confirm your contact information” page.

Please note, the address on this page does not have to be the address you intend to grow at. You will have to enter this information one more time as this is for setting up your account, not for your actual order.

Medical Marijuana Home Grow Tag Application

Confirm your contact information
Ensure your contact information is up-to-date so that we can get in touch with you if needed.

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Email address	Phone Number	
<input type="text" value="erica.ferrelli@gmail.com"/>	<input type="text"/>	
Address 1	Address 2 (Optional)	
<input type="text"/>	<input type="text"/>	
City	State	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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5. Click “Next.”

Let's Purchase Tags!

Before we continue, please make sure you have ALL your relevant documents.

- Issued and active (not expired) patient and/or caregiver registry card issued by the Rhode Island Department of Health.
- If you do not own the property you intend to grow at, the completed Form indicating the owner/landlord of the property has permitted you to grow at your proposed location. Located on our [website!](#)
- **Please note, this is a two-step application process.**
 1. You will first submit the required information.
 2. OCR will review and if approved, you will be notified via email to pay for your tags.
 3. Once payment has been received, you will
 - If you qualify for free tags once you submit your required info, OCR will review and waive your payment.
 - You will be notified via email and you will be able to generate a certificate.

Application Information

Medical Marijuana Home Grow Tag Application	<h3>Application Information</h3> <p>Are you applying today as a Patient or a Caregiver or Both? *</p> <input type="text" value="Select your option"/>
	<p>< Back Next ></p>

Steps:


1. Choose from the drop-down menu whether you are applying for plant tags as a:
 - RIDOH registered Patient
 - RIDOH registered Caregiver
 - Both a RIDOH registered caregiver and a RIDOH registered patient
2. Click "Next"
3. Please go to the page that corresponds with your selection:
 - PATIENT: Page 6
 - CAREGIVER: Page 10
 - BOTH: Page 18

RIDOH REGISTERED PATIENT

Applicant Patient Registry Information

Medical Marijuana Home Grow
Tag Application

Patient Registry Information

Patient Registry Number * 

Recipients of Medicaid, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Federal Railroad Disability benefit, or Veterans' Disability are eligible for a reduced registration fee. You must have shown proof to the Rhode Island Department of Health as part of your registration application process in order to receive a reduced fee on grow tags.

Do You Qualify for a Reduced Fee? *

Number of Plant Tag Sets Requested * 

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Steps:

1. Enter in your registry identification number on your RIDOH issued patient card. Make sure to include the MMP before the numbers.
2. Select from the Dropdown (Yes/No) if you qualify for a reduced fee.
 - This is determined by RIDOH during your patient registration process.
 - If you are not sure whether or not you qualify, you most likely do not.
 - This will be validated by OCR upon submission, so please be as accurate as possible.
3. Enter in the number of plant tag sets you wish to purchase (numerical: 1-12).
 - A patient may only purchase up 12 plant tags.
 - A plant tag= 1 immature and 1 mature plant for a TOTAL of 24 plants all together.

Grow Address

On this page, you will enter in where you intend to grow your medical marijuana.

Medical Marijuana Home Grow
Tag Application

Grow Address

This must be the physical address where you intend to grow medical marijuana.

Patient First Name *	<input type="text"/>	Patient Last Name *	<input type="text"/>
Grow Address Physical Address * ⓘ	<input type="text"/>	Grow Address Physical Address Line 2	<input type="text"/>
Grow Address Physical Address City *	<input type="text"/>	Grow Address Physical Address State * ⓘ	<input type="text" value="Select your option"/>
Grow Address Physical Address Zip Code *	<input type="text"/>	Do you own the proposed grow premises? *	<input type="text" value="Select your option"/>

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Steps:

1. Enter in your First Name.
2. Enter in your Last Name.
3. Enter in the physical address of where you intend to grow your medical marijuana
4. Enter in the City where you intend to grow your medical marijuana.
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.
6. Enter in the Zip Code for where you intend to grow your medical marijuana.
7. Do you own the proposed grow premises? If you do not, you will be required to upload a Form (available on our [website](#)) in a later step.


