

# Medical Use of Marijuana Online System Underage Patient Registration Interface Screens and Instructions

Massachusetts Cannabis Control Commission

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## Table of Contents

1.	Landing Page.....	3
2.	Welcome (After signing in for the first time) .....	4
3.	Pediatric Patient Identification.....	5
4.	General Instructions for Pediatric Patient Registration .....	6
5.	Pediatric Patient Registration Information.....	10
6.	Proof of Pediatric Patient Massachusetts Residency .....	11
7.	Pediatric Patient Photo.....	12
8.	Parent or Legal Guardian Information.....	14
9.	Parent or Legal Guardian Identification Document .....	16
10.	Parent or Legal Guardian Proof of Residency.....	17
11.	Parent or Legal Guardian Photo .....	18
12.	Parental Proof or Proof of Legal Guardianship.....	19
13.	Review and Submit Application.....	20
14.	Home (After Submit) .....	21
15.	Home (After Approval) .....	22



## Landing Page



### Medical Use of Marijuana Online System Patient and Caregiver Portal

Welcome to the Medical Use Of Marijuana Online System. Please choose from one of the options below.

#### ADULT PATIENT

I am a newly certified patient and I would like to register in the Medical Use of Marijuana Online System for the first time →

I am an existing patient who used to have an account on the Massachusetts Virtual Gateway and I would like to claim my account so I can access the new Medical Use of Marijuana Online System system →

I am an existing patient and I would like to login to the Medical Use of Marijuana Online System →

#### PARENT OR LEGAL GURADIAN OF PEDIATRIC PATIENT

I am the parent or legal guardian of a newly certified pediatric patient and I would like to start the pediatric patient and parent/legal guardian registration process for the first time →

I am the parent or legal guardian of an existing registered pediatric patient that was registered via a paper application and I would like to create an account to access the Medical use of Marijuana Online System →

I am the parent or legal guardian of an existing registered pediatric patient and I have an account on the Massachusetts Virtual Gateway and I would like to claim my account so I can access the new Medical Use of Marijuana Online System →

I the parent or legal guardian of an existing pediatric patient and I would like to login to the Medical Use of Marijuana Online System →

#### CAREGIVER OF ADULT PATIENT

I am a new caregiver and I would like to register in the Medical Use of Marijuana Online System for the first time →

I am an existing caregiver who used to have an account on the Massachusetts Virtual Gateway and I would like to claim my account so I can access the new Medical Use of Marijuana Online System system →

I am an existing caregiver and I would like to login to the Medical Use of Marijuana Online System →



## Configurable Text

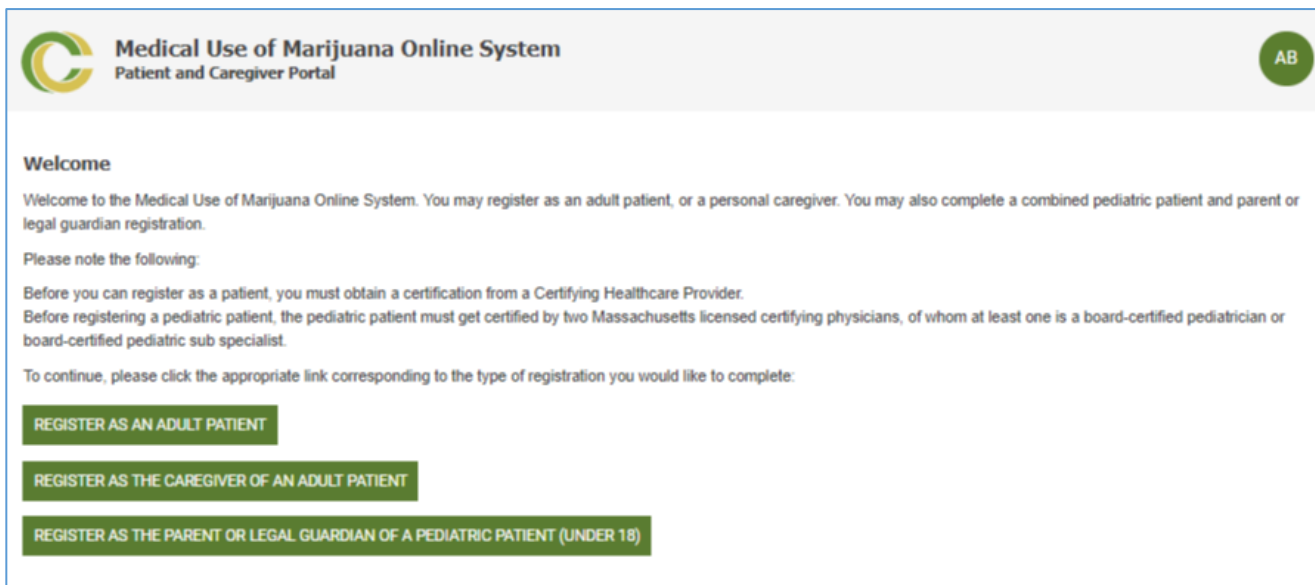
### PARENT OR LEGAL GURADIAN OF PEDIATRIC PATIENT

I am the parent or legal guardian of a newly certified pediatric patient and I would like to start the pediatric patient and parent/legal guardian registration process for the first time

I am the parent or legal guardian of an existing registered pediatric patient that was registered via a paper application and I would like to create an account to access the Medical use of Marijuana Online System

I am the parent or legal guardian of an existing registered pediatric patient and I have an account on the Massachusetts Virtual Gateway and I would like to claim my account so I can access the new Medical Use of Marijuana Online System

