

NEVADA MEDICAL MARIJUANA REGISTRY FACTS

Please read carefully before submitting your application. All fees collected by the Nevada Medical Marijuana Registry are non-refundable.

- ❖ All required cardholder/caregiver application forms must be filled out completely. Incomplete or illegible application packets will be returned, delaying the acceptance process.
- ❖ Issuance of a Nevada Medical Marijuana Registry card does not exempt the holder from prosecution under the state or federal laws that apply to marijuana and is not recognized by the federal government. NRS 453A is a state law, it does not address federal laws. It is recommended you discuss the limitations and liabilities that are associated with existing federal laws with your personal attorney.
- ❖ The registry card is issued for use in Nevada, and may not be recognized in other states.
- ❖ NRS 453A.200 allows the holder of a valid card to possess: (Effective April 1, 2014 through March 31, 2016)
 - Two and one half ounces of usable marijuana in any one 14 day period
 - Twelve marijuana plants, irrespective of whether the marijuana plants are mature or immature
- ❖ "Marijuana" includes, without limitations edible and infused products as defined in NRS 453A.101 and 112.
- ❖ "Usable marijuana," as defined in NRS 453A.160, means the seeds, dried leaves and flowers of a plant of the genus Cannabis, and any mixture or preparation thereof that is appropriate for the medical use of marijuana. The term does not include the stalks and roots of the plant.
- ❖ A person under 18 must have permission from their custodial parent or legal guardian who is in charge of medical decisions. The parent or guardian must act as the minor's primary caregiver. A Minor Release Form must be submitted with the application packet.
- ❖ The Medical Marijuana Registry cannot advise you on where to obtain marijuana.
- ❖ The Medical Marijuana Registry cannot make physician or caregiver referrals.
- ❖ A Medical Marijuana Registry card is good for one year. Your registry card must be renewed annually. If you lose your card, please contact the Medical Marijuana Registry immediately at (775) 687-7594. Do not call the Department of Motor Vehicles (DMV).
- ❖ The Medical Marijuana Registry must be notified in writing of the following changes to Cardholder or Caregiver information or status within 7 days of the change. Cardholder and Caregiver registry identification card can be revoked if you fail to notify us of these changes and this could prevent future entry into the Registry.
 - Change of address
 - Adult persons living at residents
 - Change of phone number
 - Change in medical status
 - Change of status with regard to criminal convictions
 - Changes pertaining to designated caregivers
- ❖ If you leave the Medical Marijuana Registry, you must return your cardholder/caregiver registry identification card to the Medical Marijuana Registry within 7 days.
- ❖ You must be a resident of Nevada as evidenced by a current Nevada driver's license or identification card issued by the Nevada Department of Motor Vehicles. Seasonal driver's license or identification cards are not accepted.
- ❖ You will receive a temporary acceptance letter, by mail, when your application and background approval process begins.
- ❖ Once the application process has been completed, you will be notified, by mail, of acceptance into the Medical Marijuana Registry.
- ❖ If accepted, you will be instructed to complete the process by taking your approval letter to an approved location of the Department of Motor Vehicles to have your Registry card made. Please do not contact the Department of Motor Vehicles until you have received this acceptance letter.
- ❖ Your registry card does not replace your driver's license or identification card
- ❖ If denied, you will receive, by certified mail, a letter of explanation with reason(s) for denial.

Please refer to our website <http://www.health.nv.gov> for Nevada Revised Statutes 453A and Nevada Administrative Code 453A. The laws and regulations can also be found at the Nevada State Library and county libraries.

Nevada Division of Public and Behavioral Health
Medical Marijuana Registry
4150 Technology Way, Suite 104
Carson City, NV 89706
(775) 687-7594

**Nevada Division of Public and Behavioral Health
Medical Marijuana Registry Cardholder Application Packet
Renewal**

The following forms must be submitted with **original signatures**, copies will not be accepted. Application packets must be submitted to the Division of Public and Behavioral Health by the cardholder or caregiver of record, and must be **postmarked** on or before the date of expiration of the current card. Acceptance notification will be mailed to the address provided on the application.