Attachments

If you indicated on Step 4 that you do not own the property that you are requesting to grow medical marijuana at, you must upload the required Form available on our [website](#).

Medical Marijuana Home Grow
Tag Application

Attachments

Include any additional files with your submission. Any box marked "Required" is required to submit your application. Please note the maximum allowed file size for any upload is 100 MB.

Attachment	File
Permission to Grow Documentation Required Please navigate to our website and down the required Form.	No file uploaded
Upload 	
Add attachment	

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[Next >](#)

Steps:

1. Click “upload”
2. Search your computer for the completed Form.
3. Click “open”.
4. Then click “Next”

Attestation

Please check the box once you have done a thorough reading of the rules and regulations. Available [here](#). If you have any further questions, regrading compliance, please give us a call 401-889-5607.

Medical Marijuana Home
Grow Tag Application

Attestation

By clicking this box, I hereby attest that all information provided herein is accurate and that I will maintain compliance with Section 1.12 of the Regulation.

I agree *

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Steps:

1. Check the “I Agree” box.
2. Click “Next.”

Confirm Your Submission

Please review your submission thoroughly.

Medical Marijuana Home
Grow Tag Application
MM-21-4

Your Submission
Attachments
Guests (0)

▶ Application Completeness and License Verification

Patient Registration Fee
Patient Certificate Issued

Application Completeness and License Verification

▶ In progress. This step is in progress.

Message the reviewer

Send Message

Steps:

1. Click “Confirm and Submit.”

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**

RIDOH REGISTERED CAREGIVER

Caregiver and Patient Registry Information

Medical Marijuana Home Grow
Tag Application

Caregiver and Patient Registry Information *

As an appointed Caregiver for one or multiple patients, click the "Add Caregiver/Patient Information" button. Fill in the required information for yourself and your patient(s).

Continue this process until all your patients' information has been entered.

As a caregiver, you may be appointed to grow for a maximum of five (5) RIDOH Registered Patients.

Add Caregiver and Patient Registry Information



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Steps:

1. Click on "Add Caregiver and Patient Registry Information" button.

Caregiver and Patient Registry Information

You as the Caregiver will begin entering your information and your patient's information.

Caregiver and Patient Registry Information

Caregiver Registry Number * ⓘ

Patient Registry Number * ⓘ

Number of Plant Tag Sets Request for This Patient/Caregiver Relationship * ⓘ

This person is eligible for Reduced Registration fees. ⓘ

Cancel Save

Steps:

1. Enter in your Caregiver Registry Number EXACTLY as it appears on your card including, the MMC prefix.
2. Enter in your Patient's Registry Number EXACTLY as it appears on your card including, the MMP prefix. *NOTE: This is not your personal Patient number. Rather, it is the number belonging to your patient.*
3. Please select the number of plant sets you want to purchase for this patient/caregiver relationship.
 - *What is a plant set? 1 plant tag set ordered = an allowable immature and mature plant to be grown at your registered location.*
4. Check the box if your patient is eligible for reduced registration fees.
 - This is determined by RIDOH during your registration process.
 - If you are not sure whether you qualify, you most likely do not.
 - This will be validated by OCR upon submission, so please be as accurate as possible.
5. Click "Save."

Multiple Patients? No Problem.

If you have multiple patients, click the

Add Caregiver and Patient Registry Information

again and follow

**If you are a caregiver for up to 1 patient the maximum plant sets you can order is 12.*

**If you are a caregiver for 2+ patients the maximum plant sets you can order is 24.*

Grow Address

On this page, you will enter in where you intend to grow your medical marijuana.

Medical Marijuana Home Grow
Tag Application

Grow Address

This must be the physical address where you intend to grow medical marijuana.

Patient First Name *	<input type="text"/>	Patient Last Name *	<input type="text"/>
Grow Address Physical Address * ⓘ	<input type="text"/>	Grow Address Physical Address Line 2	<input type="text"/>
Grow Address Physical Address City *	<input type="text"/>	Grow Address Physical Address State * ⓘ	<input type="text" value="Select your option"/>
Grow Address Physical Address Zip Code *	<input type="text"/>	Do you own the proposed grow premises? *	<input type="text" value="Select your option"/>

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Steps:

1. Enter in your First Name.
2. Enter in your Last Name.
3. Enter in the physical address of where you intend to grow your medical marijuana
4. Enter in the City where you intend to grow your medical marijuana.
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.
6. Enter in the Zip Code for where you intend to grow your medical marijuana.
7. Do you own the proposed grow premises? If you do not, you will be required to upload a Form (available on our [website](#)) in a later step.