## Welcome (After signing in for the first time)



The screenshot shows the 'Medical Use of Marijuana Online System Patient and Caregiver Portal'. At the top left is a green circular logo with a white 'C'. To its right is the text 'Medical Use of Marijuana Online System' and 'Patient and Caregiver Portal'. At the top right is a green circular button with the text 'AB'. Below the header is a 'Welcome' section. The text reads: 'Welcome to the Medical Use of Marijuana Online System. You may register as an adult patient, or a personal caregiver. You may also complete a combined pediatric patient and parent or legal guardian registration. Please note the following: Before you can register as a patient, you must obtain a certification from a Certifying Healthcare Provider. Before registering a pediatric patient, the pediatric patient must get certified by two Massachusetts licensed certifying physicians, of whom at least one is a board-certified pediatrician or board-certified pediatric sub specialist. To continue, please click the appropriate link corresponding to the type of registration you would like to complete:'. Below this text are three green buttons with white text: 'REGISTER AS AN ADULT PATIENT', 'REGISTER AS THE CAREGIVER OF AN ADULT PATIENT', and 'REGISTER AS THE PARENT OR LEGAL GUARDIAN OF A PEDIATRIC PATIENT (UNDER 18)'.

## Configurable Text

Welcome to the Medical Use of Marijuana Online System. You may register as an adult patient, or a personal caregiver. You may also complete a combined pediatric patient and parent or legal guardian registration.




Please note the following:

- Before you can register as a patient, you must obtain a certification from a Certifying Healthcare Provider.
- Before registering a pediatric patient, the pediatric patient must get certified by two Massachusetts licensed certifying physicians, of whom at least one is a board-certified pediatrician or board-certified pediatric sub specialist.

To continue, please click the appropriate link corresponding to the type of registration you would like to complete:

## Pediatric Patient Identification

 **Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

**Pediatric Patient Identification**

**Instructions:**  
Please fill in the fields below. All fields marked with an asterisk (\*) are required. In the "PIN or Registration Number" field, enter the patient's PIN or registration number provided to you by your Certifying Healthcare Provider after they certified the pediatric patient for medical use of marijuana.

**Patient Identification**

PIN or Registration Number: \*

Last Name: \*

Date of Birth (mm/dd/yyyy): \*

Social Security Number (Last 4 Digits): \*

BACK


PROCEED

### Configurable Text

Please fill in the fields below. All fields marked with an asterisk (\*) are required. In the "PIN or Registration Number" field, enter the patient's PIN or registration number provided to you by your Certifying Healthcare Provider after they certified the pediatric patient for medical use of marijuana.



# General Instructions for Pediatric Patient Registration

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

## General Instructions for Pediatric Patient Registration

In order to complete the combined registration process for the Pediatric Patient and his/her Parent or Legal Guardian, You will need the following documents:

- A document showing parental proof or proof of legal guardianship.
- A photograph of the patient.
- A document showing proof of Massachusetts residency for the patient.
- A photograph of yourself (if you do not use a Massachusetts ID as your form of Identification)
- A valid form of Identification for yourself.
- A document showing proof of Massachusetts residency for yourself (Only if you use a passport or military ID as your form of identification).

### PARENTAL PROOF OR PROOF OF LEGAL GUARDIANSHIP

- If you are a parent of the qualifying patient, you will need to upload a copy of the birth certificate of the qualifying patient or proof of adoption.
- If you are a legal guardian of the qualifying patient, you will need to upload a copy of the documentation of the legal guardianship of the qualifying patient.

### PHOTOGRAPHS

The photo will be placed on the Program ID Card and needs to meet the following criteria:

- Must be a color photo
- Uploaded as a square photo in portrait/upright format
- Taken within the last 6 months to reflect what you look like now
- Taken in front of a plain white or off-white background
- Taken looking directly at the camera
- Taken without smiling and with both eyes open
- Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes)

Please ensure that your photo is in .jpg format with a maximum size of 2 MB. If your photo does not fit the specifications listed above, your application may not be approved.

### VALID FORMS OF IDENTIFICATION

Below is the list of valid forms of identification:

- Massachusetts Driver's License
- Massachusetts ID Card
- US Passport
- US Military ID

### PATIENT PROOF OF MASSACHUSETTS RESIDENCY

If the qualifying patient lives with their parent or legal guardian, proof of the patient's Massachusetts residency may include, but is not limited to, a copy of one of the following documents:

- A utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain the parent or legal guardian's name and address.
- The parent or legal guardian's current Massachusetts motor vehicle registration card with their name and current address.
- Tuition bill with a due date of less than 6 months ago with the parent or legal guardian's name and addressed to their current address.
- The parent or legal guardian's car insurance policy or bill that is less than 60 days old.
- Home mortgage, lease or loan contracts dated within 6 months of today with the parent or legal guardian's name, address and signature.
- The parent or legal guardian's certified U.S. Marriage Certificate dated within the past 6 months.
- A property tax or excise tax bill for the current year with the parent or legal guardian's name and address.
- Current Massachusetts-issued Professional License with the parent or legal guardian's current address

If the qualifying patient does not live with their parent or legal guardian, proof of Massachusetts residency may include:

- A letter written and signed by the qualifying patient's principal, headmaster, or official keeper of the records of a Massachusetts school, on the school's letterhead, that states that the applicant is currently a resident student and includes the student's name, address and date of birth (dated within 1 month of application)
- Census or census verification of the current year

### PARENT OR LEGAL GUARDIAN PROOF OF RESIDENCY

If a Passport or US Military ID was used as the form of identification for the parent or legal guardian, one of the following documents must be uploaded to prove Massachusetts residency:

- Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address.
- Current Massachusetts motor vehicle registration card with your current address.
- Tuition bill with a due date of less than 6 months ago and addressed to your current address.
- Car insurance policy or bill that is dated less than 60 days old. > Home mortgage, lease or loan contracts dated within 6 months of today with your name address and signature.
- Certified U.S. Marriage Certificate dated within the past 6 months.
- Property tax or excise tax bill for the current year with your name and address.
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address.
- Current Massachusetts-issued Professional License with your address.

