

# Office of Cannabis Regulation (OCR) Medical Home-Grow Registration QRG

## PURPOSE

The purpose of this Quick Reference Guide (QRG) is to assist an applicant registering for Medical Home-Grow.

# APPLY FOR PLANT TAG SETS

1. Once logged in, you will be directed to the **Apply for Licenses** page.

STATE OF RHODE ISLAND Cannabis Licensing Porta			My Account 💄
Apply for Licenses			<u>Go to License Dashboard</u> →
<b>Cannabis Commercial</b> Licensing	Medical Marijuana Cards	Medical Home-Grow Registration	E Registry Card
Apply	Apply	Apply	Apply

2. To start the registration process, click "**Apply**" on the Medical **Home-Grow Registration** tile.

STATE OF RHODE ISLAND Cannabis Licensing Portal				My Account 💄
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Apply for Licenses			<u>Go to License D</u>	$ashboard \rightarrow$
<b>Cannabis Commercial</b> Licensing	* Medical Marijuana Cards	Medical Home-Grow Registration	Registry Card	
Apply	Apply	Apply	Apply	
				File a Compliant
Department of Health Division of Healthcare Quality and Safety	67.		Providence,	123 State Capitol Rhode Island 10334

- 3. To learn more about the registration process, click "View Details."
- 4. To register, click "Go to Apply."

STATE OF RHO Cannabis Lice	DE ISLAND ensing Portal	My Account 💄
My License Applications	License Categories Cannabis Licensing/Registration	
<ul> <li>All Licenses</li> <li>Apply for a License</li> </ul>	Medical Home Grow Application	VIEW DETAILS GO TO APPLY
🛅 My Registry Cards		
Q Licensing Search		
File A Complaint		
Help/FAQ		

- 5. The application process generates a **Submission Record ID**. You will be able to reference this number in your dashboard later if you need assistance.
- 6. If you cannot complete the application in one session you can click the "**Save and Exit**" button to save the application.
- 7. You can resume the application process using the application number on the **My License Applications** screen.
- 8. Review the content in the **General Instructions** section and click "**Next**" to proceed.

STATE OF RHODE ISLAND Cannabis Licensing Portal				My Account 💄	
Medical Home Grow Applic	cation	STATUS   Draft	LAST MODIFIED 3/23/2023, 3:39 PM	Save and Exit	
<ol> <li>General Instructions</li> <li>Registry Information</li> </ol>	General Instructio	ns			
<ul> <li>3 Grow Address</li> <li>4 Attachments</li> <li>5 Signature</li> </ul>	HOME GROW APPLICATION Welcome to the Medical Home Grow Portal: You will need your Rhode Island Medical Marijuana Card (patient or caregiver depending on your order) to place your order. If you rent your grow space you will need to submit a <u>Landlord Permission to Grow Form</u> with your order. Please download it now and fill to ut prior to starting your order.				
6 Confirmation	If you are unfamiliar with Plant Tags ple Please also read our <u>Regulations</u> to mał If you need assistance, please email <u>DB</u>	ase visit our <u>Freq</u> ke sure you are gr <u>R.MMPComplianc</u>	<u>uently Asked Questions</u> to familiariz owing compliantly. <u>e@dbr.ri.gov</u> or call <u>401-889-5607</u>	e yourself with the basics.	

9. Under the **Registry Information** section, input all required details.

**Note**: Fields marked with an asterisk (\*) are mandatory.

- 10. Select whom you are applying from the dropdown menu options.
  - a. Login as a **Patient** to apply as a **Patient** only.
  - b. Login as a **Caregiver** to apply as a **Caregiver** only. (up to 5 orders for up to 5 patients can be done at the same time)
  - c. Login as **Caregiver AND Patient**, if you are ordering for yourself and your patient(s) at the same time.

STATE OF RHODE ISLAND Cannabis Licensing Portal	My Account 💄
Medical Home Grow App S-000005979	ication STATUS LAST MODIFIED Save and Exit Draft 3/23/2023, 3:39 PM Save and Exit
<ol> <li>General Instructions</li> <li>Registry Information</li> <li>Grow Address</li> <li>Attachments</li> <li>Signature</li> <li>Confirmation</li> </ol>	Particidates required field         ● Indicates required field         ● Select Patient if you are just an RI MMP Patient ordering Plant Tags for yourself.         ● Select Caregiver AND Patient if you are both an RI MMP Patient ordering Plant Tags for yourself AND a Caregiver placing an order(e) for a Patient(e) you care for.         ● If you need help call <u>401-889-5607</u> * Are you applying today as a Patient or a Caregiver or Both?         Patient

- 11. For Patient orders, enter Patient Registry Information:
  - a. Enter Patient Registry Number (the MMP number).
  - b. Enter a number of plant tag sets from the dropdown menu options.
     Note: A patient can select up to 12 Plant Tag Sets.

