Oregon Medical Marijuana Program

Patient Online Application Training

Oregon Health Authority

AGENDA

- Introduction
- Why an online application?
- Who can apply online?
- Patient Application Process
- Questions

What is the Oregon Medical Marijuana Online System?

The Oregon Medical Marijuana Online System (OMMOS) is a system designed to allow patients to apply for their Medical Marijuana Card online. This system is not replacing the current process of mailing your paper application in, it is in addition to that system.

Our hope is with this training and the training resources available online that we are able to streamline the application process which will decrease the waiting time to receive your cards.

Who can apply online?

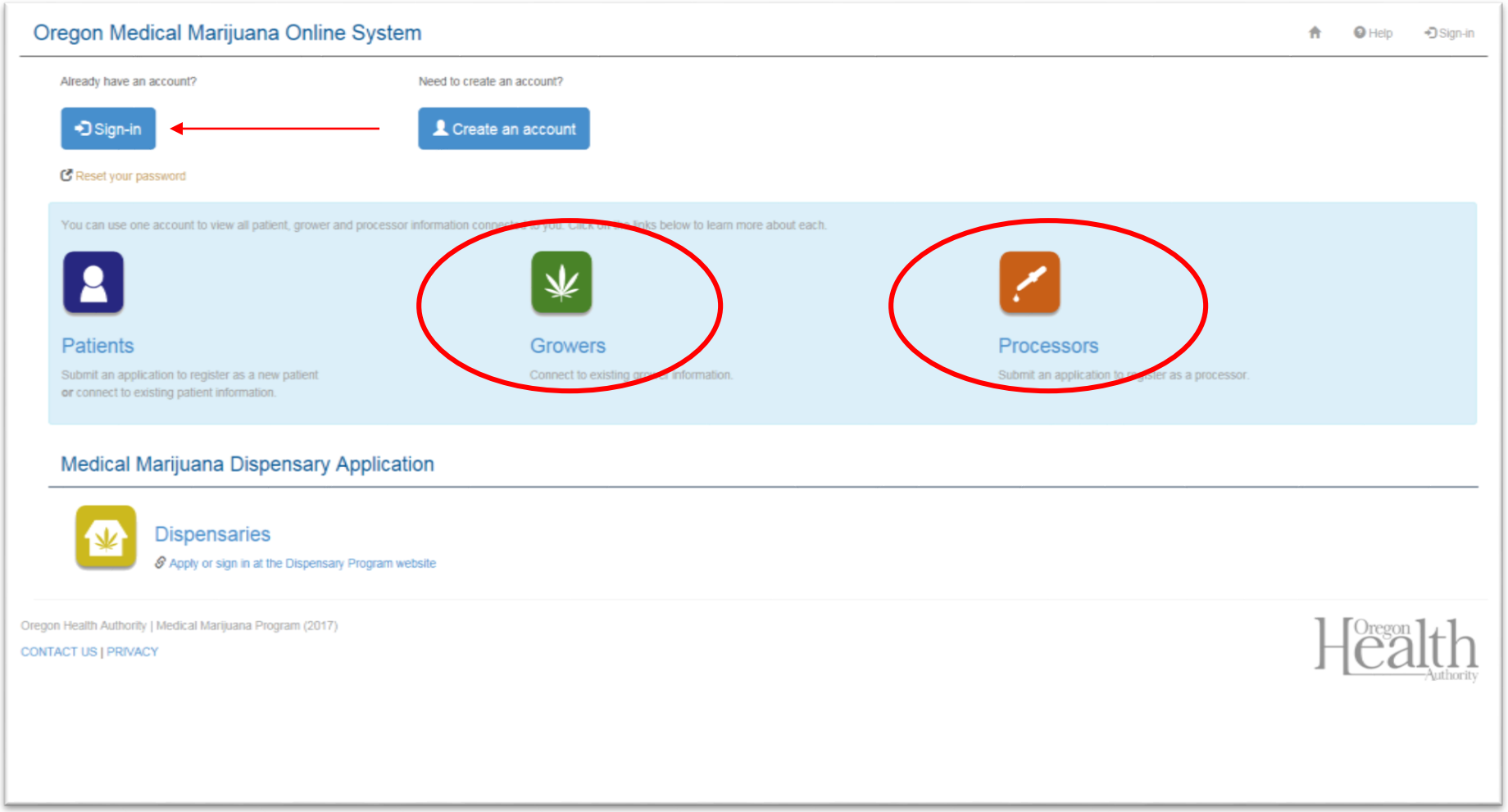
The good news is: Anyone can apply online-you just need to have the following:

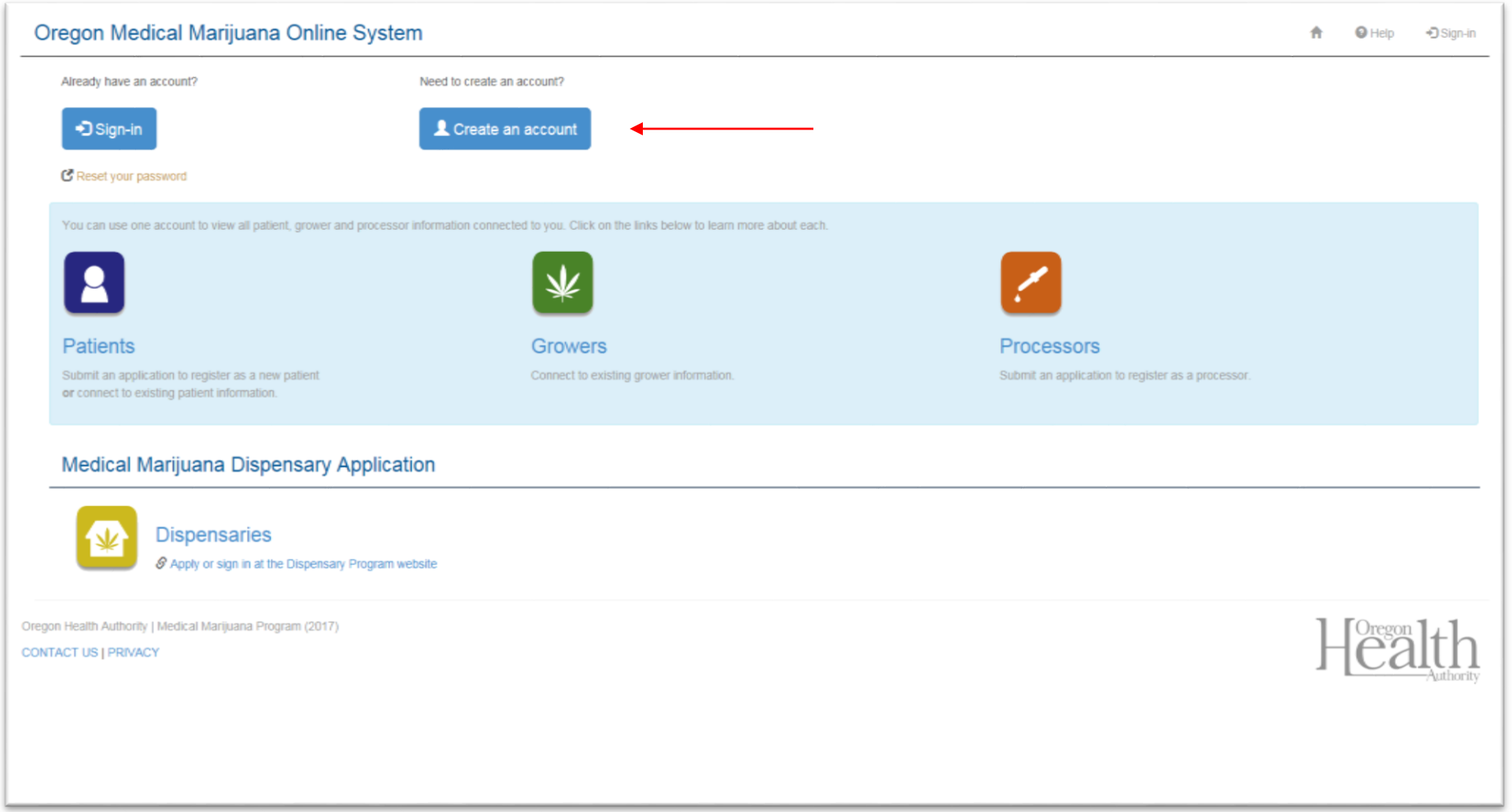
- Internet access
- The ability to scan/upload pictures or documents
- Ability to pay with a credit/debit card

That is all that is required to submit your application online versus through the mail.

Welcome to
The Online Application

https://ommpsystem.oregon.gov/


Oregon Medical Marijuana Online System
Help
Sign-in
Already have an account?
Need to create an account?
Sign-in
Create an account
Reset your password
You can use one account to view all patient, grower and processor information connected to you. Click on the links below to learn more about each.
Patients
Submit an application to register as a new patient or connect to existing patient information.
Growers
Connect to existing grower information.
Processors
Submit an application to register as a processor.
Medical Marijuana Dispensary Application
Dispensaries
Apply or sign in at the Dispensary Program website
Oregon Health Authority | Medical Marijuana Program (2017)
CONTACT US | PRIVACY
Oregon Health Authority


