

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	1		My Account 💄
they and			
Apply for Licenses			<u>Go to License Dashboard</u> →
Cannabis Commercial 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 💄
Apply for Licenses			<u>Go to License D</u>	ashboard→
* Cannabis Commercial 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		My Account 💄
My License Applications	License Categories Cannabis Licensing/Registration	
 All Licenses Apply for a License 	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
General Instructions	General Instructio	ns		
2 Registry Information3 Grow Address	HOME GROW APPLICATION			
4 Attachments5 Signature	Welcome to the Medical Home Grow Po You will need your Rhode Island Medical If you rent your grow space you will nee	l Marijuana Card (d to submit a <u>Lar</u>		
6 Confirmation	and fill it out prior to starting your orde If you are unfamiliar with Plant Tags ple Please also read our <u>Regulations</u> to mak If you need assistance, please email <u>DB</u>	ase visit our <u>Freq</u> ke sure you are gr	owing compliantly.	e yourself with the basics.
				NEXT

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	Cation STATUS LAST MODIFIED Save and Exit Draft 3/23/2023, 3:39 PM Save and Exit
 General Instructions Registry Information Grow Address Attachments Signature Confirmation 	 *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 just an RI MMP Caregiver ordering Plant Tags for a patient(s) you care for. Select Caregiver AND Patient if you are both an RI MMP Patient ordering Plant Tags for yourself AND a Caregiver placing an order(s) for a patient(s) you care for. If you need help call 401-889-5807 * Are you applying today as a Patient or a Caregiver or Both? Patient Caregiver AND Patient v Caregiver AND 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	
	* ① Patient Registry Number *Requested Number of Plant Tag Sets MMP46320780355 5	
	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 Caregiver or Roth?	
	Add Caregiver and Patient Registry Details X	•
	 * Indicates required field * ① Caregiver Registry Number * ② Patient Registry Number 	
	MMC55409980404	er of Plant Tag Sets
	* ① Requested Number of Plant Tag Sets	
	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 IS Cannabis Licens		✓ Patient Deta	uils has been added.			My Account 💄
	Cont As a		nt Registry Information		ents.	
	ADD	ED PATIENT				
		AREGIVER REGISTRY UMBER	PATIENT REGISTRY NUMBER	NUMBER OF PLANT TAG SETS	ACTION	
	M	MC55409980404	MMP46320780355	5	Edit/Delete 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 💄
 General Instructions Registry Information 	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 💄	
General Instructions					
2 Registry Information	Attachmo	ents			
3 Grow Address	*Indicates requir	ed field			
4 Attachments	Landlord Permission	n to Grow Documentation			
5 Signature		quired if you do not own the premises:			
6 Confirmation	Landlord Permission to Grow Documentation (Required) Please navigate to our website <u>https://dbr.ri.gov/office-cannabis-regulation/patient-and-caregiver-resources</u> and download the required Landlord Permission Form. Only the permission form found on our website will be accepted. If you cannot print or download the form please email <u>dbr.mmpcompliance@dbr.ri.gov</u> or call <u>401-889-5607</u> .				
	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 💄
 General Instructions Registry Information Grow Address 	Attachments *Indicates required field	
AttachmentsSignature	Document Upload	<pre></pre>
6 Confirmation	① Upload Files Cancel Uploa	id_caregiver-resources and download the r download the form please email
	SECTION DOCUMENT NAME STATU	ACTION
	Attachments Landlord Permission to Grow Documentation Uploan dbrriuatsandbox.my.site.com_ricannabis_s_(Desktop) (I).sost 3/23/2023, 4:33 PM	ded Upload/Choose file
	Attachments Any Additional Information -	Upload/Choose file
		ALCO NEWT

- 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.					
	dbr.mmpcomplia	Only the permission form found on our website will be accepted. if you cannot print or download the form please email <u>dbr.mmpcompliance@dbr.ri.gov</u> or call <u>401-889-5607</u> . There is a Maximum 25 MS file upload size limit.				
	SECTION	DOCUMENT NAME	STATUS	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		AST MODIFIED /23/2023, 3:39 PM	
General Instructions	Signature		
2 Registry Information3 Grow Address	*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
 General Instructions Registry Information Grow Address Attachments Signature Confirmation 	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.