STATE OF RHODE ISLAND Cannabis Licensing Portal	My Account 🚨	
6 Confirmation	order(s) for a Patient(s) you care for.  If you need help call <u>401-889-5607</u> Are you applying today as a Patient or a Caregiver or Both?  Caregiver AND Patient	
	PATIENT REGISTRY INFORMATION	
	C Patient Registry Number	
	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	
	BACK	

- 12. For Caregiver orders click the "Add Caregiver and Patient Registry Information" button.
  - 1. Note: This option appears only when you are applying as a **Caregiver** or **Caregiver AND Patient**.
- 13. Add Caregiver and Patient Registry Details screen appears.
- Enter Caregiver Registry Number (MMC number), Patient Registry Number (MMP number), and number of plant tag sets from the dropdown menu options.

**Note**: Patient's Registry Number must be associated with the Caregiver's registry number.

A Caregiver can select up to a **TOTAL** of 24 **Plant Tag Sets.** Divided among 2 or more patients. (this would include Patient plants for yourself if you are both a Patient and Caregiver) You can only select up to **12 sets** per patient.

15. Click "Save Caregiver and Patient Registry Details."

STATE OF RHODE ISLAND Cannabis Licensing Portal	order(s) for a Patient(s) you care for.	My Account 💄
6 Confirmation	• If you need help call <u>401-889-5607</u>	
	Are you applying today as a Patient or a Carediver or Roth?	
	Add Caregiver and Patient Registry Details X	<b>•</b>
	<ul> <li>* Indicates required field</li> <li>* ① Caregiver Registry Number</li> <li>* ② Patient Registry Number</li> </ul>	
	MMC55409980404	er of Plant Tag Sets
	* ① Requested Number of Plant Tag Sets	<b></b>
	5 •	t Information" button. Fill in the required
	Cancel Save Caregiver and Patient Registry Details	red Patients.
	Add Caregiver and Patient Registry Information	

- 16. Once saved, added details are shown here.
- 17. Click "Next" to proceed.

#### Medical Home-Grow Registration QRG

STATE OF RHODE ISLAND Cannabis Licensing F	Portal	🕑 Patient Deta	ils has been added.			My Account 💄
	Continue f As a careg	u and your patient(s). this process until all you (iver, you may be appoin (Caregiver and Patie)	ur patients' information has be need to grow for a maximum of nt Registry Information	en entered. five (5) RIDOH Registered P	Patients.	ана (1997) 1997 - С. (1997) 1997 - С. (1997)
	ADDED P	ATIENT	DATIENT DECISTOY		Ŧ	
	NUMBE	ER	NUMBER	TAG SETS	ACTION	_
	MMC5	5409980404	MMP46320780355	5	Licensee	
					ВАСК	NEXT

- 18. Under the Grow **Address** section, enter the address where you intend to grow Medical Marijuana.
- 19. Select **Do you own the proposed grow premises?** from the dropdown menu options. If you select "**no**" you will have to upload the Landlord Permission Form on the next page. Failure to answer the question truthfully can result in Tags being revoked.
- 20. Click "Next" to proceed.

### Medical Home-Grow Registration QRG

STATE OF RHODE ISLAND Cannabis Licensing Portal		My Account 💄
<ol> <li>General Instructions</li> <li>Registry Information</li> </ol>	Grow Address	
3 Grow Address	*Indicates required field	
4 Attachments	THIS MUST BE THE PHYSICAL ADDRESS WHERE YOU INTEN	D TO GROW MEDICAL MARIJUANA.
5 Signature	* () Tagholder First Name	* ① Tagholder Last Name
6 Confirmation	Samantha	Jones
	* (1) Street Address - 1	Unit/Apt #
	Saint	
	*City	* State
	Newport	Rhode Island 👻
	*Zip code	
	55667-7889	
	* ① Do you own the proposed grow premises?	
	Yes	×
		BACK

21. To attach all required documents, click "Upload/Choose File."

STATE OF RHODE ISLAND Cannabis Licensing Portal				My Account 💄	
1 General Instructions	Atte alares	anto			
2 Registry Information	Attachme	ents			
3 Grow Address	*Indicates require	ed field			
4 Attachments	Landlord Permission	to Grow Documentation			
5 Signature	Attachments are rec	uired if you do not own the premises:			
6 Confirmation	Landlord Permission to Grow Documentation (Required) Please navigate to our website <u>https://dbrri.gov/office-cannabis-regulation/patient-and-caregiver-resources</u> and download the required Landlord Permission Form.				
	Only the permission dbr.mmpcompliance	form found on our website will be accepted. if you @dbr.ri.gov or call <u>401-889-5607</u> .	u cannot print c	or download the form please email	
	There is a Maximum 25	MB file upload size limit.			
	SECTION NAME	DOCUMENT NAME	STATUS	ACTION	
	Attachments	Landlord Permission to Grow Documentation	-	Upload/Choose file	
	Attachments	Any Additional Information	-	Upload/Choose file	
				BACK	

- 22. A Document Upload screen appears.
- 23. Click **Upload Files**, choose files to upload, and click "**Upload**." Click "**Done**" when prompted.