Oregon Medical Marijuana Online System
Help
Sign-in
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Sign-in
Need to create an account?
Create an account
Reset your password
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Growers
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Processors
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Medical Marijuana Dispensary Application
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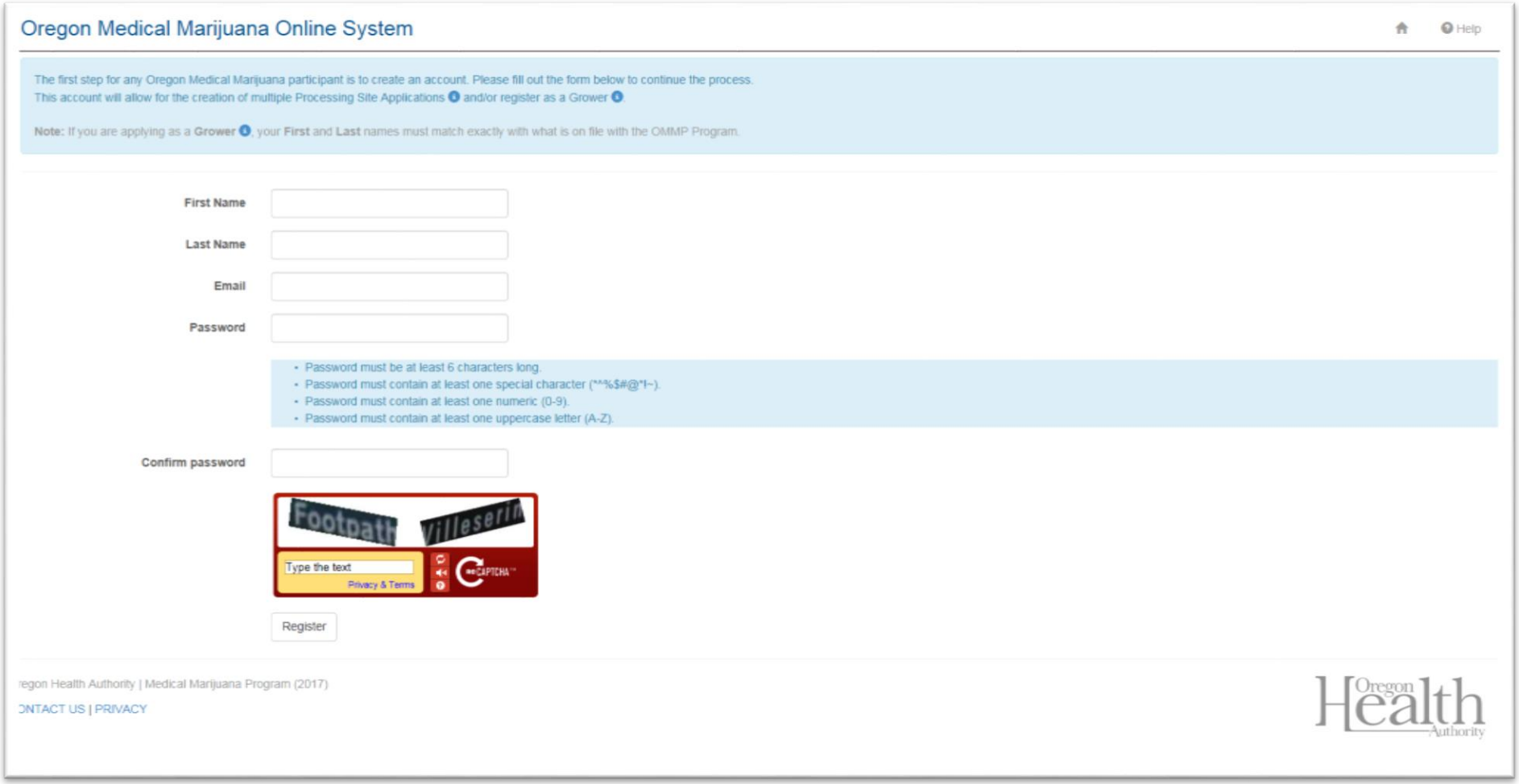
Oregon Medical Marijuana Online System
Help
The first step for any Oregon Medical Marijuana participant is to create an account. Please fill out the form below to continue the process.
This account will allow for the creation of multiple Processing Site Applications and/or register as a Grower.
Note: If you are applying as a Grower, your First and Last names must match exactly with what is on file with the OMMP Program.
First Name
Last Name
Email
Password
Password must be at least 6 characters long.
Password must contain at least one special character (*^%$#@*!~).
Password must contain at least one numeric (0-9).
Password must contain at least one uppercase letter (A-Z).
Confirm password
Footpath
Villeserin
Type the text
Privacy & Terms
Register
egon Health Authority | Medical Marijuana Program (2017)
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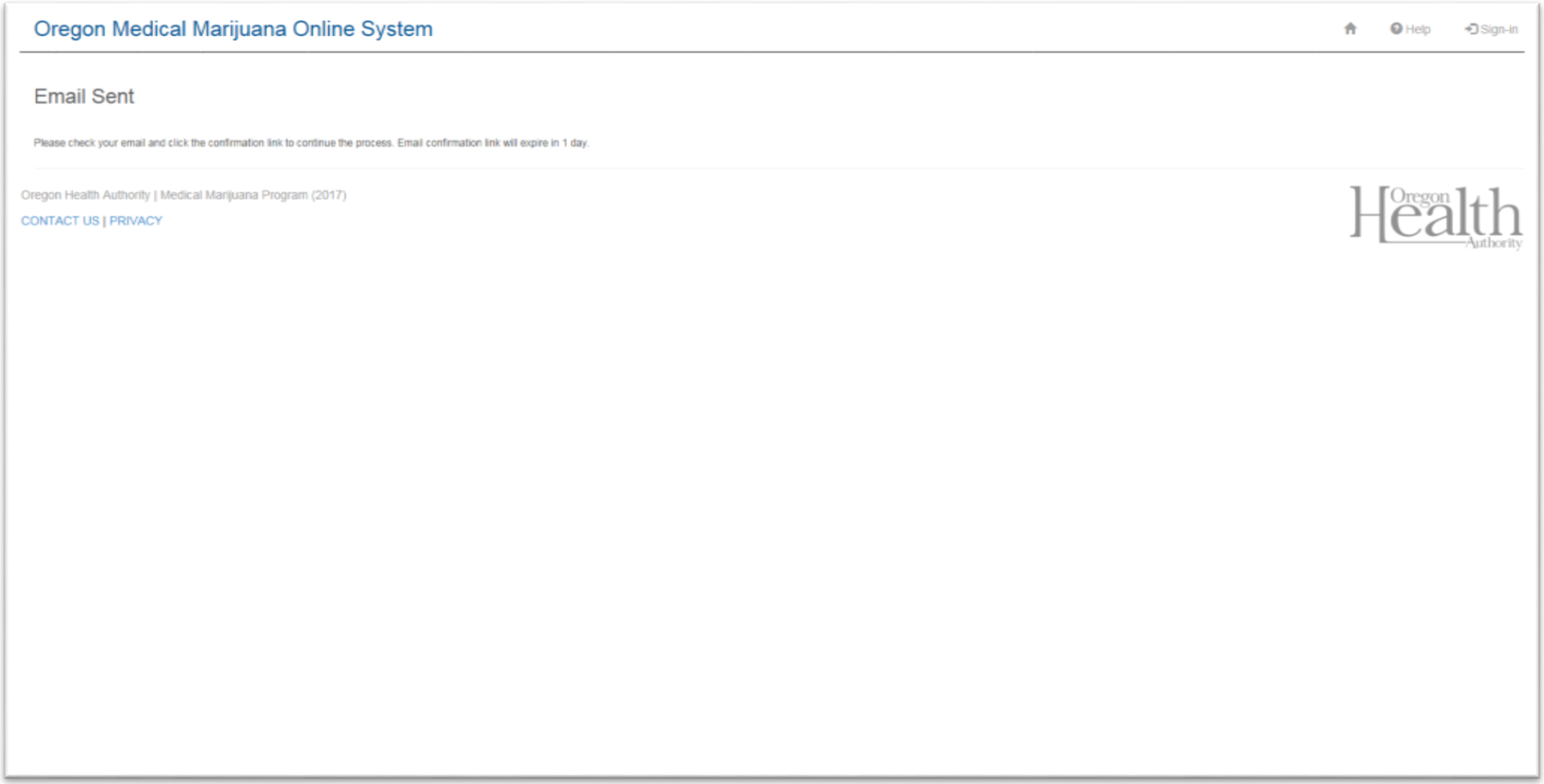
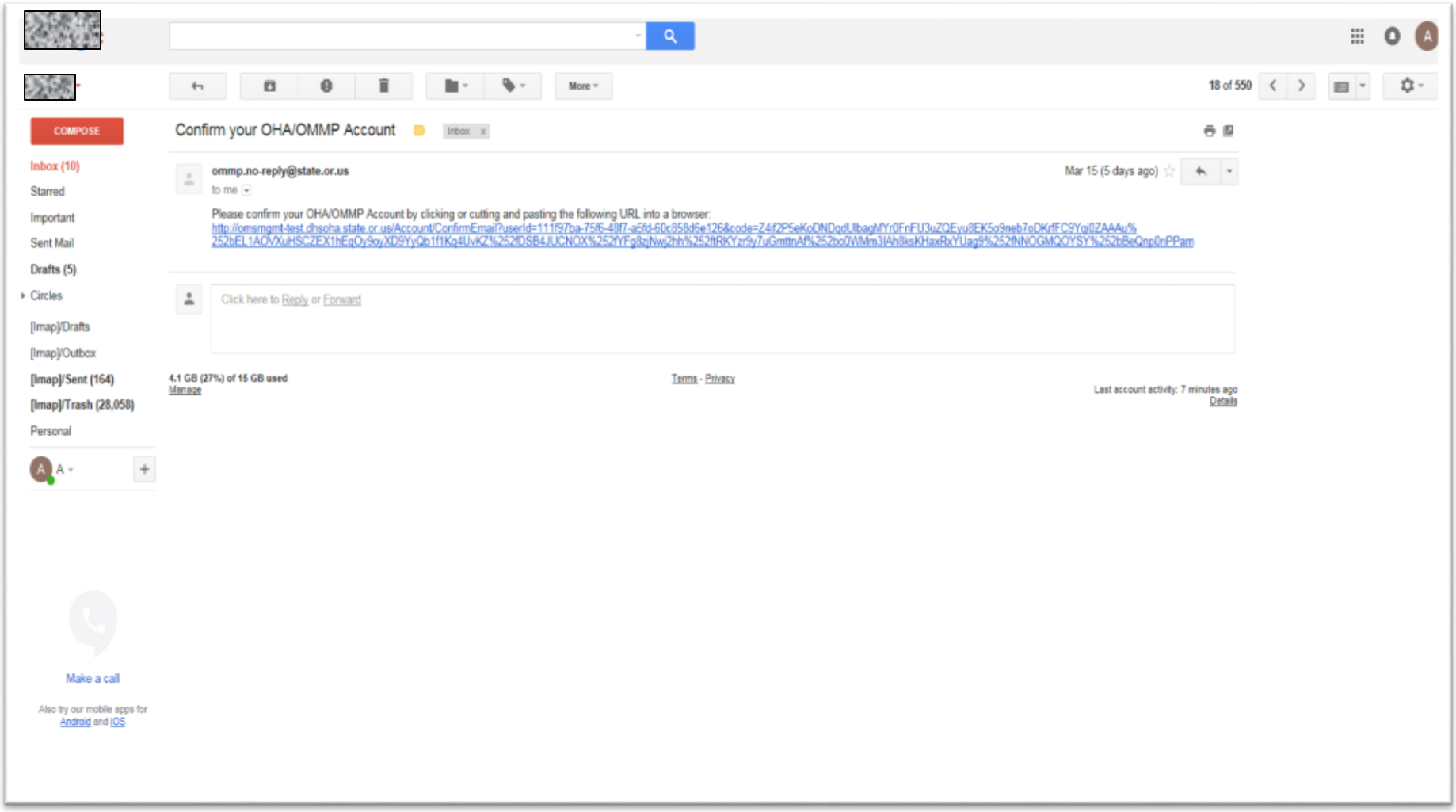
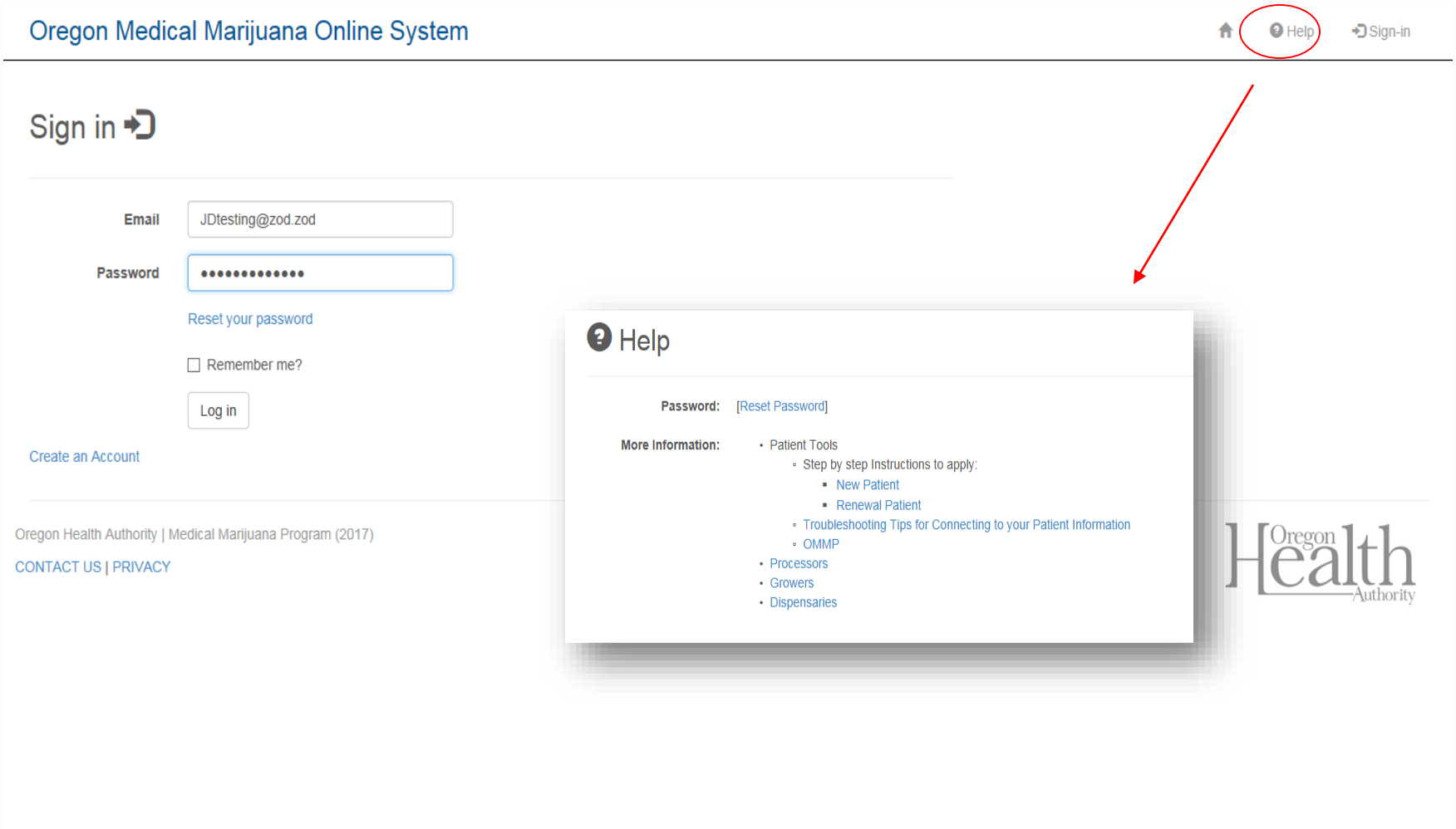
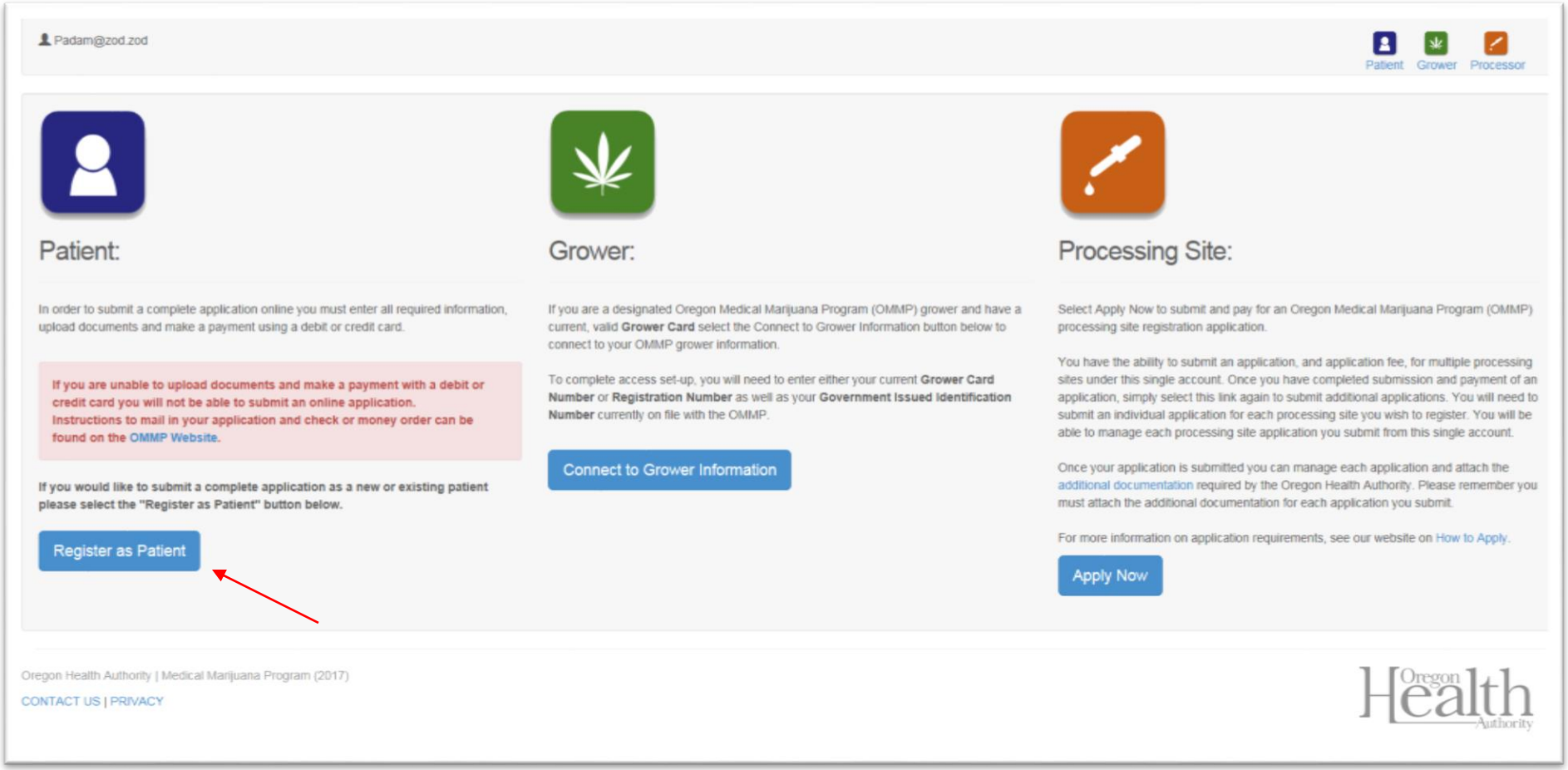
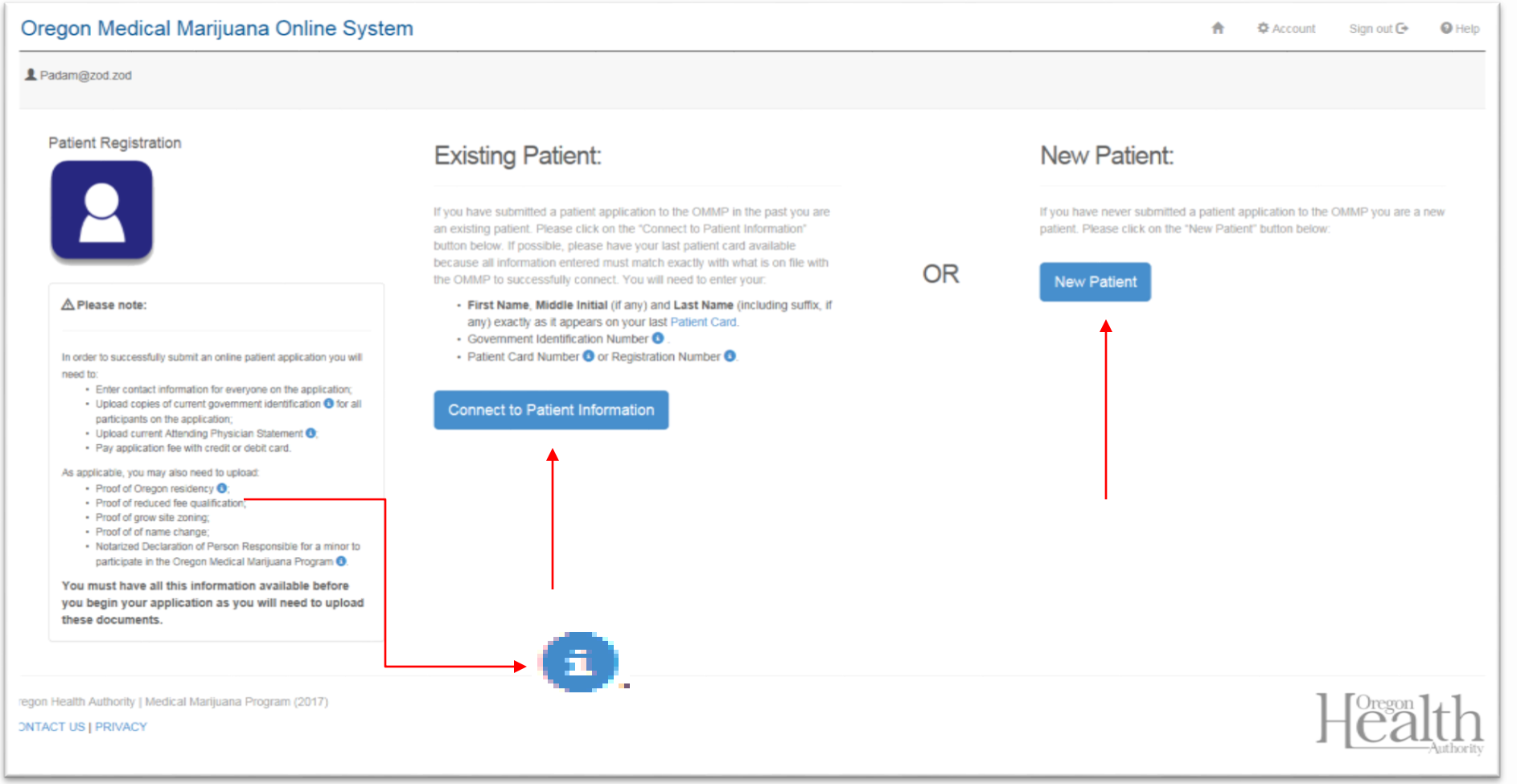
Oregon Health Authority

