

Qualified Patient & Designated Caregiver Guide

2025

Foreword

Dear Prospective Patients and Caregivers,

As Executive Director of the Kentucky Medical Cannabis Program, I thank you for your interest in becoming a medical cannabis cardholder in the Commonwealth. On Team Kentucky our goal is to ensure that patients diagnosed and suffering with severe medical conditions have access to safe, quality medical cannabis and that medical cannabis is secure in our communities.



We designed the application process for patients and caregivers with the goal of making it accessible to **all**.

As a result, we are pleased to provide this **Kentucky Medical Cannabis Program Qualified Patient & Designated Caregiver Guide**. This Guide provides comprehensive guidance on the cardholder structure and application process. It includes everything from information on the types of registry ID cards and qualifications for each, to the application process for a card through our **Patient and Caregiver Registration Portal**.

This Guide will walk you through the steps to apply, including the required information and documents you will need to include to complete the card application.

Each section also includes references to the relevant regulations. Additionally, the Guide's **Appendix** includes a **Glossary** with helpful terms, along with all the **Signature Forms** required for each type of registry ID card.

I hope you find this Guide helpful when you apply to become a medical cannabis patient or caregiver in the Commonwealth of Kentucky. We created this Guide with **you** in mind.

Respectfully,

A handwritten signature in blue ink, appearing to read "S. Flynn". The signature is fluid and cursive, written over a white background.

Sam Flynn
Executive Director

Contents

Foreword..... 1

Contents 2

Overview 4

Process to become a registry ID cardholder 5

Step 1. Visit a medical cannabis practitioner in person 5

 Qualifying medical conditions 5

 Obtain a written certification 5

Step 2. Submit an application..... 7

 Where and when to apply 8

 Registry ID card types 8

 Qualifications for each registry ID card category 9

 Application and renewal fees 10

 Summary of required application information and documentation..... 11

 Submitting a notarized signature form..... 12

 Applying through the Patient & Caregiver Registration Portal..... 14

 Creating an Account..... 15

 Verifying the account 16

 Accessing the portal 17

 Navigating the portal..... 17

 New Patient Registration 19

 Editing and Saving a Registration Application 20

 Completing and Submitting a Registration Application 21

 New Caregiver Registration 27

 Editing and Saving a Registration Application 28

 Completing and Submitting a Registration Application 28

Step 3. Receive an application decision and download registry ID card 32

 Application review and acceptance process 32

 Registry ID cards 33

 Application denials..... 34

Cardholder Requirements and Activities	35
Supply limits and associated product formats.....	35
Medical cannabis purchase limits and restrictions.....	36
Methods of purchase	37
Transportation and storage of medical cannabis	38
Transportation requirements	38
Storing medical cannabis at home	39
Prohibited activities and penalties.....	39
Required notifications.....	41
Updating a registry ID card	42
Renewing a registry ID card.....	44
Adverse effects reporting and emergencies.....	45
Additional information	46
Appendix	47
Summary of changes.....	48
Glossary	48
Signature Forms	51

*Definitions of terms noted in [blue underlined text](#) may be found in the Glossary.

Overview

This document is intended to be used as a guide for prospective [medical cannabis](#) registry ID cardholders, including Kentucky (or in-state) qualified patients, [minor](#) qualified patients, visiting qualified patients, and designated caregivers.

Applicants are required to submit certain identifiable information, documentation, and verification of facts using the [Cabinet](#)'s online **Patient & Caregiver Registration Portal** or through submission of a paper application. Documentation examples provided in this guide are illustrative only.

The Cabinet will review submitted applications and determine whether the applicant is eligible to receive a registry ID card. To purchase medical cannabis, a registry ID cardholder must first present their registry ID card and a government-issued photo ID, such as a driver's license, at a licensed Kentucky medical cannabis dispensary.

See below for a summary of the application and purchasing process for registry ID cardholders in Kentucky:

Steps for completing the registry ID card application process:



Visit a medical cannabis practitioner to [obtain a written certification](#)



Submit an [application to the Cabinet](#) beginning **January 1, 2025**



Receive an application decision from the Cabinet and [download a registry ID card](#)

*Only applicable to **in-state qualified patient** and **minor qualified patient** applicants

Process to become a registry ID cardholder

The following three (3) steps describe the process of obtaining a registry ID card to purchase medical cannabis in Kentucky. Step 1 is not applicable for designated caregivers or visiting qualified patients.

Step 1. Visit a medical cannabis practitioner in person

Qualifying medical conditions

In order for an individual to be eligible for a qualified patient registry ID card in Kentucky (including in-state qualified patient, minor qualified patient, and visiting qualified patient applicants), they must be diagnosed with one (1) of the following qualifying medical conditions:¹

- ▶ Any type or form of cancer
- ▶ Chronic or severe pain
- ▶ Epilepsy or other intractable seizure disorder
- ▶ Multiple sclerosis, muscle spasms, or spasticity
- ▶ Chronic nausea or cyclical vomiting syndrome
- ▶ Post-traumatic stress disorder

Obtain a written certification

Individuals applying as in-state qualified patients or minor qualified patients must first obtain an initial [written certification](#) from an authorized [medical cannabis practitioner](#) during an in-person examination.²

- ▶ Subsequent written certifications for the purpose of renewing a registry ID card may be provided by the medical cannabis practitioner electronically or during the course of a [telehealth](#) consultation.

Medical cannabis certifications must be issued electronically by an authorized practitioner registered with the cabinet and the Office of Medical Cannabis. Visit the **“Find a practitioner”** tab under the **“Patients & Caregivers”** page at kymedcan.ky.gov to locate an authorized practitioner by distance using the **Authorized Practitioner Directory**. The directory allows users to search for authorized practitioners by current location, ZIP, and by county, or by practitioner specialty.

¹ KRS 218B.010(26)

² KRS 218B.050; 915 KAR 2:030, Section 2(2)

Before a patient can be issued a written certification for medical cannabis use, the patient's medical cannabis practitioner must perform the following:³

1. Establish a [bona fide practitioner-patient relationship](#) with the patient.
2. Diagnose the patient with, or confirm a diagnosis of a [qualifying medical condition](#) provided by another health care provider.
3. Review a report from the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system related to the patient for at least the previous twelve (12) months.
4. Consult with the patient (or the patient's custodial parent or legal guardian if the patient is a minor) about potential risks and side effects of medical cannabis use, including possible interactions between medical cannabis and any other medications that the patient is taking.
5. If the patient is a minor, obtain consent of the patient's custodial parent or legal guardian.

If the authorized practitioner determines that the patient has a qualifying condition that justifies the use of medical cannabis after performing the above actions, they must record a written certification electronically in the state's Medical Cannabis Practitioner Registry within 24 hours of the patient's in-person examination.⁴

- ▶ **Note:** Patients may need to wait until the medical cannabis practitioner submits the written certification (up to 24 hours after the examination) to start filling out an online application. **The written certification will automatically populate in the online application based on the patient's date of birth and social security number.**

An authorized practitioner may only provide a medical cannabis certification to a patient if the patient's record appropriately justifies the use of medical cannabis.⁵ Additionally, an authorized practitioner is required to terminate or decline to issue a new medical cannabis certification to a patient, and must notify the cabinet in writing the patient's name, under the following circumstances:

- ▶ The patient no longer has the diagnosis of or symptoms of the qualifying medical condition
- ▶ The practitioner is not authorized to issue a written certification
- ▶ The practitioner has reason to believe that the patient or caregiver is abusing or diverting medical cannabis
- ▶ The patient is deceased⁶

³ KRS 218B.050(4)

⁴ KRS 218B.050(6)(d)

⁵ 201 KAR 9:067, Section 8(4)(f); 201 KAR 20:067, Section 9

⁶ 201 KAR 9:067, Section 8(4)(g); 201 KAR 20:067, Section 8(7)

Expiration Dates of Written Certification and Registry ID Cards

IMPORTANT INFORMATION

Medical cannabis cards **deactivate on the expiration date of the written certification** registered with the patient account.

PLEASE NOTE: If your application for a medical cannabis card is ultimately approved -- your ability to purchase medical cannabis at a licensed dispensary with the **card will expire on the expiration date of the written certification submitted with your application.**

For example, if the expiration date of your written certification is December 1, 2025 and the expiration date of your registry identification card is January 30, 2026, your card will be deactivated on December 1, 2025 because the written certification submitted with the application expires on that date. To reactivate your card prior to renewal, you may obtain an updated written certification from your practitioner and submit a Patient Update to the Office through the Patient and Caregiver Registry.

Step 2. Submit an application

Where and when to apply

Qualified patients and designated caregivers submit online applications through the patient and caregiver registry portal on kymedcan.ky.gov.

Patients must submit their initial registry ID card application within 60 days of receiving their written certification in order to ensure their written certification is still valid upon application submission. A medical cannabis practitioner may extend the validity of an existing initial written certification for up to three (3) additional periods of up to sixty (60) days each.⁷ After three (3) 60-day period extensions, the patient must be re-examined by the medical cannabis practitioner (in person or via telehealth).⁸

Registry ID card types

In Kentucky, individuals can apply for one of four types of registry ID cards:⁹

In-state qualified patient



Adults with a qualifying medical condition who have obtained a written certification from a registered medical cannabis practitioner

In-state minor qualified patient



Individuals who are less than 18 years old with a qualifying medical condition who have received custodial parent or legal guardian consent and a written certification

Designated caregiver



Individuals who assist qualified patients with purchasing and/or administering medical cannabis

Visiting qualified patient



Individuals with out-of-state registry ID cards and documentation of a qualifying medical condition

⁷ KRS 218B.050(6)(c)

⁸ KRS 218B.050(6)(c)

⁹ KRS 218B.055

Qualifications for each registry ID card category

To qualify for a registry ID card, an applicant must meet the criteria below for their respective registry ID card category:

In-state qualified patient¹⁰



- ▶ Resident of Kentucky
- ▶ Have obtained a written certification from a medical cannabis practitioner with whom they have a bona fide practitioner-patient relationship
- ▶ Not been convicted of a [disqualifying felony offense](#)
- ▶ At least 18 years old

In-state minor qualified patient¹¹



- ▶ Resident of Kentucky
- ▶ Have obtained written certification from a medical cannabis practitioner with whom they have a bona fide practitioner-patient relationship
- ▶ Have received custodial parent or legal guardian consent¹²
- ▶ Not been convicted of a disqualifying felony offense
- ▶ Under 18 years old
- ▶ Has documentation of diagnosis of a qualifying medical condition by a practitioner other than the medical cannabis practitioner who provided the written certification

Designated caregiver¹³



- ▶ Resident of Kentucky
- ▶ At least twenty-one (21) years old
- ▶ Not been convicted of a disqualifying felony offense
- ▶ Assist no more than three (3) registered patients
- ▶ A custodial parent or legal guardian with responsibility for health care decisions for a minor qualified patient must serve as a minor's designated caregiver

OR

- ▶ A guardian, limited guardian, conservator, or limited conservator of the qualified patient

¹⁰ KRS 218B.055(2)

¹¹ KRS 218B.055(2) and (7)

¹² KRS 218B.065(2)(a)

¹³ KRS 218B.055(3)

Note: Parents, guardians, limited guardians, conservators, and limited conservators are **prohibited** from administering medical cannabis to a minor qualified patient **unless** they become that individual's designated caregiver with a registry ID card.¹⁴

Visiting qualified patient¹⁵



- ▶ Non-resident of Kentucky or new resident of Kentucky who has resided in the Commonwealth for fewer than thirty (30) days
- ▶ At least twenty-one (21) years old
- ▶ Not been convicted of a disqualifying felony offense
- ▶ Possesses a valid [out-of-state registry ID card](#)
- ▶ Possesses documentation of having been diagnosed with a qualifying medical condition under KRS 218B.010(26)

Application and renewal fees

Initial application fees must be paid at the time an application is submitted by credit card or ACH/eCheck. Application fees for each registry ID card type are outlined below:¹⁶

Registry ID card type	Nonrefundable Application Fee
In-state qualified patient/ minor qualified patient	\$25
Designated caregiver	\$25
Visiting qualified patient	\$25

BEWARE OF POTENTIAL SCAMS: Please note that you are only able to obtain a valid registry ID card from the Office of Medical Cannabis through the application process outlined in this Guide. Unaffiliated websites and entities cannot provide you with a valid registry ID card to participate in the Kentucky Medical Cannabis Program. Again, only registry ID cards issued by the Cabinet for Health and Family Services, Office of Medical Cannabis are valid for participation in the program.












¹⁴ KRS 218B.025(2); KRS 218B.055 (7)(b)

¹⁵ KRS 218B.055(4)

¹⁶ 915 KAR 2:010, Section 4(1)

Summary of required application information and documentation

The following table provides an overview of information and documentation that must be submitted with the application form based on the registry ID cardholder category.

	In-state qualified patient ¹⁷	In-state minor qualified patient ¹⁸	Designated caregiver ¹⁹	Visiting qualified patient ²⁰
 Applicant's identifiable information	X	X	X	X
 Name and registry ID card number of qualified patient			X	
 Written certification from medical cannabis practitioner	X	X		
 Medical cannabis practitioner information	X	X		
 Designated caregiver information and attestation (if applicable)	X (If applicable)	X	X	
 Notification of clinical trials	X	X		
 Attestation of information sharing	X	X	X	X
 Notarized signature form	X	X	X	X
 Documentation that the applicant has been diagnosed with a qualifying condition*		X		X
 Statement from custodial parent or legal guardian		X		
 Copy of valid out-of-state registry ID card				X

* This documentation must consist of one (1) or more medical records containing an express statement of diagnosis from a physician or advanced practice registered nurse (APRN) of a qualifying medical condition.¹ For in-state minor patients, this documentation must be provided from a practitioner other than the medical cannabis practitioner who provided the written certification for the use of medical cannabis.