STATE OF RHODE ISLAND Cannabis Licensing Portal		My Account 💄
<ol> <li>General Instructions</li> <li>Registry Information</li> <li>Grow Address</li> </ol>	Attachments *Indicates required field	
<ul> <li>Attachments</li> <li>Signature</li> </ul>	Document Upload	×
6 Confirmation	T Upload Files	rd-caregiver-resources and download the
	NAME DOCUMENT NAME	STATUS ACTION
	Attachments Landlord Permission to Grow Documentation dbrriwat.sandbox.my.site.com_ricannabis_s_(Desktop) (1).RDE 3/23/2023, 4:33 PM	Uploadd Delete Upload/Choose file
	Attachments Any Additional Information	Upload/Choose file

- 24. All the attachments are shown here.
- 25. Click "Delete" to delete any incorrectly uploaded documents.
- 26. Click "Next" to proceed.

STATE OF RHODE ISLAND Cannabis Licensing Portal				My Account 💄		
4 Attachments	Landlord Permis	sion to Grow Documentation				
	Attachments are	Attachments are required if you do not own the premises:				
5 Signature	Landlord Permis	sion to Grow Documentation (Required)				
6 Confirmation	Please navigate to our website <u>https://dbr.ri.gov/office-cannabis-regulation/patient-and-caregiver-resources</u> and download th required Landlord Permission Form.					
	Only the permiss dbr.mmpcomplia There is a Maximum	ion form found on our website will be accepted. if you <u>ince@dbr.ri.gov</u> or call <u>401-889-5607</u> . 25 MB file upload size limit.	cannot print	or download the form please email		
	SECTION	ACTION				
	Attachments	Landlord Permission to Grow Documentation <u>dbrriuat.sandbox.my.site.com_ricannabis_s_(Desktop</u> ) (1).RDg 3/23/2023, 4:33 PM	Uploaded	Delete Upload/Choose file		
	Attachments	Any Additional Information dbrriuat.sandbox.my.site.com_ricannabis_s_(Desktop) (4).ppg 3/23/2023, 4:35 PM	Uploaded	🛱 Delete Upload/Choose file		
				BACK		

- 27. Review content in the **Signature** section.
- 28. Select the "I Agree" checkbox.
- 29. Complete the Signature field and click "Submit."

Medical Home Grow Appl s-000005979	cation status   L. Draft   3	AST MODIFIED /23/2023, 3:39 PM	
General Instructions	Signature		
<ul><li>2 Registry Information</li><li>3 Grow Address</li></ul>	*Indicates required field		
4 Attachments	By clicking this box, I hereby attest that all information provided herein is accurate and agree that I will maintain compliance with Section 1.12 of the <u>Rules and Regulations Related to the Medical Marijuana Program 230-RICR-80-05-1</u>		
5 Signature 6 Confirmation	By submitting this application I am agreeing to the <u>Terms of Service</u>		
	* Signature	Date	
	Avi D	Mar 23, 2023	
		BACK	

- 30. Application submission confirmation screen appears.
- 31. To view submitted applications, click "Navigate To My Applications."

STATE OF RHODE ISLAND Cannabis Licensing Portal		My Account 🚨
Medical Home Grow Applic S-000005979	cation	STATUS LAST MODIFIED Submitted 3/23/2023, 3:39 PM
<ol> <li>General Instructions</li> <li>Registry Information</li> <li>Grow Address</li> <li>Attachments</li> <li>Signature</li> <li>Confirmation</li> </ol>	Confirmation Your application has been submitted successfully.	NAVIGATE TO MY APPLICATIONS

After you submit your application, it will be sent to a reviewer. The review can take up to 2 business days. After your application is reviewed you will get an email notifying you that your application is issued and will instruct you on how to obtain your Certificate.

If you do not get notified that your application has been processed after 2 business days, please check for any communications from the OCR either by email or phone. If you do not see any contact attempts, please email

DBR.MMPCompliance@dbr.ri.gov with the **Submission Number** that appears on your dashboard.