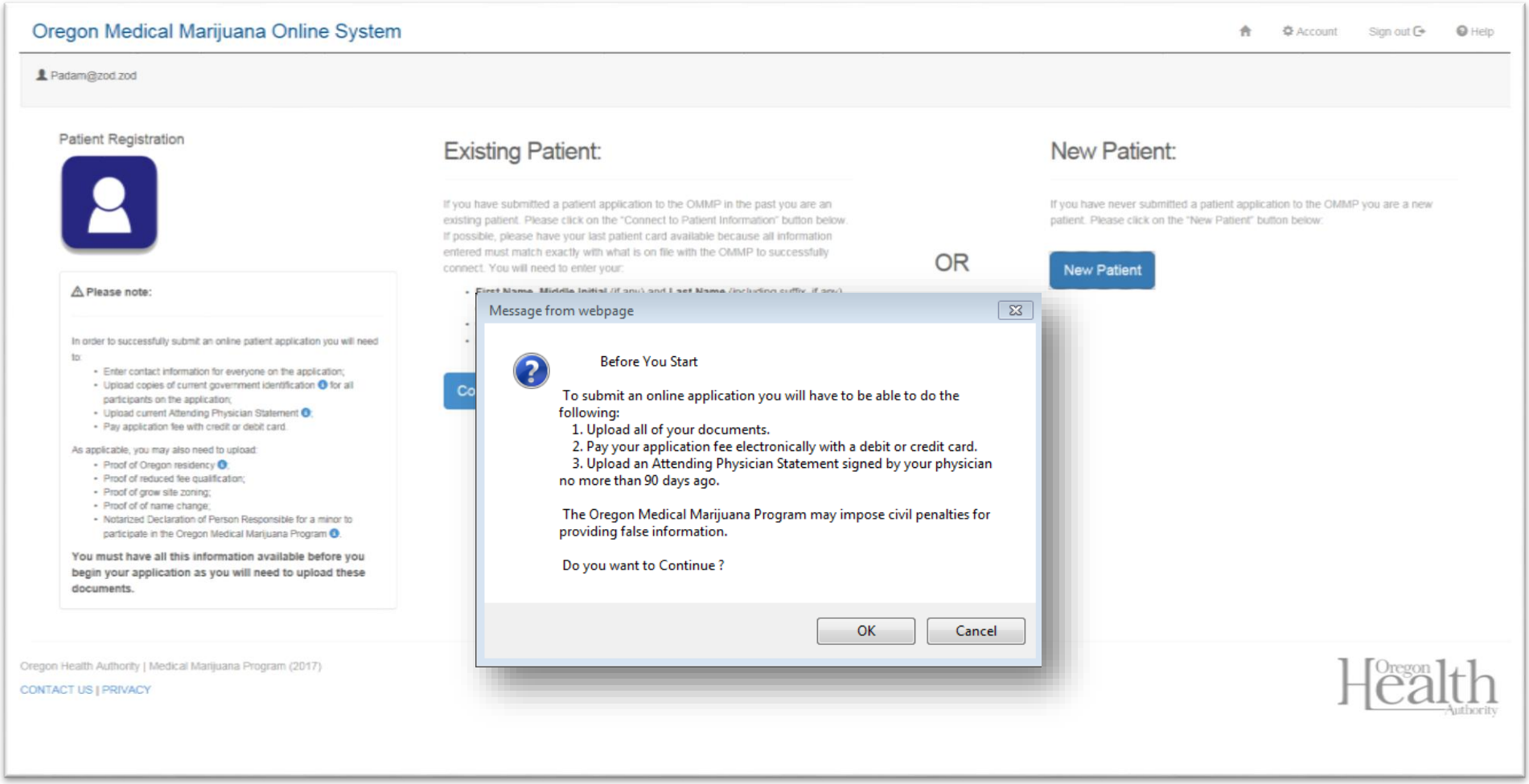

Oregon Medical Marijuana Online System
Help
Sign-in
Email Sent
Please check your email and click the confirmation link to continue the process. Email confirmation link will expire in 1 day.
Oregon Health Authority | Medical Marijuana Program (2017)
CONTACT US | PRIVACY
Oregon Health Authority


More
18 of 550
COMPOSE
Confirm your OHA/OMMP Account
Inbox x
Inbox (10)
Starred
Important
Sent Mail
Drafts (5)
Circles
[Imap]/Drafts
[Imap]/Outbox
[Imap]/Sent (164)
[Imap]/Trash (28,058)
Personal
ommp.no-reply@state.or.us
to me
Mar 15 (5 days ago)
Please confirm your OHA/OMMP Account by clicking or cutting and pasting the following URL into a browser:
http://omsmgmt-test.dhsoha.state.or.us/Account/ConfirmEmail?userId=111f97ba-75f6-48f7-a5fd-60c858d6e126&code=Z4f2P5eKoDNDqdUbagMfYr0FnFU3uZQEyu8EK5o9neb7oDKrfFC9Yqi0ZAAAu%252bEL1AOVXuHSCZEX1hEqOy9oyXD9YyQb1f1Kq8UvKZ%252fDSB4JUCNOX%252fYFg8zjNwj2hh%252fRKYzr9y7uGmttnAf%252boOWMm3lAh8ksKHaxRxYUag9%252fNNOGMQOYSY%252b6eQnp0nPPam
Click here to Reply or Forward
4.1 GB (27%) of 15 GB used
Manage
Terms - Privacy
Last account activity: 7 minutes ago
Details
Make a call
Also try our mobile apps for Android and iOS


Oregon Medical Marijuana Online System
Help
Sign-in
Sign in
Email
JDtesting@zod.zod
Password
Reset your password
Remember me?
Log in
Create an Account
Oregon Health Authority | Medical Marijuana Program (2017)
CONTACT US | PRIVACY
Help
Password:
[Reset Password]
More Information:
Patient Tools
Step by step Instructions to apply:
New Patient
Renewal Patient
Troubleshooting Tips for Connecting to your Patient Information
OMMP
Processors
Growers
Dispensaries
Oregon Health Authority


Padam@zod.zod
Patient
Grower
Processor
Patient:
In order to submit a complete application online you must enter all required information, upload documents and make a payment using a debit or credit card.
If you are unable to upload documents and make a payment with a debit or credit card you will not be able to submit an online application. Instructions to mail in your application and check or money order can be found on the OMMP Website.
If you would like to submit a complete application as a new or existing patient please select the "Register as Patient" button below.
Register as Patient
Grower:
If you are a designated Oregon Medical Marijuana Program (OMMP) grower and have a current, valid Grower Card select the Connect to Grower Information button below to connect to your OMMP grower information.
To complete access set-up, you will need to enter either your current Grower Card Number or Registration Number as well as your Government Issued Identification Number currently on file with the OMMP.
Connect to Grower Information
Processing Site:
Select Apply Now to submit and pay for an Oregon Medical Marijuana Program (OMMP) processing site registration application.
You have the ability to submit an application, and application fee, for multiple processing sites under this single account. Once you have completed submission and payment of an application, simply select this link again to submit additional applications. You will need to submit an individual application for each processing site you wish to register. You will be able to manage each processing site application you submit from this single account.
Once your application is submitted you can manage each application and attach the additional documentation required by the Oregon Health Authority. Please remember you must attach the additional documentation for each application you submit.
For more information on application requirements, see our website on How to Apply.
Apply Now
Oregon Health Authority | Medical Marijuana Program (2017)
CONTACT US | PRIVACY
Oregon Health Authority


Oregon Medical Marijuana Online System
Account
Sign out
Help
Padam@zod.zod
Patient Registration
Please note:
In order to successfully submit an online patient application you will need to:
Enter contact information for everyone on the application;
Upload copies of current government identification for all participants on the application;
Upload current Attending Physician Statement;
Pay application fee with credit or debit card.
As applicable, you may also need to upload:
Proof of Oregon residency;
Proof of reduced fee qualification;
Proof of grow site zoning;
Proof of of name change;
Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.
Existing Patient:
If you have submitted a patient application to the OMMP in the past you are an existing patient. Please click on the "Connect to Patient Information" button below. If possible, please have your last patient card available because all information entered must match exactly with what is on file with the OMMP to successfully connect. You will need to enter your:
First Name, Middle Initial (if any) and Last Name (including suffix, if any) exactly as it appears on your last Patient Card.
Government Identification Number.
Patient Card Number or Registration Number.
Connect to Patient Information
OR
New Patient:
If you have never submitted a patient application to the OMMP you are a new patient. Please click on the "New Patient" button below:
New Patient
egon Health Authority | Medical Marijuana Program (2017)
ONTACT US | PRIVACY
Oregon Health Authority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Sign out
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You must have all this information available before you begin your application as you will need to upload these documents.
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If you have submitted a patient application to the OMMP in the past you are an existing patient. Please click on the "Connect to Patient Information" button below. If possible, please have your last patient card available because all information entered must match exactly with what is on file with the OMMP to successfully connect. You will need to enter your:
OR
New Patient:
If you have never submitted a patient application to the OMMP you are a new patient. Please click on the "New Patient" button below:
New Patient
Message from webpage
Before You Start
To submit an online application you will have to be able to do the following:
1. Upload all of your documents.
2. Pay your application fee electronically with a debit or credit card.
3. Upload an Attending Physician Statement signed by your physician no more than 90 days ago.
The Oregon Medical Marijuana Program may impose civil penalties for providing false information.
Do you want to Continue ?
OK
Cancel
Oregon Health Authority | Medical Marijuana Program (2017)
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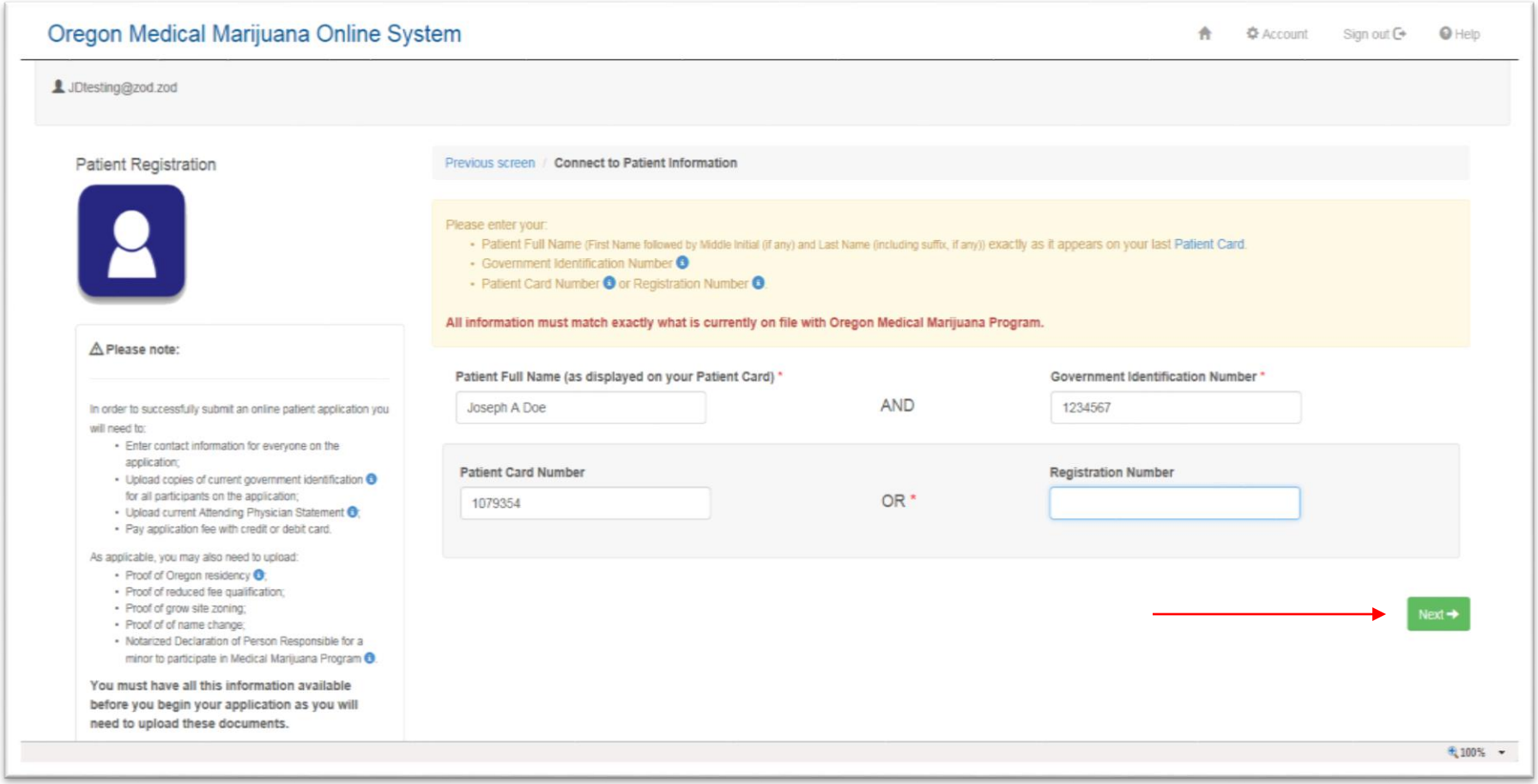
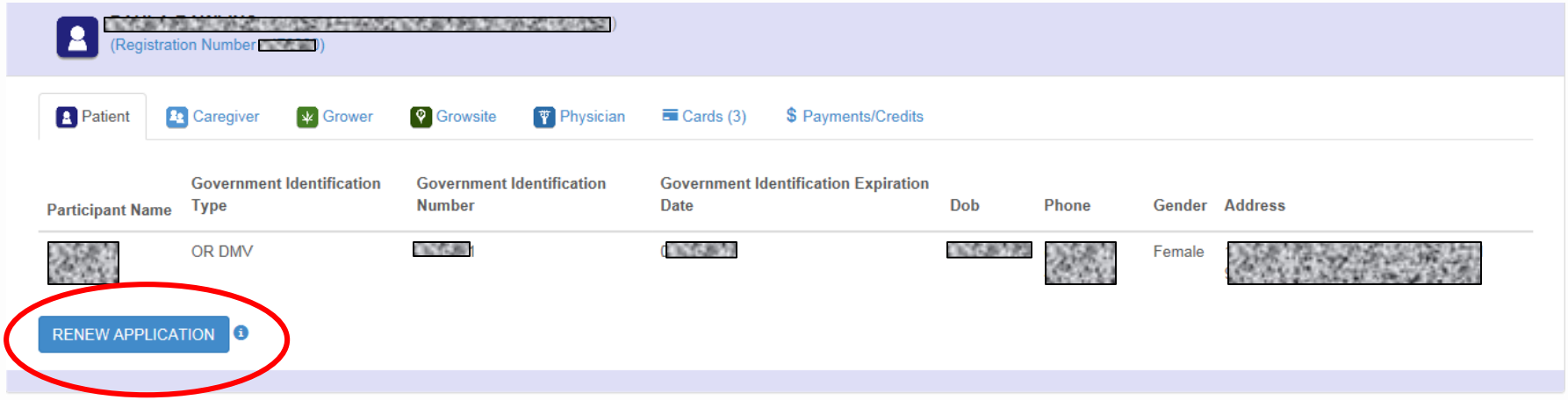
Oregon Health Authority

Renewal Patient



Renewal Screen



Patient Registration

⚠ Note: In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
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- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
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- Proof of grow site zoning;
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You must have all this information available before you begin your application as you will need to upload these documents.