¹⁷ 915 KAR 2:010, Section 2(3)

¹⁸ 915 KAR 2:010, Section 2(4)

¹⁹ 915 KAR 2:010, Section 2(5) and (6)

²⁰ 915 KAR 2:010, Section 2(7)

Submitting a notarized signature form

All applicants are required to sign and submit a notarized signature form. By signing the signature form, applicants attest that:²¹

- ▶ All the information the applicant has provided is true and accurate.
- ▶ The applicant will not distribute medical cannabis to anyone who is not permitted to possess medical cannabis and the applicant understands the consequences of doing so (e.g., revocation of registry ID card, criminal prosecution).

Applicable only to designated caregivers: By signing the signature form, designated caregiver applicants also attest to serve as the caregiver for the registered qualified patient identified in the designated caregiver application.²²

Steps to notarize the signature form

Applicants must complete a signature form with assistance from an authorized [Notary Public](#).²³

1. Download and print the signature form from kymedcan.ky.gov for the applicable registry ID card category. This form is also available in the Appendix. **DO NOT SIGN THE FORM INITIALLY.**
2. Set up an appointment with a Notary Public.
 - a. A Notary Public can typically be found at a bank, law firm, doctor's office, insurance agency, real estate office, or courthouse.
 - b. Appointments with a Notary Public may take place in-person or online through an audio/video-enabled platform.²⁴
3. Appear at the Notary Public appointment, either in person or virtually, with the printed notarized signature form and a government-issued ID (e.g., driver's license or a passport).
4. Request the Notary Public to perform a "witness or attest" notarization.
5. Sign the notarized signature form with supervision from the Notary Public.
6. Pay the applicable fee for the Notary Public, if required.

²¹ 915 KAR 2:010, Section 2


²² 915 KAR 2:010. Section 2(6)(e)

²³ More information can be found at <https://www.nationalnotary.org/resources-for/public/how-to-prepare-for-notarization>.

²⁴ [Kentucky General Assembly – KY Senate Bill 114](#); KRS 423.455

7. Upload a scanned copy of the notarized signature form to the patient and caregiver registry portal on kymedcan.ky.gov or include the notarized signature page in your paper application submission to the Cabinet.

Example of a notarized signature form



**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY MEDICAL CANNABIS PROGRAM
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

PATIENT APPLICANT SIGNATURE PAGE

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver designated by me. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.


John Doe
Printed Name of Applicant

John Doe
Signature of Applicant

STATE OF Kentucky
COUNTY OF Jefferson

The above named individual, John Doe, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this 1st day of January, 2025.

Notary Public
Notary Public, State at Large
My Commission Expires:

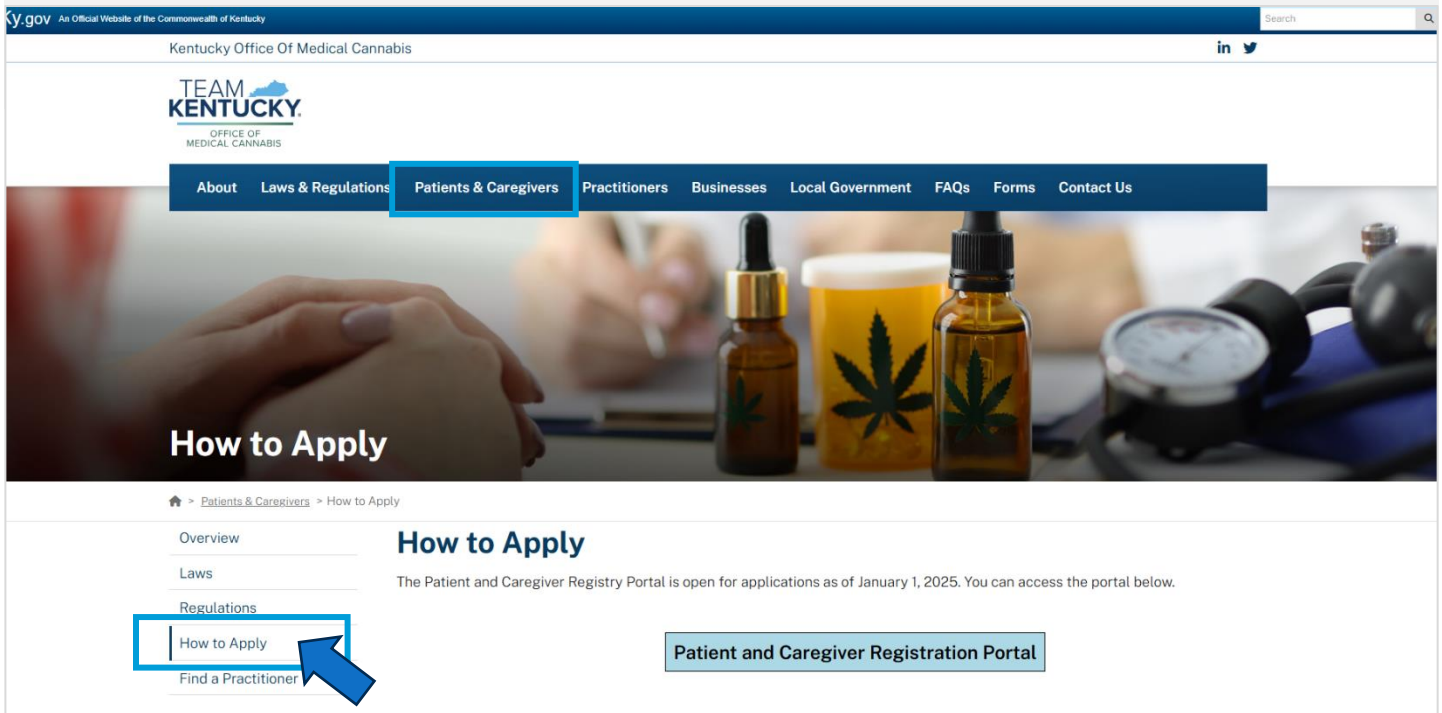


Applying through the Patient & Caregiver Registration Portal

Qualified patients and designated caregivers can use this quick step guide to access the OMC’s Patient & Caregiver Registration Portal and complete the application process for a medical cannabis registry ID card. **This guide is intended to be used by prospective medical cannabis cardholders when accessing the Patient & Caregiver Registration Portal to submit an application, manage, or renew a registry ID card.**

Where can I access the Patient & Caregiver Registration Portal?

Get started by visiting the Kentucky Office of Medical Cannabis website at kymedcan.ky.gov. From the Home Page, select the **Patients & Caregivers** tab from the header menu and click on the **How to Apply** tab on the left-hand panel of the Patients & Caregivers Overview page.

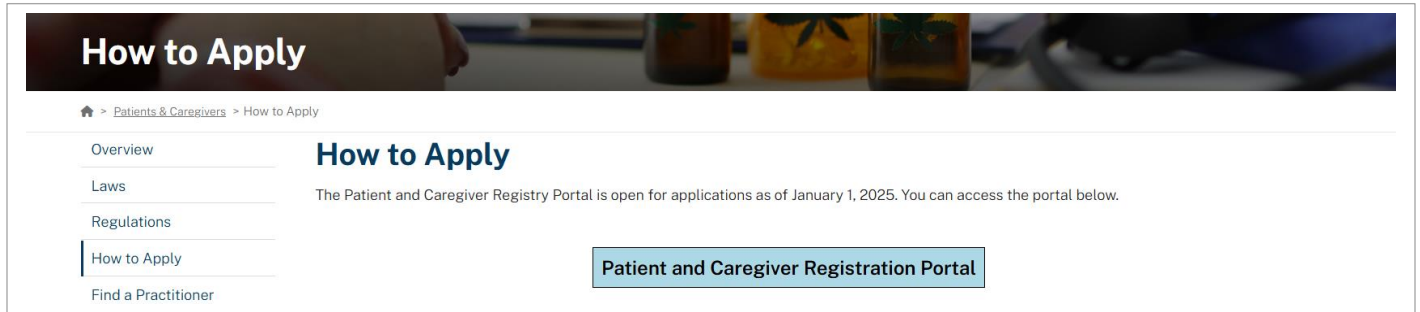


In addition to the Qualified Patient & Designated Caregivers Guide, applicants will find more resources and materials available for assistance on the Office website under the **Patients & Caregivers** menu tab.

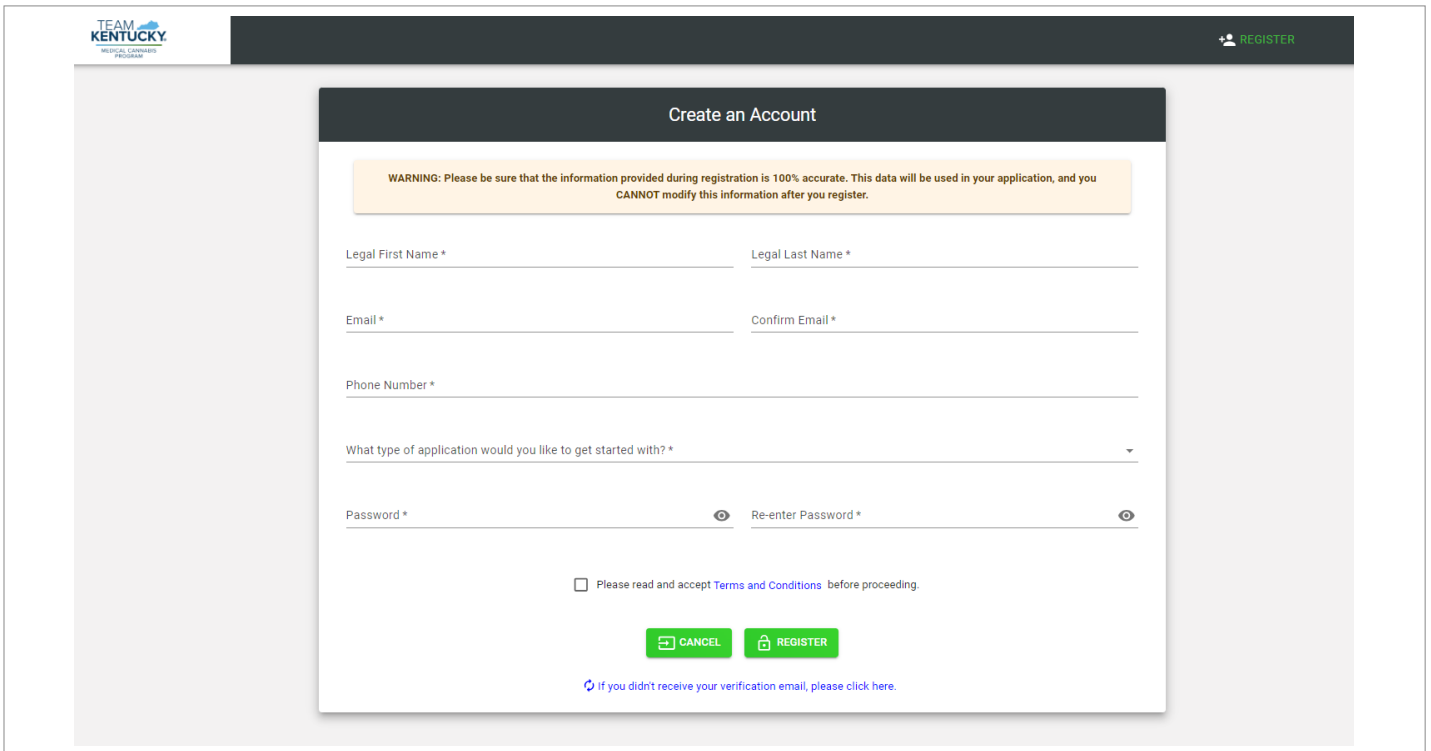
To create an account and access the Patient & Caregiver Registration Portal at any time, visit the **“How to Apply”** tab on the **“Patients & Caregivers”** page available at kymedcan.ky.gov.

Creating an Account

- From the **How to Apply** tab on the **Patients & Caregivers** page, select the **Patient & Caregiver Registration Portal** button. This will redirect you to the portal landing page.



- Upon entering the portal for the first time, patients or caregivers will need to create a user account. To do this, click **Register** in the top right-hand corner of the portal landing page.



- This will prompt a registration form to **create the user account**. Note: **This account *only* provides the user with access to the registration portal. It does *not* mean the user has submitted a new registry ID card application as a new patient or caregiver with the OMC.**

- Fill out required form fields.** Warning: Some information here will be used in the application and the user will not be able to modify it once the account has been created. If you need to modify certain registration information prior to submitting your application (i.e. date of birth, social security number, and/or email), you must contact Tyler Tech Support to request these changes by emailing nlssupport-ky-chfs@tylertech.com or calling (502) 875-3733.

What type of application would you like to get started with? *

Individual (If you are applying as a Practitioner/Patient/Caregiver)

Business (If you are applying for establishing a cannabis business entity.)

Individual (If you are applying as a Practitioner/Patient/Caregiver)

- Be sure to select **Individual** for the type of application.
- Read the **Terms and Conditions**.
- Click **Register** once all form fields are complete and the Terms and Conditions have been read.

Verifying the account

The user will receive an email in the inbox for the email address provided requesting verification.

- Click the **Verify** button to complete the account registration.

Thank you for creating an account for the Kentucky Medical Cannabis Program registration system. Please click the button below to verify your account.

Verify

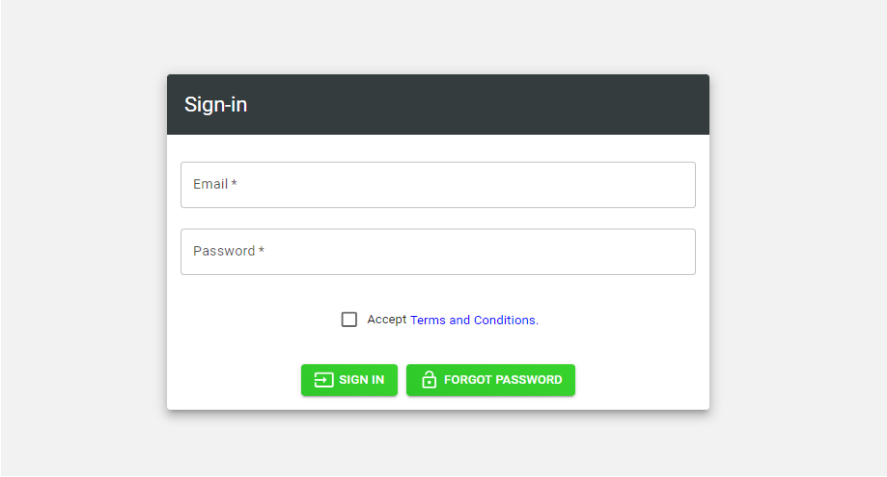
Please note, you must still complete and **submit your application** for review by the CHFS. Creating an account for this system does not constitute any level of compliance with Kentucky Medical Cannabis Program.

If there's anything we can do to help, please don't hesitate to reach us at [at support@kentucky.gov](mailto:support@kentucky.gov) or [\(502\) 875-3733](tel:(502)875-3733).

Note: Be sure to check the junk or spam folder. If a verification email cannot not be found, please email nlssupport-ky-chfs@tylertech.com or call 502-875-3733.

Accessing the portal

- Clicking the **Verify** button will automatically redirect the user back to the portal landing page to sign in. If the portal does not automatically open, the user can access the sign in page from the **How to Apply** tab under the Patient & Caregivers page of the Office website.
- Enter the Email Address and the **Password** provided for the account.
- Check the box to **Accept** the Terms and Conditions.
- Click **Sign In** once all form fields are complete, and the Terms and Conditions have been accepted.

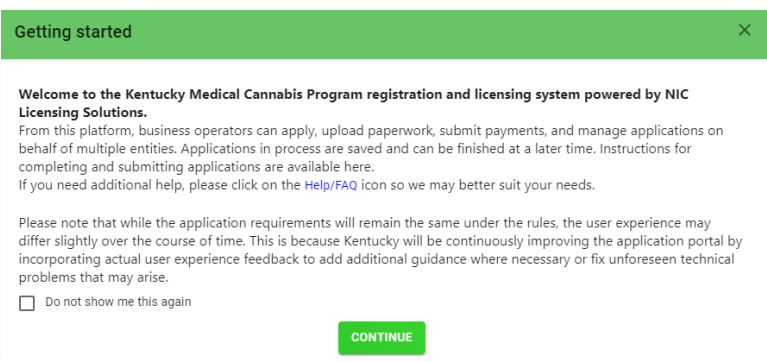


The screenshot shows a 'Sign-in' form with a dark header. Below the header are two input fields: 'Email *' and 'Password *'. Below the password field is a checkbox labeled 'Accept Terms and Conditions'. At the bottom of the form are two green buttons: 'SIGN IN' and 'FORGOT PASSWORD'.

Note: Selecting **Forgot Password** will send an email to the user for a password reset.

Navigating the portal

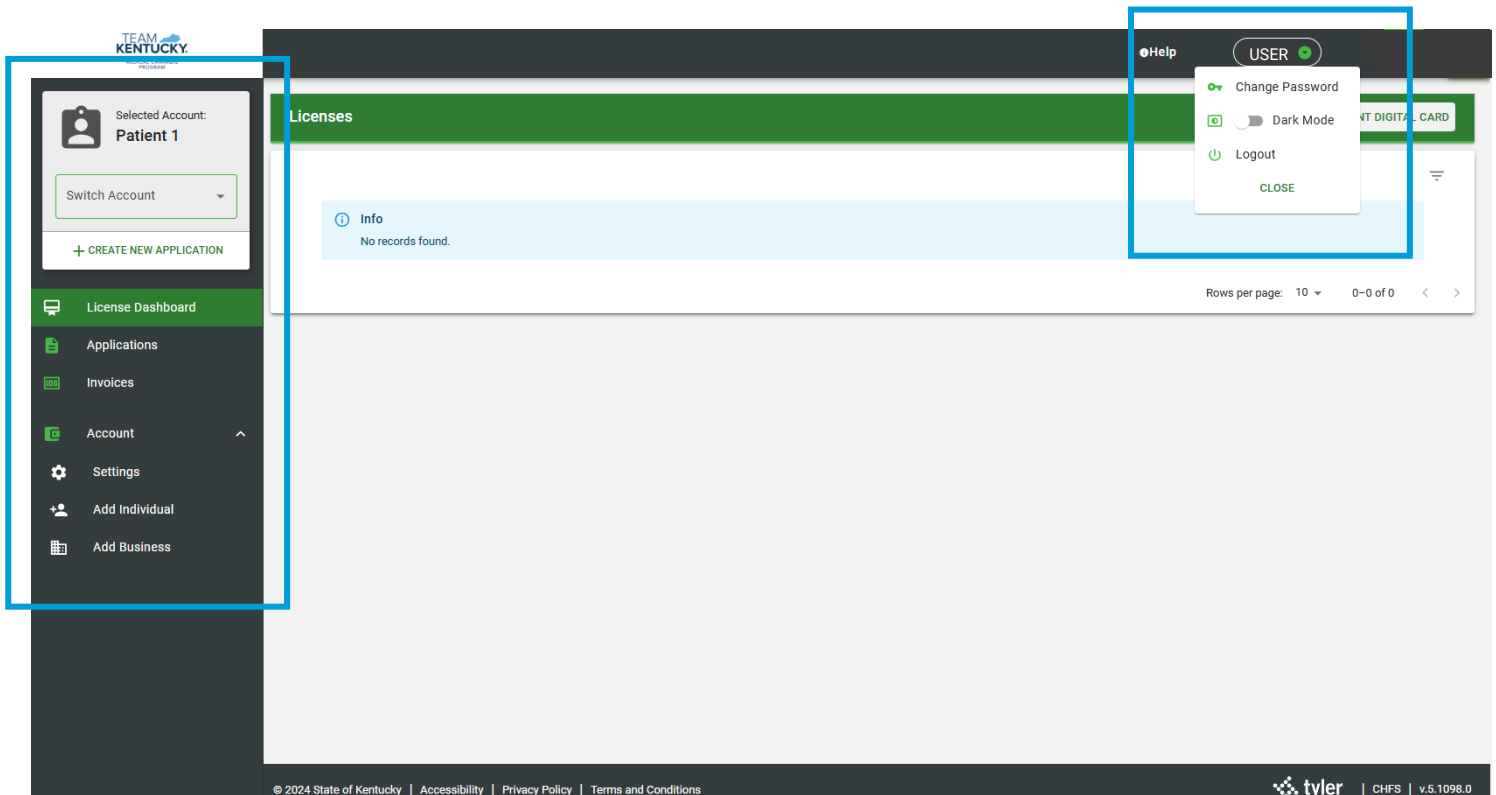
- Clicking **Sign In** will take the user to the registration portal. Before entering, the user will see a box titled "Getting Started" with general information on navigating the application portal.
- Review the information provided.
- Click **Continue** to proceed to the portal.



The screenshot shows a 'Getting started' information box with a green header and a close button (X). The text inside reads: 'Welcome to the Kentucky Medical Cannabis Program registration and licensing system powered by NIC Licensing Solutions. From this platform, business operators can apply, upload paperwork, submit payments, and manage applications on behalf of multiple entities. Applications in process are saved and can be finished at a later time. Instructions for completing and submitting applications are available here. If you need additional help, please click on the Help/FAQ icon so we may better suit your needs. Please note that while the application requirements will remain the same under the rules, the user experience may differ slightly over the course of time. This is because Kentucky will be continuously improving the application portal by incorporating actual user experience feedback to add additional guidance where necessary or fix unforeseen technical problems that may arise.' At the bottom, there is a checkbox labeled 'Do not show me this again' and a green 'CONTINUE' button.

The **Patient & Caregiver Registration Portal** provides users with a personal dashboard. All information and documentation required for a medical cannabis registry ID card application and registration is submitted through the Patient & Caregiver Registration portal.

The user will automatically enter the **License Dashboard** when opening the registration portal. From the License Dashboard, the user can navigate to Applications, Invoices, and Account using the menu panel on the left side of the screen. The **Applications** tab will provide a list of open New Patient Registration applications for the account.



At the top of the portal, you will see the first name provided for the account. Selecting this will open a drop-down menu with the options to **Change Password**, turn on **Dark Mode**, or **Logout** of the account.

The **Help** icon will provide you with links and contact information for assistance.

The **Account** tab opens a **Settings** tab with **General Information** tab for the account and a **Security** tab to manage or add new users. The General Information tab includes the information provided when registering and creating the account. Here you can update the account **phone number** by changing it in the fields and selecting **Save** or **Save & Next**.

The screenshot shows the 'Account Settings / Details' page with the 'SECURITY' tab selected. Under the 'Account Information' section, there are fields for Name (Patient 1), Account Type (Individual), Date of Birth (01/01/1900), SSN (444-44-4444), and Phone Number ((999)999-9999). At the bottom, there are 'SAVE' and 'SAVE & NEXT' buttons.

Under the **Security** tab, you can view current user and email address assigned to the account. **Practitioners will not have the ability to +Add User or View Removed Users.**

The **Account** tab also allows the user to **Add Business** or **Add Individual**, which will create a new and separate account for the portal. **Please read the warning before proceeding.**

If you create multiple accounts, or are added to manage multiple accounts, you can toggle between them using the gray box in the left-hand panel under **Selected Account**.

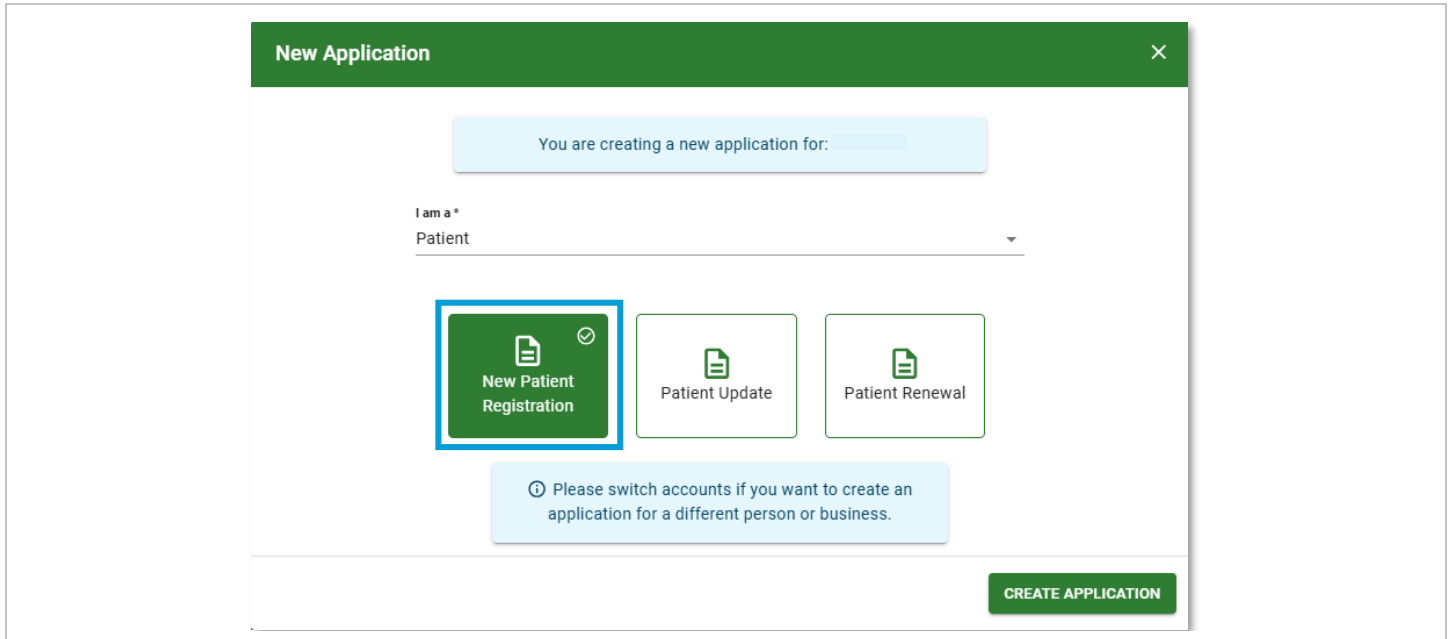
Note: Only "Individual" accounts created with the required credentials will have the ability to access the patient and caregiver applications.

