



Medical Cannabis Program Applicant Checklist

**Please refer to application form when completing checklist - many of the items required below are a part of the application.*

Qualified Participant Application Checklist for Adults

- Written certification form from certifying medical provider;
- Name, address, social security number and date of birth of the applicant;
- Name, address and telephone number of the applicant's certifying medical provider;
- Name, address and date of birth of the applicant's primary caregiver, if any;
- Copy of a driver's license, state identification card or passport;
- Signed consent for release of information form.

Qualified Patient Application Checklist for Minors

- Application requirements as above,
- Written documentation the qualifying participant's practitioner has explained the potential risks and benefits of the medical use of marijuana to the qualifying participant and to a parent, guardian or person having legal custody of the qualifying participant;
- Parent, guardian or person having legal custody consents in writing to allow the qualifying participant's use of medical marijuana; serve as one of the qualifying participant's primary caregivers; control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.

Primary Caregiver Application Requirements

- Proof of New Mexico residency;
- Birth certificate verifying that the applicant is at least eighteen years of age;
- Written approval by the qualified patient(s) and the qualified participant's medical provider (s) authorizing responsibility for managing the well-being of a qualified participant(s) with respect to the use of medical marijuana;
- Name, address, telephone number and date of birth of the qualified patient(s);
- Name, address and telephone number of the qualified patient's practitioner(s);
- Name, address, telephone number and date of birth of the applicant;
- Copy of driver's license, state identification card or passport;
- Signed consent for release of information form provided by the Medical Cannabis Program.