

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 **Registration** button.
3. Click the **Dispensary** button.
4. Enter the account details:
 - a. **First Name:** enter the first name of the business owner or designee.
 - b. **Last Name:** enter the last name of the business owner or designee
 - c. **NOTE:** Please ensure this is the name of the business owner who is registered with the Cannabis Control Division.
 - d. **Date of Birth:** enter the birth date of the business owner or designee.
 - e. **Email:** enter the email address of the business owner or designee.
NOTE: This email cannot be associated with any other business or individual.
 - f. **Password:** enter the password you wish to use.
 - g. **Password confirmation:** re-enter the password you wish to use.
5. Once you have created the account, you will receive an email to verify the email address.
6. Complete the steps outlined in that email.

Complete the Reciprocal Licensee Application

1. Click the **Applications** menu, then select **Reciprocal Licensee**.
2. Enter the Applicant Information
 - a. First name
 - b. Last Name
 - c. Phone
 - d. Email



3. Enter the Licensee Information
 - a. Licensee Name – this is the name of the business as licensed by the Regulation and Licensing Department, Cannabis Control Division.
 - b. UBI Number – this is the unique BioTrack Identification number, assigned by the Regulation and Licensing Department, Cannabis Control Division.
4. Enter the Location Information
 - a. Store Location Name
 - b. License #

NOTE: Repeat this for each of your licensed retail locations.
5. Licensee Attestation and Signature
 - a. Read this section thoroughly; it outlines your responsibilities as a Reciprocal Licensee and the requirements you must adhere to when registering Reciprocal Participants.
 - b. Sign the application.
6. Click the **Submit** button.

Once you submit your application, the Medical Cannabis Program staff will:

1. Verify your license with the Regulation and Licensing Department, Cannabis Control Division.
2. Review and approve the application.

NOTE: You will receive an automated email once your application has been approved.

Create Staff Accounts

Staff accounts must be created for members of your staff who will be creating and submitting Reciprocal Participant applications on behalf of your dispensary. Only the Licensee or designated managers can create staff accounts.

1. Click the **Staff Accounts** menu then click Create Staff Account
2. Enter the Staff Account information
 - a. First Name
 - b. Last Name
 - c. Date of Birth
 - d. Email – the email address must be unique to them as an employee, if they are also a Patient, they must use a different email address than the one they use for the patient account.
 - e. Location – select the Store Location this staff member works at.
 - f. Click the **Create Staff Account** button.
 - g. Click the **Staff Accounts** menu then click **Staff Accounts List**.



- h. Assign the Role for the account you just created.
 - i. Sub-Accounts Manager
 - ii. Sub-Accounts Employee
- i. Your staff will receive an email notification with the link to login and temporary password.

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.

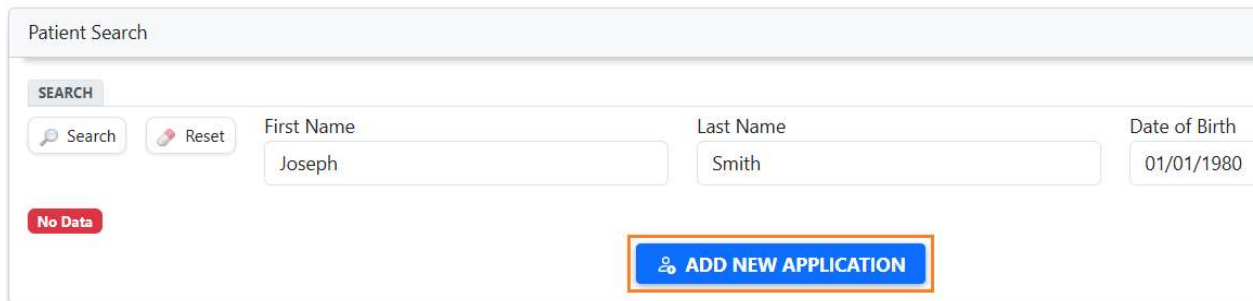
NOTE: Letters from a medical provider or letter of recommendation are not accepted.

Patients Search

1. Access the following URL: <http://mcp-patient-tracking.nmhealth.org/>
2. Click the Applications menu and select Reciprocal Participant



3. Enter the **First Name**, **Last Name** and **Date of Birth** for the out of state patient.
4. If the search results include the patient's name, this person is already a registered Reciprocal Participant and cannot be re-registered.
5. Proceed with a medical sale using the Patients **Barcode**.
6. 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**.

A screenshot of a 'Patient Search' form. The form has a light blue header with the text 'Patient Search'. Below the header is a search bar with a 'SEARCH' button. To the right of the search bar are three input fields: 'First Name' (containing 'Joseph'), 'Last Name' (containing 'Smith'), and 'Date of Birth' (containing '01/01/1980'). There are also 'Search' and 'Reset' buttons. Below the search bar is a red button labeled 'No Data'. At the bottom right of the form is a blue button labeled 'ADD NEW APPLICATION' with a person icon.

7. Click the **Add New Application** button.



Reciprocal Participant Application

1. Complete the **Reciprocal Participant Application**.
2. Licensee Information
 - a. Licensee Name – auto-populated
 - b. Cannabis Retailer Information – select the store location
 - c. Cannabis Retailer License Number – auto-populated
3. Reciprocal Patient Information
 - a. First Name
 - b. Last Name
 - c. Date of Birth
 - d. Phone
 - e. Email
 - f. How do you wish to receive your Reciprocal Patient ID Card?
 - Phone (SMS)
 - Email
4. Address
 - a. Street Address
 - b. Zip
 - c. City
 - d. State - the Patient must not be a resident of New Mexico.
5. Documents Upload
 - a. Driver's License or State Issued Identification - upload a Driver's License or State Issued Identification
 - b. State Certified for Medical Cannabis – select the state where the out of state patient was certified for medical cannabis.
 - c. Expiration Date of Proof of Authorization
 - d. Proof of Authorization – upload the proof of authorization
6. Reciprocal Patient Attestation and Signature
 - a. Allow the Patient to read this section thoroughly; it outlines the requirements of the program and their signature indicates that they will adhere to the requirements.
 - b. Sign the application.
7. Click the **Submit** button.

NOTE: The Patient will receive a text message and/or an email with a link and passcode to access their Reciprocal Participant card.
8. Proceed with a medical sale using the Patients **Barcode**.



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/>