New Patient Registration

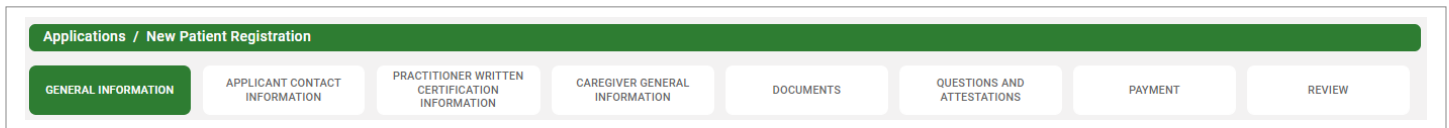
If a patient user is entering the portal for the first time, they will need to **apply to register** for a medical cannabis registry ID card. To do this, click **+Create New Application** on the left-hand panel to create a new application then select **Patient** from the drop-down menu.

The screenshot shows a 'New Application' dialog box with a close button (X) in the top right corner. It contains the text 'You are creating a new application for:' followed by a text input field. Below this is a label 'I am a *' followed by a dropdown menu. The dropdown menu is open, showing options: 'Practitioner', 'Patient' (which is highlighted), 'Caregiver', and 'Show All'. At the bottom right of the dialog, there is a 'CREATE APPLICATION' button.

Selecting Patient will provide options for a New Patient Registration, Patient Update, and Patient Renewal. To register, choose **New Patient Registration** and select Create Application.



A blank application will populate with **header tabs** indicating which section is currently in view. The header tabs can be used to navigate to each section of the application.



Each section requires information related to the title and can be viewed or completed at any time while preparing the application.

Editing and Saving a Registration Application

Once an application is created, it can be saved by clicking **save** or **save & next** before leaving each section and edited at any time. Note that some sections allow multiple entries, and each entry will need to be saved separately within the section.

The saved application will be accessible in the **Applications** tab from the License Dashboard. Once the application has been submitted it cannot be edited by you.

Completing and Submitting a Registration Application

The New Patient Registration application form contains the following sections:

General Information

The first tab on the application requires **General Information** about the patient. Here the patient application must indicate if they are an **In-State Qualified Patient** or a **Visiting Qualified Patient** from the drop-down menu under Patient Type.

Note: Selecting “Visiting Qualified Patient” from the Patient Type drop-down menu will omit the “Practitioner Written Certification Information” tab from the application.

The screenshot shows the 'New Patient Registration' application form. The 'GENERAL INFORMATION' tab is selected. The form includes the following fields:

- Patient Type * (dropdown menu)
- First Name * (text field)
- Middle Name (text field)
- Last Name * (text field)
- Date of Birth * (text field, value: 01/01/1900)
- Social Security Number * (text field, value: XXX-XX-XXXX)
- Driver's License/State ID Issuing State * (dropdown menu)
- Driver's License/State ID Number * (text field)
- Email Address * (text field)
- Phone Number * (text field)

The patient applicant must also provide their full name, a driver’s license ID number and issuing state, email address, and phone number. The date of birth and social security number fields will automatically populate based on the information provided when creating the account.

Applicant Contact Information

The next tab on the application requires **Applicant Contact Information** including a permanent residence street address and mail address. The application allows the applicant to copy the permanent residence address for the mail address. Here an In-State Qualified Patient applicant must also **indicate if they are age 18 or older**. Visiting Qualified Patients cannot be under the age of 18.

If the patient applicant indicates “No” they are not age 18 or older, the application will toggle additional form fields for a legal parent or guardian of the patient to provide their full name, date of birth, social security number, phone number, and email address, along with a permanent residence street address and mailing address. This information is required for patients under the age of 18 and must match the caregiver information provided on the **Caregiver General Information** tab.

The screenshot shows the 'New Patient Registration' form with the 'APPLICANT CONTACT INFORMATION' tab selected. It contains two sections for address verification: 'Permanent Residence Address' and 'Mailing Address'. Each section has fields for Street, Unit No. / Apt No., City, County, State (pre-filled with Kentucky), and Zip Code. There is a 'VERIFY ADDRESS' button and a 'No' radio button option. A 'COPY FROM PERMANENT RESIDENCE ADDRESS' button is also present. At the bottom, there is a question 'Is the Patient 18 years or older?' with 'Yes' selected.

Practitioner Written Certification Information

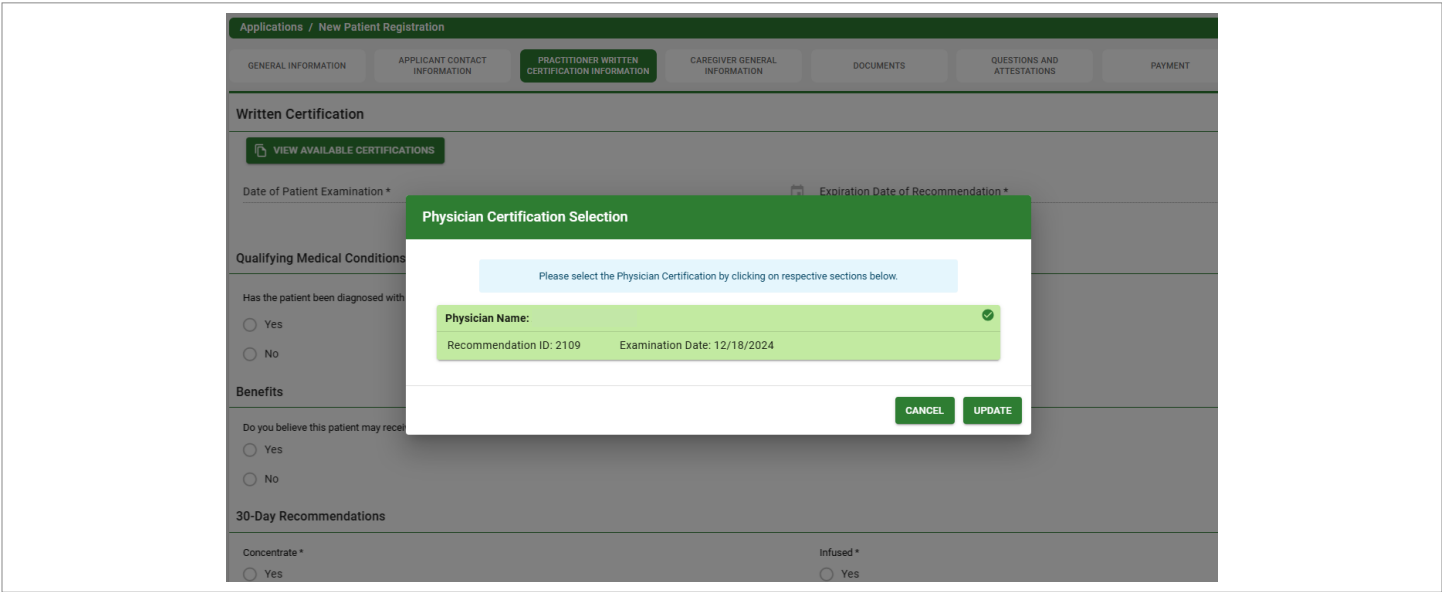
The **Practitioner Written Certification Information** tab is required for all In-State Qualified Patients. Here the applicant will retrieve the written certification provided to the patient by an authorized practitioner. A written certification must be issued by an authorized practitioner within 60-days of the application for it to be active and assigned to the applicant’s account. If the applicant has not been issued a written certification, there will be no certifications available.

Note: Please allow up to 24 hours following an initial in-person visit to an authorized practitioner before attempting to retrieve a certification through the registry portal.

The screenshot shows the 'Practitioner Written Certification Information' tab selected. It features a 'VIEW AVAILABLE CERTIFICATIONS' button. Below this, there are two fields: 'Date of Patient Examination *' and 'Expiration Date of Recommendation *', both with calendar icons.

Click **View Available Certifications** to view the written certification(s) associated available to the patient, then select the certification to be used for the New Patient Registration.

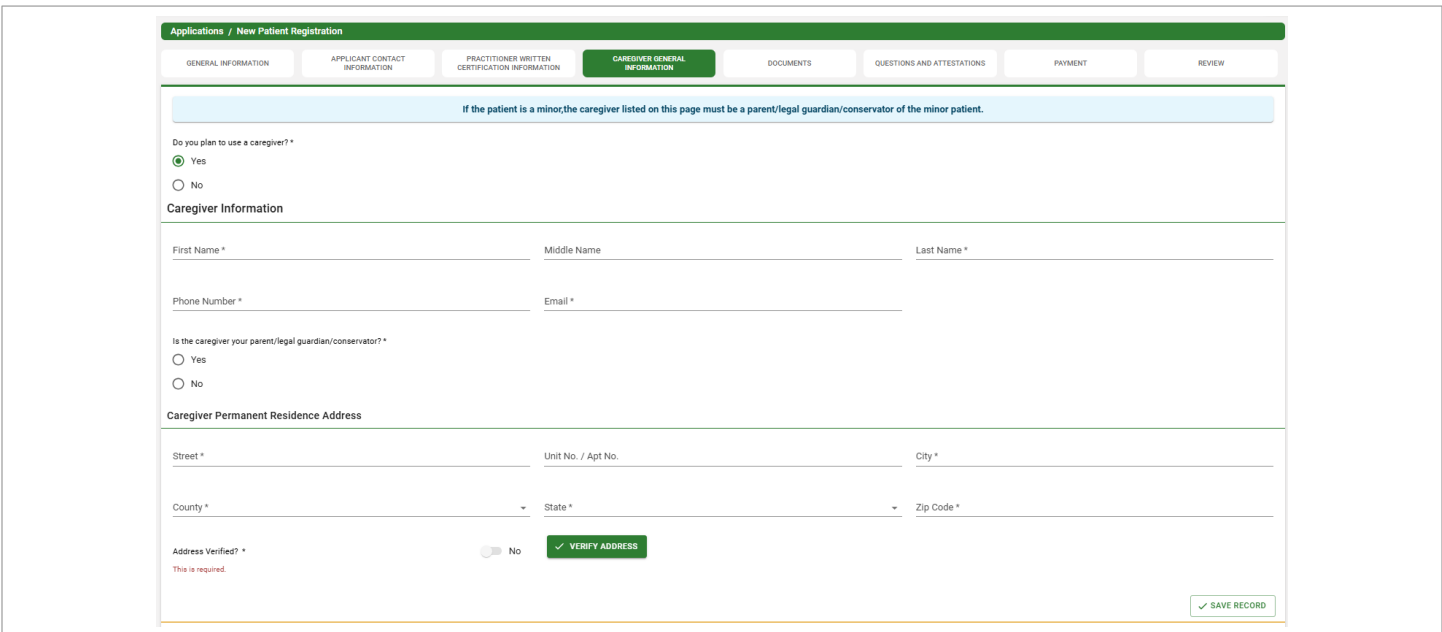
Once the certification has been selected, click Update to retrieve the information provided by the authorized practitioner. The form fields in the tab will automatically populate with the certification information. The applicant does not need to provide any information once the certification has been retrieved and updated into the application.



Note: Visiting Qualified Patients do not have this tab available on the application and are required to upload an out-of-state registry ID card or certification for a qualifying medical condition in **Documents**.

Caregiver General Information

Caregiver General Information is required for In-State Qualified Patients under the age of 18 and optional for In-State Qualified Patients that would like to designate a caregiver to purchase and administer medical cannabis on their behalf. If the applicant responds “Yes” to “Do you plan to use a caregiver?” the application will toggle form fields for required caregiver information.

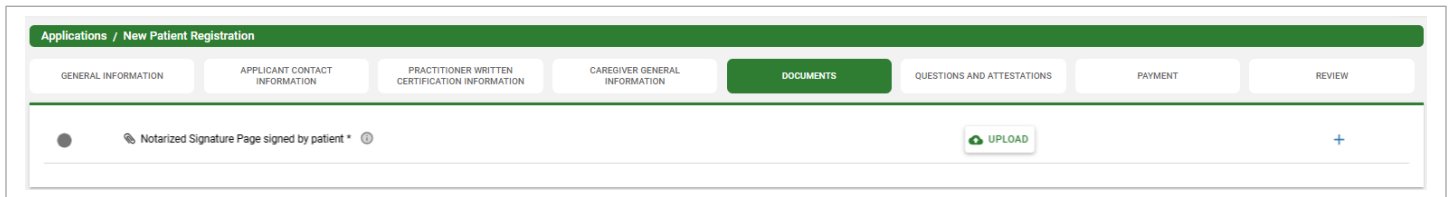


An In-State Qualified Patient can designate up to two (2) caregivers. To designate more than one (1) caregiver, the applicant must provide the information required for the first caregiver and select Save Record. The application will then allow the applicant to Edit Record or +Add New Record. To add a second caregiver, select +Add New Record and provide the required information.

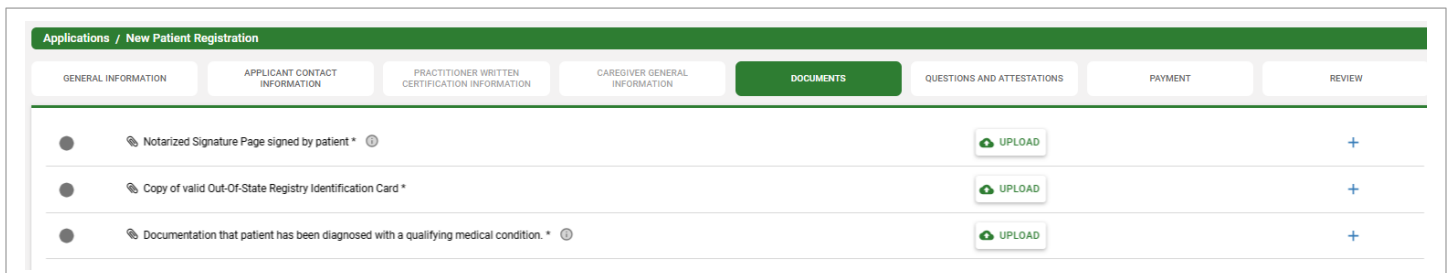
Note: Visiting Qualified Patients do not have the ability to designate a caregiver and this tab is not available on the application.