- _____ **Registration Application Form:** This form must be filled out completely. Please note that the application number assigned is associated with the cardholder/caregiver of record and is **not transferable**. Caregiver information should be noted in the cardholder application, section B. If none, please write "NONE" in section B.
- _____ **Acknowledgement Form:** This form must be signed by a Notary Public and must include a valid notary seal.
- _____ **Waiver Form:** This form must be signed by a Notary Public and must include a valid notary seal.
- _____ **Attending Physician's Statement Form:** This form must be filled out completely by a Nevada Licensed Physician and include original signature and date. Attending Physician's Statements older than 3 months will not be accepted. **Caregivers do not have to complete this form. Caregiver information shall be noted on the Patient Attending Physician Statement in section C. If none, physician shall write "NONE" in section C.**
- _____ **Photocopy of Nevada ID:** You must provide a copy of your Nevada Driver's License or Nevada ID Card issued by the Nevada Department of Motor Vehicles. The Medical Marijuana Registry card or Seasonal ID cards will not be accepted.
- _____ **Registration Fee:** Include a check, money order, or cashier's check made payable to the Division of Public and Behavioral Health (DPBH) in the amount of \$75.00.

Please be aware that pursuant to NAC 453.100 the Division will request a name-based check of an applicant, a caregiver or the parent of a child from the Central Repository for Nevada Records of Criminal History and, if such check is inadequate to determine the criminal history of an applicant, caregiver or parent of a child, the Division may request a complete set of the fingerprints of the applicant and the designated primary caregiver, if any.

Please be aware that pursuant to NRS 453A.250 and NAC 453A.150:

1. A cardholder may have only one caregiver;
2. A caregiver can only be a caregiver to one cardholder; and
3. A cardholder cannot be a caregiver to another cardholder.

Mail completed forms to:
Division of Public and Behavioral Health
Medical Marijuana Registry
4150 Technology Way, Suite 104
Carson City, NV 89706

Please be advised that incomplete, illegible, or expired packets will be returned and may result in a significant delay in the processing of you application.

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Nevada Division of Public and Behavioral Health
Medical Marijuana Registry
4150 Technology Way, Suite 104
Carson City, NV 89706
(775)-687-7594

ACKNOWLEDGEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

- 1. **The federal government does not recognize the medical marijuana card and does not exempt the holder from prosecution under federal law.** _____
Initial
- 2. **The medical marijuana registry card is issued for use in Nevada, and may not be recognized by other states.** _____
Initial
- 3. **“The state must not be held responsible for any deleterious outcomes from the medical use of marijuana by any person.” NRS 453A.810.** _____
Initial

I, _____, acknowledge that I have read and understood the statements above.

Dated this _____ day of _____, 20_____

Signature of Person Acknowledging Statement

State of Nevada
Notary Public in and for said County of _____

This instrument was acknowledged by _____ on this _____ day of _____, 20_____

(Notary Seal)

Signature of Notary

WAIVER

MEDICAL MARIJUANA REGISTRY WAIVER AND LIABILITY RELEASE

In consideration for my participation in the *Medical Marijuana Registry*, I, _____, do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I, on behalf of myself and my heirs, executors, administrators, successors and assigns, do hereby unconditionally release and forever discharge from liability and promise to indemnify and hold harmless the State of Nevada, including but not limited to, the Department of Public Safety, the Division of Public and Behavioral Health, and each and all of their agents, contractors, officers and employees, in both their official and individual capacities from any and all legal actions, except judicial review as specifically provided in the Medical Marijuana law, to include all claims, demands, actions, judgment, executions, costs, expenses, attorneys' fees, and rights to compensation whatsoever, that I now have, or may have, or claim to have which were created by, arose out of or may arise out of, directly or indirectly my participation in the Medical Marijuana registry.

RELEASE OF INFORMATION

I authorize, for the term of registration, the State of Nevada, the Department of Public Safety, its agents or employees to release all information they may have concerning me as is necessary to process my application. This would include, but not be limited to, the release of the information necessary for obtaining a criminal background check, verifying my attending physician's status with the Board of Medical Examiners or Board of Osteopathic Medicine, providing information to the Department of Motor Vehicles for issuance of my registration card and providing information to the Nevada Highway Patrol if necessary to verify my registration in the registry.

This release of information may include, but not be limited to, information that is privileged or confidential or any sealed data or materials, or information ordered sealed in a court proceeding.

INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this application investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s).

Dated this ____ day of _____, 20__

Signature of Person Waiving Rights

State of Nevada
Notary Public in and for said County of _____

Subscribed and Sworn before me this ____ day of _____, 20__

(Notary Seal)

Signature of Notary

Renewal Application

PHYSICIAN INFORMATION PAGE

Some applicants have expressed concern that their physician will not recommend the use of medical marijuana. This page has been put together to help address that concern. Please refer to the Legislative website, www.leg.state.nv.us/NRS/Index.cfm, and go to NRS 453A for a complete copy of the law that authorizes this Registry.