### PROGRAM ID CARD

After you complete the registration process, Commission staff will review your information. If you are approved, you will then be able to print a paper Program ID card. Within 60 days, you will receive a Program ID Card in the mail. To purchase marijuana for medical use from an MTC, you must show your Program ID Card as well as the exact same form of identification that you uploaded onto the Medical Use of Marijuana Online System.

You must have your Program ID Card and the exact same form of identification you uploaded in the Medical Use of Marijuana Online System at all times when you possess Marijuana for Medical use.

### QUESTIONS

Should you have questions regarding the registration process, please contact the Medical Use of Marijuana Program Support Center at (833) 869-6820.

EXIT

PROCEED



## **Configurable Text**

In order to complete the combined registration process for the Pediatric Patient and his/her Parent or Legal Guardian. You will need the following documents:

- A document showing parental proof or proof of legal guardianship.
- A photograph of the patient.
- A document showing proof of Massachusetts residency for the patient.
- A photograph of yourself (If you do not use a Massachusetts ID as your form of Identification)
- A valid form of identification for yourself.
- A document showing proof of Massachusetts residency for yourself (Only if you use a passport or military ID as your form of identification).

## **PARENTAL PROOF OR PROOF OF LEGAL GUARDIANSHIP**

- If you are a parent of the qualifying patient, you will need to upload a copy of the birth certificate of the qualifying patient or proof of adoption.
- If you are a legal guardian of the qualifying patient, you will need to upload a copy of the documentation of the legal guardianship of the qualifying patient.

## **PHOTOGRAPHS**

The photo will be placed on the Program ID Card and needs to meet the following criteria:

- Must be a color photo
- Uploaded as a square photo in portrait/upright format
- Taken within the last 6 months to reflect what you look like now
- Taken in front of a plain white or off-white background
- Taken looking directly at the camera
- Taken without smiling and with both eyes open
- Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes)

Please ensure that your photo is in .jpg format with a maximum size of 2 MB. If your photo does not fit the specifications listed above, your application may not be approved.

## **VALID FORMS OF IDENTIFICATION**

Below is the list of valid forms of identification:



- Massachusetts Driver's License
- Massachusetts ID Card
- US Passport
- US Military ID

## **PATIENT PROOF OF MASSACHUSETTS RESIDENCY**

If the qualifying patient **lives** with their parent or legal guardian, proof of the patient's Massachusetts residency may include, but is not limited to, a copy of one of the following documents:

- A utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain the parent or legal guardian's name and address.
- The parent or legal guardian's current Massachusetts motor vehicle registration card with their name and current address.
- Tuition bill with a due date of less than 6 months ago with the parent or legal guardian's name and addressed to their current address.
- The parent or legal guardian's car insurance policy or bill that is less than 60 days old.
- Home mortgage, lease or loan contracts dated within 6 months of today with the parent or legal guardian's name, address and signature.
- The parent or legal guardian's certified U.S. Marriage Certificate dated within the past 6 months.
- A property tax or excise tax bill for the current year with the parent or legal guardian's name and address.
- Current Massachusetts-issued Professional License with the parent or legal guardian's current address

If the qualifying patient **does not live** with their parent or legal guardian, proof of Massachusetts residency may include:

- A letter written and signed by the qualifying patient's principal, headmaster, or official keeper of the records of a Massachusetts school, on the school's letterhead, that states that the applicant is currently a resident student and includes the student's name, address and date of birth (dated within 1 month of application)
- Census or census verification of the current year

## **PARENT OR LEGAL GUARDIAN PROOF OF RESIDENCY**

If a Passport or US Military ID was used as the form of identification for the parent or legal guardian, one of the following documents must be uploaded to prove Massachusetts residency:

- Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address.





- Current Massachusetts motor vehicle registration card with your current address.
- Tuition bill with a due date of less than 6 months ago and addressed to your current address.
- Car insurance policy or bill that is dated less than 60 days old.
- Home mortgage, lease or loan contracts dated within 6 months of today with your name, address and signature.
- Certified U.S. Marriage Certificate dated within the past 6 months.
- Property tax or excise tax bill for the current year with your name and address.
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address.
- Current Massachusetts-issued Professional License with your address.

### **PROGRAM ID CARD**

After you complete the registration process, Commission staff will review your information. If you are approved, you will then be able to print a paper Program ID card. Within 60 days, you will receive a Program ID Card in the mail. To purchase marijuana for medical use from an MTC, you must show your Program ID Card as well as the exact same form of identification that you uploaded onto the Medical Use of Marijuana Online System.


You must have your Program ID Card and the exact same form of identification you uploaded in the Medical Use of Marijuana Online System at all times when you possess Marijuana for Medical use.

### **QUESTIONS**

Should you have questions regarding the registration process, please contact the Medical Use of Marijuana Program Support Center at (833) 869-6820.



## Pediatric Patient Registration Information

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

### Pediatric Patient Registration Information

Please enter the requested information below. All fields marked with an asterisk (\*) are required.

✓ Instructions

■ Patient Information

**Patient Registration Information**

Registration Number: P11153407

Name: Lisa Benson

Mother's Maiden Name: \*

Gender: \*  
Please Select ▼

Date of Birth (mm/dd/yyyy): 01/01/2008

Social Security Number (Last 4 Digits): 1234

**Patient Residential Address**

Address 1: \*

Address 2:

City: \*  
Please Select ▼

State: Massachusetts

ZIP Code: \*

BACK


PROCEED

### Configurable Text

Please enter the requested information below. All fields marked with an asterisk (\*) are required.



