Step by Step Guide for Patients

Before you start: Patients can <u>NOT</u> start the medical cannabis application process until their physician has created a patient certification via the portal. Once the physician creates a patient certification, the system will automatically create a patient account. The patient will need to activate the account at medcannabisapplication.sd.gov.

1. Once the physician completes the certification, the patient will receive an automatic email from noreply@sd.airlift.app. Please note the notification may go into your junk email folder, so be sure to check that if your email appears to be missing.
2. Click "Visit the Registry" or use your browser to access medcannabisapplication.sd.gov to start the patient application process

Patient Account Created

Your Healthcare Provider has certified you for Medical Cannabis and a new Registry account has been created. Please login to your new account for the South Dakota Medical Cannabis Registry using the following credentials:

    Email Address: sdtesting+120@cloudpwr.com
    Password: \?yhTr0RSHGs

You will need to change your password on first login.

Visit the Registry

3. Log in using your email address and the temporary password provided. Once you successfully log in, the system will ask you to create a permanent password.
4. Once you have set your permanent password, you will continue the application process. Applicant Information: Fill out all the fields with asterisks *. Upload the required documentation. NOTE: Please read the upload instructions carefully, if you do not upload the correct documents your patient application will be delayed. Hit "Next Step".
   - ID REQUIRED: Valid SD Driver's license, passport, tribal identification card, or SD Student ID Card can be uploaded to Identification Copy section.
   - PASSPORT PHOTO REQUIRED: A valid passport style photo of the patient is required to create the patient's registration ID card. The patient photo **_must_** meet the following requirements:
     - A high-resolution color photo that is not blurry, grainy, pixelated, or digitally altered
     - Uses a clear image of the individual's face without filters
     - Uses a plain white or off-white background

- o If you are a low-income patient, another document upload section will appear, and you will be required to submit one of the following documents to prove your status as a low-income patient:
  - o If employed, attach wage stubs or earning statements for the past 30 days.
  - o If self-employed, attach the most recent federal income tax return and self-employment ledgers
  - o Proof of all other income (including Social Security, Supplemental Security Income, workers' compensation, unemployment benefits, Bureau of Indian Affairs general assistance, child support, rental income, veterans' benefits, pensions, and interest income) for the previous 12 months
  - o Most recent financial statement from checking accounts, savings accounts, certificates of deposit, credit union accounts, retirement accounts, stocks, bonds, and dividends

Information

* First Name	Middle Name	* Last Name
Better		Work

* Date of Birth	Telephone Number	Email
1/1/1991	(123) 456-7890	sdtesting+125@cloudpwr.com

Address

* Address 1
123

Address 2

* City	* State	* Zipcode
Pierre	SD	57501

Low Income Applicant

Low-income means having a gross monthly household income that is 130 percent or less of the federal poverty level as defined by § 67:11:01:03

○ Yes ● No

Identification Copy

Attach a photocopy of a valid form of personal identification of the applicant (e.g., drivers license, passport, tribal identification card, SD student identification card)

Upload your ID here

Drop your photocopy of your valid identification card here or click to browse.

Photograph

Upload a photo that clearly shows your face without any filters with a plain or off-white background. Refer to these examples of valid photos:

Upload your PHOTO here

Drop your headshot here or click to browse.

5. Practitioner Information: The physician's information will be automatically populated into this page. Hit "Next Step".

6. Custodial or Legal Parent Attestation
   This page will not appear if the patient is an adult.
   IF A PATIENT IS MINOR: Custodial or Legal Parent Attestation will be required. A parent or custodial parent must attest to the page contents by filling out the fields with asterisks*.

Custodial or Legal Parent Attestation

If the qualifying patient is under 18 years of age, the custodial parent or legal parent with responsibility for health care decisions for the qualifying patient must attest to the following:

1. I certify that the practitioner listed on this application explained the potential risks and benefits of the medical use of cannabis
2. I consent to allow the qualifying patient's medical use of cannabis
3. I consent to serve as the qualifying patient's designated caregiver
4. I consent to control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying patient

Information

* First Name   Middle Name   * Last Name

* Relationship to Patient

→ Attest and Proceed to Next Step

7. Designated Caregiver Information: If the physician certification includes a recommendation for caregivers, fill out the fields with asterisks*.

Designated Caregiver Information

Any patient who is not legally capable of medical decisions must name at least one caregiver. All patients under 18 years of age must name their parents or legal guardians as designated caregivers. A patient 18 years of age or older may designate one caregiver, unless the physician's written certification specifies a greater number.