Patient Renewal:

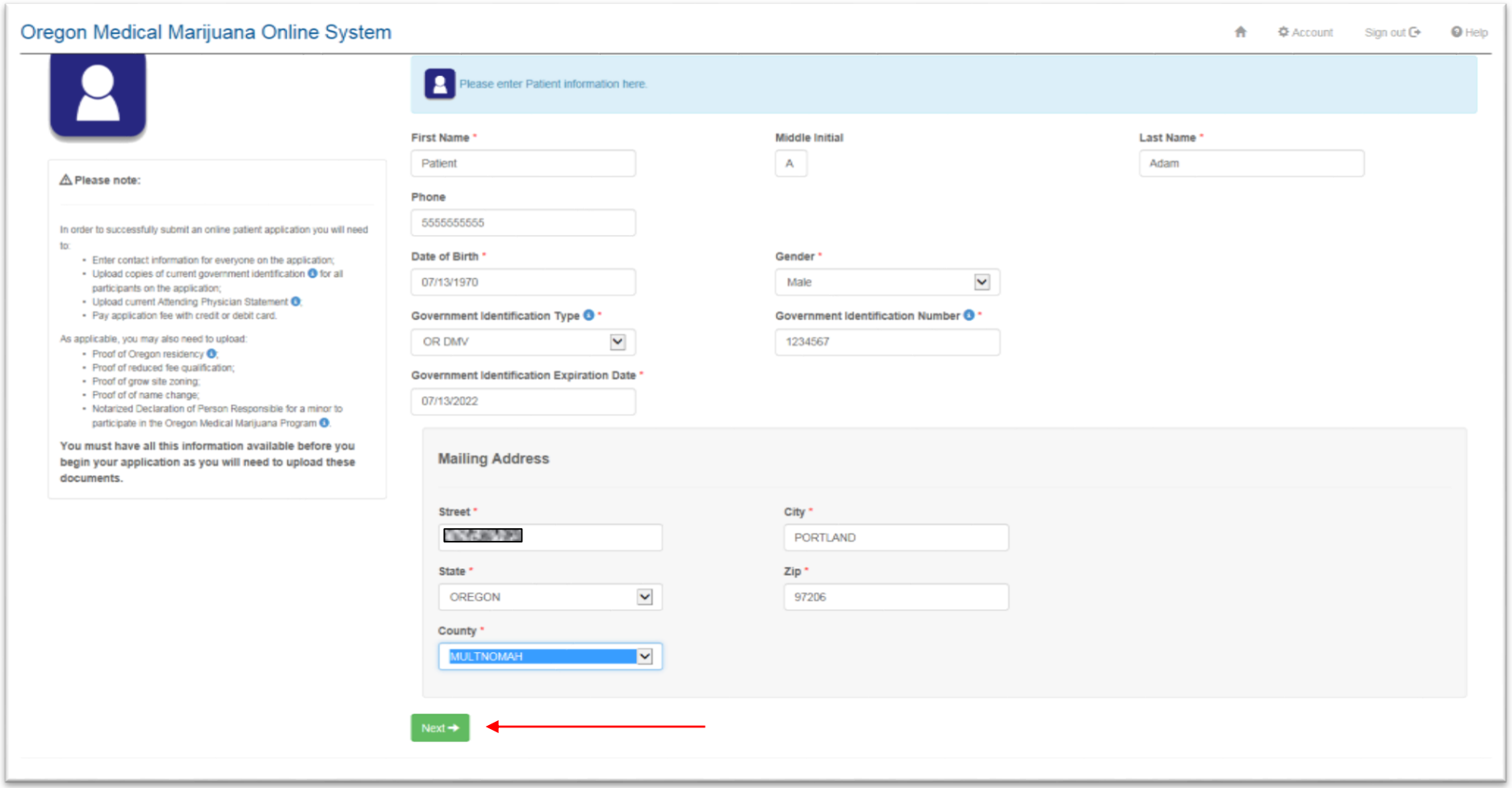
If your card is expired or will be expired in the next 90 days you may create a renewal application for the Oregon Medical Marijuana Program. Please click on the Patient Renew button below. OMMP staff will verify all information entered by you. After this review and verification process if your application process is complete your OMMP cards will be sent.

Patient Renew

In order to submit a complete application online you must enter all required information, upload documents and make a payment using a debit or credit card.

If you are unable to upload documents and make a payment with a debit or credit card you will not be able to submit an online application. In which case, please mail your application, documents and check or money order to the OMMP. Visit www.healthoregon.org/ommp for more information.

Patient


Oregon Medical Marijuana Online System
Account
Sign out
Help
Please enter Patient information here.
First Name *
Patient
Middle Initial
A
Last Name *
Adam
Phone
5555555555
Date of Birth *
07/13/1970
Gender *
Male
Government Identification Type *
OR DMV
Government Identification Number *
1234567
Government Identification Expiration Date *
07/13/2022
Please note:
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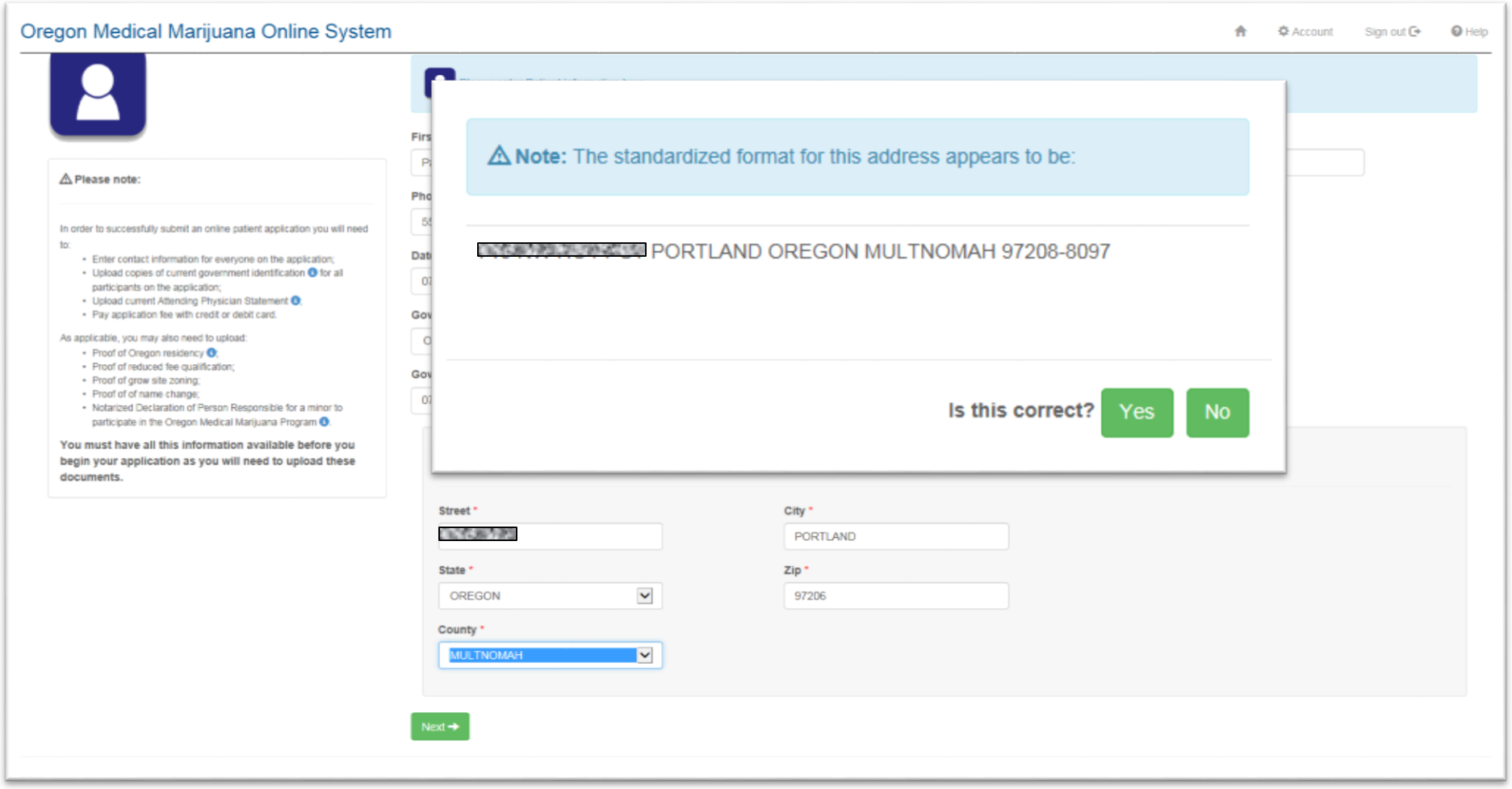
Pay application fee with credit or debit card.
As applicable, you may also need to upload:
Proof of Oregon residency;
Proof of reduced fee qualification;
Proof of grow site zoning;
Proof of of name change;
Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.
Mailing Address
Street *
City *
PORTLAND
State *
OREGON
Zip *
97206
County *
MULTNOMAH
Next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Proof of of name change;
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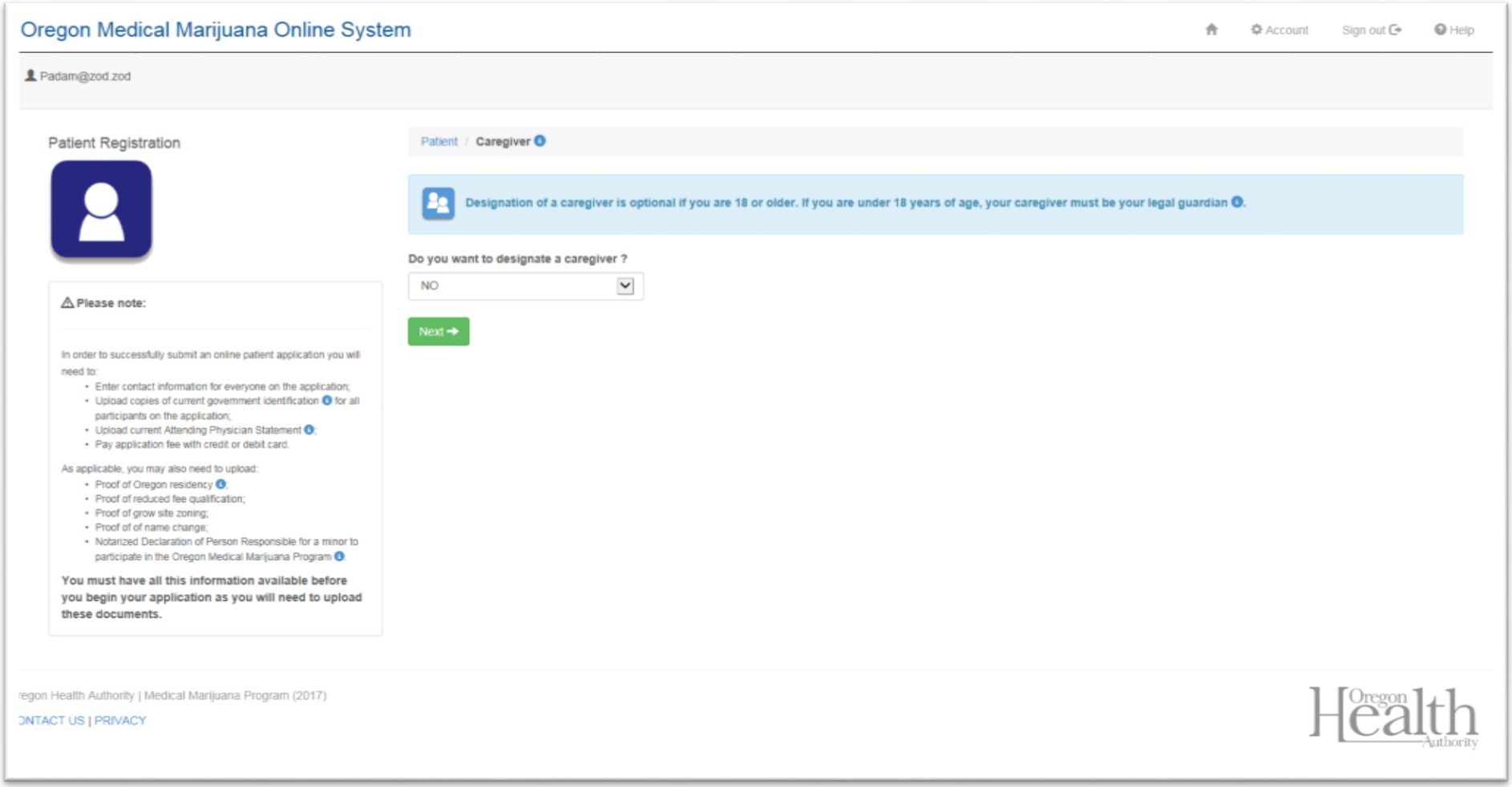
You must have all this information available before you begin your application as you will need to upload these documents.
Note: The standardized format for this address appears to be:
[redacted] PORTLAND OREGON MULTNOMAH 97208-8097
Is this correct?
Yes
No
Street *
[redacted]
City *
PORTLAND
State *
OREGON
Zip *
97206
County *
MULTNOMAH
Next


Oregon Medical Marijuana Online System
Account
Sign out
Help
Padam@zod.zod
Patient Registration
Patient / Caregiver
Designation of a caregiver is optional if you are 18 or older. If you are under 18 years of age, your caregiver must be your legal guardian.
Do you want to designate a caregiver ?
NO
Next
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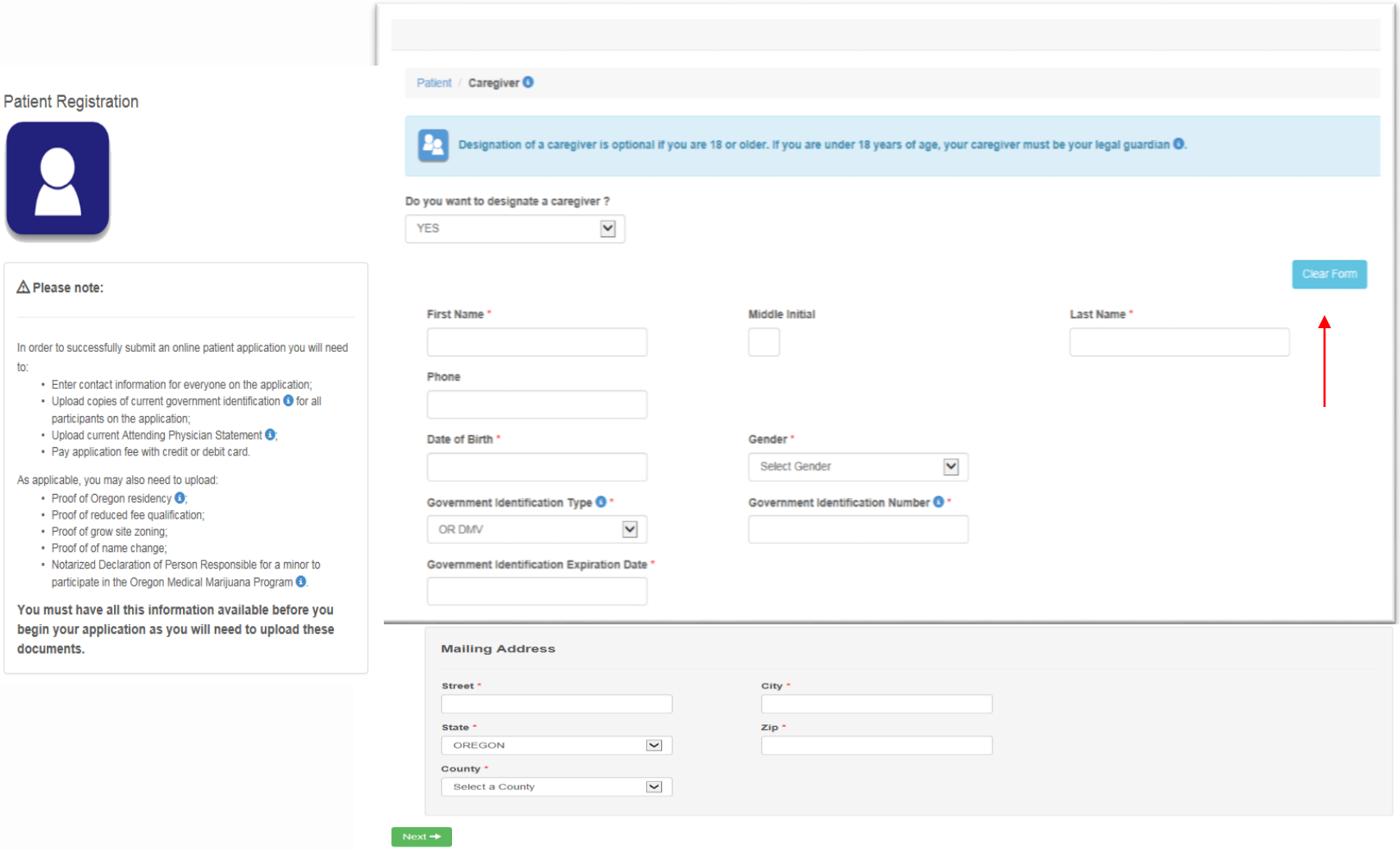
Patient Registration
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Proof of grow site zoning;
Proof of of name change;
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You must have all this information available before you begin your application as you will need to upload these documents.
Patient / Caregiver
Designation of a caregiver is optional if you are 18 or older. If you are under 18 years of age, your caregiver must be your legal guardian.
Do you want to designate a caregiver ?
YES
Clear Form
First Name *
Middle Initial
Last Name *
Phone
Date of Birth *
Gender *
Select Gender
Government Identification Type *
OR DMV
Government Identification Number *
Government Identification Expiration Date *
Mailing Address
Street *
City *
State *
OREGON
Zip *
County *
Select a County
Next

Patient Registration

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- Proof of grow site zoning;
- Proof of of name change;
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You must have all this information available before you begin your application as you will need to upload these documents.

