

Qualified Patient & Designated Caregiver Guide

2024

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 stylized and fluid.

Sam Flynn
Executive Director

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

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 application 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 application and purchasing 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 four (4) steps describe the process of obtaining a registry ID card and purchasing 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.

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 KRS 218B.010(26)

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

³ KRS 218B.050(4)

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.

After performing the above actions, the medical cannabis practitioner must record a written certification 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.

Step 2. Submit an application

Where and when to apply

Qualified patients and designated caregivers may begin submitting online applications through the patient and caregiver registry portal on kymedcan.ky.gov beginning January 1, 2025. The Cabinet will also accept paper applications beginning January 1, 2025.

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.⁵ After three (3) 60-day period extensions, the patient must be re-examined by the medical cannabis practitioner (in person or via telehealth).⁶

⁴ KRS 218B.050(6)(d)

⁵ KRS 218B.050(6)(c)

⁶ KRS 218B.050(6)(c)

Registry ID card types

In Kentucky, individuals can apply for one of four types of registry ID cards:⁷

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.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 patient*⁸



- ▶ 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 patient*⁹



- ▶ 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 consent¹⁰
- ▶ 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 caregiver*¹¹



- ▶ 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

⁸ KRS 218B.055(2)

⁹ KRS 218B.055(2) and (7)

¹⁰ KRS 218B.065(2)(a)

¹¹ 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.¹²

Visiting qualified patient¹³



- ▶ 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 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:¹⁴

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: Some websites are advertising “early action offerings” and “reduced price offerings” for Kentucky registry ID cards. These websites advertising these “deals” are unaffiliated with the Kentucky Medical Cannabis Program. Qualified patients and designated caregivers should avoid these websites and submit registry ID card applications **ONLY** through the kymedcan.ky.gov website or via U.S. Mail to the Cabinet. Applications will open on January 1, 2025, and there is a set fee of \$25 per application.












¹² KRS 218B.025(2); KRS 218B.055 (7)(b)

¹³ KRS 218B.055(4)

¹⁴ 915 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 ¹⁵	In-state minor qualified patient ¹⁶	Designated caregiver ¹⁷	Visiting qualified patient ¹⁸
 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.

¹⁵ 915 KAR 2:010, Section 2(3)

¹⁶ 915 KAR 2:010, Section 2(4)

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

¹⁸ 915 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:²⁰

- ▶ 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.²¹

Steps to notarize the signature form

Applicants must complete a signature form with assistance from an authorized [Notary Public](#).²²

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.²³
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.
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.

²⁰ 915 KAR 2:010, Section 2

²¹ 915 KAR 2:010. Section 2(6)(e)

²² More information can be found at <https://www.nationalnotary.org/resources-for/public/how-to-prepare-for-notarization>.

²³ [Kentucky General Assembly – KY Senate Bill 114](#); KRS 423.455

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:



Step 3. Receive a 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:²⁴

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.

²⁴ KRS 218B.065; 915 KAR 2:010, Section 5

Registry ID cards

After an application is approved, the Cabinet will issue a registry ID card to the cardholder electronically and may also provide a copy via U.S. mail if requested. 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.²⁵ **Minor cardholders cannot purchase medical cannabis.**

A registry ID card expires one (1) year after the date of issuance,²⁶ unless a medical cannabis practitioner states in the written certification that the qualified patient would benefit from the use of medical cannabis for less than one (1) year, then the registry ID card will expire on that date.²⁷

Example registry ID cards



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

²⁶ KRS 218B.060(3)

²⁷ KRS 218B.060(3)(b)

Step 4. Purchase medical cannabis products

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:²⁸

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.²⁹

Qualified minor patients are **prohibited** from entering dispensaries and must have their designated caregiver purchase medical cannabis on their behalf.³⁰

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

²⁹ KRS 218B.110(2)(c)(2)

³⁰ KRS 218B.025(2); 915 KAR 1:070, Section 4(4)

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.³¹ 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.³²

** Non-consumable products will not count toward a qualified patient's supply limits.³³

³¹ 915 KAR 2:020, Section 1

³² 915 KAR 2:020, Section 1(3)

³³ 915 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.³⁴



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.³⁵



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.³⁶

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



- ▶ Consuming medical cannabis by combustion, such as smoking, by any patient³⁷
- ▶ For patients under 21 years old, medical cannabis products intended for consumption by vaporizing are not allowed³⁸

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.



³⁴ KRS 218B.025(6)(a)

³⁵ KRS 218B.025(6)(b)

³⁶ KRS 218B.025 (6)(c)

³⁷ KRS 218B.035(1)(g) and (3)(a)

³⁸ KRS 218B.110(2)(f)

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 ³⁹	10-day supply ⁴⁰	30-day supply ⁴¹
In-state minor qualified patient	<i>Not allowed*</i>		
Designated caregiver	30-day supply ⁴² (per registered patient)	10-day supply ⁴³ (per registered patient)	30-day supply ⁴⁴ (per registered patient)
Visiting qualified patient	10-day supply	10-day supply ⁴⁵	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.⁴⁶
- ▶ 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).⁴⁷

³⁹ KRS 218B.025(1)(c)

⁴⁰ KRS 218B.025(1)(c)

⁴¹ KRS 218B.025(1)(a)

⁴² KRS 218B.025(4)(c)

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.

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

If your pet accidentally eats medical cannabis, call either:

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

Additional information

More information regarding the online portal and application requirements can be found at:

kymedcan.ky.gov

⁴³ KRS 218B.025(4)(c)

⁴⁴ KRS 218B.025(4)(a)

⁴⁵ KRS 218B.025(3)

⁴⁶ KRS 218B.025(5)(a)

⁴⁷ KRS 218B.025(5)(b)

Appendix

Glossary

Signature forms

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
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.

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
KENTUCKY MEDICAL CANNABIS PROGRAM
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



**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY MEDICAL CANNABIS PROGRAM
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
KENTUCKY MEDICAL CANNABIS PROGRAM
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: