

Illinois Medical Cannabis Program Extension - Registry Identification Card



PATIENT REGISTRY CARDHOLDER INFORMATION

My Registry Card Number is:				
QP. _____		or	MQP. _____	
First Name	Middle Name	Last Name		
Home Address		Apartment or Suite #		
City	County	State: IL	Zip Code	
Telephone Number (###-###-####)		Email Address		
Date of Birth (mm/dd/yyyy)		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female

DID YOUR ADDRESS CHANGE? No Yes – You must attach a color copy of your driver's license or state ID to verify your new address

CERTIFICATIONS

I certify the information provided is true and accurate to the best of my knowledge.

Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my Illinois Medical Cannabis Qualifying Patient Registry Identification Card and other administrative, civil or criminal penalties.

I certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the Act;
- (iii) any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual's ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the Act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

SIGNATURE OF QUALIFYING PATIENT

DATE (mm/dd/yyyy)



Do you currently have a caregiver? Extend your caregiver’s registry card now. If you do not have a caregiver, but need one, print the DESIGNATED CAREGIVER APPLICATION <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/medical-cannabis-registry-application>

CAREGIVER INFORMATION (EXISTING CAREGIVERS ONLY)

My Caregiver Registry Card Number is:			
CG. _____		or	MCG. _____
First Name	Middle Name	Last Name	
Home Address		Apartment or Suite #	
City	County	State: IL	Zip Code
Telephone Number (###-###-####)		Email Address	
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

DID YOUR ADDRESS CHANGE? No Yes – You must attach a color copy of your driver’s license or state ID to verify your new address

CERTIFICATIONS

I certify the information provided is true and accurate to the best of my knowledge.

Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my Illinois Medical Cannabis Qualifying Patient Registry Identification Card and other administrative, civil or criminal penalties.

I certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the Act;
- (iii) any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual's ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the Act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

SIGNATURE OF CAREGIVER

DATE (mm/dd/yyyy)