Designation of a grower is optional. Growers must be 21 or older.

Grower Selection

Do you want to designate a Grower ? YES

Is your grower : ○ Yourself ○ Your Caregiver ◉ Another Person

Clear Form

First Name * Grower

Middle Initial

Last Name * Adam

Date of Birth * [redacted]

Gender * Male

Government Identification Type * OR DMV

Government Identification Number * [redacted]

Government Identification Expiration Date * 05/08/2017

Mailing Address

Street * [redacted]

City * Medford

State * OREGON

Zip * 97501

County * JACKSON

Phone 3333333333

Next ➜

Patient Registration

⚠ Please note:

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- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

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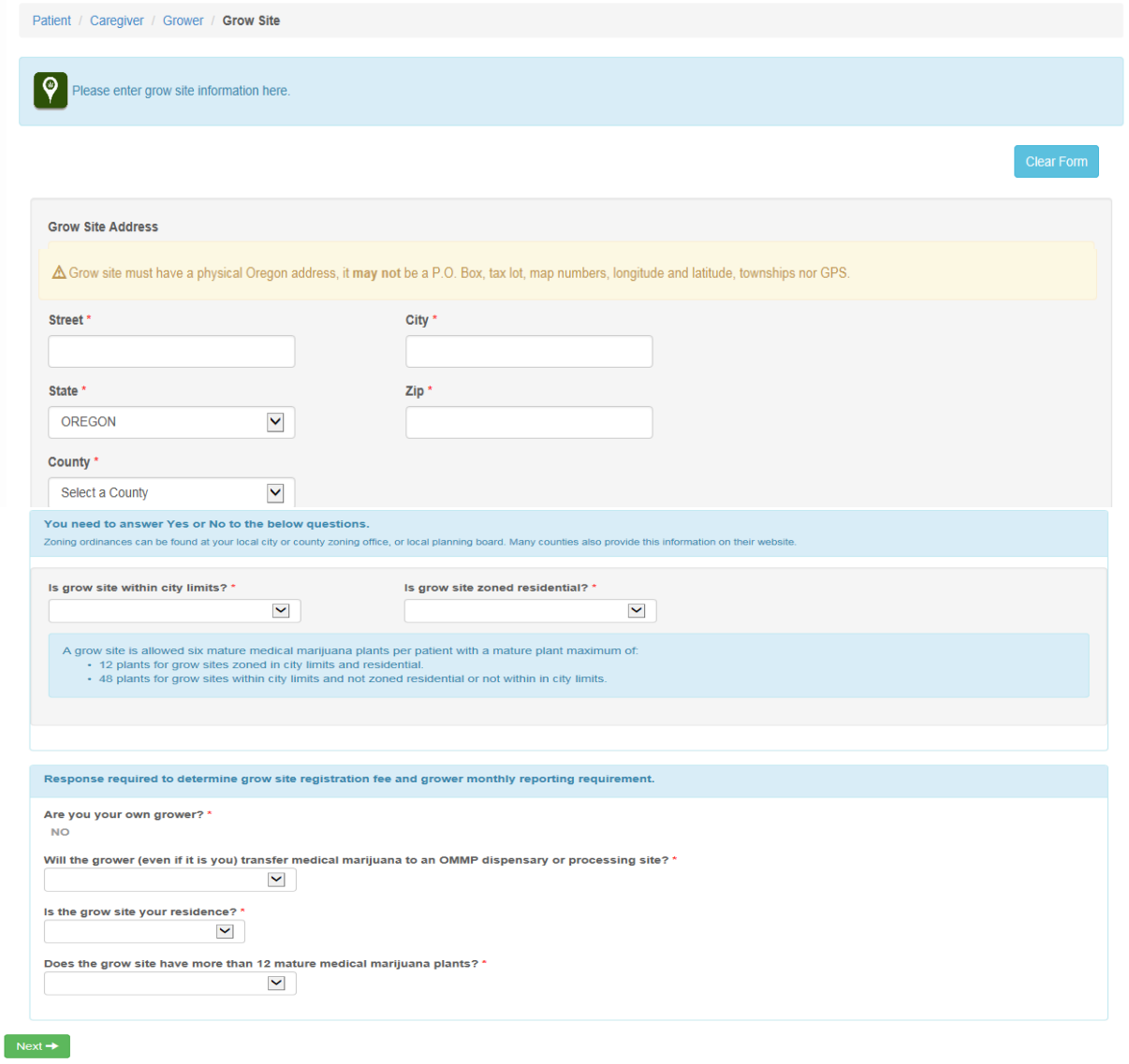

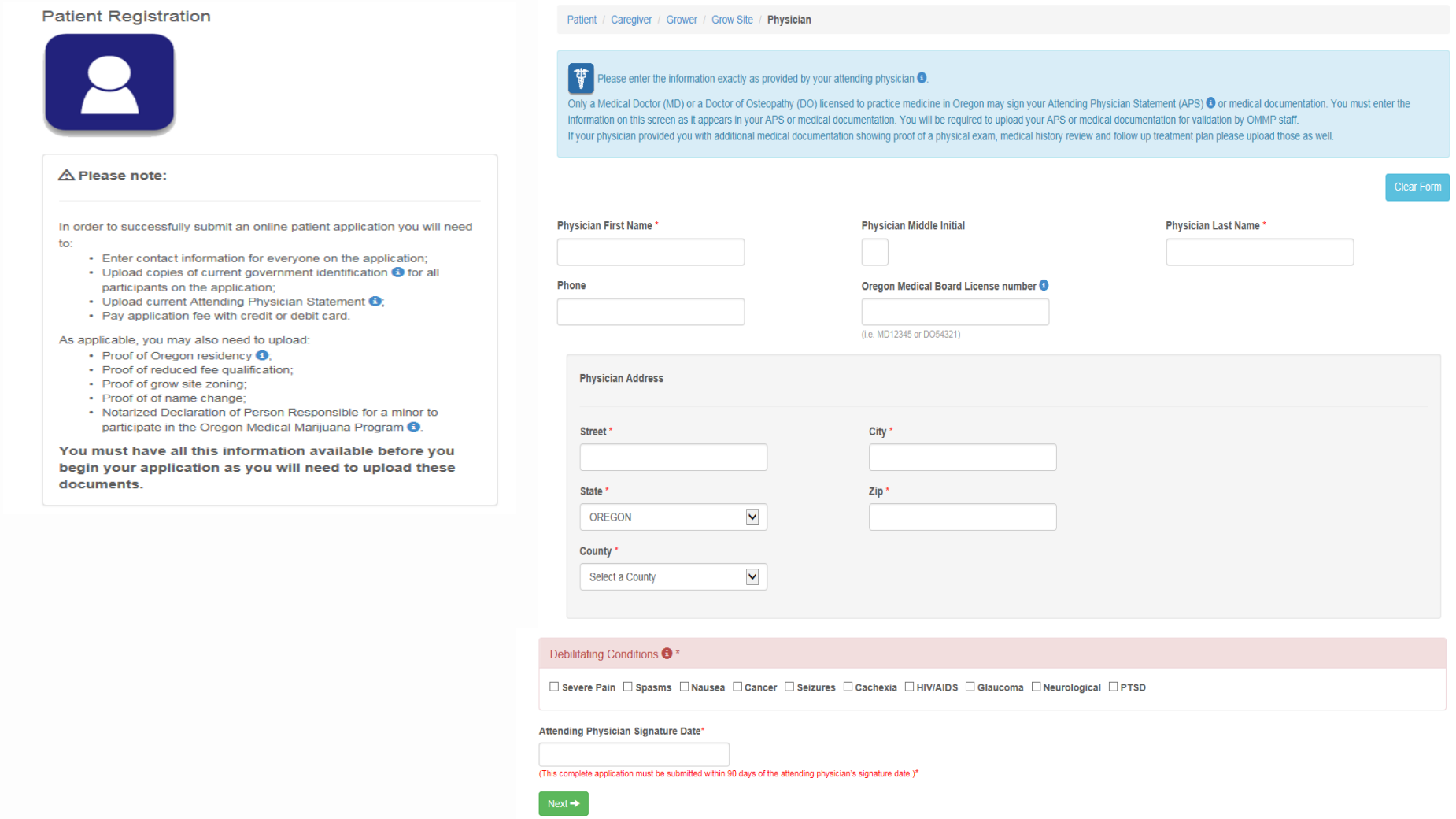
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As applicable, you may also need to upload:
Proof of Oregon residency;
Proof of reduced fee qualification;
Proof of grow site zoning;
Proof of of name change;
Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.
Patient / Caregiver / Grower / Grow Site / Physician
Please enter the information exactly as provided by your attending physician.
Only a Medical Doctor (MD) or a Doctor of Osteopathy (DO) licensed to practice medicine in Oregon may sign your Attending Physician Statement (APS) or medical documentation. You must enter the information on this screen as it appears in your APS or medical documentation. You will be required to upload your APS or medical documentation for validation by OMMP staff.
If your physician provided you with additional medical documentation showing proof of a physical exam, medical history review and follow up treatment plan please upload those as well.
Clear Form
Physician First Name *
Physician Middle Initial
Physician Last Name *
Phone
Oregon Medical Board License number
(i.e. MD12345 or DO54321)
Physician Address
Street *
City *
State *
OREGON
Zip *
County *
Select a County
Debilitating Conditions *
Severe Pain
Spasms
Nausea
Cancer
Seizures
Cachexia
HIV/AIDS
Glaucoma
Neurological
PTSD
Attending Physician Signature Date*
(This complete application must be submitted within 90 days of the attending physician's signature date.)*
Next

Patient Registration

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- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

Patient / Caregiver / Grower / Grow Site / **Physician**

Please enter the information exactly as provided by your attending physician.

Only a Medical Doctor (MD) or a Doctor of Osteopathy (DO) licensed to practice medicine in Oregon may sign your Attending Physician Statement (APS) or medical documentation. You must enter the information on this screen as it appears in your APS or medical documentation. You will be required to upload your APS or medical documentation for validation by OMMP staff.
If your physician provided you with additional medical documentation showing proof of a physical exam, medical history review and follow up treatment plan please upload those as well.

Clear Form

Physician First Name *

Physician Middle Initial

Physician Last Name *

Phone

Oregon Medical Board License number

(i.e. MD12345 or DO54321)

Physician Address

Street *

State *

OREGON

County *

Select a County

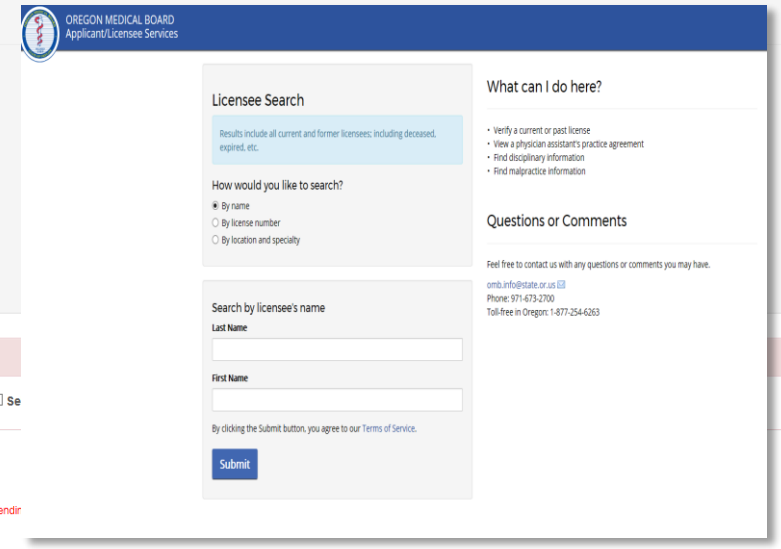
Debilitating Conditions *

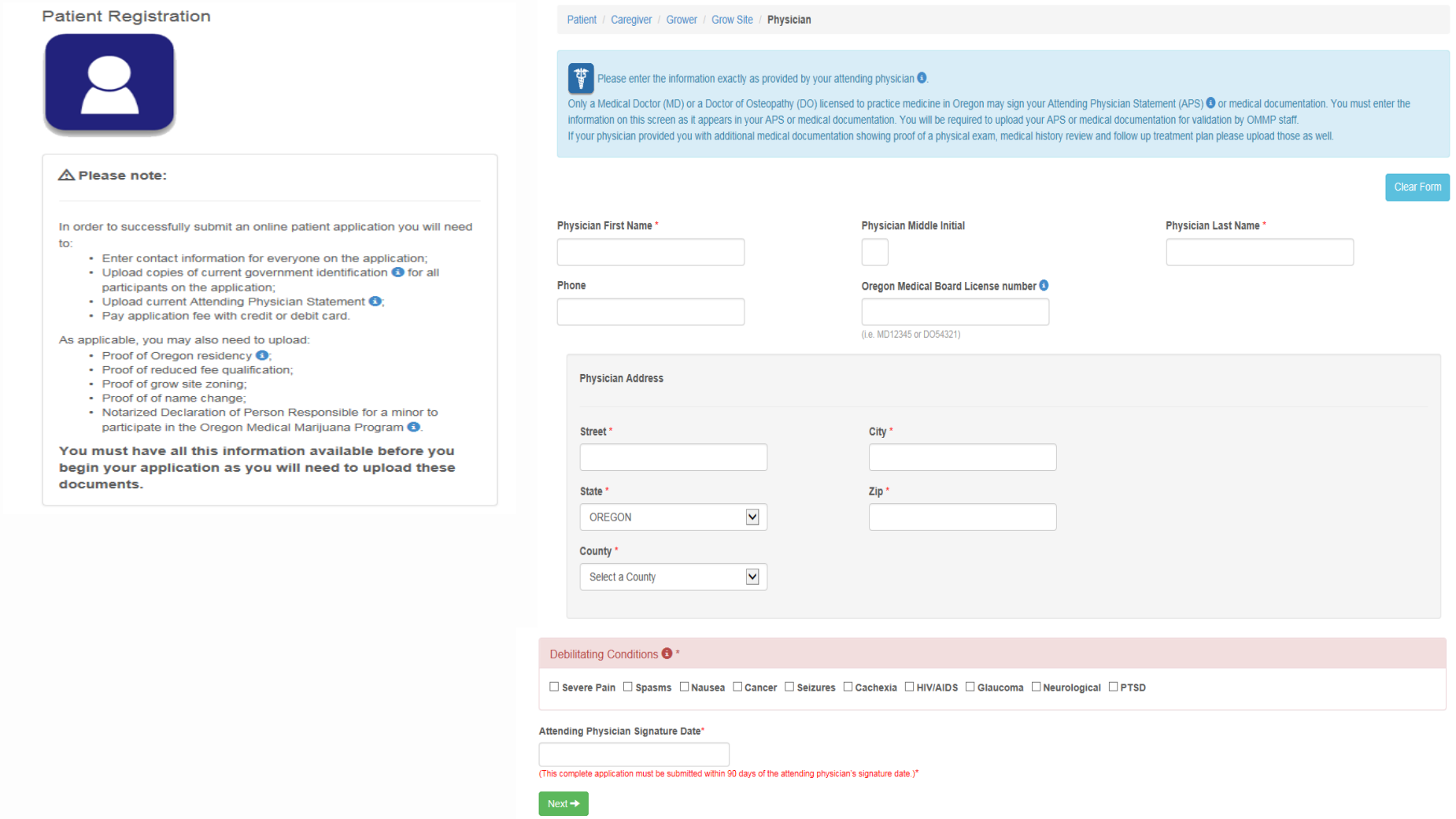
Severe Pain Spasms Nausea Cancer Se

Attending Physician Signature Date*

(This complete application must be submitted within 90 days of the attendir

Next ➔




Patient Registration
Please note:
In order to successfully submit an online patient application you will need to:
Enter contact information for everyone on the application;
Upload copies of current government identification for all participants on the application;
Upload current Attending Physician Statement;
Pay application fee with credit or debit card.
As applicable, you may also need to upload:
Proof of Oregon residency;
Proof of reduced fee qualification;
Proof of grow site zoning;
Proof of of name change;
Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.
Patient / Caregiver / Grower / Grow Site / Physician
Please enter the information exactly as provided by your attending physician.
Only a Medical Doctor (MD) or a Doctor of Osteopathy (DO) licensed to practice medicine in Oregon may sign your Attending Physician Statement (APS) or medical documentation. You must enter the information on this screen as it appears in your APS or medical documentation. You will be required to upload your APS or medical documentation for validation by OMMP staff.
If your physician provided you with additional medical documentation showing proof of a physical exam, medical history review and follow up treatment plan please upload those as well.
Clear Form
Physician First Name *
Physician Middle Initial
Physician Last Name *
Phone
Oregon Medical Board License number
(i.e. MD12345 or DO54321)
Physician Address
Street *
City *
State *
OREGON
Zip *
County *
Select a County
Debilitating Conditions *
Severe Pain
Spasms
Nausea
Cancer
Seizures
Cachexia
HIV/AIDS
Glaucoma
Neurological
PTSD
Attending Physician Signature Date*
(This complete application must be submitted within 90 days of the attending physician's signature date.)*
Next

Patient Registration

Patient / Caregiver / Grower / Grow Site / Physician / **Fee**

The base OMMP application fee is $200. If you qualify for a reduced fee you must check the box below and **upload proof of your current qualification**. OMMP staff will validate your qualification. If you do not upload proof or qualify for the reduced fee that you select your application will be incomplete.