NRS 453A.030, section 1 defines an attending physician as one who:

1. Is licensed to practice:
 - (a) Medicine pursuant to the provisions of chapter 630 of NRS; or
 - (b) Osteopathic medicine pursuant to the provisions of chapter 635 of NRS; and
2. Has responsibility for the care and treatment of a person diagnosed with a chronic or debilitating medical condition.

Under NRS 453A.040 and 050 a physician has been asked to do the following:

1. State that the patient/applicant has a qualifying disease:
 - a. Acquired Immune Deficiency Syndrome (AIDS)
 - b. Cancer
 - c. Glaucoma
 - d. Post-Traumatic Stress Disorder (PTSD)
 - e. A medical condition or treatment that produces one or more of the following:
 - (a) Cachexia
 - (b) Persistent muscle spasms, such as spasms caused by multiple sclerosis
 - (c) Seizures, such as seizures caused by epilepsy
 - (d) Severe nausea
 - (e) Severe pain
 - f. Any other medical condition that is:
 - (a) Classified as a chronic or debilitating medical condition by regulation of the State Health Division, or
 - (b) Approved as a chronic or debilitating medical condition pursuant to a petition submitted in accordance with NRS 453A.710.
2. Approve of the patient's primary caregiver if the patient has one
 - a. A patient who is a minor must have a primary caregiver and that primary caregiver must be the patient's custodial parent or legal guardian in charge of medical decisions
3. Explain to the patient and the primary caregiver, if there is one, that the use of medicinal marijuana may mitigate the symptoms of the patient's qualifying disease.
4. Explain to the patient and the primary caregiver, if there is one, the possible risks and possible benefits of medicinal marijuana.
5. See a photo identification of the patient in order to verify that the patient is the person named on the application. This would also apply to the caregiver if the patient has a caregiver.

NRS 453A.500 states, "Board of medical examiners prohibited from taking disciplinary action against attending physician on basis of physician's participation in certain activities in accordance with chapter..."

ATTENDING PHYSICIAN'S STATEMENT
Medical Marijuana Registry

Renewal Application



PLEASE RETURN FORM TO PATIENT

ISSUANCE OF A STATE OF NEVADA MEDICAL MARIJUANA REGISTRY CARD DOES NOT EXEMPT THE HOLDER OR OTHER PERSONS FROM PROSECUTION OR ADMINISTRATIVE ACTIONS UNDER FEDERAL LAW PER NRS 453A.810

"THE STATE MUST NOT BE HELD RESPONSIBLE FOR ANY DELETERIOUS OUTCOMES FROM THE MEDICAL USE OF MARIJUANA BY ANY PERSON"

Instructions: Please complete all information in order to comply with the registration requirements of NRS 453A. This form does not constitute a prescription for marijuana.

A	PATIENT INFORMATION							
	PATIENT NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH						
B	PHYSICIAN INFORMATION							
	PHYSICIAN NAME (PLEASE PRINT)							
	OFFICE MAILING ADDRESS	OFFICE TELEPHONE #						
	CITY, STATE, ZIP CODE							
	NEVADA STATE MEDICAL LICENSE NUMBER							
C	PHYSICIAN'S STATEMENT							
	<p><u>Debilitating Medical Condition. Check appropriate boxes</u></p> <p><input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Glaucoma</p> <p><input type="checkbox"/> Post-Traumatic Stress Disorder (PTSD)</p> <p><input type="checkbox"/> A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%;"><input type="checkbox"/> Cachexia</td> <td style="width:50%;"><input type="checkbox"/> Severe Pain</td> </tr> <tr> <td><input type="checkbox"/> Severe nausea</td> <td><input type="checkbox"/> Seizures, including, without limitation, seizures caused by epilepsy</td> </tr> <tr> <td><input type="checkbox"/> Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis</td> <td></td> </tr> </table>		<input type="checkbox"/> Cachexia	<input type="checkbox"/> Severe Pain	<input type="checkbox"/> Severe nausea	<input type="checkbox"/> Seizures, including, without limitation, seizures caused by epilepsy	<input type="checkbox"/> Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis	
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<input type="checkbox"/> Severe nausea	<input type="checkbox"/> Seizures, including, without limitation, seizures caused by epilepsy							
<input type="checkbox"/> Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis								
	Comments:							
	Caregiver Name (If patient is a minor the caregiver MUST be the custodial parent or the guardian in charge of medical decisions.)	Caregiver Date of Birth						
	<p>- I HEREBY CERTIFY THAT I, A DULY LICENSED PHYSICIAN TO PRACTICE MEDICINE IN NEVADA UNDER NRS 630 OR 633, HAVE PRIMARY RESPONSIBILITY FOR THE CARE AND TREATMENT OF THE ABOVE-NAMED PATIENT.</p> <p>- THE ABOVE-NAMED PATIENT HAS BEEN DIAGNOSED WITH A DEBILITATING MEDICAL CONDITION AS LISTED ABOVE. MARIJUANA MAY MITIGATE THE SYMPTOMS OR EFFECTS OF THIS PATIENT'S CONDITION.</p> <p>- I APPROVE OF THE ABOVE-NAMED CAREGIVER, (IF THERE IS ONE).</p> <p>- I HAVE EXPLAINED TO THE ABOVE-NAMED PATIENT, AND THE ABOVE NAMED CAREGIVER, (IF ANY NAMED) THE POSSIBLE RISKS AND BENEFITS OF THE MEDICAL USE OF MARIJUANA.</p> <p>- I ALSO CERTIFY THAT I HAVE SEEN A PHOTO IDENTIFICATION OF THIS PATIENT AND CAREGIVER, (IF THERE IS ONE) VERIFYING THAT HE/SHE IS THE PATIENT OR CAREGIVER (IF THERE IS ONE) NAMED ON THIS "ATTENDING PHYSICIAN'S STATEMENT."</p>							
	THIS IS NOT A PRESCRIPTION FOR THE USE OF MEDICAL MARIJUANA							
	Physician's signature (Sign in BLUE ink)	Date:						