Attachments


If you indicated on Step 4 that you do not own the property that you are requesting to grow medical marijuana at, you must upload the required Form available on our [website](#).

Medical Marijuana Home Grow Tag Application

Attachments

Include any additional files with your submission. Any box marked "Required" is required to submit your application. Please note the maximum allowed file size for any upload is 100 MB.

Attachment	File
Permission to Grow Documentation Required Please navigate to our website and down the required Form.	No file uploaded
Add attachment	

[Upload](#) 

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Steps:

1. Click “upload”
2. Search your computer for the completed Form.
3. Click “open”.
4. Then click “Next”

Attestation

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Medical Marijuana Home
Grow Tag Application

Attestation

By clicking this box, I hereby attest that all information provided herein is accurate and that I will maintain compliance with Section 1.12 of the Regulation.

I agree *

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Steps:

1. Check the “I Agree” box.
2. Click “Next.”

Confirm Your Submission

Please review your submission thoroughly.

Medical Marijuana Home
Grow Tag Application
MM-21-4

Your Submission
Attachments
Guests (0)

▶ Application Completeness and License Verification

Patient Registration Fee
Patient Certificate Issued

Application Completeness and License Verification

▶ In progress. This step is in progress.

Message the reviewer

Send Message

Steps:

1. Click “Confirm and Submit.”

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**

BOTH RIDOH REGISTERED PATIENT AND CAREGIVER

You Start as a Patient **Applicant Patient Registry Information**

Medical Marijuana Home Grow
Tag Application

Patient Registry Information

Patient Registry Number * ⓘ

Recipients of Medicaid, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Federal Railroad Disability benefit, or Veterans' Disability are eligible for a reduced registration fee. You must have shown proof to the Rhode Island Department of Health as part of your registration application process in order to receive a reduced fee on grow tags.

Do You Qualify for a Reduced Fee? *

Number of Plant Tag Sets Requested * ⓘ

Steps:

1. Enter in your Patient Registry Number **EXACTLY** as it appears on your card including, the MMP prefix.
2. Select from the Dropdown (Yes/No) if you qualify for a reduced fee.
 - This is determined by RIDOH during your patient registration process.
 - If you are not sure whether or not you qualify, you most likely do not.
 - This will be validated by OCR upon submission, so please be as accurate as possible.
3. Enter in the number of plant tag sets you wish to purchase (numerical: 1-12).
 - A patient may only purchase up 12 plant tags.
 - A plant tag= 1 immature and 1 mature plant for a **TOTAL** of 24 plants all together.

Then, Caregiver Information

Caregiver and Patient Registry Information

Medical Marijuana Home Grow
Tag Application

Caregiver and Patient Registry Information *

As an appointed Caregiver for one or multiple patients, click the "Add Caregiver/Patient Information" button. Fill in the required information for yourself and your patient(s).

Continue this process until all your patients' information has been entered.

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Add Caregiver and Patient Registry Information



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Steps:

1. Click on "Add Caregiver and Patient Registry Information" button.

Caregiver and Patient Registry Information

You as the Caregiver will begin entering your information and your patient's information.

Caregiver and Patient Registry Information

Caregiver Registry Number * ?

Patient Registry Number * ?

Number of Plant Tag Sets Request for This Patient/Caregiver Relationship * ?

This person is eligible for Reduced Registration fees. ?

Cancel Save

Steps:

1. Enter in your Caregiver Registry Number EXACTLY as it appears on your card including, the MMC prefix.
2. Enter in your Patient Registry Number EXACTLY as it appears on your card including, the MMP prefix.
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If you have multiple patients, click the

Add Caregiver and Patient Registry Information

again and follow

**If you are a caregiver for up to 1 patient the maximum plant sets you can order is 12.*

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Grow Address

On this page, you will enter in where you intend to grow your medical marijuana.

