

CONNECTICUT MEDICAL MARIJUANA PROGRAM

REGISTRATION PROCESS FOR PATIENTS UNDER 18

1	2	3	4	5
<p>Start Here - Register</p> <p>Parents/guardians must create an account for the minor with the DAS Business Network to access the online certification system.</p> <p>Use the following link to register for a free account: https://www.biznet.ct.gov/dcp-mmrp</p> <p>Please Note: Make sure the minor has been certified by one of two physicians and a letter of support is provided by the non-certifying physician.</p> <p>Follow all prompts and instructions during the process to ensure successful account creation and verification.</p> <p>After completing this one-time registration process and verifying your account via e-mail, you can log in and begin registration.</p>	<p>Log In/ Patient Information</p> <p>https://www.biznet.ct.gov/dcp-mmrp</p> <p>Log in using the e-mail address and password you established during the DAS Business Network registration process.</p> <p>Select the "I am a Patient" option and the system will prompt you to provide identifying information:</p> <ul style="list-style-type: none">• Date of Birth• E-mail Address <p>Review the information provided on the Patient Information webpage to ensure your information is correct.</p> <p>After completing the patient information, you will identify the Caregiver.</p> <p>Certifications must be read and affirmed by selecting "Yes".</p>	<p>Patient Payment and Caregiver Confirmation</p> <p>Payment must be made at this time for the patient. (See Step #5 for details)</p> <p>Select "Go to Caregiver Application".</p> <p>You will now log in using the Caregiver's:</p> <ul style="list-style-type: none">• Date of Birth• E-mail Address <p>At this point, you will see a pre-filled screen with the patient information entered by the physician, and the caregiver information entered by yourself, which must be confirmed.</p>	<p>Caregiver Uploads</p> <p>You will be required to upload one (1) of each of the following:</p> <ul style="list-style-type: none">• Proof of Identity• Proof of Residency• Photo of the Caregiver• Physician Letter* <p>*You will be asked to upload the letter from the second physician that confirms that the minor patient will benefit from the palliative use of marijuana.</p> <p>Certifications: Caregivers must read and affirm each statement on the webpage by selecting "Yes".</p> <p>Payment must be made at this time for the Caregiver.</p>	<p>Fees</p> <p>The patient application fee is \$100.00.</p> <p>The caregiver application fee is \$25.00.</p> <p>If mailing in the fee, please make check or money order payable to:</p> <ul style="list-style-type: none">• Treasurer, State of CT <p>* The Department will not accept cash payments.</p> <p>Mail to: CT Department of Consumer Protection Medical Marijuana Program, MS# 88MMP Hartford, CT 06106-1630</p> <p>Applicants paying by personal check will be subject to a holding period on their application until the check clears.</p> <p>A registration certificate expires one (1) year from the physician's certification date.</p>