## Proof of Pediatric Patient Massachusetts Residency

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

### Proof of Pediatric Patient Massachusetts Residency

If the qualifying patient lives with their parent or legal guardian, proof of the patient's Massachusetts residency may include, but is not limited to, a copy of one of the following documents:

- A utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain the parent or legal guardian's name and address.
- The parent or legal guardian's current Massachusetts motor vehicle registration card with their name and current address.
- Tuition bill with a due date of less than 6 months ago with the parent or legal guardian's name and addressed to their current address.
- The parent or legal guardian's car insurance policy or bill that is less than 60 days old.
- Home mortgage, lease or loan contracts dated within 6 months of today with the parent or legal guardian's name, address and signature.
- The parent or legal guardian's certified U.S. Marriage Certificate dated within the past 6 months.
- A property tax or excise tax bill for the current year with the parent or legal guardian's name and address.
- Current Massachusetts-issued Professional License with the parent or legal guardian's current address

If the qualifying patient does not live with their parent or legal guardian, proof of Massachusetts residency may include:

- A letter written and signed by the qualifying patient's principal, headmaster, or official keeper of the records of a Massachusetts school, on the school's letterhead, that states that the applicant is currently a resident student and includes the student's name, address and date of birth (dated within 1 month of application)
- Census or census verification of the current year

#### Upload Proof of Patient Massachusetts Residency Document

Select a proof of residency document file to upload: \*

No file chosen

### Configurable Text

If the qualifying patient lives with their parent or legal guardian, proof of the patient's Massachusetts residency may include, but is not limited to, a copy of one of the following documents:

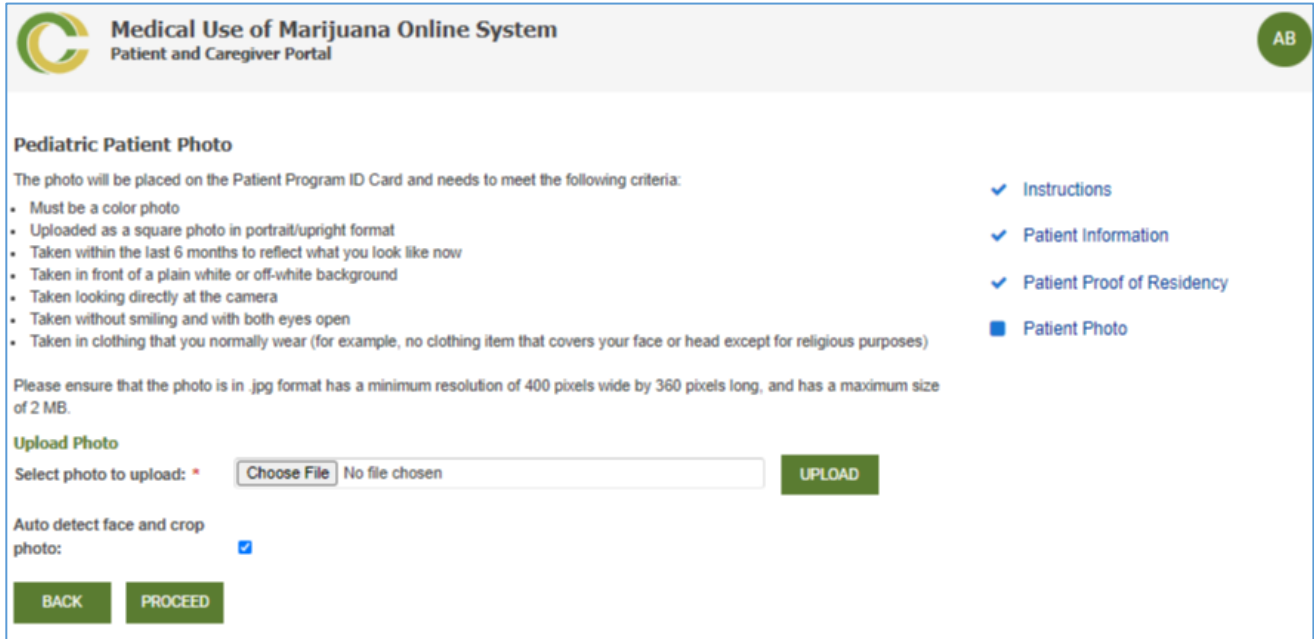
- A utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain the parent or legal guardian's name and address.
- The parent or legal guardian's current Massachusetts motor vehicle registration card with their name and current address.
- Tuition bill with a due date of less than 6 months ago with the parent or legal guardian's name and addressed to their current address.
- The parent or legal guardian's car insurance policy or bill that is less than 60 days old.
- Home mortgage, lease or loan contracts dated within 6 months of today with the parent or legal guardian's name, address and signature.
- The parent or legal guardian's certified U.S. Marriage Certificate dated within the past 6 months.
- A property tax or excise tax bill for the current year with the parent or legal guardian's name and address.
- Current Massachusetts-issued Professional License with the parent or legal guardian's current address



If the qualifying patient **does not** live with their parent or legal guardian, proof of Massachusetts residency may include:

- A letter written and signed by the qualifying patient's principal, headmaster, or official keeper of the records of a Massachusetts school, on the school's letterhead, that states that the applicant is currently a resident student and includes the student's name, address and date of birth (dated within 1 month of application)
- Census or census verification of the current year

## Pediatric Patient Photo



The screenshot shows the 'Medical Use of Marijuana Online System Patient and Caregiver Portal'. The page title is 'Pediatric Patient Photo'. It includes a list of criteria for the photo, a list of navigation links (Instructions, Patient Information, Patient Proof of Residence, Patient Photo), a file upload section with a 'Choose File' button and an 'UPLOAD' button, and a checkbox for 'Auto detect face and crop photo:'. The 'Auto detect face and crop photo:' checkbox is checked. At the bottom are 'BACK' and 'PROCEED' buttons.

