



New Mexico Department of Health
Medical Cannabis Program – Primary Caregiver Application

Applicant Name: _____ Date: _____

Address & Telephone Number:

Social Security Number: _____ Date of Birth: _____

Educational Background:

- Some High School, High School Diploma/GED, Trade School, Some College, Bachelor's Degree, Graduate Degree, Ph.D/M.D. Degree

Designation as a Primary Caregiver requires a federal and state criminal background check.
Have you ever been convicted of a felony? Yes No

If yes, please give detailed description and disposition of the conviction:

Please list the name (s) of participant (s) for whom you will be designated Primary Caregiver (A Primary Caregiver may be designated as such for up to 4 (four) participants enrolled in the Medical Cannabis Program)

Patient Name: _____ Patient Date of Birth: _____
Patient Name: _____ Patient Date of Birth: _____
Patient Name: _____ Patient Date of Birth: _____
Patient Name: _____ Patient Date of Birth: _____

NMDOH USE ONLY

Approved _____ Not Approved _____
Date Date

Medical Cannabis Coordinator Signature and Date: _____

Medical Director Signature and Date: _____