Fee Type	Document Proof Required ?	Amount
○ Application Fee (no proof required)	No	200.00
◉ Oregon Supplemental Nutrition Assistance Program/SNAP (current proof must be uploaded)	Yes	60.00
○ Oregon Health Plan/OHP (current proof must be uploaded)	Yes	50.00
○ Supplemental Security Income/SSI* (current proof must be uploaded)	Yes	20.00
○ US armed forces service veteran (proof must be uploaded)	Yes	20.00

*Note: Social Security Disability Income (SSDI) and retirement benefits (SSB, etc...) do not qualify for a reduced fee.

Next →

⚠ Please note:

In order to successfully submit an online patient application you will need to:

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- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

Patient Registration

⚠ **Please note:**

In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
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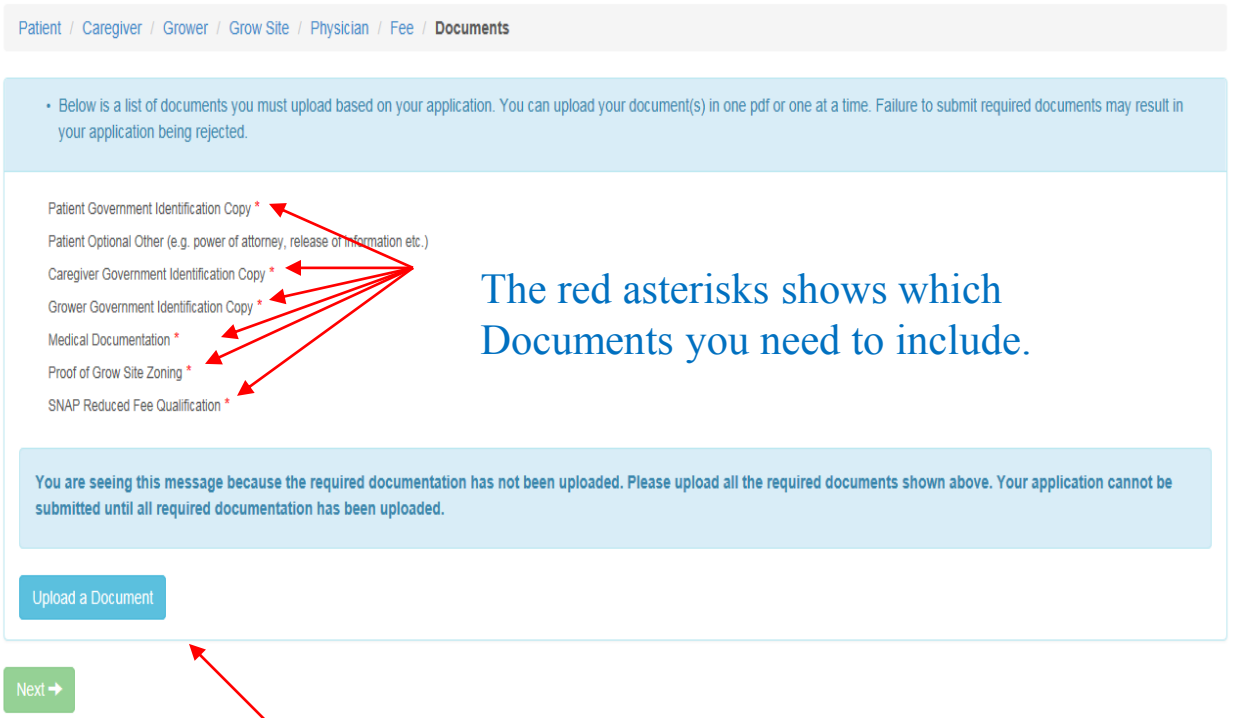
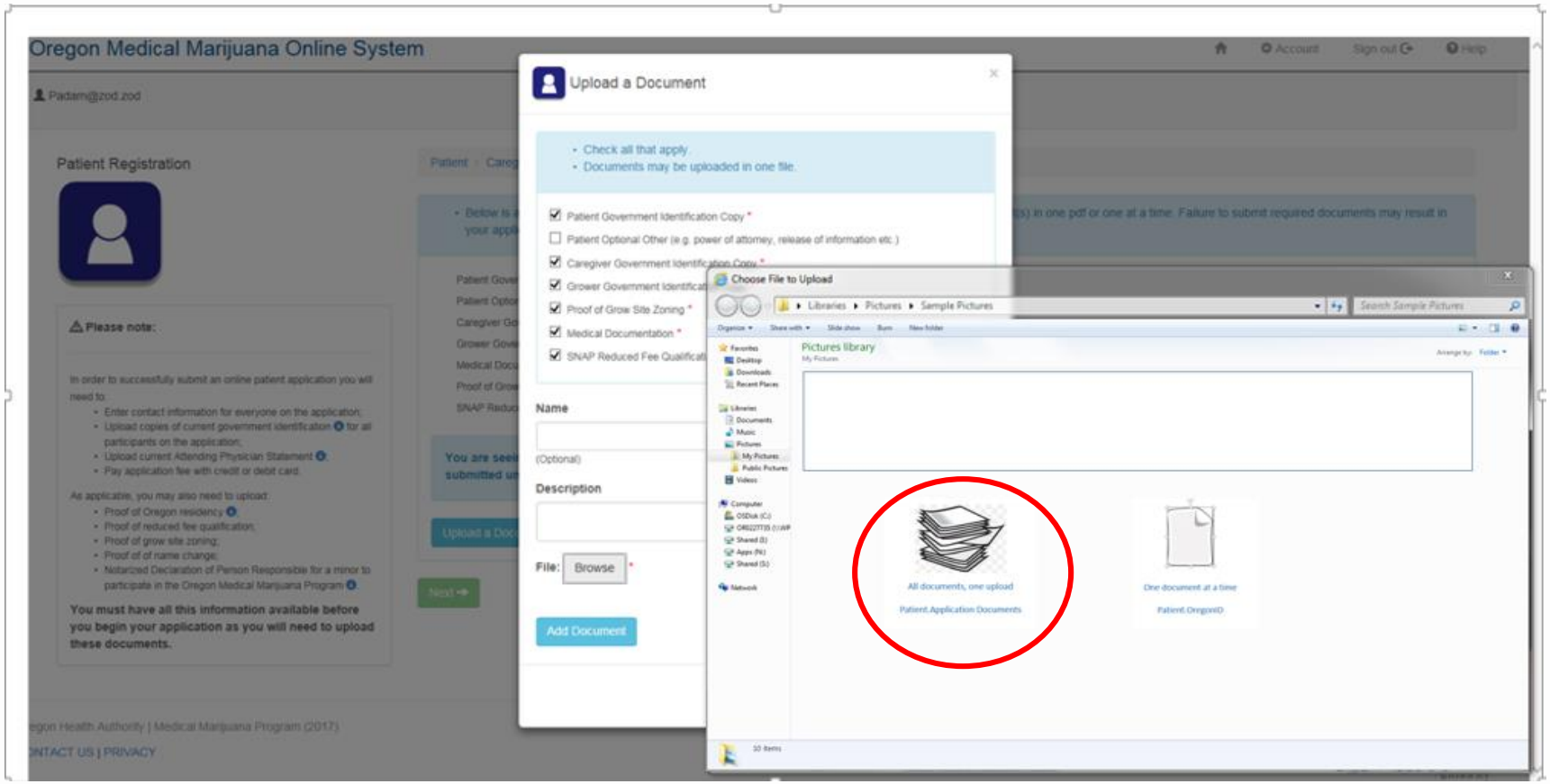
You must have all this information available before you begin your application as you will need to upload these documents.

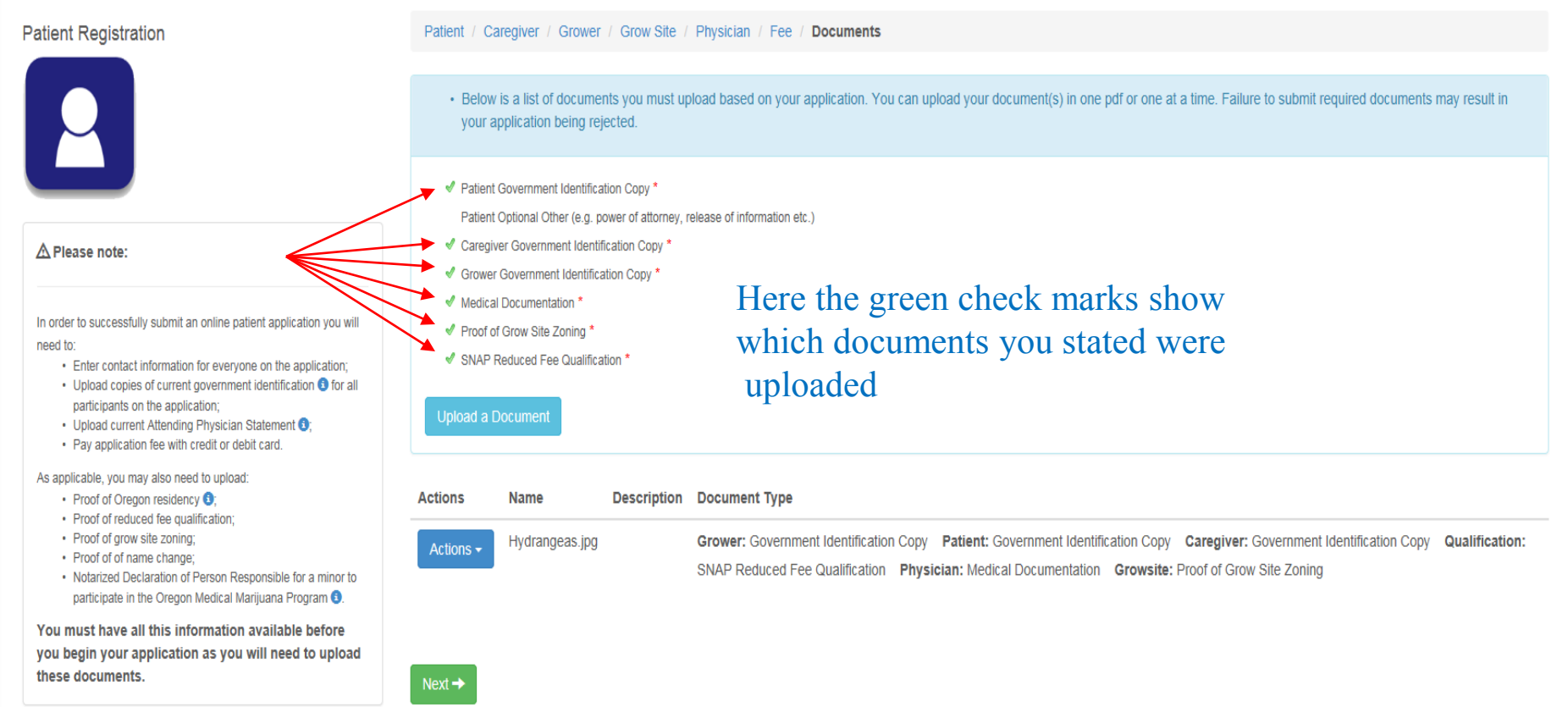


The red asterisks shows which Documents you need to include.

You can upload these documents one at a time or as a group.

All Documents Together




Patient Registration
Patient / Caregiver / Grower / Grow Site / Physician / Fee / Documents
• Below is a list of documents you must upload based on your application. You can upload your document(s) in one pdf or one at a time. Failure to submit required documents may result in your application being rejected.
Patient Government Identification Copy *
Patient Optional Other (e.g. power of attorney, release of information etc.)
Caregiver Government Identification Copy *
Grower Government Identification Copy *
Medical Documentation *
Proof of Grow Site Zoning *
SNAP Reduced Fee Qualification *
Upload a Document
Please note:
In order to successfully submit an online patient application you will need to:
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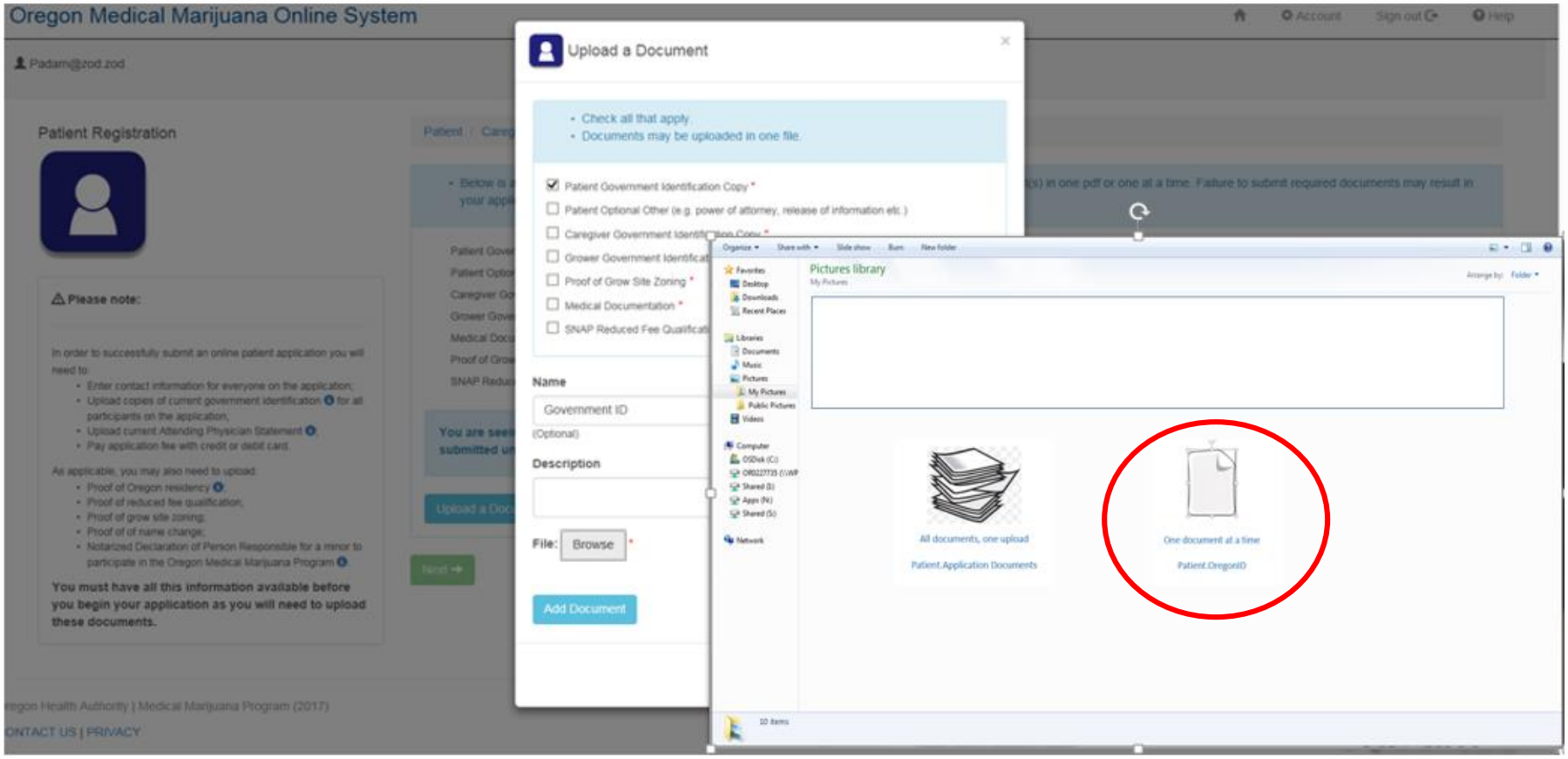
• Upload copies of current government identification for all participants on the application;
• Upload current Attending Physician Statement;
• Pay application fee with credit or debit card.
As applicable, you may also need to upload:
• Proof of Oregon residency;
• Proof of reduced fee qualification;
• Proof of grow site zoning;
• Proof of of name change;
• Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.
Here the green check marks show which documents you stated were uploaded
Actions
Name
Description
Document Type
Actions
Hydrangeas.jpg
Grower: Government Identification Copy Patient: Government Identification Copy Caregiver: Government Identification Copy Qualification: SNAP Reduced Fee Qualification Physician: Medical Documentation Growsite: Proof of Grow Site Zoning
Next

Each Document Individually



Patient Registration

Patient / Caregiver / Grower / Grow Site / Physician / Fee / **Documents**

⚠ **Please note:**

In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

- Below is a list of documents you must upload based on your application. You can upload your document(s) in one pdf or one at a time. Failure to submit required documents may result in your application being rejected.