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

**Pediatric Patient Photo**

The photo will be placed on the Patient Program ID Card and needs to meet the following criteria:

- Must be a color photo
- Uploaded as a square photo in portrait/upright format
- Taken within the last 6 months to reflect what you look like now
- Taken in front of a plain white or off-white background
- Taken looking directly at the camera
- Taken without smiling and with both eyes open
- Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes)

✓ Instructions  
✓ Patient Information  
✓ Patient Proof of Residence  
■ Patient Photo

Please ensure that the photo is in .jpg format has a minimum resolution of 400 pixels wide by 360 pixels long, and has a maximum size of 2 MB.

**Upload Photo**

Select photo to upload: \*  No file chosen

Auto detect face and crop photo: ☒

### Configurable Text

The photo will be placed on the Patient Program ID Card and needs to meet the following criteria:


- Must be a color photo
- Uploaded as a square photo in portrait/upright format
- Taken within the last 6 months to reflect what you look like now
- Taken in front of a plain white or off-white background
- Taken looking directly at the camera
- Taken without smiling and with both eyes open
- Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes)



Please ensure that the photo is in .jpg format has a minimum resolution of 400 pixels wide by 360 pixels long, and has a maximum size of 2 MB.



## Parent or Legal Guardian Information

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

### Parent or Legal Guardian Information

Please enter the information requested below. All fields marked with an asterisk (\*) are required.

**Parent or Legal Guardian Information**  
First Name: \*  
Middle Name:  
Last Name: \*  
Mother's Maiden Name: \*  
Gender: \*  
Date of Birth (mm/dd/yyyy): \*  
Social Security Number (Last 4 Digits): \*  
Home Phone Number (111-222-3333): \*  
Mobile Phone Number (111-222-3333):  
Email:  
  
**Parent or Legal Guardian Residential Address**  
Address 1: \*  
Address 2:  
City: \*  
State:  
ZIP Code: \*  
  
**Parent or Legal Guardian Mailing Address**  
Mailing address is the same as above:  
Address 1: \*  
Address 2:  
City: \*  
State: \*  
ZIP Code: \*

Adam  
  
Benson  
  
Please Select  
  
  
  
  
mpoussard@idsoft.com  
  
  
  
Please Select  
Massachusetts  
  
  
  
  
  
  
  
Please Select  
Massachusetts

✓ Instructions  
✓ Patient Information  
✓ Patient Proof of Residency  
✓ Patient Photo  
■ Parent/Guardian Information

### Attestation

- I have submitted all the required information to the best of my abilities and have not made any false representations.
- I will not engage in the diversion of marijuana purchased for medical use.
- I attest that I will only assist the patient in a manner consistent with their certifying physician's recommendations.
- I understand that the protections conferred by Chapter 369 of the Acts of 2012, An Act for the Humanitarian Medical Use of Marijuana, and Chapter 55 of the Acts of 2017, An Act to Ensure Safe Access to Marijuana, for possession of marijuana for medical use are applicable only within Massachusetts.
- I understand that nothing in Massachusetts law or the Cannabis Control Commission (Commission) regulations, 935 CMR 501.000 and 502.000, purports to give immunity under federal law or poses an obstacle to federal enforcement of federal law.
- I understand that I am responsible for notifying the Medical Use of Marijuana Program within five business days (by calling (833) 869-8820) after any change to the information that I have submitted to the Program, if my Program ID Card has been lost, stolen, or destroyed, or if my patient has deceased.
- I understand that I must carry my Program ID Card at all times while in possession of marijuana for medical use.
- I understand that, if available, a copy of my photo in the Registry of Motor Vehicles database will be transferred into the Medical Use of Marijuana Online System database for record keeping purposes.
- I understand that the photo in the Medical Use of Marijuana Online System database will be placed on my Program ID Card for identification purposes.
- I will not:
  - Consume, by any means, marijuana that has been dispensed to or cultivated for my patient;
  - Sell, provide, or otherwise divert marijuana that has been dispensed to or cultivated for my patient;
  - Cultivate marijuana for my own use;
  - Cultivate marijuana for my patient unless my patient has been approved for a Hardship Cultivation Registration by the Commission;
  - Cultivate marijuana for purposes of selling or providing marijuana to anyone other than my patient; or
  - Allow my patient, if my patient is under 18 years of age, to possess marijuana at any time when he or she is not in my presence.
- I understand that by providing an email address to the Medical Use of Marijuana Program ("Program"), the Program will use the e-mail address that I have provided to communicate with me. These emails will be used to send me information about the Program and the online registration system and may discuss marijuana or the medical use of marijuana. Examples of this information include, but are not limited to, general program updates, registration status, or information required from you by the Program.
- I understand that email is not entirely secure or private, and that unauthorized people may be able to intercept, read and possibly change email I send to or receive from the Program. The Program recommends that I protect my e-mail account, password and computer against access by unauthorized people and that I install and maintain virus protection software on my personal computer. I also understand that since e-mails can be copied, printed and forwarded by people to whom I send e-mails, I should be careful regarding sharing e-mails.
- I understand that I do not have to agree to provide an email address in order to communicate with the Program. If I do not want to receive emails from the Program, I must email the Program at [Commission@CCCMass.com](mailto:Commission@CCCMass.com) or call (833) 869-8820. If I decide at any time I no longer want to receive emails from the Program, I must email the Program at [Commission@CCCMass.com](mailto:Commission@CCCMass.com) or call (833) 869-8820. I understand that if I do not want to receive emails or later change my mind about receiving emails, the Program will communicate with me through U.S. mail.

By checking the box below, I attest that I understand and agree with each of the Attestations above.

I agree: \* ☐

BACK

PROCEED



## Configurable Text

Please enter the information requested below. All fields marked with an asterisk (\*) are required.

