



Instructions

Reciprocal Licensee Registration and Reciprocal Participant Applications

The following instructions outline the steps for licensees:

- To register and apply as a Reciprocal Licensee, so that they may conduct sales to out of state medical cannabis program participants.
- Verify eligibility of reciprocal participants.
- Conduct a Patient Search.
- Submitting Reciprocal Participant Application(s).

Licensee Registration

1. Go to the Online Patient Portal at: <https://mcp-patient-tracking.nmhealth.org>
2. Click the **Create an Account** button.
3. Enter the account details:
NOTE: If the business is *Cannabis Are Us* then you will enter:
 - a. **First Name:** enter the business name (example: *Cannabis*).
 - b. **Last Name:** enter the business name (example: *Are Us*).
 - c. **NOTE:** Please ensure this is the name of the business as registered with the Cannabis Control Division.
 - d. **Date of Birth:** enter the birth date as 01/01/2000.
 - e. **I have a current card and want access to the sales and units history and my application:** leave this box unchecked.
 - f. **Email:** enter the email address that all staff will use when logging into the system.
 - g. **NOTE:** This email cannot be associated with any other business or individual.
 - h. **Password:** enter the password you wish to use.
 - i. **Password confirmation:** re-enter the password you wish to use.
4. Once you have created the account, you will receive an email to verify the email address.
5. Complete the steps outlined in that email.

6. Send an email to the Medical Cannabis Program (MCP) (Medical.Cannabis@doh.nm.gov) with the following details:
 - a. The name of your business (this will be the same business name you used in step 3 above.)
 - b. Reciprocal Login has been created.

Medical Cannabis Program

Once you send the email to the Medical Cannabis Program (MCP), the program will:

1. Confirm the business is licensed.
2. Grant rights to the licensee to enable reciprocal registration.
3. Send email notification to licensees informing them that the rights have been enabled so that they can login and complete a **Reciprocal Licensee Application** in the Online Patient Portal.
4. Once the **Reciprocal Licensee Application** is submitted, program staff will review and approve the application.
5. Send an email to the licensee letting them know that their **Reciprocal Licensee Application** is approved.

Reciprocal Participant Applications

These are the instructions for Licensee's to submit Reciprocal Participant Application.

Note: The Licensee drop-down menu is displayed to approved Licensees only. You must have an approved Reciprocal Licensee application and received your credentials (username and password) from the Medical Cannabis Program.

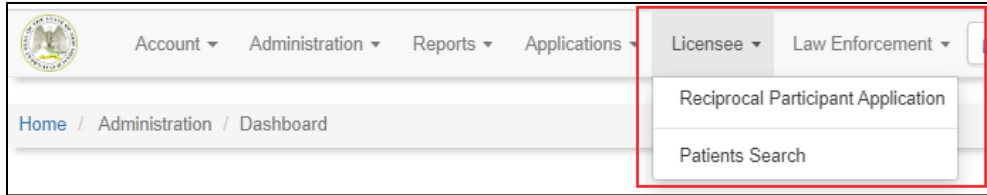
Verify Eligibility

1. Verify the Patient's:
 - Identification
 - Proof of enrollment
2. Verify that the state identification is from the same state as their proof of enrollment and is not expired.
3. Verify that the proof of enrollment is from a State or Government entity and is not expired.

NOTE: Letters from a medical provider or letter of recommendation are not accepted.

Patients Search

1. Access the following URL: <http://mcp-patient-tracking.nmhealth.org/>
2. Login using the credentials sent by the Medical Cannabis Program in step one above.
3. Select the **Licensee** drop-down menu, the select **Patients Search**.



4. Enter the **First Name**, **Last Name** and **Date of Birth** for the out of state patient.
5. If the search results include the patients name, this person is already a registered Reciprocal Participant.

Patients Search

Search result is limited to 10 records for each Application Type.

Search [Reset] First Name: reciprocal Last Name: participant Date of Birth: 01-01-1980

Action	Barcode	Type	First Name	Last Name	Date of Birth
Preview	RPY3898W5J	reciprocal_participant	Reciprocal	Participant	01-01-1980

6. Proceed with a medical sale using the Patients **Barcode**.
7. If the search returns **No Data** this person is not currently registered as a Reciprocal Participant. You will need to create and submit a **Reciprocal Participant Application**.

Patients Search

Search result is limited to 10 records for each Application Type.