Documents

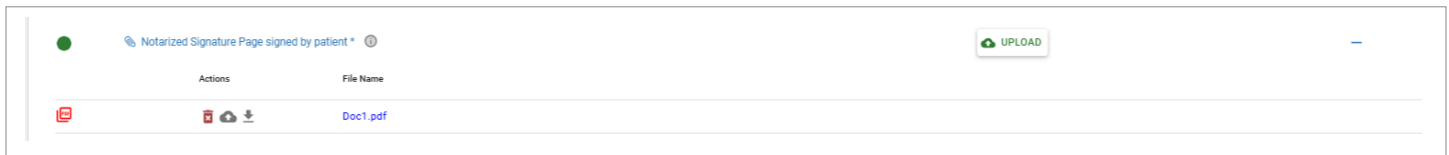
The **Documents** tab requires the applicant to upload a **Notarized Signature Page** signed by the patient. See page 10 for more about the required Notarized Signature Page and the Appendix for the Notarized Signature Page required for In-State Qualified Patients, Minor In-State Qualified Patients, and Visiting Qualified Patients.



Additionally, Visiting Qualified Patients must upload a copy of an **Out-Of-State Registry Identification Card** and **Documentation that the patient has been diagnosed with a qualifying medical condition**.



To upload a document, select **Upload** next to the document and drop or select the correct file. Click Upload and the application will populate the file under the document section. Note: Files must be under 10MB in size and portable document format (PDF) is preferred. Files can be deleted under the document section by selecting the red trash can under Actions next to the File Name.



Questions and Attestations

The screenshot shows a navigation bar with the following tabs: GENERAL INFORMATION, APPLICANT CONTACT INFORMATION, PRACTITIONER WRITTEN CERTIFICATION INFORMATION, CAREGIVER GENERAL INFORMATION, DOCUMENTS, QUESTIONS AND ATTESTATIONS (highlighted in green), PAYMENT, and REVIEW.

All patient applicants are required to complete the **Questions and Attestations** tab with an electronic signature and date. Here patients must answer and attest to the following:

- Would you like to receive notifications from the cabinet of any clinical studies needing human subjects for research on the use of medicinal cannabis?
- I attest as a qualified patient I authorize the cabinet to share cardholder information with licensed dispensaries for the purpose of sales and validating registry identification cards.
- I attest as a qualified patient I authorize the cabinet to share cardholder information with law enforcement for the purpose of validating registry identification cards.

Payment

The **Payment** tab requires the patient applicant to indicate how the \$25 application fee will be paid. Options include Card Card of ACH/echeck. The option selected here will prompt you to enter the form of payment selected.

The screenshot shows the 'Payment' tab selected in the navigation bar. Below the navigation bar, there is a section titled 'Payment Options *' with two radio button options: 'Credit Card' and 'ACH/echeck'.

Review

An applicant can review the entire application in the **Review** tab to ensure it has been properly completed with the correct information required. The **red X** indicates missing information. Once the application has been reviewed and all fields are filled correctly, select **Pay & Submit**.

The screenshot shows the 'Review' tab selected in the navigation bar. Below the navigation bar, there is a warning message: 'Warning : If any items are marked with a red X you will not be able to file your application. Confirm the completeness and accuracy of your application before filing.' Below the warning, there are sections for 'General Information' and 'Applicant Information'.

The applicant will then be prompted to complete the payment for the registration application. The payment includes the cost of the \$25 registration along with a service fee. The service fee will change based on the payment type selected.

NiC

1 Payment Type → 2 Customer Info → 3 Payment Information → 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
MCP_PATIENTAPP	Application Fee for In-state Qualified Patient	\$25.00	1	\$25.00
Total				\$25.00

Transaction Summary

Application Fee for In-state Qualified Patient	\$25.00
Service Fee	\$0.74
TOTAL PAYMENT	\$25.74

Select the payment type and provide the information required for processing. Upon successful submission of payment, the applicant will be redirected back to payment status on the portal.

Payment Status

Your transaction has been approved.
Transaction Token: bd0925b9-2a8a-4768-98b0-3573fc33fd14

Your application is processing.
You will be sent a confirmation email within the next hour.

[RETURN TO APPLICATION](#)

The payment status will provide a transaction token and indicate that the application is being processed. The applicant should also receive a confirmation email with an application ID number.

TEAM KENTUCKY
MEDICAL CANNABIS PROGRAM

New Patient Registry Identification Card Application Submitted Successfully

Thank you for submitting your New Patient Registration application. Your application has been submitted and is pending review. You will receive an email notification when your application is approved or denied.

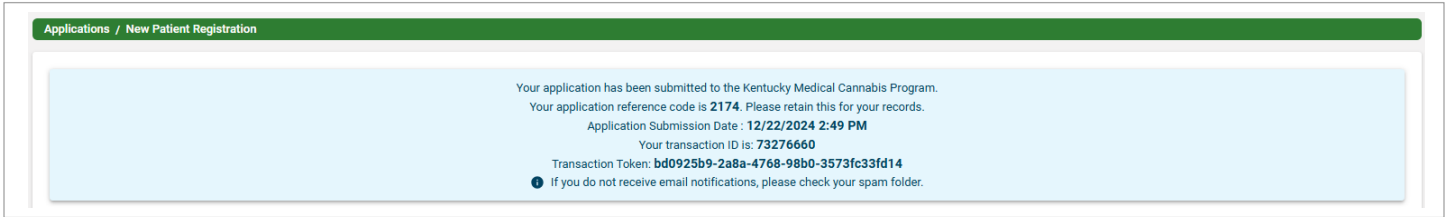
Your application ID number is 2174.

If you have any questions, please contact the Office of Medical Cannabis through its website (<http://kymedcan.ky.gov>) or email (kymedcan@ky.gov).

Get More Information:
[Login to your Licensing Portal](#)
[Email the KY Medical Cannabis Program](#)

By selecting **Return to Application**, the applicant will open the submitted application in the portal. The banner above the application information will include the application reference code, the application

submission date, a transaction ID and the transaction token. The submitted application will remain in the **Applications** tab on the left-hand panel of the portal until it has been approved or denied.

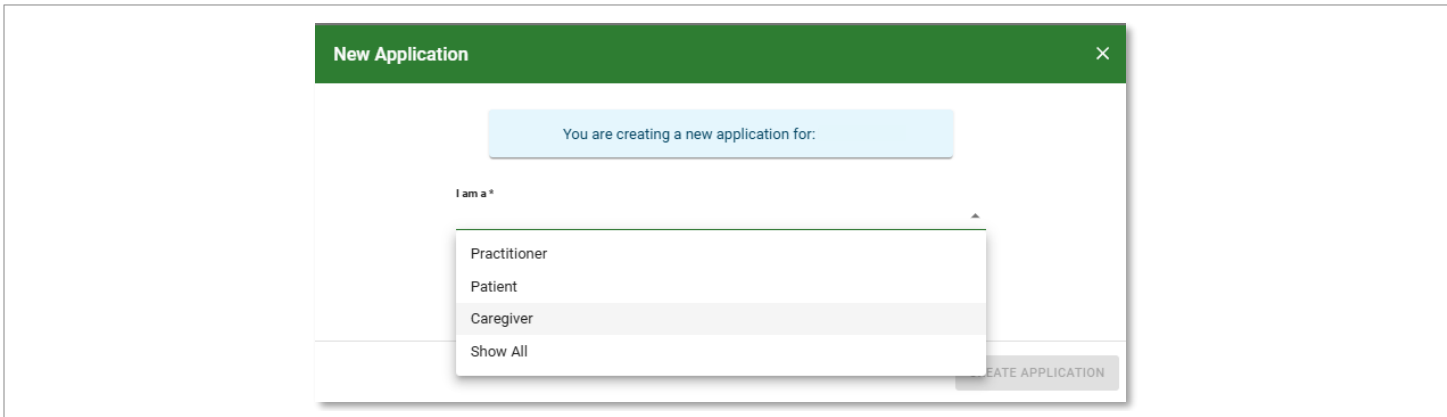


Note: The application reference code, application submission date, transaction ID and transaction token do not indicate an active registry ID and are only applicable to patient applications that have been successfully submitted and are pending approval or denial from the Cabinet.

New Caregiver Registration

If a caregiver user is entering the portal for the first time, they will need to **apply to register** for a medical cannabis registry ID card. To do this, click **+Create New Application** on the left-hand panel to create a new application then select **Caregiver** from the drop-down menu.

Note: A caregiver applicant must be designated by a registered In-State Qualified Patient applicant. The information provided by the caregiver applicant must match the information provided for the caregiver designated included in the application submitted by the In-State Qualified Patient.



Selecting Caregiver will provide options for a New Caregiver Registration, Caregiver Update, and Caregiver Renewal. To register, choose **New Caregiver Registration** and select Create Application.

A blank application will populate with **header tabs** indicating which section is currently in view. The header tabs can be used to navigate to each section of the application.



Each section requires information related to the title and can be viewed or completed at any time while preparing the application.

Editing and Saving a Registration Application

Once an application is created, it can be saved by clicking **save** or **save & next** before leaving each section and edited at any time. Note that some sections allow multiple entries, and each entry will need to be saved separately within the section.

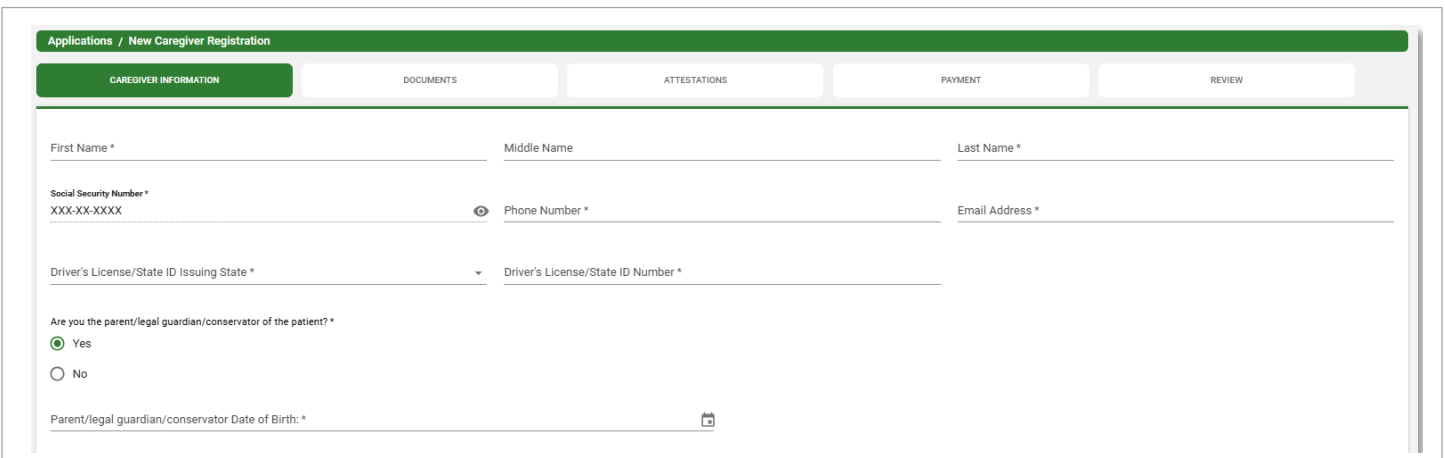
The saved application will be accessible in the **Applications** tab from the License Dashboard. Once the application has been submitted it cannot be edited.

Completing and Submitting a Registration Application

The New Caregiver Registration application form contains the following sections:

Caregiver Information

The first tab on the application requires **Caregiver Information** and Qualified Registered Patient Information. Here the caregiver applicant must provide their full name, phone number, email address, along with a Driver's License Issuing State and ID number. The social security number provided for the account will automatically populate. The caregiver applicant must also indicate if they are the parent or legal guardian or conservator of the patient and provide their date of birth.



The caregiver applicant is also required to provide an address and the information for the Registered In-State Qualified Patient that has designated them to be a caregiver including full name and **Patient**

Registry Identification Number. The applicant must also indicate if the patient is 18 years of age or older (selecting Yes or No does not change the information required here).

Caregiver Address

Street * Unit No./Apt. No. City *

County * State * Zip Code *

Address Verified? * No **VERIFY ADDRESS**

This is required.

Qualified Registered Patient Information

Provide information for the qualified patient who designated the applicant to be his or her caregiver

Patient First Name * Patient Middle Name Patient Last Name *

Patient Registry Identification Number * Is the patient 18 years of age or older? *

Yes No

Documents

The **Documents** tab requires the applicant to upload a **Notarized Signature Page** signed by the caregiver. See page 10 for more about the required Notarized Signature Page and the Appendix for the Notarized Signature Page required for Designated Caregivers.

Applications / New Caregiver Registration

CAREGIVER INFORMATION
DOCUMENTS
ATTESTATIONS
PAYMENT
REVIEW

● [Notarized Signature Page signed by Caregiver *](#) +

To upload a document, select **Upload** next to the document and drop or select the correct file. Click Upload and the application will populate the file under the document section.

