



**New Mexico Department of Health
Medical Cannabis Program –Patient Application Checklist**

For Patient Applications:

Please keep a copy of all application documents for your records.

Please do not send us original medical records, we will not be able to mail them back to you.

- Participant Application Form filled out completely
- Consent to Release Medical Information From filled out completely
- If applying under Chronic Pain, a second referral to the program from a specialist
- If applying under PTSD, medical records showing a psychiatrist's diagnosis
- If applying under Glaucoma, medical records showing an ophthalmologist's diagnosis
- Photo I.D. – PLEASE MAKE SURE IT IS CLEAR AND VISIBLE. (note that faxed copies are often unidentifiable, and will need to be re-submitted).
- If you wish to produce your own medical cannabis, a completed application for a Patient Production License

For Patients under the age of 18:

- All of the requirements listed above
- A completed parental consent form
- A completed caregiver application for the parent or legal guardian of the minor patient

Send Application to:

Medical Cannabis Program
New Mexico Department of Health
1190 St. Francis Drive
PO Box 26110
Santa Fe, NM 87502-6110

Or Fax to 505-827-2862

Contact Information

Email: Medical.Cannabis@state.nm.us
Phone: 505-827-2321
Website: www.nmhealth.org/marijuana

Frequently Asked Questions about Medical Cannabis

Q: What are the conditions that make me eligible for the program?

A: Currently, there are 15 qualifying conditions: severe chronic pain, painful peripheral neuropathy, intractable nausea/vomiting, severe anorexia/cachexia, hepatitis C infection currently receiving antiviral treatment, Crohn's disease, Post-traumatic Stress Disorder, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), cancer, glaucoma, multiple sclerosis, damage to the nervous tissue of the spinal cord with intractable spasticity, epilepsy, HIV/AIDS and hospice patients.

Q: How do I apply for the Medical Cannabis Program?

A: Your physician must certify that you have an eligible condition, that the condition is debilitating and can not be helped by standard treatments, and that the benefits of medical cannabis usage outweigh the detriments. For post traumatic stress disorder, a psychiatrist's diagnosis must be included. For glaucoma, an ophthalmologist must provide the diagnosis. For chronic pain, you need objective proof of severe chronic pain (X-rays, CT scans, MRIs) and receive two recommendations, one from your primary care physician and one from a specialist consulting on your case. The program has 30 days to review your application starting from when the program receives your complete application. If the Medical Director approves your application, the program will issue you a registry ID card. Application forms are available online at <http://www.nmhealth.org/marijuana.html> or by calling (505) 827-2321.

Q: If I suffer from one of the eligible conditions, am I automatically a certified patient?

A: No. Your medical provider must recommend medical cannabis for your condition and you must submit an application for the program with all the required forms.

Q: Does my medical provider need a special certification to write a recommendation for medical cannabis?

A: No. Any medical doctor (MD), doctor of osteopathy (DO) or nurse practitioner who can prescribe medicine in New Mexico can write a referral for the Medical Cannabis Program.

Q: Can you refer me to a doctor who can certify me for the Medical Cannabis Program?

A: No, the program is not able to refer you to any medical providers.

Q: How much medical cannabis can I possess?

A: Six ounces of medical cannabis. You can have more than six ounces of useable medical cannabis if you provide the Department of Health with a letter of special need from your certifying medical provider. This letter must explain why you need a larger amount and must specify what amount your medical provider thinks you need.

Q: Can I produce my own supply of medical cannabis?

A: Yes, patients can apply for a license to do produce their own medical cannabis. If you are approved, you can have four mature plants and 12 seedlings. The definitions of seedlings and mature plants can be found in New Mexico Administrative Code 7.34.4. Copies of these regulations are sent out with each patient production license. Patients can only produce for themselves, it is illegal to distribute to anyone else. Patient production **must** conform to the

plan described by the patient in their application for a personal production license. **Caregivers cannot produce medical cannabis for patients.** Caregivers can only help patients produce medical cannabis at the patient's residence or on the patient's property.