Search [Reset] First Name: reciprocal Last Name: participant Date of Birth: 01-01-1980

No Data Add New Application: Reciprocal Participant Application

Add New Application

1. Click the **Reciprocal Participant Application** button.



2. Complete the **Reciprocal Participant Application** by entering the required information:
 - **Cannabis Retailer Information**
 - *Cannabis Retailer Name*
 - *Cannabis Retailer License Number*
 - **Reciprocal Patient Information**
 - *First Name*
 - *Last Name*
 - *Date of Birth*
 - *Phone*
 - **Mailing Address**
 - *Address*
 - *Zip Code*
 - **State** - the Patient must not be a resident of New Mexico.
 - *City*
 - **State Certified for Medical Cannabis**
 - **Upload a Driver's License or State Issued Identification** - identification must be from the same state, the District of Columbia, a territory or commonwealth of the United States, or a New Mexico Indian nation, tribe, or pueblo as my enrollment in a medical cannabis program.
 - **Upload Medical Cannabis Card** - Proof of authorization to participate in a medical cannabis program of another state, the District of Columbia, a territory or commonwealth of the United States, or a New Mexico Indian nation, tribe, or pueblo; this does not include letters from a medical provider or on-line third-party non-governmental entities.
 - **Date**
 - **Signature** – the application must be signed by the **Patient**, not an employee of the Licensee.
3. Click the **Review** button.
4. Read the attestation, then click the **Ok** button.

Attention!




By submitting this application, you are certifying that you have reviewed all materials presented by the reciprocal participant and affirm the materials are in compliance with current requirements, including: the proof of authorization to participate in another medical cannabis program is valid and issued by a governmental entity; the government-issued photo ID is from the same legal jurisdiction as the proof authorization; the reciprocal participant is not a New Mexico resident; and, the registration was signed by the reciprocal participant or their legal caregiver. Failure to adhere to these requirements may result in disciplinary or legal actions against the submitting individual and/or organization.

Ok

5. Click the **Submit** button.
6. Click the **Print** button.

This Application is complete.

To print the Reciprocal Patient Information click  **Print**

Or you can do this later for the [Patients Search](#)

7. Proceed with a medical sale using the Patients **Barcode**.

Print Patient Information

The **Print** Patient Information function is also available from the **Patient Search** if results are returned.

1. Click the **Preview** button.

Patients Search

Search result is limited to 10 records for each Application Type.

<input type="button" value="Search"/>	<input type="button" value="Reset"/>	First Name reciprocal	Last Name participant	Date of Birth 01-01-1980	
<input type="button" value="Preview"/>	Barcode RPY3898W5J	Type reciprocal_participant	First Name Reciprocal	Last Name Participant	Date of Birth 01-01-1980

2. Click the **Print** button.

Preview

RPY3898W5J

NMDOH Medical Cannabis Program

NEW MEXICO
Department of Health
Medical Cannabis Division

Reciprocal Participant Name: Reciprocal Participant
Barcode/ID Code: RPY3898W5J
Date of Birth: 01-01-1980
Expiration Date: 05-06-2027

Paragraph 7.14.27 NMCS: A person whose license is registered as a reciprocal participant in the State of New Mexico Medical Cannabis Program. The person whose name and date of birth appear on this license must be in possession of a valid driver's license or other state-issued identification in the State of New Mexico. In addition to this license, the person must hold proof of authorization to participate in the medical cannabis program of another state, the District of Columbia, a territory or commonwealth of the United States of New Mexico Indian Nation, tribe or pueblo.

Paragraph 7.14.27.1 NMCS: Any individual who, up to 425 grams per 90 days, will use a qualified patient or primary caregiver possessing a valid New Mexico enrollment card shall not be charged the Cannabis Excise Tax.

RPY3898W5J

Medical Cannabis Program (505) 827-2321
(Monday - Friday from 8:00 AM - 12:00 PM and 1:00 PM - 4:30 PM)

Law Enforcement Line (505) 231-6740 to verify program enrollment
This is for law enforcement only.

Regulations - Reciprocity

The regulations related to Reciprocity 7.34.3.22 NMAC, can be found here:

<https://www.srca.nm.gov/nmac-home/nmac-titles/title-7-health/chapter-34-medical-use-of-cannabis/>

Additional Resources

Visit the Medical Cannabis Program website for additional resources related to Licensees and Reciprocal Participants.

<https://www.nmhealth.org/about/mcp/svcs/pdb/>