● [Notarized Signature Page signed by Caregiver *](#)

Actions	File Name
<input type="button" value="Delete"/> <input type="button" value="Download"/>	Doc1.pdf

Note: Files must be under 10MB in size and portable document format (PDF) is preferred. Files can be deleted under the document section by selecting the red trash can under Actions next to the File Name.

Questions and Attestations

The screenshot shows a navigation bar with five tabs: CAREGIVER INFORMATION, DOCUMENTS, ATTESTATIONS, PAYMENT, and REVIEW. The ATTESTATIONS tab is currently selected and highlighted in green.

All caregiver applicants are required to complete the **Attestations** tab with an electronic signature and date. Here caregivers must attest to the following:

- I attest as a designated caregiver I authorize the cabinet to share cardholder information with licensed dispensaries for the purpose of sales and validating registry identification cards.
- I attest as a designated caregiver I authorize the cabinet to share cardholder information with law enforcement for the purpose of validating registry identification cards.

Payment

The **Payment** tab requires the patient applicant to indicate how the \$25 application fee will be paid. Options include Card Card of ACH/echeck. The option selected here will prompt you to enter the form of payment selected.

The screenshot shows the same navigation bar as above, but with the PAYMENT tab selected and highlighted in green. Below the navigation bar, there is a section titled "Payment Options *" with two radio button options: "Credit Card" and "ACH/echeck".

Review

An applicant can review the entire application in the **Review** tab to ensure it has been properly completed with the correct information required. The **red X** indicates missing information. Once the application has been reviewed and all fields are filled correctly, select **Pay & Submit**.

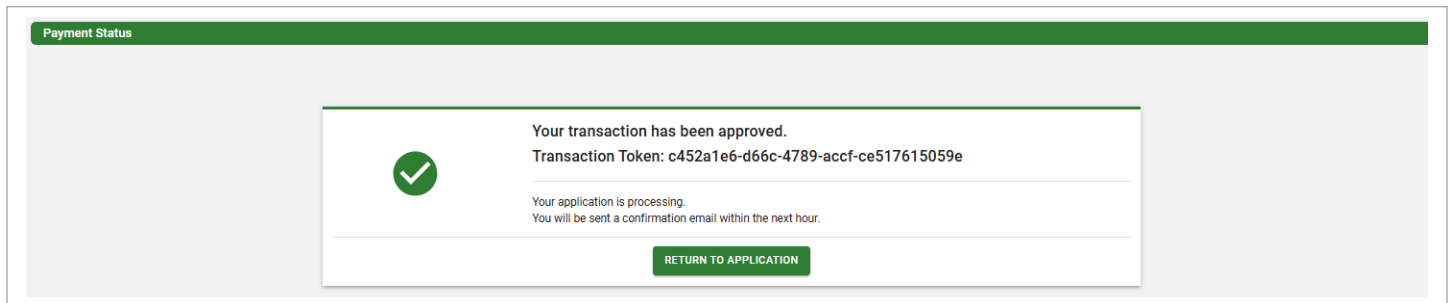
The screenshot shows the navigation bar with the REVIEW tab selected and highlighted in green. Below the navigation bar, there is a yellow warning box that reads: "Warning : If any items are marked with a red X you will not be able to file your application. Confirm the completeness and accuracy of your application before filing." Below the warning box, the "Caregiver Information" section is visible.

Note: The portal will not allow the submission of an application if the caregiver applicant has not submitted a valid Patient License Number (Patient Registry Identification Number) with the correct

first and last name and date of birth provided for a designated caregiver on the associated patient registration application.

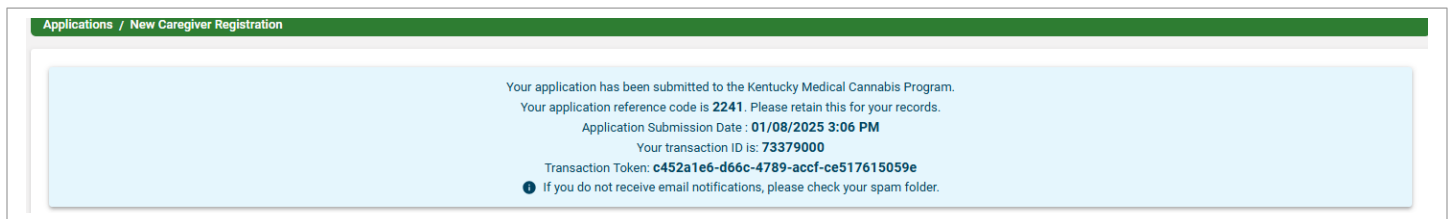
If the application is complete, the applicant will then be prompted to complete the payment for the registration application. The payment includes the cost of the \$25 registration along with a service fee. The service fee will change based on the payment type selected.

Select the payment type and provide the information required for processing. Upon successful submission of payment, the applicant will be redirected back to payment status on the portal.



The payment status will provide a transaction token and indicate that the application is being processed. The applicant should also receive a confirmation email with an application ID number.

By selecting **Return to Application**, the applicant will open the submitted application in the portal. The banner above the application information will include the application reference code, the application submission date, a transaction ID and the transaction token. The submitted application will remain in the **Applications** tab on the left-hand panel of the portal until it has been approved or denied.



Note: The application reference code, application submission date, transaction ID and transaction token do not indicate an active registry ID and are only applicable to patient applications that have been successfully submitted and are pending approval or denial from the Cabinet.

Step 3. Receive an application decision and download registry ID card

Application review and acceptance process

All applications are subject to review and acceptance by the Cabinet. The application and review process will follow the following timeline:²⁵

Application submission

- ▶ The applicant submits their application and documentation to the Cabinet via the prescribed online application portal or through mailing a paper application.
- ▶ The Cabinet will acknowledge receipt of the application within **fifteen (15) calendar days** of submission.

Application review

- ▶ The Cabinet will review applications.
- ▶ The Cabinet will provide notification to applicants as to whether an application for a registry ID card has been approved or denied within **thirty (30) calendar days** of receiving an application and determining it is complete.

Application acceptance

- ▶ The Cabinet will issue registry ID cards to in-state qualified patients, designated caregivers, or visiting qualified patients within **five (5) calendar days** of approving their applications.

Hearings for denials

- ▶ The Cabinet will provide written notice of an application denial to the applicant as well as the reason(s) for denial.
- ▶ The Cabinet will also provide notice that the applicant may file a written request for an administrative hearing within **thirty (30) calendar days** after the mailing date of the notice.

If your application was denied, please note that you may reapply for a medical cannabis card at your convenience. If you reapply, you must submit the correct signed and notarized signature page with your application. The required signature page for an in-state qualified patient (adult or minor), out-of-state visiting patient, or designated caregiver are available at the end of this Guide and on the Office's website, kymedcan.ky.gov, on the Patients and Caregivers page under the Forms tab.

²⁵ KRS 218B.065; 915 KAR 2:010, Section 5

Also please be sure that you have received a written certification from a medical cannabis practitioner within 60 days of application submission

Registry ID cards

After an application is approved, the Cabinet will issue a **registry ID card** and **License Number** to the cardholder electronically through the cardholder account on the Patient & Caregiver Registration portal. The Cabinet may also provide a copy via U.S. mail if requested by the cardholder.

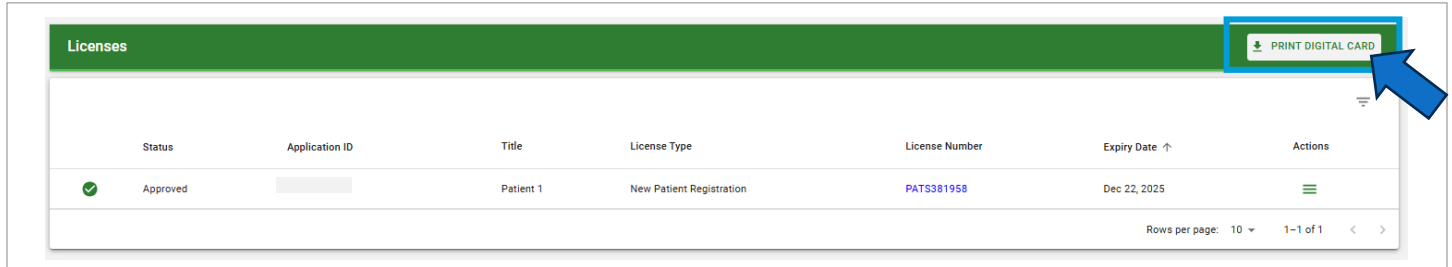
Example registry ID cards



Upon arriving at a licensed dispensary to purchase medical cannabis, registry ID cardholders must present a printed copy or a digital PDF or screenshot of their card on their mobile device, along with a government-issued photo ID.²⁶ **Minor cardholders cannot purchase medical cannabis.**

²⁶ 915 KAR 1:070, Section 2(1) and (2)

To download the digital registry ID card, a cardholder must login to the Patient & Caregiver Registration Portal and select **Print Digital Card** from the approved registration available in the **Licenses** tab. This will automatically download a PDF copy of the registry ID card to save and print.



Note: We recommend cardholders print a copy of the registry ID card and/or save a screenshot of the registry ID card from the PDF file on their mobile device. Cardholders will not be able to purchase medical cannabis from a dispensary without showing a valid registry ID card with a License Number.

Application denials

An application or renewal for a registry ID card may be denied for any reason that the cabinet, in the exercise of sound discretion, deems sufficient, including but not limited to if the applicant:

- ▶ Did not provide the information or materials required by KRS 218B.055 and 915 KAR 2:010, including the correct signed and notarized signature page
- ▶ Previously had a registry identification card revoked
- ▶ Provided false or falsified information; or
- ▶ Does not meet the eligibility requirements established in KRS 218B.055, including the applicant was previously convicted of a disqualifying felony offense²⁷

Additionally, an application or renewal for a designated caregiver registry ID card may be denied if the applicant:

- ▶ Is already registered as a designated caregiver for three (3) registered qualified patients
- ▶ Was previously convicted of a disqualifying felony offense
- ▶ Has applied as a designated caregiver for a qualified patient whose application or renewal for a registry identification card was denied²⁸

²⁷ 218B.065(3)

²⁸ 218B.065(4)

Cardholder Requirements and Activities

Medical cannabis cardholders are required to adhere to all the rules set forth in the law and accompanying regulations associated with the use of a registry ID card, including but not limited to the following activities:

Supply limits and associated product formats

The following table includes the forms of medical cannabis, corresponding product types, and supply limits that registry ID cardholders (excluding minor qualified patients) are allowed to purchase.²⁹ The 10-day and 30-day supply limit amounts are displayed in units of mass (i.e., grams and milligrams) for each form.

Form of medical cannabis	10-day supply limit	30-day supply limit*	Example products
Raw plant material	37.5 grams	112 grams	N/A
Concentrates	9.5 grams	28 grams	<ul style="list-style-type: none"> ▶ Vape cartridges ▶ Nebulizer solutions
THC-infused products	1,300 milligrams	3,900 milligrams	<ul style="list-style-type: none"> ▶ Edibles ▶ Pills ▶ Capsules ▶ Oils ▶ Liquids ▶ Beverages ▶ Tinctures ▶ Suppositories ▶ Dermal patches
Non-consumable (topical) products	N/A**		<ul style="list-style-type: none"> ▶ Gels ▶ Creams/lotions ▶ Ointments ▶ Cosmetics ▶ Soaps

*A medical cannabis practitioner may recommend an amount of medical cannabis for a thirty (30) day supply that is higher than the above supply limits if the practitioner reasonably believes that the established limits would not provide uninterrupted therapeutic or palliative relief to the qualified patient.³⁰

** Non-consumable products will not count toward a qualified patient's supply limits.³¹

²⁹ 915 KAR 2:020, Section 1

³⁰ 915 KAR 2:020, Section 1(3)

³¹ 915 KAR 2:020, Section 1(2)

Medical cannabis purchase limits and restrictions



In-state qualified patients are permitted to purchase the amount of medical cannabis specified by the patient's medical cannabis practitioner, **up to a thirty (30) day supply** during a twenty-five (25) day period.³²



Designated caregivers are permitted to purchase the amount of medical cannabis specified by the medical cannabis practitioner for the qualified patient(s) they assist, **up to a thirty (30) day supply per each registered qualified patient** during a twenty-five (25) day period.³³



Visiting qualified patients are permitted to purchase an amount of medical cannabis **up to a ten (10) day supply** as specified by the program supply limits during an eight (8) day period.³⁴

The following medical cannabis consumption methods are **prohibited** by KRS Chapter 218B:



- ▶ Consuming medical cannabis by combustion, such as smoking, by any patient³⁵
- ▶ For patients under 21 years old, medical cannabis products intended for consumption by vaporizing are not allowed³⁶

Packages for medical cannabis products cultivated, processed, produced, tested, and sold in the Commonwealth will have the standardized symbol below indicating that the products contain THC and were made and sold by licensed cannabis business in Kentucky.



³² KRS 218B.025(6)(a)

³³ KRS 218B.025(6)(b)

³⁴ KRS 218B.025 (6)(c)

³⁵ KRS 218B.035(1)(g) and (3)(a)

³⁶ KRS 218B.110(2)(f)

Methods of purchase

After receiving a registry ID card from the Cabinet, a cardholder may purchase medical cannabis products from a licensed dispensary through any of the following methods:³⁷

Inside a
dispensary



Curbside
pickup



Delivery
service



Drive-thru
window



Please note that not all dispensaries will offer curbside pick-up, a drive-thru window, or a delivery service. Please check with the specific dispensary that you intend to purchase medical cannabis from to see what options are available.