### Attestation

- I have submitted all the required information to the best of my abilities and have not made any false representations.
- I will not engage in the diversion of marijuana purchased for medical use.
- I attest that I will only assist the patient in a manner consistent with their certifying physician's recommendations.
- I understand that the protections conferred by Chapter 369 of the Acts of 2012, An Act for the Humanitarian Medical Use of Marijuana, and Chapter 55 of the Acts of 2017, An Act to Ensure Safe Access to Marijuana, for possession of marijuana for medical use are applicable only within Massachusetts.
- I understand that nothing in Massachusetts law or the Cannabis Control Commission (Commission) regulations, 935 CMR 501.000 and 502.000, purports to give immunity under federal law or poses an obstacle to federal enforcement of federal law.
- I understand that I am responsible for notifying the Medical Use of Marijuana Program within five business days (by calling (833) 869-6820) after any change to the information that I have submitted to the Program, if my Program ID Card has been lost, stolen, or destroyed, or if my patient has deceased.
- I understand that I must carry my Program ID Card at all times while in possession of marijuana for medical use.
- I understand that, if available, a copy of my photo in the Registry of Motor Vehicles database will be transferred into the Medical Use of Marijuana Online System database for record keeping purposes.
- I understand that the photo in the Medical Use of Marijuana Online System database will be placed on my Program ID Card for identification purposes.
- I will not:
  - Consume, by any means, marijuana that has been dispensed to or cultivated for my patient;
  - Sell, provide, or otherwise divert marijuana that has been dispensed to or cultivated for my patient;
  - Cultivate marijuana for my own use;
  - Cultivate marijuana for my patient unless my patient has been approved for a Hardship Cultivation Registration by the Commission;
  - Cultivate marijuana for purposes of selling or providing marijuana to anyone other than my patient; or
  - Allow my patient, if my patient is under 18 years of age, to possess marijuana at any time when he or she is not in my presence.
- I understand that by providing an email address to the Medical Use of Marijuana Program ("Program"), the Program will use the e-mail address that I have provided to communicate with me. These emails will be used to send me information about the Program and the online registration system and may discuss marijuana or the medical use of marijuana. Examples of this information include, but are not limited to, general program updates, registration status, or information required from you by the Program.
- I understand that email is not entirely secure or private, and that unauthorized people may be able to intercept, read and possibly change email I send to or receive from the Program. The Program recommends that I protect my e-mail account,



password and computer against access by unauthorized people and that I install and maintain virus protection software on my personal computer. I also understand that since e-mails can be copied, printed and forwarded by people to whom I send e-mails, I should be careful regarding sharing e-mails.

- I understand that I do not have to agree to provide an email address in order to communicate with the Program. If I do not want to receive emails from the Program, I must email the Program at [Commission@CCCMass.com](mailto:Commission@CCCMass.com) or call (833) 869-6820. If I decide at any time I no longer want to receive emails from the Program, I must email the Program at [Commission@CCCMass.com](mailto:Commission@CCCMass.com) or call (833) 869-6820. I understand that if I do not want to receive emails or later change my mind about receiving emails, the Program will communicate with me through U.S. mail.

**By checking the box below, I attest that I understand and agree with each of the Attestations above.**

## Parent or Legal Guardian Identification Document

The screenshot shows the 'Medical Use of Marijuana Online System Patient and Caregiver Portal'. The page title is 'Parent or Legal Guardian Identification Document'. It lists acceptable documents for upload: State Issued Driver's License, State Issued ID Card, US Passport, and US Military ID. A note states that US Passport or US Military ID users must also upload a residency document. The 'Upload Identification Document' section includes fields for document type (a dropdown menu), document number, and expiration date. Below these is a file upload area with a 'Choose File' button, the text 'No file chosen', and an 'UPLOAD' button. At the bottom are 'BACK' and 'PROCEED' buttons. On the right side, there is a vertical list of navigation links: Instructions, Patient Information, Patient Proof of Residency, Patient Photo, Parent/Guardian Information, and Parent/Guardian ID (which is currently selected).

### Configurable Text

You may upload one of the following documents as a valid form of identification:

- State Issued Driver's License
- State Issued ID Card
- US Passport
- US Military ID

Please note that if you use a US Passport or a US Military ID, you will be required to upload a document that proves your residency.





## Parent or Legal Guardian Proof of Residency

*The Parent or Guardian will only be required if they uploaded a passport or Military ID of their proof of identification.*

The screenshot shows a web portal titled "Medical Use of Marijuana Online System Patient and Caregiver Portal". The main heading is "Parent or Legal Guardian Proof of Residency". Below this, a message states: "Since a US Passport or US Military ID was submitted as your valid form of identification, you must submit one of the following documents as a proof of residency." A bulleted list follows, detailing acceptable documents: utility bills, tuition bills, car insurance, home mortgage/lease/loan contracts, marriage certificates, property tax/excise tax bills, and first-class mail. To the right of the list is a vertical sidebar with a checklist of items: Instructions, Patient Information, Patient Proof of Residency, Patient Photo, Parent/Guardian Information, Parent/Guardian ID, and Parent/Guardian Proof of Residency (which is currently selected with a blue square). Below the list, a section titled "Upload Proof of Residency Document" contains a text prompt "Select a proof of residency document file to upload: \*", a "Choose File" button, a text field showing "No file chosen", and an "UPLOAD" button. At the bottom left are "BACK" and "PROCEED" buttons.

