



Arkansas Medical Marijuana Program Designated Caregiver Checklist



PLEASE PRINT CLEARLY. Ensure application is complete. Illegible applications may delay processing. Incomplete applications or applications with missing documents will be returned to applicant. All forms must have the original signatures.

Note: *Applying online is easy. Please visit <https://www.healthy.arkansas.gov/programs-services/topics/id-card-apply-online> to apply online.*

For Caregiver Applications and Renewals

Please keep a copy of all application documents for your records

A designated caregiver is able to make purchases for a registry card holding patient without the patient being present. A completed caregiver application consists of the following:

- Medical Marijuana Registry Caregiver Application form filled out completely and accurately.
- Copy of patient's Physician Written Certification Form filled out completely by a licensed physician indicating that the patient is disabled or under 18.
- A copy of your current Arkansas Driver's License or official Arkansas State ID issued by the Department of Motor Vehicles. **MAKE SURE IT IS CLEAR AND VISIBLE.**
- Check or money order for \$87 is included which includes the application processing fee and criminal history application fee. **NOTE:** Caregiver for a minor will include check or money order for \$50 (criminal history fee is not required). Please make payable to: Arkansas Department of Health. **CASH WILL NOT BE ACCEPTED. FEES ARE NON-REFUNDABLE.**
- The qualified patient's application must be submitted.

An application for criminal history review will be mailed after payment is received.

Note: Applying online is easy. Please visit <https://www.healthy.arkansas.gov/programs-services/topics/medical-marijuana> to apply online. Online applicants are able to check the processing status of their application as well print their own registry card after approval.

Paper applications should be mailed to:

Arkansas Department of Health
4815 West Markham Slot 50
Little Rock AR 72205

Website: <https://www.healthy.arkansas.gov/programs-services/topics/medical-marijuana>

Telephone Number: 501-682-4982



Arkansas Department of Health
Medical Marijuana Registry Caregiver Application



Caregiver Information					<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal	
First Name			MI	Last Name			Phone	
Mailing Address								
Street Number and Street Name (or PO Box)								
Unit Number		Unit Type (Apt, Unit, Suite, etc.)						
City					State		Zip Code	
Residence Address (if different from mailing address)								
Street Number and Street Name								
Unit Number		Unit Type (Apt, Unit, Suite, etc.)						
City					State		Zip Code	
Date of Birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race		Eye Color	Height	
Arkansas DL or ID Number		Expiration Date (MM/DD/YYYY)			Last 4 digits of SSN		Registry ID (for renewals only)	

Patient for which you intend to provide care								
First Name			MI	Last Name			Registry ID (for renewals only)	
Street Number and Street Name								
Unit Number		Unit Type (Apt, Unit, Suite, etc.)						
City					State		Zip Code	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the above patient physically disabled?						
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the above patient under 18 years of age?						
<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you the parent of the above patient?						

<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a member of the Arkansas National Guard or the United States military?						
By signing, I, pledge not to divert marijuana to anyone who is not allowed to possess marijuana under the Arkansas Medical Marijuana Amendment of 2016								
Signature						Date		
Print Name								