To purchase medical cannabis, a cardholder must present a valid registry ID card and a government-issued photo ID, such as a driver's license, at a licensed dispensary.³⁸

Qualified minor patients are **prohibited** from entering dispensaries and must have their designated caregiver purchase medical cannabis on their behalf.³⁹

³⁷ 915 KAR 1:070, Section 4 and Section 5

³⁸ KRS 218B.110(2)(c)(2)

³⁹ KRS 218B.025(2); 915 KAR 1:070, Section 4(4)

Transportation and storage of medical cannabis

The table below reflects the maximum amount of medical cannabis that each registry ID cardholder is allowed to possess during transportation and within a cardholder’s residence.

Registry ID cardholder type	Transport from dispensary to cardholder’s residence (if contained in an unopened package)	Carry on person (excluding transportation from dispensary)	Storage within a cardholder’s residence
In-state qualified patient	30-day supply ⁴⁰	10-day supply ⁴¹	30-day supply ⁴²
In-state minor qualified patient	<i>Not allowed*</i>		
Designated caregiver	30-day supply ⁴³ (per registered patient)	10-day supply ⁴⁴ (per registered patient)	30-day supply ⁴⁵ (per registered patient)
Visiting qualified patient	10-day supply	10-day supply ⁴⁶	N/A

**Minor qualified patients cannot possess medical cannabis and may only engage in the use of medical cannabis with the assistance of their designated caregiver(s).*

Transportation requirements

All registry ID cardholders who are allowed to possess medical cannabis (qualified patients who are 18+ years of age and designated caregivers) must adhere to the following requirements when carrying medical cannabis outside of their residence:

- ▶ Medical cannabis must be kept in its original container from the dispensary.⁴⁷
- ▶ Cardholders must possess their valid registry ID card (or, for visiting qualified patients, their out-of-state registry ID card and documentation of their qualifying medical condition diagnosis).⁴⁸

⁴⁰ KRS 218B.025(1)(c)

⁴¹ KRS 218B.025(1)(c)

⁴² KRS 218B.025(1)(a)

⁴³ KRS 218B.025(4)(c)

⁴⁴ KRS 218B.025(4)(c)

⁴⁵ KRS 218B.025(4)(a)

⁴⁶ KRS 218B.025(3)

⁴⁷ KRS 218B.025(5)(a)

⁴⁸ KRS 218B.025(5)(b)

Storing medical cannabis at home

Medical cannabis products can be mistaken for regular medications, tobacco products, foods, and beverages. Kentucky has strict labeling laws to warn when medical products contain medical cannabis. To prevent children and other individuals who are not registry ID cardholders from accessing or consuming medical cannabis:

- ▶ Keep cannabis medications in the child-resistant packaging from the dispensary.
- ▶ Reseal medical cannabis products after use.
- ▶ Store and dispose of medical cannabis products where they cannot be easily seen or accessed by children or pets.

Prohibited activities and penalties

Registered cardholders are responsible for adhering to the law and regulations set forth in KRS 218B and 915 KAR Chapter 2. Cardholders that engage in prohibited activities will have their registry ID card revoked and may be subject to additional penalties or criminal prosecution.

Prohibited activities include:

- ▶ Operating, navigating, or being in actual physical control of any aircraft, vehicle, vessel, or any other device known, or hereafter invented, that is powered by machinery and that is or may be used to transport persons or property while under the influence of medical cannabis⁴⁹
- ▶ Consuming medicinal cannabis while operating, navigating, or being in actual physical control of an aircraft, vehicle, vessel, or any other device known, or hereafter invented, that is powered by machinery and that is or may be used to transport persons or property⁵⁰
- ▶ Possessing medicinal cannabis that is within the operator's arm's reach or requires less than a two (2) step process to access while operating, navigating, or being in actual physical control of an aircraft, vehicle, vessel, or any other device known, or hereafter invented, that is powered by machinery and that is or may be used to transport persons or property⁵¹
- ▶ Undertaking any task under the influence of medicinal cannabis, when doing so would constitute negligence or professional malpractice⁵²

⁴⁹ 218B.035(1)(a)

⁵⁰ 218B.035(1)(b)

⁵¹ 218B.035(1)(c)

⁵² 218B.035(1)(d)

- ▶ Possessing medicinal cannabis, or otherwise engaging in the use of medicinal cannabis:
 - On the grounds of any preschool or primary or secondary school, except as permitted in accordance with policies enacted pursuant to KRS 218B.045(4);
 - In any correctional facility; or
 - On any property of the federal government⁵³
- ▶ Using marijuana, if that person is not a registered qualified patient or visiting qualified patient⁵⁴
- ▶ Using or consuming marijuana by smoking⁵⁵
- ▶ Using or consuming marijuana by vaping while on any form of public transportation, in any public place as defined in KRS 525.010, or in any place of public accommodation, resort, or amusement as defined in KRS 344.130⁵⁶
- ▶ Cultivating marijuana unless that person is licensed by the cabinet as a cannabis cultivator or cannabis producer pursuant to KRS 218B.080, 218B.085, and 218B.090 or is a cultivator or producer agent⁵⁷
- ▶ Selling, distributing, or dispensing medical cannabis to a person who is not permitted to possess or use medical cannabis⁵⁸
- ▶ Knowingly committing multiple violations or a serious violation of the law⁵⁹

The cabinet will provide notice of revocation, fine, or other penalty by mailing, via certified mail, the same in writing to the cardholder.

The cardholder may, within thirty (30) days after the date of the mailing of the cabinet's notice, file a written request for an administrative hearing regarding the revocation, fine, or other penalty. The hearing shall be conducted in compliance with the requirements of KRS Chapter 13B.⁶⁰

Final orders of the cabinet after administrative hearings shall be subject to judicial review. Jurisdiction and venue for judicial review are vested in the Circuit Court of the county in which the appealing party resides.⁶¹

⁵³ 218B.035(1)(e)

⁵⁴ 218B.035(1)(f)

⁵⁵ 218B.035(1)(g)

⁵⁶ 218B.035(1)(h)

⁵⁷ 218B.035(1)(i)

⁵⁸ 218B.075(1)

⁵⁹ 218B.075(2)

⁶⁰ 218B.075(3)

⁶¹ 218B.075(4)

Required notifications

A cardholder must provide any required notifications to the cabinet by electronic mail to kymedcancards@ky.gov or through the Patient & Caregiver Registration Portal.⁶²

Cardholders are required to make the following notifications to the cabinet:

- ▶ A cardholder must notify the cabinet of any change in his or her name or address⁶³
- ▶ If a cardholder loses his or her registry identification card (portal access or a printed copy), he or she must notify the cabinet within ten (10) days of becoming aware the card has been lost⁶⁴
- ▶ A registered qualified patient must notify the cabinet if he or she wishes to terminate a designated caregiver relationship with an individual who has been designated as his or her caregiver⁶⁵

If a cardholder provides the cabinet with any of the notifications listed above, the cardholder will be issued a new registry ID card with a new random ten (10) character alphanumeric identification number.⁶⁶ If the cabinet issues a new registry ID card to a registered qualified patient, the cabinet will also issue a new registry ID card to the registered qualified patient's designated caregiver. New registry ID cards will be issued within ten (10) days of receiving the updated information.

- ▶ A registered qualified patient must notify the cabinet within thirty (30) days if he or she ceases to suffer from the medical condition for which a medical cannabis practitioner provided a written certification⁶⁷
- ▶ A designated caregiver must notify the cabinet within thirty (30) days if he or she becomes aware that a registered qualified patient to whom the caregiver is connected through the cabinet's registration process has died or has ceased to suffer from the medical condition for which a medical cannabis practitioner provided a written certification⁶⁸

When a cardholder provides the cabinet with any of the notifications above, the cardholder must, within ten (10) days of notification, return any unused medical cannabis products to a licensed dispensary for destruction.⁶⁹

⁶² 915 KAR 2:010, Section 6(1)

⁶³ 218B.070(1)(a)

⁶⁴ 218B.070(1)(e)

⁶⁵ 218B.070(1)(c)

⁶⁶ 218B.070(3)

⁶⁷ 218B.070(1)(b)

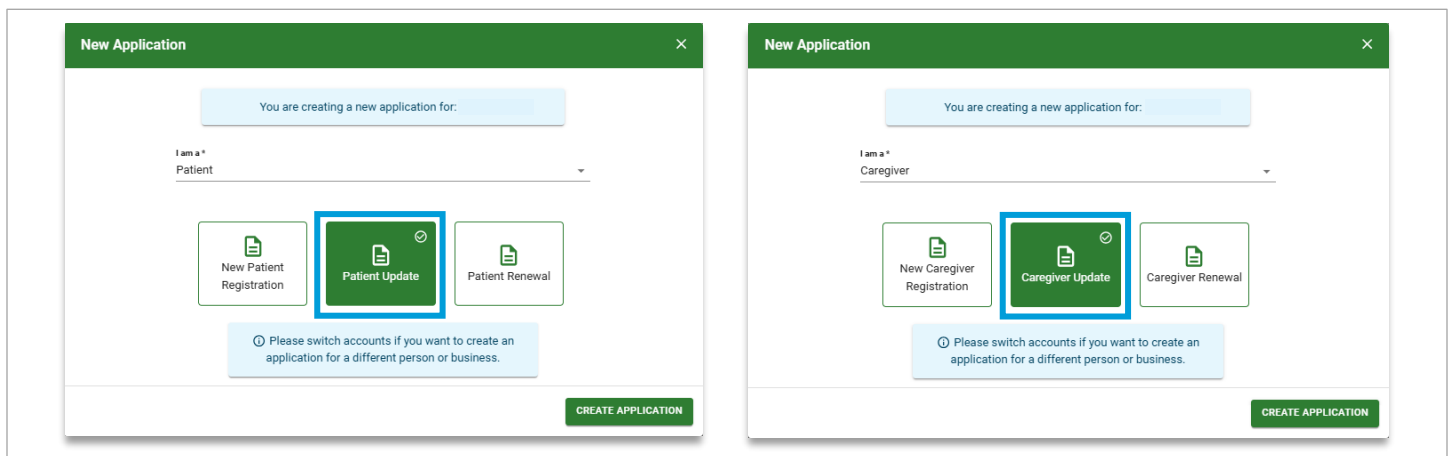
⁶⁸ 218B.070(1)(d)

⁶⁹ 218B.070(2)

Updating a registry ID card

A qualified patient or designated caregiver must maintain an active and accurate registration for a registry ID card through the Patient & Caregiver Registration Portal. Should a qualified patient or designated caregiver need to make changes to the information recorded for the registry ID card, they may submit a **Patient Update** or **Caregiver Update** application through the registration portal.

To submit a Patient Update or Caregiver Update application through the registration portal, the cardholder will need to log in to the portal and select **+Create New Application** from the left-hand panel. A qualified patient cardholder will need to indicate that they are a **Patient** from the drop-down menu and choose **Patient Update** from the options provided. A designated caregiver cardholder will need to indicate that they are a **Caregiver** from the drop-down menu and choose **Caregiver Update** from the options provided. Select **Create Application** to open a new update for the registration.



The application to update the registration will require the cardholder to select the **License Number** for the active registry ID card from a drop-down menu. Once the License Number for the active registry ID card has been selected, the cardholder will have the ability to select what changes to make by toggling the sliding buttons in the right-hand column to **Yes**.

After indicating Yes to all of the changes that need to be made to the registration, selecting **Save** or **Save & Next** will open the tabs on the application for the sections that require the updated information. The cardholder should navigate to each open tab and provide the correct information in the fields required for each section. The tabs for sections that do not require updated information will not be available for changes.

Note: if the cardholder indicates Yes to “Would you like to report that you have ceased to suffer from the medical condition for which a medicinal cannabis practitioner provided a written certification” or “Would you like to report that you have lost your registry identification card,” they will need to provide an explanation in the **Please Explain** field that populates below the question and no tabs will open for updating.

The cardholder is required to provide an updated electronic signature and date in the **Questions and Attestations** tab before submitting the application. On the **Review** tab, the cardholder can view all of the information for the registration and update application for accuracy before selecting **Submit**.

Following the submission of the update application, the cardholder will receive an application ID and reference number and the update will be available in the Applications tab on the portal until it has been reviewed and approved or denied by the Cabinet. The cardholder will also receive an email indicating that the update application has been submitted with the application number for reference.

Once the update has been reviewed and a determination has been made by the Cabinet, the cardholder will receive an email indicating if the updated application has been approved or denied. Registrations that are approved for updates will be automatically updated with the new information provided in the application and available in the registration portal upon determination.

IMPORTANT INFORMATION

Medical cannabis cards **deactivate on the expiration date of the written certification** registered with the patient account.

PLEASE NOTE: Again, the expiration date of the card is one (1) year from the date of issuance. **However, your ability to purchase medical cannabis at a licensed dispensary with this card will expire on the expiration date of the written certification submitted with your application.**

For example, if the expiration date of your written certification is December 1, 2025 and the expiration date of your registry identification card is January 30, 2026, your card will be deactivated on December 1, 2025 because the written certification submitted with the application expires on that date.

If your registry identification card deactivates before the one-year expiration date of the card as a result of an expired written certification, you may reactivate your card prior to renewal by obtaining an updated written certification from your practitioner and submitting a Patient Update that updates the written certification section of your account with the new written certification.