The following section is only applicable to qualifying patients who require designated caregivers. If inapplicable, please move to the next step.

+ Add Caregiver

Caregiver 1 - New Caregiver   ✕

* Email

* First Name   Middle Name   * Last Name

Address 1

Address 2

City   State   Zipcode

✓ Next Step

8. Cultivation Information: To cultivate cannabis at home, indicate who will be cultivating and submit a diagram and photograph of the enclosed, locked area where you will be cultivating cannabis. Note an additional $20 fee will be added to your payment for home cultivation registration.

   If not are not planning to cultivate, select "Neither patient nor designated caregiver will cultivate cannabis". Hit "Next Step".

   ## Cultivation Information

   Please indicate whether the patient or designated caregiver will cultivate cannabis. A $20 dollar fee will be added if home cultivation is selected.

   - ○ Neither patient nor designated caregiver will cultivate cannabis
   - ○ Adult patient will cultivate cannabis
   - ● One designated caregiver will cultivate cannabis.
   - ○ Adult patient and designated caregiver in same household will cultivate cannabis in a single enclosed, locked facility.
   - ○ Two parents or legal guardians will cultivate cannabis in a single enclosed, locked facility.

   Please select the names of the caregiver(s) who will cultivate cannabis:
   - ● Jessica Smith

   If cannabis will be cultivated, you must attach a diagram and photographs of the enclosed, locked facility for the application to be considered.

   Drop your diagram and photographs here or click to browse.

   → Next Step

9. Dispensary Designation: Please skip the dispensary designation unless you are aware of an approved dispensary in your area. If you wish to designate a dispensary, enter dispensary name, and phone number for designation.
   To skip the designation, make sure that you close out of dispensary designation detail section by clicking the X button. Hit "Next Step".

   ## Dispensary Designation

   + Add Dispensary
   Dispensary 1

   * Dispensary Name | * Dispensary Phone Number
   (555) 555-5555

   Address 1

   Address 2

   City | State | Zipcode

   ✓ Next Step

   Click here if you wish to skip this step. → [×]

10. Applicant Certification: Read the certification and hit "Certify and Continue".

Applicant Certification

As a condition of patient registration, I understand that I as the qualifying patient or parent or legal guardian responsible for making health care decisions and applying on behalf of the qualifying patient must:

- Certify that all information provided in this application and the required attachments is true and correct
- Acknowledge that designated caregivers must be registered by the department
- Provide any updates to this registration to the department within ten days of the change

✓ Certify and Continue

11. Application Fee: Review the application fees for your account and hit the PayPal button to complete the payment. Please note a convenience fee of 3.49% will be applicable for payments through PayPal, in addition to a$0.49 cent transaction fee will be added to your payment. Application fee types and amounts are shown below.
- A nonrefundable fee of $75
- A nonrefundable fee of $20 for low-income applicants
- A nonrefundable fee of $20 for a 2-part registration card (required if cultivation is elected)
- A nonrefundable fee of $20 for additional caregivers after the primary caregiver designation

Application Fee

Fee Breakdown

Application Fee	$75
Two-Part Registration Card Fee	$20
	Total: $95

Payment

A convenience fee of 3.49% plus $.49 transaction fee will apply if you pay by credit card.

PayPal

12. Once the patient application is complete, if applicable, the patient's caregiver(s) will receive an automatic email with a temporary password to create a caregiver account and application.

Please note: the patient application must be completed before the caregiver can begin the application process.

Dashboard: Once the patient application has been submitted, patients can access the following information on their dashboard:

- o Status of your application
- o Caregiver application status if applicable
- o Copy of your physicians' certification
- o Copy of your patient application

State law (SDCL 34-20G-38) permits the temporary use of a completed application that was submitted to the Department of Health and copy of the physician's certification as a patient registration ID card allows you to use a copy of the submitted application and physicians' certification as a temporary card until the Department of Health issues your patient registration ID card or denies your application.

My Information

			Address				
Name Jane Smith	**Last Application Status** Pending	**Enrollment Expiration** 11/15/2022	Address 1	Address 2	City	State	Zip
Email sdtesting+120@cloudpwr.com	**Phone** (123) 574-9870		123		Pierre	SD	57821

Caregivers
Applications
Certifications
Information Release
Account Settings

Applications

Application Date	Status	Download
11/15/2021	Pending	⬇

If a patient needs confirmation from the Department of Health on their status, the patient is required to complete an "Information Release" form prior to requesting confirmation.