Q: What is a caregiver?

A: A caregiver is someone who a patient empowers to help them manage their medical care and medication. Registered caregivers are issued cards that allow them to possess, but not to use, up to six (6) ounces of medical cannabis on behalf of their patient. Caregivers cannot produce medical cannabis for patients. Caregivers can, however, help patients grow under the terms specified in the patient's application for a production license.

Q: Can a caregiver register in the Medical Cannabis Program?

A: Yes. Your caregiver can apply to the Medical Cannabis Program. Registered caregivers are issued cards that protect them from arrest and prosecution for the **possession** of medical cannabis under State Law. All caregiver applicants are required to undergo background checks before they are approved.

Q: How long can I be on the Medical Cannabis Program?

A: Your registry ID card for the Medical Cannabis Program will be valid for one year from the date it is issued. You must reapply to the program no less than 30 days before the expiration date of your existing registry ID card. Patient production licenses are only valid for current patients and also must be renewed yearly.

Q: Is there a fee for applying to the Medical Cannabis Program?

A: No. There is no fee to apply to the program, but patients will be responsible for their medical costs associated with applying. However, there is a \$15 fee for a patient production license, **if** the applicant makes over 400% of the Federal Poverty Guidelines for their household.

Q: Can other conditions be added to the list?

A: Yes. Patients can petition the Medical Advisory Board which will make recommendations to the Secretary of Health. The Secretary will add new conditions if there is sufficient scientific evidence that the conditions could be helped by medical cannabis and that the addition of new conditions meets the purpose of the state law, which is to provide relief from pain and suffering associated with debilitating medical conditions. Petition requirements are available online at <http://www.nmhealth.org/marijuana.html> or by calling (505) 827-2321.

Q: Is my confidentiality protected if I am approved for medical cannabis?

A: Yes. We keep patient and primary caregiver information confidential. The program will only share information with state or local law enforcement agencies to verify that a patient or primary caregiver can legally have and use medical cannabis.

Q: What legal rights does the program provide?

A: The Medical Cannabis Program protects patients from arrest and prosecution for the possession and use of medical cannabis under State Law. Caregivers are protected from prosecution for possession of medical cannabis while transporting it to a registered patient. Approved nonprofit producers will be protected from arrest and prosecution for the production, possession and distribution of medical cannabis to approved patients and caregivers. **The program does not protect patients, caregivers or producers from federal laws.**

Q: Can I use medical cannabis anywhere in New Mexico?

A: No. It is illegal to possess or use medical cannabis in a public vehicle, on school grounds or property, in the workplace of the patient or primary caregiver, or at a public park, recreation center, youth center **or other public place**. The law **does not provide protection on federal property** such as airports, immigration check-points and federal parks. It is still illegal to operate a motor vehicle while under the influence of cannabis.

Q: Where can I legally get medical cannabis if I can't produce my own supply?

A: Once a patient is approved we provide them with information about how to contact the licensed producers to receive medical cannabis.

Q: Why can't I go to a pharmacy to fill a prescription for medical cannabis?

A: Pharmacies can only dispense medications that are prescribed. Marijuana is currently classified by the federal government as a Schedule I drug, which means it cannot be prescribed by any health care professional. New Mexico law allows doctors to recommend medical cannabis for patients to be able to possess medical cannabis under State law.

Q: Am I protected under New Mexico law if I'm visiting another state and using my medical cannabis?

A: No. You are only protected from arrest and prosecution for the possession and use of medical cannabis under State Law while in New Mexico.

Q: Are cards from other state medical cannabis programs valid in New Mexico?

A: No. Only cards issued through the New Mexico Medical Cannabis Program are considered valid in New Mexico. New Mexico currently has no reciprocity agreements with any other medical cannabis state.

Q: I live in another state and have one of the eligible conditions. Can I apply?

A: No. Only New Mexico residents can apply for the Medical Cannabis Program. When applying for the program you must have a New Mexico driver's license, state issued photo identification or federal issued photo identification card verifying New Mexico residence.