Please note that if the expiration date of your new written certification extends beyond the expiration date of your registry identification card, you will still need to apply to renew your registry identification card in order to purchase medical cannabis products at a licensed dispensary beyond the expiration date of the card. When submitting a renewal application, you will need to claim a written certification submitted by your practitioner within 60 days of renewal application submission.

Renewing a registry ID card

Registry ID cards **expire after one (1) year** from the date of issuance. If a medicinal cannabis practitioner states in the written certification that the qualified patient would benefit from the use of medicinal cannabis until a specified earlier date, then the registry identification card will expire on that date.⁷⁰

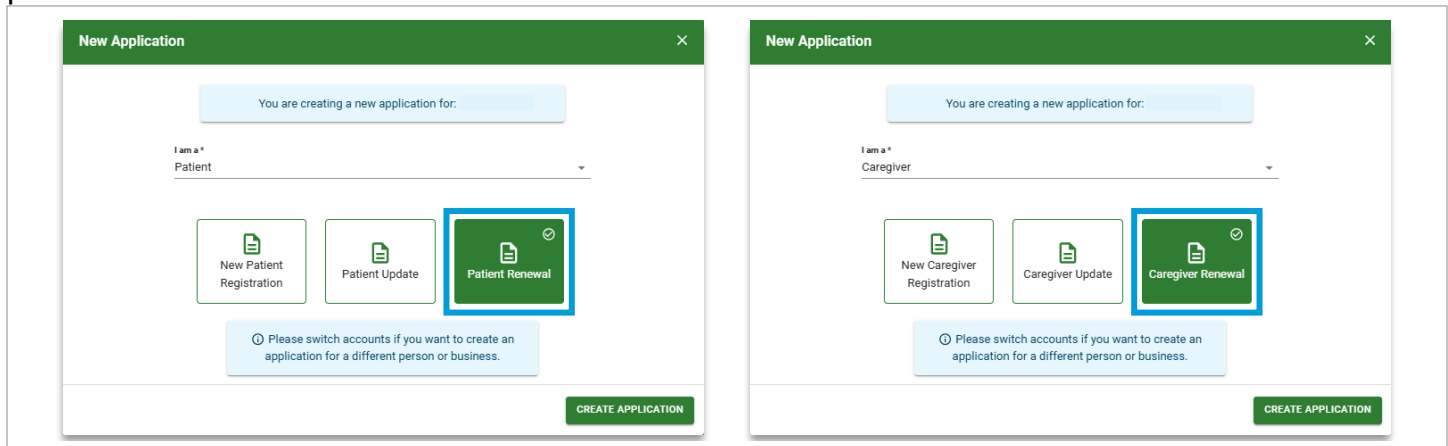
To renew a registry ID card, an applicant must complete and submit a renewal application through the Patient & Caregiver Registration Portal **no later than thirty (30) calendar days** prior to the expiration date on the card.⁷¹ A registered qualified patient applying to renew a registry identification card must submit a written certification issued by a medicinal cannabis practitioner to the patient within sixty (60) calendar days immediately preceding the date of the renewal application submission.⁷²

A designated caregiver may submit a registry ID card renewal application following issuance of a registry ID card to the registered qualified patient who designated the caregiver in his or her renewal application. A designated caregiver shall submit a registry ID card renewal application for each registered qualified patient that designated the caregiver in his or her renewal application.⁷³

Please note that the Office will conduct **cardholder surveys** to request information regarding their ability to obtain timely and affordable access to medical cannabis in their area and other items relevant to the Kentucky Medical Cannabis Program.

Submitting a renewal application

To submit a Patient Renewal or Caregiver Renewal application through the registration portal, the cardholder will need to log in to the portal and select **+Create New Application** from the left-hand panel.



⁷⁰ 218B.060(3)

⁷¹ 218B.055(10); 915 KAR 2:010, Section 3(3)

⁷² 915 KAR 2:010, Section 3(2)

⁷³ 915 KAR 2:010, Section 3(4)

A qualified patient cardholder will need to indicate that they are a **Patient** from the drop-down menu and choose **Patient Renewal** from the options provided. A designated caregiver cardholder will need to indicate that they are a **Caregiver** from the drop-down menu and choose **Caregiver Renewal** from the options provided. Select **Create Application** to open a new update for the registration.

The application to renew the registration will require the cardholder to select the **License Number** for the active registry ID card from a drop-down menu. Once the License Number for the active registry ID card has been selected, clicking **Save** will allow the cardholder with the ability to access each section of the application by selecting the tabs available in the header.

Each section of the renewal application will contain the information provided in the application initially submitted for the active license registration, with the exception of the **Practitioner Written Certification Information**. The cardholder will need to select the new written certification issued by the practitioner from the **View Available Certifications** button available on the Practitioner Written Certification Information to automatically populate and update the information in this section.

Please note that an application to renew a registration must include an active written certification from an authorized medical cannabis practitioner issued within sixty (60) days of the renewal application submission. The cardholder will not have the ability to renew a registration without an updated written certification available and selected from this section.

Adverse effects reporting and emergencies

If you are experiencing a life-threatening emergency, call 911 or go to an emergency room immediately. If you are having a non-life-threatening adverse effect, speak to your healthcare provider and report the incident at kymedcan.ky.gov. When submitting an adverse effect report through the Office of Medical Cannabis website, please complete the online form and provide a photo, receipt or image of the product, and label, if possible.

If you think a child may have taken medical cannabis, call Kentucky Poison Control at (800) 222-1222.

If your pet accidentally consumes medical cannabis, call either:

- ▶ Animal Poison Control Center at (888) 426-4435
- ▶ Your veterinarian

If you or a loved one is experiencing medical cannabis abuse, call the Substance Abuse and Mental Health Services (SAMHSA) National Helpline 24/7, 365 days-a-year at 1-800-662-HELP (4357) or the KY HELP Statewide Call Center at 1-8338-KY-HELP (1-800-859-4357) for free and confidential help.

Additional information

More information and resources regarding qualified patients and designated caregivers, along with the application process for a registry ID card, can be found under the “**Patient & Caregivers**” page at:

kymedcan.ky.gov

Need assistance?

Contact the Office of Medical Cannabis **Cardholder Support Line** at **(833) 727-2828** if you need assistance applying for a medical cannabis registry ID card.

Appendix

Summary of changes

Glossary

Signature forms

Summary of changes

v.1 The Qualified Patient and Designated Caregiver Guide was originally published by the Office of Medical Cannabis in May 2024.

v.2 An updated version of the Qualified Patient and Designated Caregiver guide was published in June 2024 with minor copy and formatting changes.

v.3 The current version of the Qualified Patient and Designated Caregiver Guide was published following the launch of medical cannabis cardholder applications on January 1, 2025. It includes the step-by-step processes for how to obtain a written certification from an authorized practitioner and how to apply for a medical cannabis card through the Patient & Caregiver Registration Portal with screenshots and examples. The table below identifies notable changes and additions.

Section	Page(s)
Updated table of contents	2-3
Minor copy updates	4-6, 34-38, 44
Find a practitioner	5
Applying through the Patient & Caregiver Portal	13-30
Registry ID cards	32-33
Application denials	33
Cardholder Requirements and Activities	34-44
Prohibited activities and penalties	38-39
Required notifications	40-42
Renewing a registry ID card	42-43

Glossary

Bona fide practitioner-patient relationship – A treating or consulting relationship, during the course of which a medical cannabis practitioner has:

- Completed an initial in-person examination and assessment of the patient's medical history and current medical condition
- Consulted with the patient with respect to the possible medical, therapeutic, and palliative properties of medical cannabis
- Advised the patient of the possible risks and side effects associated with the use of medical cannabis, including possible interactions between medical cannabis and any other drug or medication that the patient is taking at that time
- Established an expectation that he or she will provide follow-up care and treatment to the patient in accordance with administrative regulations promulgated pursuant to KRS 218B.050(10)

May be established following a referral from the patient's primary care provider and may be maintained via telehealth

Cabinet – Kentucky's Cabinet for Health and Family Services

Disqualifying felony offense – A felony offense that would classify the person as a violent offender under KRS 439.3401; or a violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except:

- An offense for which the sentence, including any term of probation, incarceration, or supervised release, was completed five (5) or more years earlier; or
- An offense that consisted of conduct for which this chapter would likely have prevented a conviction, but the conduct either occurred prior to the enactment of this chapter or was prosecuted by an authority other than the Commonwealth of Kentucky

Marijuana – All parts of the plant cannabis sp., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin or any compound, mixture, or preparation which contains any quantity of these substances.

The term "marijuana" does not include:

- Industrial hemp that is in the possession, custody, or control of a person who holds a license issued by the Department of Agriculture permitting that person to cultivate, handle, or process industrial hemp
- Industrial hemp products that do not include any living plants, viable seeds, leaf materials, or floral materials
- The substance cannabidiol, when transferred, dispensed, or administered pursuant to the written order of a physician practicing at a hospital or associated clinic affiliated with a Kentucky public university having a college or school of medicine
- For persons participating in a clinical trial or in an expanded access program, a drug or substance approved for the use of those participants by the United States Food and Drug Administration
- A cannabidiol product derived from industrial hemp, as defined in KRS 260.850
- For the purpose of conducting scientific research, a cannabinoid product derived from industrial hemp
- A cannabinoid product approved as a prescription medication by the United States Food and Drug Administration

Medical cannabis (also referred to as ***medicinal cannabis***) –

Marijuana (as defined in the glossary entry above) when acquired, administered, possessed, transferred, transported, or consumed by a cardholder in accordance with KRS Chapter 218B

- Includes medical cannabis products and raw plant material
- Use of medical cannabis does not include:
 - Cultivation of marijuana by a cardholder
 - The use or consumption of marijuana by smoking
 - The use of industrial hemp or industrial hemp products

Medical cannabis practitioner – A physician or an advanced practice registered nurse who is authorized to prescribe controlled substances under KRS 314.042, who is authorized by his or her state licensing board to provide written certifications pursuant to KRS 218B.050

Minor – An individual less than eighteen (18) years of age

Notary Public – An individual authorized by the Commonwealth to perform certain legal formalities such as witnessing and attesting to signatures, administering oaths, or taking affirmations. May also be referred to as a **notarial officer** or a **signing agent**

Out-of-state registry ID card – A registry ID card, or an equivalent document, that was issued pursuant to the laws of another state, district, territory, commonwealth, or insular possession of the United States

Qualifying medical condition – Any one of the following medical conditions that have been defined under Kentucky law as warranting treatment with medical cannabis:

- Any type or form of cancer regardless of stage
- Chronic, severe, intractable, or debilitating pain
- Epilepsy or any other intractable seizure disorder
- Multiple sclerosis, muscle spasms, or spasticity
- Chronic nausea or cyclical vomiting syndrome that has proven resistant to other conventional medical treatments
- Post-traumatic stress disorder

Note: *This list of medical conditions replaces a longer list of medical conditions that was originally established under Executive Order 2022-798.*

Telehealth – A mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location

Shall not include:

- The delivery of health care services through electronic mail, text, chat, or facsimile unless a state agency authorized or required to promulgate administrative regulations relating to telehealth determines that health care services can be delivered via these modalities in ways that enhance recipient health and well-being and meet all clinical and technology guidelines for recipient safety and appropriate delivery of services; or
- Basic communication between a health care provider and a patient, including but not limited to appointment scheduling, appointment reminders, voicemails, or any other similar communication intended to facilitate the actual provision of healthcare services either in-person or via telehealth

Unless waived by the applicable federal authority, shall be delivered over a secure communications connection that complies with the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d to 1320d-9

Written Certification – A document dated and signed by a medical cannabis practitioner, that:

- States, that in the medical cannabis practitioner's professional medical opinion, the patient may receive medical, therapeutic, or palliative benefit from the use of medical cannabis;
- Specifies the qualifying medical condition or conditions for which the medical cannabis practitioner believes the patient may receive medical, therapeutic, or palliative benefit; and
- Affirms that the medical cannabis practitioner has a bona fide practitioner-patient relationship with the patient.



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF MEDICAL CANNABIS
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

PATIENT APPLICANT SIGNATURE PAGE

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver designated by me. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____

COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires:



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF MEDICAL CANNABIS
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

APPLICANT SIGNATURE PAGE FOR QUALIFIED PATIENT WHO IS A MINOR

Statement of Custodial Parent or Legal Guardian:

I am the custodial parent or legal guardian with responsibility for health care decisions for the Applicant, who is under eighteen (18) years of age. I hereby agree to:

1. Allow the Applicant to use medicinal cannabis;
2. Serve as the Applicant's designated caregiver; and
3. Control the acquisition, possession, dosage, and frequency of use of medicinal cannabis by the Applicant.

Printed Name of Custodial Parent or Legal Guardian

Signature of Custodial Parent or Legal Guardian

Statement of Applicant

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver connected to me through the Cabinet's registration process. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties



for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____
COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of, 2025.

Notary Public, State at Large My
Commission Expires:



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF MEDICAL CANNABIS
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

DESIGNATED CAREGIVER APPLICANT SIGNATURE PAGE

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me.

I agree to be designated as the caregiver for the registered qualified patient identified in my application and pledge not to divert medicinal cannabis to anyone other than the registered qualified patient to whom I am connected through the Cabinet's registration process. I understand the potential penalties for unlawfully diverting medicinal cannabis, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____
COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires:



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF MEDICAL CANNABIS
APPLICATION FOR REGISTRY IDENTIFICATION CARD**

VISITING PATIENT APPLICANT SIGNATURE PAGE

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____

COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires: