



Illinois Medical Cannabis Pilot Program Application for Registry Identification Card for Qualifying Patients Under 18 Years of Age and their Designated Caregivers

INSTRUCTIONS

To qualify for a registry identification card for qualifying patients under 18 years of age, the qualifying patient must:

- be a resident of the state of Illinois at the time of application and remain a resident during participation in the program;
- have a qualifying debilitating medical condition;
- have two signed physician certifications for the use of medical cannabis; and
- submit a designated caregiver (custodial parent or legal guardian) application.

To qualify for a designated caregiver registry identification card for qualifying patients under 18 years of age, the designated caregiver must:

- be a resident of the state of Illinois at the time of application and remain a resident during participation in the program;
- complete the fingerprint-based background check and not have been convicted of an excluded offense (a violent crime as defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a felony under the Illinois Controlled Substances Act, Cannabis Control Act or Methamphetamine Control and Community Protection Act, or similar provisions in a local ordinance or other jurisdiction), unless they have an approved waiver for the excluded offense;
- serve as the custodial parent or legal guardian for the qualifying patient under 18 years of age; and
- be at least 21 years of age.

A complete application must include all of the following:

- A signed and completed application form.
- Physician Written Certification form; the physician must mail in this form.
- Physician Written Certification from a Reviewing Physician form; the reviewing physician must mail in this form.
- Designated caregiver (custodial parent or legal guardian) information.
- Proof of designated caregiver residency, identity, and age.
- Designated caregiver copy of the fingerprint consent form and the receipt provided by the livescan fingerprint vendor containing the Transaction Control Number (TCN).
- Copy of the qualifying patient's birth certificate.
- Designated caregiver photograph (Contact the Department's Division of Medical Cannabis if a photograph would be in violation of or contradictory to the qualifying patient or designated caregiver's religious convictions).
- Selection of medical cannabis dispensary or zone.
- A signed and completed Medical Cannabis Custodial Parent and Legal Guardian Attestation form.
- If applicable, proof of guardianship documentation.
- Application fee.

This application must be submitted to:

Illinois Department of Public Health
Division of Medical Cannabis
535 West Jefferson Street
Springfield, Illinois 62761-0001



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Qualifying patients under 18 years of age must submit two (2) physician certifications.

The qualifying patient's **physician** shall certify the existence of a bona-fide physician-patient relationship; conduct an in-person physical examination of the qualifying patient within 90 days of the application; complete an assessment of the qualifying patient's medical history; confirm the qualifying patient has a qualifying debilitating medical condition; explain the potential risks and benefits of medical cannabis use to the qualifying patient and designated caregiver; and certify the qualifying patient is likely to receive a therapeutic or palliative benefit from the use of medical cannabis-infused products.

The **reviewing physician** shall review the qualifying patient's medical history; confirm the qualifying patient has a qualifying debilitating condition; and certify the qualifying patient is likely to receive a therapeutic or palliative benefit from the use of medical cannabis-infused products.

Physician Written Certification

Make sure the qualifying patient's physician completes the [Physician Written Certification Form](#) and mails it to the Department's Division of Medical Cannabis.

Physician Written Certification from a Reviewing Physician

Make sure the qualifying patient's reviewing physician completes the [Physician Written Certification from a Reviewing Physician Form](#) and mails it to the Department's Division of Medical Cannabis.

Proof of designated caregiver residency, identity and age

Attach a copy of any of the following items:

- Notarized homeless status certification:
http://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a230.pdf
- A valid, unexpired Illinois driver's license or other state identification card issued by the Illinois secretary of state.

Designated Caregiver Uniform Conviction Information Act (UCIA) Fingerprint Consent Form and the receipt provided by the livescan fingerprint vendor containing the Transaction Control Number (TCN)

Uniform Conviction Information Act (UCIA) Fingerprint Consent

Submit a copy of the UCIA Fingerprint Consent Form. You may obtain a current listing of livescan fingerprint vendors from the Illinois Department of Financial and Professional Regulation website at <https://www.idfpr.com/licenselookup/fingerprintlist.asp>. Contact the live scan fingerprint vendor before going to get your fingerprints taken. When you go to get your fingerprints taken, remember to bring the UCIA Fingerprint Consent Form. Once you have your fingerprints taken, the UCIA Fingerprint Consent Form and receipt provided by the livescan fingerprint vendor containing the Transaction Control Number (TCN) must be returned to the Department's Division of Medical Cannabis along with the completed application.