### Configurable Text

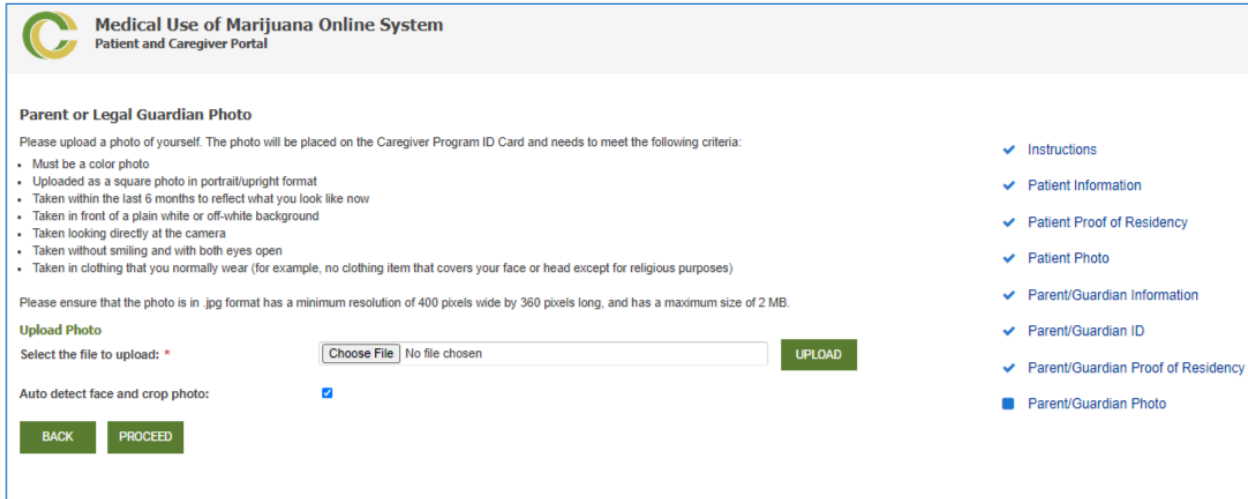
Since a US Passport or US Military ID was submitted as your valid form of identification, you must submit one of the following documents as a proof of residency.

- A utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address;
- Tuition bill with a due date of less than 6 months ago and addressed to your current address;
- Car insurance policy or bill that is dated less than 60 days old;
- Home mortgage, lease or loan contracts dated within 6 months of today with your name, address and signature;
- Original or certified copy of a U.S. Marriage Certificate dated within the past 6 months;
- A property tax or excise tax bill for the current year with your name and address; *or*
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address.



## Parent or Legal Guardian Photo

*The Parent or Guardian will only be required to upload a file if the system is unable to match their information with information on file with the Massachusetts RMV.*



The screenshot shows the 'Medical Use of Marijuana Online System Patient and Caregiver Portal'. The main heading is 'Parent or Legal Guardian Photo'. Below it, instructions state: 'Please upload a photo of yourself. The photo will be placed on the Caregiver Program ID Card and needs to meet the following criteria:'. A list of criteria follows: Must be a color photo, Uploaded as a square photo in portrait/upright format, Taken within the last 6 months to reflect what you look like now, Taken in front of a plain white or off-white background, Taken looking directly at the camera, Taken without smiling and with both eyes open, and Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes). Below the list, it says: 'Please ensure that the photo is in .jpg format has a minimum resolution of 400 pixels wide by 360 pixels long, and has a maximum size of 2 MB.' The 'Upload Photo' section includes a file selection area with a 'Choose File' button, a text box showing 'No file chosen', and an 'UPLOAD' button. There is also a checkbox for 'Auto detect face and crop photo:' which is checked. At the bottom left are 'BACK' and 'PROCEED' buttons. On the right side, a vertical list of navigation links is shown with checkmarks: Instructions, Patient Information, Patient Proof of Residency, Patient Photo, Parent/Guardian Information, Parent/Guardian ID, Parent/Guardian Proof of Residency, and Parent/Guardian Photo (which is highlighted with a blue square).

### Configurable Text


Please upload a photo of yourself. The photo will be placed on the Caregiver Program ID Card and needs to meet the following criteria:

- Must be a color photo
- Uploaded as a square photo in portrait/upright format
- Taken within the last 6 months to reflect what you look like now
- Taken in front of a plain white or off-white background
- Taken looking directly at the camera
- Taken without smiling and with both eyes open
- Taken in clothing that you normally wear (for example, no clothing item that covers your face or head except for religious purposes)

Please ensure that the photo is in .jpg format has a minimum resolution of 400 pixels wide by 360 pixels long, and has a maximum size of 2 MB.



## Parental Proof or Proof of Legal Guardianship

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

**Parental Proof or Proof of Legal Guardianship**

Please upload a document that proves your relationship to the patient.

- If you are a parent of the qualifying patient, you will need to upload a copy of the birth certificate of the qualifying patient or proof of adoption.
- If you are a legal guardian of the qualifying patient, you will need to upload a copy of the documentation of the legal guardianship of the qualifying patient.

**Upload Parental Proof or Proof of Legal Guardianship Document**

Select the file to upload: \*

No file chosen

- ✓ Instructions
- ✓ Patient Information
- ✓ Patient Proof of Residency
- ✓ Patient Photo
- ✓ Parent/Guardian Information
- ✓ Parent/Guardian ID
- ✓ Parent/Guardian Proof of Residency
- ✓ Parent/Guardian Photo
- Upload Parental Proof

### Configurable Text

Please upload a document that proves your relationship to the patient.

- If you are a parent of the qualifying patient, you will need to upload a copy of the birth certificate of the qualifying patient or proof of adoption.
- If you are a legal guardian of the qualifying patient, you will need to upload a copy of the documentation of the legal guardianship of the qualifying patient.



## Review and Submit Application



### Medical Use of Marijuana Online System Patient and Caregiver Portal

#### Review and Submit Application

Please review the registration information you have entered below. You may modify each section by clicking the corresponding edit link. Once you complete reviewing the information for correctness, you may submit your registration application by clicking the submit button at the bottom of this page.