Medical Marijuana Home Grow
Tag Application

Grow Address

This must be the physical address where you intend to grow medical marijuana.

Patient/Caregiver First Name ⓘ

Patient/Caregiver Last Name ⓘ

Grow Address Physical Address * ⓘ

Grow Address Physical Address Line 2

Grow Address Physical Address City *

Grow Address Physical Address State * ⓘ

Grow Address Physical Address Zip Code *

Do you own the proposed grow premises? * ⓘ

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Steps:

1. Enter in your First Name.
2. Enter in your Last Name.
3. Enter in the physical address of where you intend to grow your medical marijuana
4. Enter in the City where you intend to grow your medical marijuana.
5. Enter in the State (this should ONLY be Rhode Island) where you intend to grow your medical marijuana.
6. Enter in the Zip Code for where you intend to grow your medical marijuana.
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Medical Marijuana Home Grow Tag Application

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Attachment	File
Permission to Grow Documentation Required Please navigate to our website and down the required Form.	No file uploaded
Upload 	
Add attachment	

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Steps:

1. Click “upload”
2. Search your computer for the completed Form.
3. Click “open”.
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Medical Marijuana Home
Grow Tag Application

Attestation

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I agree *

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Steps:

1. Check the “I Agree” box.
2. Click “Next.”

Confirm Your Submission

Please review your submission thoroughly.

Medical Marijuana Home
Grow Tag Application
MM-21-4

Your Submission
Attachments
Guests (0)

▶ Application Completeness and License Verification

Patient Registration Fee
Patient Certificate Issued

Application Completeness and License Verification

▶ In progress. This step is in progress.

Message the reviewer

Send Message

Steps:



1. Click “Confirm and Submit.”

- **You have submitted your form to OCR for review.**
- **No further action is needed from you at this time.**
- **You will receive an email when the submission has been approved.**
- **You will then pay for your tags and your certificate will be autogenerated.**



Part 2 Ready to Pay!

When your application has been approved, you will receive an email notification via the address you signed up with. If there are corrective actions or questions, OCR will reach out directly. Please monitor your email and phone for updates.

*****Even if you selected “reduced fee” and were verified on OCR’s end that you qualify for free tags, you will still receive this email. When you log in to “pay” you will notice your fee has been waived and you can automatically generate your certificate.**

State of Rhode Island  My Account Search 

Action Required

 Pay balance due for Patient Registration Fee Medical Marijuana Home Grow Tag Application - 	Dec 22, 2021
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Due Now. Please make a payment in order to continue.

Medical Marijuana Home Grow Tag Application	
Patient Registration Fees	\$125.00
Total Fee Amount	\$125.00

Payment Method

Pay with a Credit Card
\$4.73 processing fee

Pay using your bank account
\$5.50 processing fee

Pay with check, cash, or another method  **OCR DOES NOT ACCEPT CASH PAYMENTS.**
No processing fee


Amount Due	\$125.00
Total Payment Amount	\$125.00

1. Log in to your account
2. Find “My Account” on the top right hand of your screen. Click on that.
3. You will see an “Action Required” table.
4. Click on “Pay balance due for Patient Registration Fee.”
4. Click how you would like to pay.
5. Enter in your preferred payment method.

Certificate is Issued!

Your certificate is immediately issued upon a successful payment transaction.

1. Click on Medical Marijuana Plant Tag Patient Registration Certificate.

Permits & Documents			
	Medical Marijuana Plant Tag Patient Registration Certificate Medical Marijuana Home Grow Tag Application	Issued Dec 22, 2021	Expires Dec 22, 2022
View All			

2. You are ready to print your certificate!

Patient Certificate Issued

Issued. Your document is ready.

Issued: Dec 22, 2021

Expires: Dec 22, 2022

Print your document

Print this document and retain for your records.

[Print Document](#)

Ask a question about this

[Send Message](#)

Manual Orders

If you do not have access to email or need some assistance, please contact our Office. We are here to help.

Contact Phone Number: 401-889-5607

Contact Email: DBR.MMPCCompliance@dbr.ri.gov