✔ Patient Government Identification Copy *

Patient Optional Other (e.g. power of attorney, release of information etc.)

Caregiver Government Identification Copy *

Grower Government Identification Copy *

Medical Documentation *

Proof of Grow Site Zoning *

SNAP Reduced Fee Qualification *

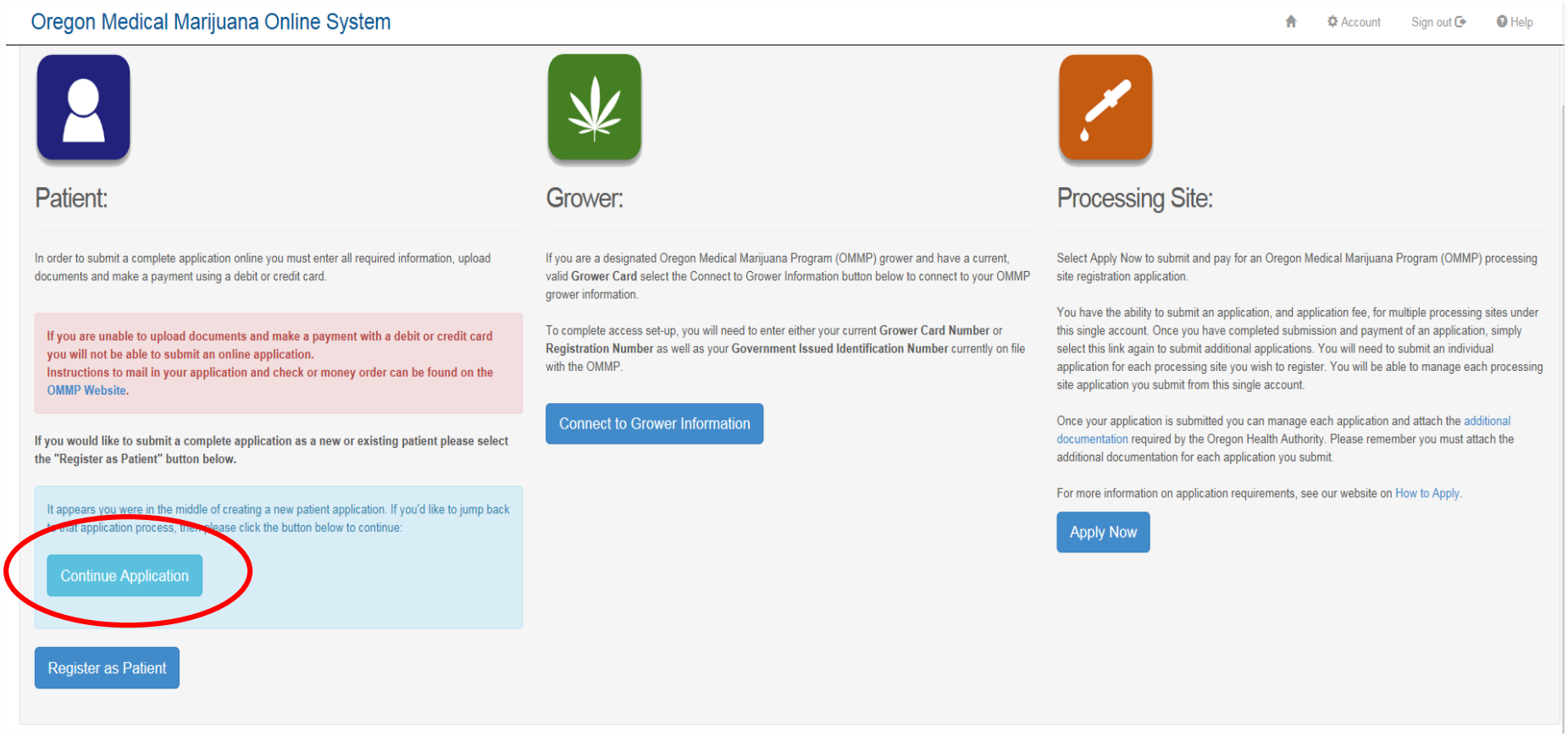
You are seeing this message because the required documentation has not been uploaded. Please upload all the required documents shown above. Your application cannot be submitted until all required documentation has been uploaded.

Upload a Document

Actions	Name	Description	Document Type
Actions ▾	Government ID.jpg		**Patient:** Government Identification Copy

Next ➔

Continuing Application after Logout



Patient Registration

Patient / Caregiver / Grower / Grow Site / Physician / Fee / Documents / **Signature**

⚠ Please note:

In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

☑ **Electronic Signature** *

I understand that by checking this box I am signing this document electronically. I have read the information on the application and previous pages. I understand that this is a new or renewal application for an Oregon Medical Marijuana Program (OMMP) registry identification card and that the application will not be considered complete until the OMMP receives all required information including full payment of the application fee.

☑ **Certification** *

I attest that the above information is true and understand my OMMP application or cards may be denied, suspended or revoked for submitting false information. It is my responsibility as the patient to affirm all information provided in the application is true even if I received assistance entering the application.

Electronic Signature of Oregon Medical Marijuana Program Patient submitting this application. For a minor, the custodial parent or legal guardian must sign. *

Patient Adam

Next ➜

Application Review

Patient / Caregiver / Grower / Grow Site / Physician / Fee / Documents / Signature / **Confirm**

Please review the information you've entered below.
Use the links above to go back and correct/change your information.
Your application will be submitted after you confirm the information and pay the application fee.
You cannot edit your online application after it is submitted.

Applicant Information

Participant Type	Participant Name	Government Identification Type	Government Identification Number	Government Identification Expiration Date	Dob	Phone	Gender	Address
Patient	PATIENT A ADAM	OR DMV	[redacted]	07/22/2022	0[redacted]	5555555555	Male	[redacted]PORTLAND OREGON 97208-8097
Caregiver	CARE G IVER	OR DMV	[redacted]	10/18/2024	1[redacted]	7777777777	Female	[redacted]EGON 97206
Grower	GROWER ADAM	OR DMV	[redacted]	05/08/2017	0[redacted]	3333333333	Male	[redacted]AVE MEDFORD OREGON 97501-0862

Grow Site Information

Zoning ordinances can be found at your local city or county zoning office, or local planning board. Many counties also provide this information on their website.

Grow Site Address	Is Grow Site Zoned Residential ?	Is Grow Site Within City Limits ?
[redacted] MEDFORD OREGON JACKSON 97501-0862	Yes	Yes

12 plant maximum and proof of zoning must be uploaded.

A grow site is allowed six mature medical marijuana plants per patient with a mature plant maximum of:
- 12 plants for grow sites zoned in city limits and residential.
- 48 plants for grow sites within city limits and not zoned residential or not within in city limits.

Response required to determine grow site registration fee and grower monthly reporting requirement.

Are you your own grower? : No

Will the grower (even if it is you) transfer medical marijuana to an OMMP dispensary or processing site? : Yes

Is the grow site your residence? : No

Does the grow site have more than 12 mature medical marijuana plants? : No

The grower will be required to pay the grow site registration fee and submit monthly reporting :

After your application is reviewed and cards are issued, the OMMP will notify the grower of the requirements to create an online account, pay the $200 grow site registration fee and submit monthly inventory and transfer reports.

Physician Information

First Name	Last Name	Phone	Oregon Medical Board license number	Address
DOCTOR	SMITH	9999999999	MD12345	[redacted] PORTLAND OREGON 97206

Debilitating Conditions

☑ Severe Pain ☐ Spasms ☑ Nausea ☐ Cancer ☐ Seizures ☐ Cachexia ☐ HIV/AIDS ☐ Glaucoma ☐ Neurological ☐ PTSD

Attending Physician Signature Date : 01/11/2017 (This complete application must be submitted within 90 days of the attending physician's signature date.)*

Fee

Fee Type	Document Proof Required ?	Amount
◉ Oregon Supplemental Nutrition Assistance Program/SNAP (current proof must be uploaded)	Yes	60.00

Documents

- Below is the list of documents that the patient has submited along with the application
- * indicates Mandatory document(s) needed to process the application

✔ Patient Government Identification Copy *
Patient Optional Other (e.g. power of attorney, release of information etc.)
✔ Caregiver Government Identification Copy *
✔ Grower Government Identification Copy *
✔ Medical Documentation *
✔ Proof of Grow Site Zoning *
✔ SNAP Reduced Fee Qualification *

Signature

OMMP Patient Application Signed By: PATIENT ADAM

Warning: Once you click the Continue button, you cannot make any changes to the application online. Any changes or corrections must be mailed to the OMMP.

If everything is correct, please click Continue.

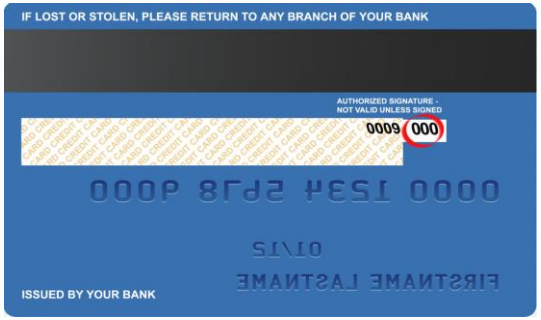
Continue

Payment Process

PATIENT A ADAM

Your application will not be processed until you have submitted payment.
Click the Pay Now button below to pay and continue your application payment process.

Pay Online Now



SKU	Description	Unit Price	Quantity	Amount
MMPT77[redacted]	Patient Payment for: PATIENT A ADAM	$60.00	1	$60.00
Total				$60.00

Patient Payment for: PATIENT A ADAM	$60.00
TOTAL	**$60.00**

Customer Information to be entered is the Card Holder. For technical assistance call 1-855-255-4304

Payment Type ✓

Credit Card

Customer Information

Complete all required fields [*]

Country

United States

First Name *

PATIENT

Last Name *

ADAM

Address *

Address 2

City *

State *

OR - Oregon

ZIP/Postal Code *

Phone *

Email *

Padam@zod.zod

Next >

SKU	Description	Unit Price	Quantity	Amount
MMPT7[redacted]	Patient Payment for: PATIENT A ADAM	$60.00	1	$60.00
Total				$60.00

Patient Payment for: PATIENT A ADAM	$60.00
TOTAL	**$60.00**

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information. For technical assistance call 1-855-255-4304.

Payment Type ✓

Credit Card

Customer Information ✓

Edit

Address
PATIENT ADAM
[redacted]
Portland, OR 97206

Phone
5555555555

Country
United States

Email Address
Padam@zod.zod

Payment Info

Complete all required fields [*]