##### Pediatric Patient Information [Edit](#)

Name: Lisa Benson  
Mother's Maiden Name: Mom  
Date of Birth: 01/01/2008  
Gender: Female  
Residential Address: 100 Main Street  
Boston, MA 12345  
Social Security Number (Last 4 Digits): 1234

##### Pediatric Patient Proof of Residency [Edit](#)

Document	Date Uploaded
<a href="#">Proof of Residency</a>	06/07/2020 04:06 PM

##### Pediatric Patient Photo [Edit](#)



This photo will be used on the patient program identification card.

##### Parent or Legal Guardian (Primary Caregiver) Information [Edit](#)

Mother's Maiden Name: Mom  
Caregiver Type: Personal Caregiver  
Mailing Address: 100 Main Street  
Boston, MA 12345  
Home Phone Number: 978-555-5555  
Mobile Phone Number: 617-555-5555  
Email: mpoussard@jdsoft.com  
Notification Type: Email

##### Parent or Legal Guardian (Primary Caregiver) Identification [Edit](#)

Identification Document Type: United States Passport  
Number on Valid Form of Identification: S12345678  
Expiration date of Valid Form of ID: 01/01/2021

Document	Date Uploaded
<a href="#">US Passport</a>	06/07/2020 08:06 PM

##### Parent or Legal Guardian (Primary Caregiver) Proof of Residency [Edit](#)

Document	Date Uploaded
<a href="#">Proof of Residency</a>	06/07/2020 08:13 PM

##### Parent or Legal Guardian (Primary Caregiver) Photo [Edit](#)



This photo will be used on your caregiver program identification card.

##### Parental Proof or Proof of Legal Guardianship [Edit](#)

Document	Date Uploaded
<a href="#">Parental Proof or Proof of Legal Guardianship</a>	06/07/2020 08:27 PM

BACK

SUBMIT



## Configurable Text

Please review the registration information you have entered below. You may modify each section by clicking the corresponding edit link. Once you complete reviewing the information for correctness, you may submit your registration application by clicking the submit button at the bottom of this page.

### Second Certification Required Warning (Shown just above the Submit button)


**Condition:** if only one certification is complete and the first physician is a pediatrician, the following message will be shown.

Please note that the patient must be certified by a second physician. You may submit your registration application, but it will not be processed by the Cannabis Control Commission until the patient is certified by a second physician.

**Condition:** if only one certification is complete and the first physician is a pediatrician, the following message will be shown.

Please note that the patient must be certified by a second physician who is a board certified pediatrician or board certified pediatric sub-specialist. You may submit your registration application, but it will not be processed by the Cannabis Control Commission until the patient is certified by a second physician.

## Home (After Submit)

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

**Home**  
Welcome **Lisa Benson**, to the Medical Use of Marijuana Online System.  
You have submitted a **New Pediatric Registration** application, on **June 07, 2020**. Registration applications are processed in the order they are received. You will be notified once your application is processed by the Cannabis Control Commission..  
When the registration application is approved, you will be able to immediately print temporary Program ID cards for you and the patient. These cards may be used until you receive the plastic Program ID cards in the mail.

## Configurable Text

Welcome **Adam Benson**, to the Medical Use of Marijuana Online System.  
You have submitted a **New Pediatric Registration** application, on **June 07, 2020**. Registration applications are processed in the order they are received. You will be notified once your application is processed by the Cannabis Control Commission.  
When the registration application is approved, you will be able to immediately print temporary Program ID cards for you and the patient. These cards may be used until you receive the plastic Program ID cards in the mail.



## Second Certification Required Warning (Shown at the end of the message)


**Condition:** if only one certification is complete and the first physician is a pediatrician, the following message will be shown.

Please note that the patient must be certified by a second physician. Your application will not be processed by the Cannabis Control Commission until the patient is certified by a second physician.

**Condition:** if only one certification is complete and the first physician is a pediatrician, the following message will be shown.

Please note that the patient must be certified by a second physician who is a board certified pediatrician or board certified pediatric sub-specialist. Your application will not be processed by the Cannabis Control Commission until the patient is certified by a second physician.

## Home (After Approval)

**Medical Use of Marijuana Online System**  
Patient and Caregiver Portal

AB

[Home](#) [Caregivers](#) [Purchases](#) [Patient Registration](#) [Help](#)

### Home

Welcome **Adam Benson**. You are a registered caregiver for a pediatric patient with the Medical Use of Marijuana Program

#### Important Information

Patient Registration Number:	P11153407
Patient Registration Expiration Date:	06/07/2021 - 1 year from today
Parent or Legal Guardian Registration Number:	C11041548
Parent or Legal Guardian Registration Expiration Date:	06/07/2021 - 1 year from today

#### Print Temporary Program ID Cards

To print your temporary program ID cards please click the corresponding button below.

PRINT PATIENT TEMPORARY PROGRAM ID CARD

PRINT CAREGIVER TEMPORARY PROGRAM ID CARD

#### Quick Help

Please use the menu at the top right of the screen to navigate through the system:

**Home** - Return to the home page

**Caregivers** - Manage the patient's caregiver(s), update information, request replacement card and change name and address for primary caregiver(patient's parent or legal guardian).

**Patient Registration** - View/update patient registration information, deregister, request replacement card and change name and address for patient.

**Purchases** - View recent purchases

**Help** - Additional help and information

## Configurable Text

Welcome **Adam Benson**. You are a registered caregiver for a pediatric patient with the Medical Use of Marijuana Program



## Quick Help

Please use the menu at the top right of the screen to navigate through the system:

- **Home** - Return to the home page
- **Caregivers** - Manage the patient's caregiver(s), update information, request replacement card and change name and address for primary caregiver (patient's parent or legal guardian).
- **Patient Registration** - View/update patient registration information, deregister, request replacement card and change name and address for patient.
- **Purchases** - View recent purchases
- **Help** - Additional help and information