Q: How can I become a medical cannabis nonprofit state licensed producer?

A: You must apply as a registered nonprofit business to produce medical cannabis for registered New Mexico Medical Cannabis patients. Proposal requirements are available online at <http://www.nmhealth.org/marijuana.html> or by calling (505) 827-2321. Proposals undergo strenuous review. If proposals are determined to meet all requirements and are accepted by a review panel then a site visit may be conducted. The Secretary of Health makes the final determination for approval of licensure based on public safety and patient demand.

Q: Does the Medical Cannabis Program give free legal advice?

A: No. Patients must seek out legal advice or hire an attorney on their own.

Q: Does the Medical Cannabis Program give business formation advice?

A: No. The Medical Cannabis Program can only answer questions about the application. Questions regarding non-profit business registration or other business formation questions must be researched by the applicant



Applicant Name: _____ Date: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

Email: _____

CLEAR COPY OF A NEW MEXICO PHOTO ID OR DRIVER'S LICENSE IS ATTACHED

Attention Physicians and Patients: Any Medical Doctor, Doctor of Osteopathy or Nurse Practitioner who can prescribe and administer medication in New Mexico can also write a recommendation for medical cannabis.

Medical Reason for Provider Certification

- Amyotrophic Lateral Sclerosis Cancer (please specify type) _____
- Crohn's Disease Epilepsy Glaucoma (Ophthalmologist diagnosis required)
- Hepatitis C Infection currently receiving antiviral treatment HIV/AIDS Hospice Care
- Intractable Nausea/Vomiting Multiple Sclerosis
- Painful Peripheral Neuropathy (submit medical records with diagnosis)
- Post-Traumatic Stress Disorder (signed documentation providing proof of the diagnosis by a **psychiatrist** must be included with this referral. VA disability statements are not sufficient. Diagnostic notes, clinic notes or a signed statement from a psychiatrist are required.)
- Severe Anorexia/Cachexia Spinal Cord Damage with Intractable Spasticity
- Severe Chronic Pain (this condition must be accompanied by two medical referrals, one from a primary care provider and a **second** from a **specialist**).

THIS SECTION IS TO BE FILLED OUT BY THE MEDICAL PROVIDER

Provider Clinical Licensure: Medical Doctor Doctor of Osteopathy Nurse Practitioner

Provider Name: _____ **Length of time patient in care:** _____

NM Medical License # _____ **DEA License #:** _____

Provider Address: _____

City: _____ **County:** _____ **State** _____ **Zip Code:** _____

Provider Telephone Number: _____ **Second Telephone Number:** _____

Written certification MUST be provided below pursuant to the *Lynn & Erin Compassionate Use Act of 2007*, certifying the aforementioned patient has a debilitating medical condition and the potential health benefits of the medical use of marijuana would likely outweigh health risks for the patient: (Attach a separate page if more space is needed)

The New Mexico Department of Health, Medical Cannabis Program will verify the information contained in this application within 30 days of its receipt. Verification of medical information may include, with patient consent, examination of medical records documenting the patient has a current diagnosis of a debilitating medical condition, by a practitioner, as defined in Section 3 of the *Lynn & Erin Compassionate Use Act of 2007*, "a person licensed in New Mexico to prescribe and administer drugs that are subject to the Controlled Substances Act."

By signing below you are certifying patient eligibility for enrollment in the New Mexico Department of Health Medical Cannabis Program and agreeing to have patient medical records audited as necessary.