Credit Card Number *

Credit Card Type

Expiration Month *

Select a Month

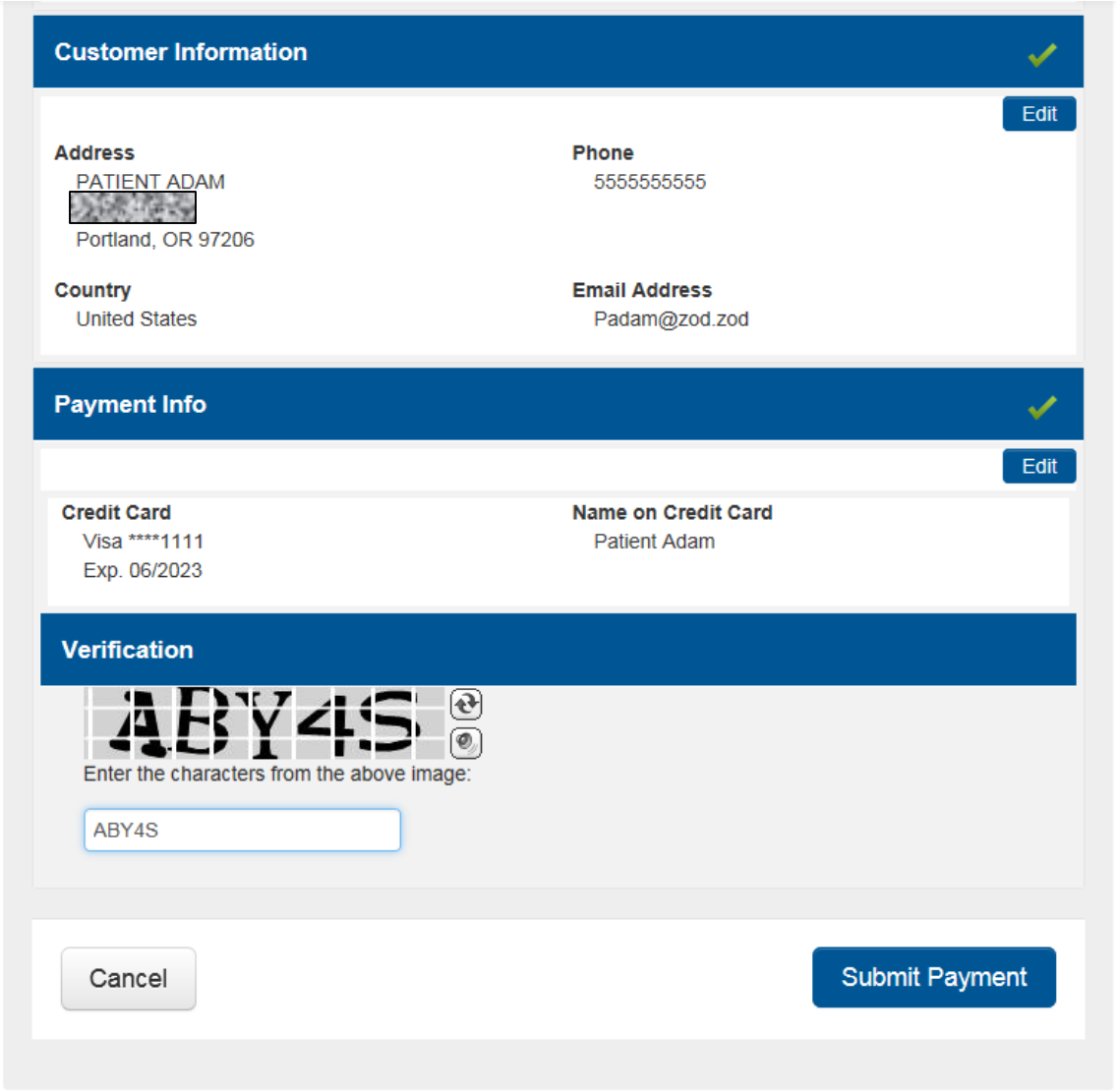
Expiration Year *

Select a Year

Security Code *

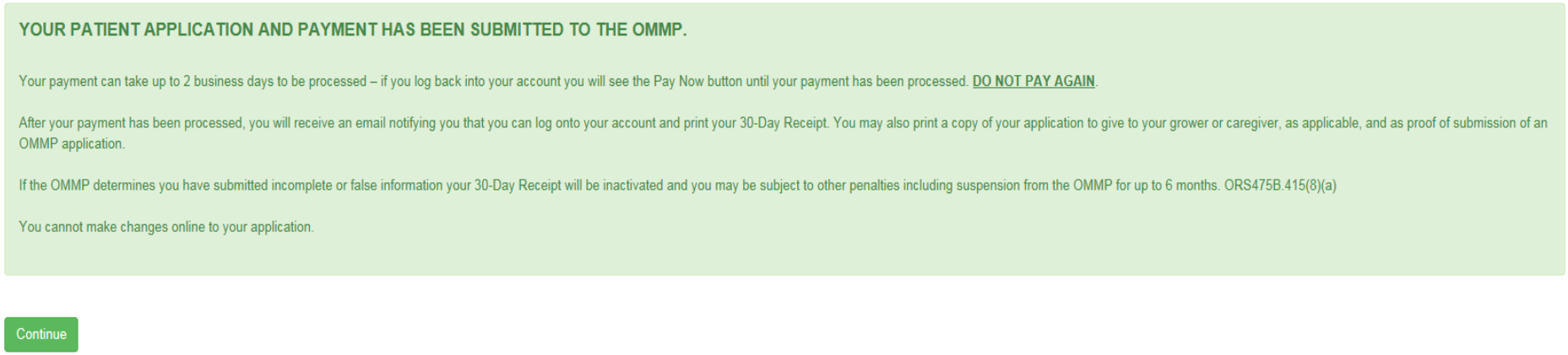
Name on Credit Card *

Next >

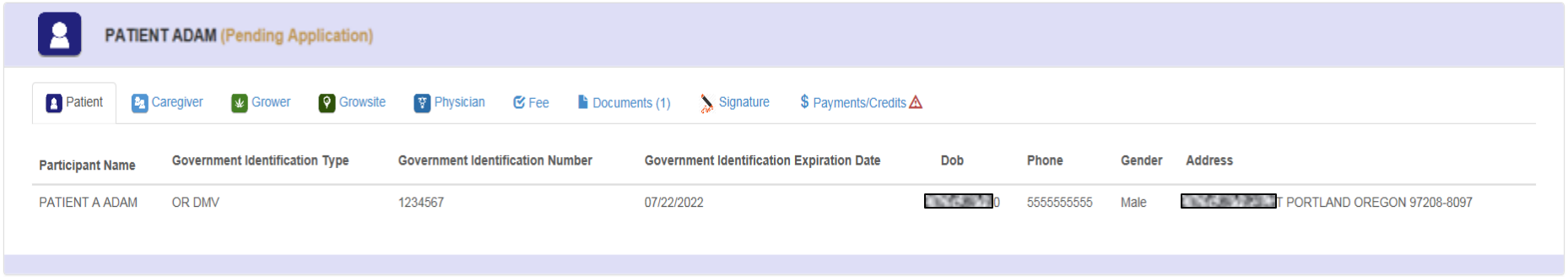


Patient Payment for: PATIENT A ADAM	$60.00
TOTAL	**$60.00**

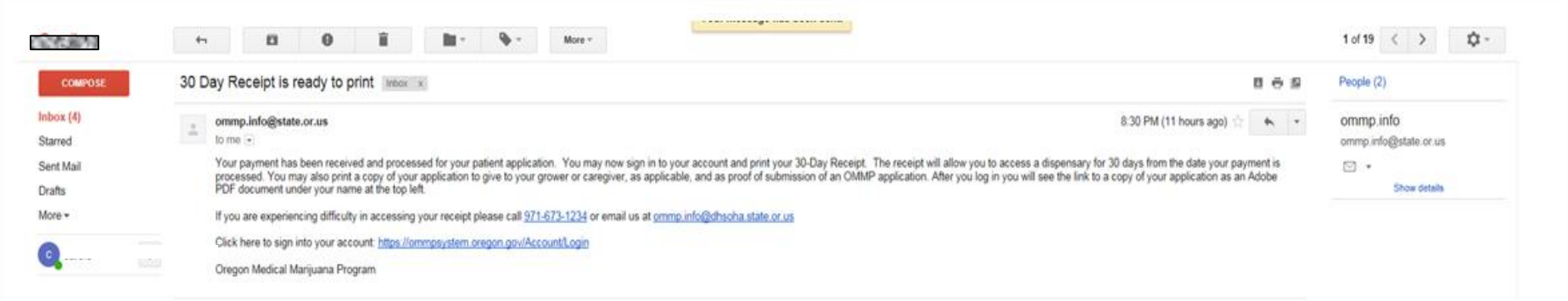
Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction. For technical assistance call 1-855-255-4304.



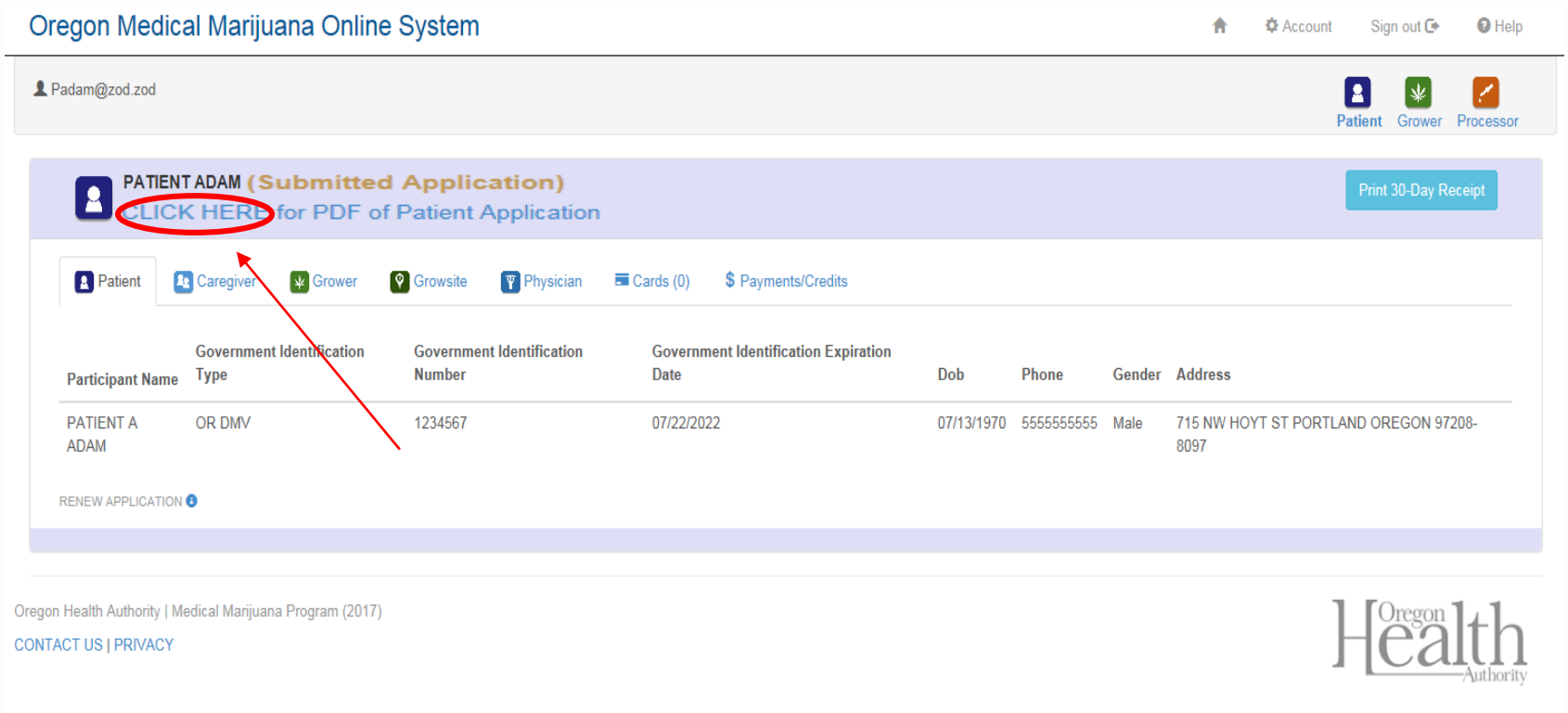
You have now completed filling out and submitting the application.


PATIENT ADAM (Pending Application)
Patient
Caregiver
Grower
Growsite
Physician
Fee
Documents (1)
Signature
$ Payments/Credits
Participant Name
Government Identification Type
Government Identification Number
Government Identification Expiration Date
Dob
Phone
Gender
Address
PATIENT A ADAM
OR DMV
1234567
07/22/2022
[redacted]0
5555555555
Male
[redacted]T PORTLAND OREGON 97208-8097

30 Day Receipt is Ready



30-Day Receipt and PDF of Application



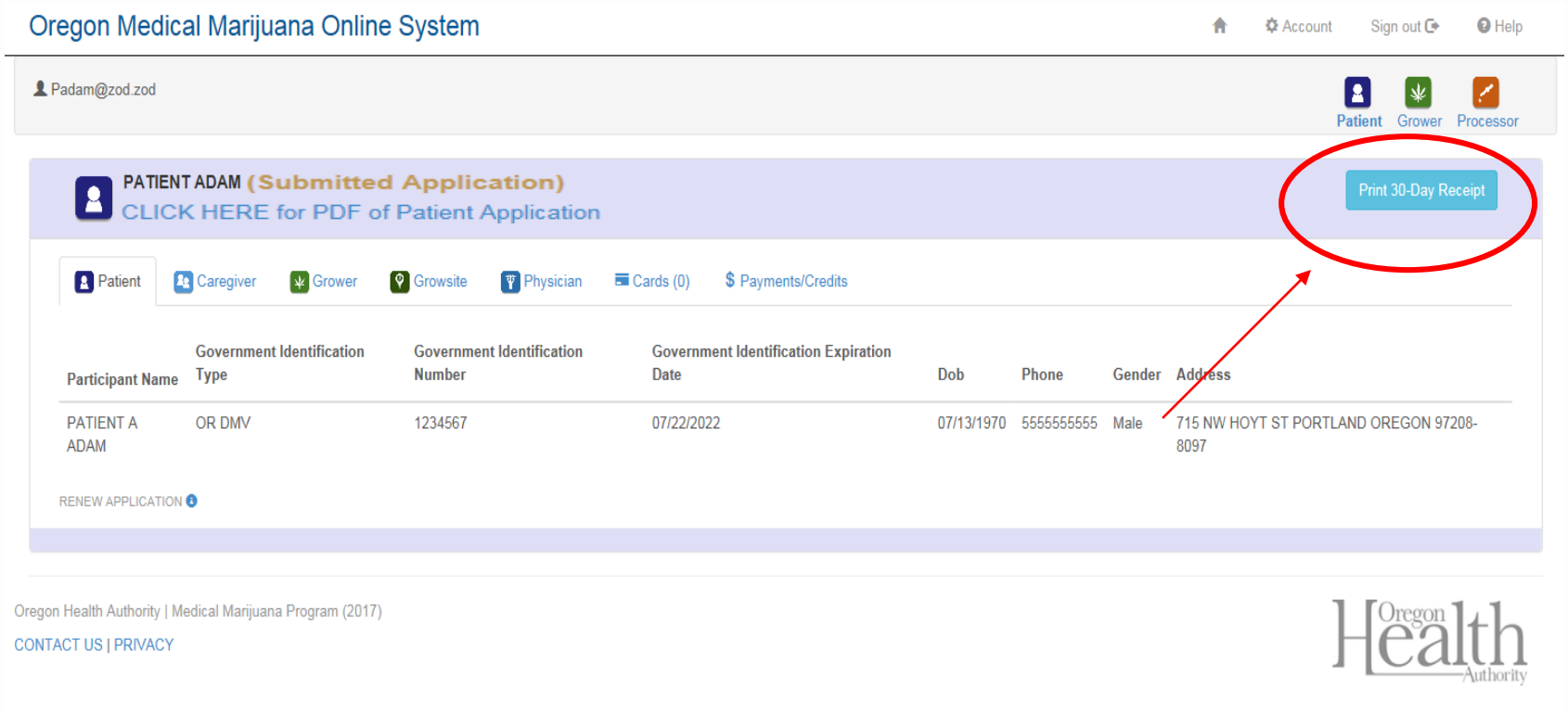
Patient Application SUMMARY - Payment Processed

• This document serves as proof of submission of an application to the Oregon Medical Marijuana Program for an OMMP registry identification card. You may print a copy of this for your records. This document has the same legal effect as a registry identifiation card until you receive your permanent card. If law enforcement requests legal documentation of your right to have marijuana and you have not yet received OMMP's approval or denial, present a copy of this PDF as proof of transmission of your application. ORS 475B.475.5.
• After your payment has been processed, you will receive an email notifying you that you can log onto your account and print your 30-Day Receipt.
• If the OMMP determines you have submitted incomplete or false information your 30-Day Receipt will be inactivated and you may be subject to other penalties including suspension from the OMMP for up to 6 months. ORS475B.415(8)(a)
You cannot make changes online to your application.

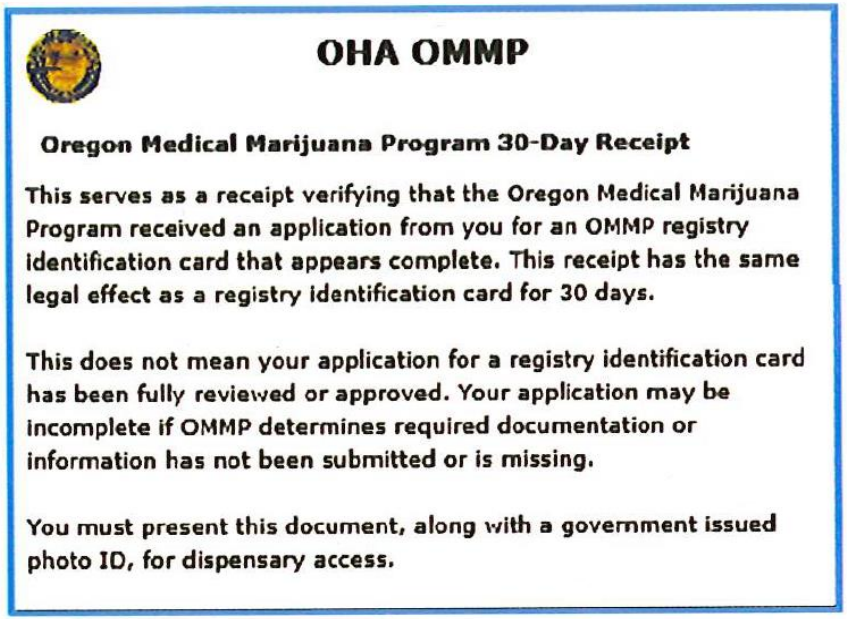
Reference No	MMP[redacted]
Payment	200.00
Date Paid	4/19/2017 8:30:07 PM
Patient	[redacted]
Phone	[redacted]
DOB	10/10/1996
Address	[redacted] PORTLAND OREGON 97232
Caregiver	
Phone	
DOB	
Address	
Grower	[redacted]
Phone	[redacted]
DOB	[redacted]
Address	[redacted] PORTLAND OREGON 97232
Grow Site	[redacted]VE PORTLAND OREGON 97216
Signature	[redacted]

The signature above agreed to the following:
• I understand that by checking this box I am signing this document electronically. I have read the information on the application and previous pages. I understand that this is a new or renewal application for an Oregon Medical Marijuana Program (OMMP) registry identification card and that the application will not be considered complete until the OMMP receives all required information including full payment of the application fee.
• I attest that the above information is true and understand my OMMP application or cards may be denied, suspended or revoked for submitting false information. It is my responsibility as the patient to affirm all information provided in the application is true even if I received assistance entering the application.

30-Day Receipt and PDF of Application



30-Day Receipt



OHA OMMP

Oregon Medical Marijuana Program 30-Day Receipt

This serves as a receipt verifying that the Oregon Medical Marijuana Program received an application from you for an OMMP registry identification card that appears complete. This receipt has the same legal effect as a registry identification card for 30 days.

This does not mean your application for a registry identification card has been fully reviewed or approved. Your application may be incomplete if OMMP determines required documentation or information has not been submitted or is missing.

You must present this document, along with a government issued photo ID, for dispensary access.

Questions?