Medical Cannabis Custodial Parent and Legal Guardian Attestation Form

This form can be downloaded from the Illinois Department of Public Health's Medical Cannabis website <http://www.idph.state.il.us/HealthWellness/MedicalCannabis/index.htm>



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Designated caregiver photograph

Attach a photograph that:

- was taken less than 30 days before application submission;
- was taken against a plain background or backdrop;
- is in natural color;
- was taken in full-face view directly facing the camera with a neutral facial expression and both eyes open (prescription glasses and religious head coverings not covering any areas of the open face are allowed);
- is at least 2 inches by 2 inches in size; and
- is at least 600 x 600 pixels, but no greater than 1,200 x 1,200 pixels in dimension.

Application Fee

Include payment of \$100 by check or money order payable to:

Illinois Department of Public Health



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NEW APPLICATION OR RENEWAL (Check the appropriate answer)

- New:** I have never had an Illinois Medical Cannabis Registry Identification Card.
- Renewal:** I have had an Illinois Medical Cannabis Registry Identification Card.
My Registry Identification Card Number is _____.

QUALIFYING PATIENT INFORMATION

Social Security Number (### - ## - #####)		Drivers License # (if applicable):		Driver's License State (if applicable):	
First Name		Middle Name		Last Name	
Home Address					
Apartment or Suite #		City		State IL	ZIP Code
Telephone Number (### ### #####)			E-mail Address		
Date of Birth (mm/dd/yyyy)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

PHYSICIAN INFORMATION

Name of Hospital, University or Practice					
First Name		Middle Name		Last Name	
Office Address					
Suite #		City		State IL	ZIP Code
Office Telephone Number (### ### #####)			E-mail Address		



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REVIEWING PHYSICIAN INFORMATION

Name of Hospital, University or Practice			
First Name	Middle Name	Last Name	
Office Address			
Suite #	City	State	ZIP Code
Office Telephone Number (###-###-####)		E-mail Address	

DESIGNATED CAREGIVER INFORMATION

The custodial parent or legal guardian shall serve as the designated caregiver and shall complete the following information.

Drivers License # (if applicable):		Driver's License State (if applicable):	
First Name	Middle Name	Last Name	
Home Address			
Apartment or Suite #	City	State IL	ZIP Code
Telephone Number (###-###-####)		E-mail Address	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

SIGNATURE of Designated Caregiver

DATE (mm/dd/yyyy)



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Selection of medical cannabis dispensing organization

The designated caregiver must select one city, county or counties from the list below where they expect to obtain medical cannabis for the qualifying patient under 18 years of age. Once dispensaries are in place, the Department's Division of Medical Cannabis will ask registered qualifying patients to select a medical cannabis dispensing organization.

- District 1 – Carroll, Lee, Ogle and Whiteside counties
- District 6 - DeWitt, Livingston and McLean counties
- District 7 - Henry, Knox, Mercer and Rock Island counties
- District 8 - Marshall , Peoria, Stark, Tazewell and Woodford counties
- District 9 - Cass, Christian, Logan, Mason , Menard , Morgan and Sangamon counties
- District 10 - Champaign , Coles, Douglas, Edgar , Macon, Moultrie , Piatt, Shelby and Vermilion counties
- District 11 – Bond, Clinton, Madison , Monroe and St. Clair counties
- District 12 – Clark, Clay, Crawford , Cumberland , Effingham , Fayette, Jasper , Lawrence, Marion and Richland counties
- District 13 - Franklin , Jackson, Jefferson , Perry, Randolph , Washington and Williamson counties
- District 14 – Fulton, Hancock, Henderson, McDonough and Warren counties
- District 16 – Boone, Jo Daviess, Stephenson and Winnebago counties
- District 17 – Bureau, La Salle and Putnam counties
- District 18 - Calhoun , Greene, Jersey , Macoupin, Montgomery
- District 19 – Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne and White counties
- District 20 – Adams, Brown, Pike, Schuyler and Scott counties
- District 21 – Ford, Iroquois and Kankakee counties
- District 22 – Alexander, Hardin, Johnson, Massac , Pope, Pulaski and Union counties
- DeKalb County
- DuPage County
- Grundy and Kendall counties
- Kane County
- Lake County
- McHenry County
- Will County
- Cook County, outside the city of Chicago
- City of Chicago



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Certifications (To be completed by the designated caregiver)

I certify the information provided in this application is true and accurate to the best of my knowledge.

Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of the Illinois Medical Cannabis Qualifying Patient Registry Identification Card and other administrative, civil or criminal penalties.

I additionally certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the act;
- (iii) any activity not sanctioned by the act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual's ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

DESIGNATED CAREGIVER SIGNATURE

DATE (mm/dd/yyyy)

This application must be submitted to:

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