Medical Provider Signature: _____ **Date:** _____

NMDOH USE ONLY

Approved Not Approved _____

Medical Director Signature: _____ Date: _____
MCP – 62007-002 MM/dvz-11-09-09



New Mexico Department of Health
Medical Cannabis Program – Consent to Release Medical Information

I, _____ hereby authorize the New Mexico Department of
(Please Print Name)

Health Medical Cannabis Program to discuss my medical condition, including treatment records,
test results, and evaluations specific to _____ with
(Please Print Eligible Medical Cannabis Condition)

my Certifying Medical Provider(s)_____.
(Please Print Certifying Medical Provider’s Name)

I understand that I may revoke this release at any time. I also understand that if I wish to revoke
this authorization, I must do so in writing to the Medical Cannabis Program Coordinator, and that
revocation may result in the inability of the program to certify me as a Medical Cannabis Program
participant. Additionally, I understand that the revocation will not apply to information that has
already been released in response to this authorization. The information disclosed pursuant to the
authorization is subject to potential re-disclosure by the recipient, and will not be protected by the
HIPAA privacy rule. I understand that this disclosure is voluntary and that signing this form is not
necessary in order to receive treatment from DOH. This release is required, however, to verify
your eligibility for the Medical Cannabis Program.

This authorization will expire in one (1) year unless a different expiration date is specified here:
___/___/___

Signature Participant or Personal Representative: _____
Print Name: _____
Date: _____

If this form is signed by a personal representative, a witness must sign below:

Witness Signature _____ Date: _____

Mailing Address:
1190 St. Francis Drive, Suite S-1306
P.O. Box 26110
Santa Fe, NM 87502

Fax: 505-827-2862
Phone: 505-827-2321
Email: medical.cannabis@state.nm.us



New Mexico Department of Health
Public Health Division
Medical Cannabis Program

Application Requirements for Licensure of Qualified Patients to Produce Cannabis Plants for Personal Use Only

Qualified patients who wish to produce medical cannabis for their personal use must obtain an additional license under Title 7; Chapter 34; Part 4 NMAC, Licensing Requirements for Producers, Production Facilities and Distribution.

Medical Cannabis can only be grown on the licensed patients property.

The qualified patient must provide the following information in order to be considered for a license to produce medical cannabis:

Applicant Information:

Telephone Number: _____ Medical Cannabis Registry I.D. # _____

Name: _____ Date of Birth: _____

Address: _____

1. Describe the facility/home that will be used to produce medical cannabis.

2. Provide a detailed written plan that ensures the cannabis production will not be visible from the street or any other public areas.

3. Describe any device(s) that will be used for security.

4. If your household earns less than 400% of the Federal Poverty Guidelines, there is no fee to receive a license (for example, a household of one earning less than \$3,610 per month is below 400% of the Federal Poverty Guidelines). Qualified patients who live in a household that earns more than 400% of the Federal Poverty Guidelines must pay a non-refundable fee of \$15.00 to receive a license to produce medical cannabis. **If you are above 400% of the Federal Poverty Guidelines**, please include a check or money order for \$15.00 payable to the New Mexico Department of Health Medical Cannabis Program with your application.

My household makes **less** than 400% of the Federal Poverty Guidelines (no fee).

My household makes **more** than 400% of the Federal Poverty Guidelines **and** a \$15 non-refundable check or money order is included.

By signing below I certify that all the information submitted above is complete and correct. I also acknowledge that I have read and will abide by the limitations and restrictions on my right to use, possess, and produce medical cannabis as stated in the Lynn and Erin Compassionate Use Act and in New Mexico Administrative Code 7.34.4. This limits me to four (4) mature plants and twelve (12) immature seedlings and an adequate supply for personal use.

Applicant Signature: _____

Date: _____

All applications should be sent to:
Medical Cannabis Program
Infectious Disease Bureau
New Mexico Department of Health
1190 St. Francis, Drive, S-1306
Santa Fe, NM 87502

Contact the Medical Cannabis Program at:
Phone: 505-827-2321
Fax: 505-827-2862
Email: Medical.Cannabis@state.nm.us

Note: The Department of Health may verify information on each application and accompanying documentation by any or all of the following means:

- contacting the qualified patient by phone or mail;
- conducting an on-site visit;
- requiring a face-to-face meeting and additional identification materials if proof of identity is uncertain;
- requesting additional relevant information that the Department deems necessary

NM DOH use only: Approved: _____

Not Approved: _____

Coordinator Signature: _____

Date: _____