



Oregon Medical Marijuana Program (OMMP)  
APPLICATION INSTRUCTIONS

**KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS**

**Application Form**

**SECTION A – Applicant Information**

- Complete all of Part A.
- You must provide a clear, legible copy of your current Oregon photo ID card, or a current photo and a copy of your Oregon voter’s registration card, to show that you are an Oregon resident.
- If the information or expiration date on the front of your ID is not current, please copy the back of the card if the back shows that it is current.

**SECTION B – Designated Primary Caregiver**

A designated primary caregiver is a person age 18 or older who has significant responsibility for your care (your physician cannot be your designated primary caregiver).

- Part B of the application allows you to designate a primary caregiver. You do not have to designate a primary caregiver unless you are under age 18.
- If you choose to list a primary caregiver, that person must provide a copy of his or her current Oregon photo ID, as well as his or her date of birth, address, and phone number.
- There is no additional fee for a primary caregiver registry identification card.
- If you remove your caregiver, it is your responsibility to tell the caregiver that he or she is no longer protected under the Oregon Medical Marijuana Act (OMMA).

**SECTION C – Person Responsible for a Grow Site and Marijuana Grow Site Address**

- **Person responsible for the grow site will be subject to a criminal history check for felony convictions.**
- You must list the name, date of birth and mailing address of the person responsible for the marijuana grow site. That person must also provide a copy of his or her current Oregon photo ID.
- You must list the physical address of where your marijuana is to be produced. This information is required under Oregon Administrative Rule (OAR) 333-008-0025.
- You may list only one (1) grow site; a PO Box is not acceptable for a grow site address.
- A person responsible for a grow site may be someone other than you or your caregiver.

- If you remove your grower, it is your responsibility to tell the grower that they are no longer protected under the OMMA.

## **SECTION D – Registration Fees**

- The fee for a **NEW** application is \$100 or \$20 if you are on the Oregon Health Plan (OHP) or if you are receiving monthly Supplemental Security Income (SSI) benefits or if you are receiving monthly Food Stamp benefits.
- The fee for a **RENEWAL** application is \$100 or \$20 if you are on the Oregon Health Plan (OHP) or if you are receiving monthly Supplemental Security Income (SSI) benefits or if you are receiving monthly Food Stamp benefits.
- See the back page of the application forms and OAR 333-008-0020 for OHP or SSI eligibility requirements.
- Please make your check or money order out to “**OMMP**” or “**DHS/State of Oregon**”. Do not send cash in the mail. We do not accept Debit or Credit cards.

## **SECTION E – Signature & Date**

- Part E requires you to sign your name and date the application form. The form must be signed and dated by the applicant, not the caregiver.
- If a proxy is signing the application for you, please note this on your application.

### **If you are a minor...**

If the applicant is under age 18, the parent or guardian must complete the **Declaration of Person Responsible for a Minor** form and complete Part B of the Application Form as a primary caregiver. The “**Declaration of Person Responsible for a Minor**” form is available from the OMMP office. This form must be notarized.

## **Attending Physician’s Statement**

### **SECTION A – Patient Information**

- Clearly print the patient’s full name, address, telephone number and date of birth.

### **SECTION B – Physician Name and Address**

- Clearly print the physician’s name, mailing address and telephone number.

### **SECTION C – Physician’s Statement**

The physician signing your OMMP documentation must be a Medical Doctor (MD) or Doctor of Osteopathy (DO) currently licensed to practice medicine in Oregon under Oregon Revised Statute Chapter 677. He or she must meet the definition of an “attending physician” (OAR 333-008-0010(3)).

- The physician must complete this section by checking the boxes to indicate your qualifying debilitating medical condition.

- The physician must sign and date the form. The date must be current within 90 days of the date of your new application or current card's expiration.

As an alternative to the Attending Physician's Statement, you may submit **signed, dated, valid, written documentation** from your physician. This documentation can be in the form of a signed and dated copy of your medical records or a signed and dated letter and must state:

- You are his or her patient;
- You have been diagnosed with a debilitating medical condition covered by the Oregon Medical Marijuana Act; and
- The medical use of marijuana may mitigate the symptoms or effects of your condition.
- This documentation must also be current within 90 days of the date of your new application or current card expiration.

**You may request any form, including the rules and statutes, by phone, fax, mail, or in person. You may also get a copy of all OMMP documents online at our website ([www.healthoregon.org/mm](http://www.healthoregon.org/mm)).**

**All information on your application will be verified by the OMMP.**

For additional information, please check the OMMP website at:  
[www.healthoregon.org/mm](http://www.healthoregon.org/mm)