

**APPLICATION FOR CANNABIDIOL REGISTRATION CARD**

State Form 56341 (7-17)

Approved by State Board of Accounts, 2017

Indiana State Department of Health

Check one: ☐ Initial Application☐ Renewal

Attach a copy of a photo ID, proof of residency, Patient Evaluation Record Form, and payment if paying by check or money order to this application. IC 16-42-28.6-7 establishes the cost of the initial application as \$50 and a renewal as \$25.

Applicant Information**Full Legal Name:** _____
First Middle Last**Mailing Address:** _____
Street / PO Box City State / ZIP**Gender:** ☐ Male ☐ Female **Date of Birth:** _____ **Height** _____ ft _____ inches **Weight** _____
(month, day, year)**Telephone Number:** _____ **E-mail Address:** _____**Parent / Guardian 1 Information**☐ Parent responsible for minor's medical care ☐ Legal guardian responsible for patient's medical care**Full Legal Name:** _____
First Middle Last**Mailing Address:** _____
Street / PO Box City State / ZIP**Gender:** ☐ Male ☐ Female **Date of Birth:** _____ **Height** _____ ft _____ inches **Weight** _____
(month, day, year)**Telephone Number:** _____ **E-mail Address:** _____**Parent / Guardian 2 Information**☐ Parent responsible for minor's medical care ☐ Legal guardian responsible for patient's medical care**Full Legal Name:** _____
First Middle Last**Mailing Address:** _____
Street / PO Box City State / ZIP**Gender:** ☐ Male ☐ Female **Date of Birth:** _____ **Height** _____ ft _____ inches **Weight** _____
(month, day, year)**Telephone Number:** _____ **E-mail Address:** _____

I understand that information and documentation submitted with this application may be released to Indiana law enforcement agencies. As a parent or legal guardian, I certify that I am responsible for the medical care of the applicant / patient. I certify that to the best of my knowledge, the information in this application and all supporting documents is true and correct.

Print Name of Applicant or Legal Representative_____
Date (month, day, year)_____
Signature of Applicant or Legal Representative

Patient Evaluation Record
Part of State Form 56341

This form must be completed by a board certified neurologist.

Patient Full Name: _____
First Middle Initial Last

Date of Birth (month, day, year): _____

Date of Last Office / Clinical Visit (month, day, year): _____

I certify that I have examined (patient name) _____ and,
that I have diagnosed (patient name) _____ with treatment-resistant epilepsy as defined
in IC 16-42-28.6.

I am a physician licensed under IC 25-22.5 and I am board certified in neurology.

Physician Name Printed

Physician Signature

Physician License Number

Physician Practice Name and Address (number and street, city, state, and ZIP code)

Physician telephone number _____ **E-mail** _____

Date (month, day, year)

Application Checklist and Instructions

Part of State Form 56341

This checklist is for your convenience. You do not need to include it with your application.

NOTE: Incomplete applications will be denied.

To apply for a Cannabidiol Registration Card, you must complete the application packet as described below. You must be over the age of eighteen (18) and suffer from treatment-resistant epilepsy or be a parent or legal guardian of a patient who is under the age of eighteen (18) and suffers from treatment-resistant epilepsy. You must be an Indiana resident.

All applicants are required to submit the following items to complete the application:

- ☐ An application form completed and signed by you.
 - ☐ A copy of your Indiana photo ID and proof of residence.
 - ☐ A completed Patient Evaluation Record Form.
 - ☐ Payment of \$50 for an initial application **or** \$25 for a renewal. Registration valid for one (1) year from the date of issuance. Payment includes check, certified check, money order or credit /debit card. Cash is NOT accepted. Checks and money orders need to be made payable to "ISDH Cannabidiol Registration." Per IC 16-42-28.6-7 the cost of the initial application is \$50 and a renewal is \$25.
1. If the patient is under the age of eighteen (18), the parent or legal guardian of the patient must complete the application. The parent or legal guardian must attest that s/he is responsible for the patient's medical care.
 2. If you are the legal guardian of the patient, you will need to provide a certified copy of the court order.
 3. You must be an Indiana resident to obtain a Cannabidiol Registration Card. You must provide proof of your identity and residency.
 4. Submit the application in person or by mail to the Indiana State Department of Health. A Cannabidiol Registration Card cannot be mailed to an out-of-state address.

Mail to:

Indiana State Department of Health

Chronic Disease, Primary Care, and Rural Health

Attn: Cannabidiol Registry

2 North Meridian Street, 6B

Indianapolis, IN 46204

If you have questions, please contact us via email address, cannabidiolregistry@isdh.in.gov or at 844-624-6667.

Cannabidiol Registry

2 North Meridian Street, 6B, Indianapolis, IN 46204

E-mail: cannabidiolregistry@isdh.in.gov

Telephone: 844-624-6667

Proof of Identity and Indiana Residency
Part of State Form 56341

Please do not send original documents. Send a clear, readable copy.

Primary Documents		Secondary Documents
<u>One (1) of the following:</u> -Indiana Driver's License -Indiana ID -Temporary Indiana Driver's License -Temporary Indiana ID -US Passport or Passport Card -US Military ID -Tribal ID -Out of State ID or Driver's License	AND	<u>One (1) proof of residency</u> -Proof of Indiana employment (paycheck stub/W-2/certified Indiana tax return) -Copy of a utility bill, rental agreement, property tax assessment. -Copy of an entire government issued benefit letter (SSI, Disability, etc.)

- If you cannot provide one (1) primary document and one (1) secondary document, please contact the Registry at (844)-624-6667 to discuss other options.
- All documents must be valid when received at the Registry.
- Damaged, expired, or tampered IDs are not valid.
- The address on the ID does not have to match the mailing address on the application.
- All IDs must be verifiable and have specific issue and expiration dates.
- At least one (1) document must show the patient's date of birth.
- Passports must include full photo page and the signed signature page. Passport cards must include copy of front and back.
- Proof of residency materials must be dated within sixty (60) days of date the Registry receives them, unless otherwise noted.
- As proof of Indiana employment, the W-2 or certified Indiana tax return must be for the most recent tax year and have an Indiana mailing address.
- Bills from telephone, electricity, water, gas, trash, cable or internet providers are considered valid and verifiable utility bills. Bills must include the organization name, logo, and contact information.
- All government benefit letters must include the issuing agency's logo and contact information, the patient's name and address, and an account or case number. Examples of acceptable benefit letters include, Medicaid / Medicare, SNAP / Food Stamps, TANF and Social Security.