Renewal Application

**REGISTRATION APPLICATION FOR PARTICIPATION IN THE
Nevada Medical Marijuana Registry**

Renewal Application

MAIL FORM TO: Division of Public and Behavioral Health
Medical Marijuana Registry
4150 Technology Way, Suite 104
Carson City, Nevada 89706



Issuance of a state of Nevada Medical Marijuana Registry Card does not exempt the holder from prosecution under federal law

Per NRS 453A.810 "The state must not be held responsible for any deleterious outcomes from the medical use of marijuana by any person"

Instructions: Please complete all information in order to comply with the registration requirements of NRS 453A. Please attach copies of required identification. Please type or print legibly.

A APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH
PHYSICAL ADDRESS		PRIMARY PHONE NUMBER
CITY, STATE, ZIP CODE		SECONDARY PHONE NUMBER
MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
SOCIAL SECURITY NUMBER	NEVADA DRIVER'S LICENSE	OR NEVADA I.D. NUMBER
PHOTO IDENTIFICATION: A PHOTOCOPY OF ONE OF THE FOLLOWING IS ATTACHED: PLEASE CHECK APPROPRIATE BOX. [] DRIVER'S LICENSE [] IDENTIFICATION CARD		
HAVE YOU EVER BEEN CONVICTED OF A CRIME RELATED TO THE SALE OF A CONTROLLED SUBSTANCE? YES _____ NO _____		

B PRIMARY CAREGIVER/GUARDIAN INFORMATION (if applicable)

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH
(If cardholder is a minor, the caregiver MUST be the custodial parent or the guardian in charge of medical decisions) SEE ATTACHED CAREGIVER APPLICATION		(Office use only) ASSIGNED #
PRIOR TO THIS CAREGIVER HAVE YOU HAD A DESIGNATED CAREGIVER? NO _____ YES _____		
IF YES, GIVE PREVIOUS CAREGIVER'S FULL NAME AND DATE OF BIRTH:		

C PLANS FOR GROWING MARIJUANA - REQUIRED

Participants in the Nevada Medical Marijuana Registry (MMR) must designate their physical address as their grow site. The only exception is when a participant has a primary caregiver.

I PLAN TO GROW MARIJUANA AT THE FOLLOWING LOCATION: [] Applicant's Address [] Caregiver's Address

NAMES OF OTHER ADULTS LIVING AT THE MEDICAL MARIJUANA GROW SITE:

The MMR is not a resource for the growing process and does not have information to give to cardholders

D SIGNATURE AND DATE

I TESTIFY THAT THE ABOVE INFORMATION IS TRUE, and give permission for my physician to release medical information and records requested by the Division of Health's Medical Marijuana Registry representative.

APPLICANT SIGNATURE – (Sign in BLUE Ink)	DATE
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OFFICE USE ONLY

Reviewed By: _____ Date: _____	Authorized to cultivate, grow, produce: Yes: _____ No: _____	Approve: _____ Deny: _____	Card Expiration Date: _____	Assigned Number: _____
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EMPLOYER INFORMATION PAGE

453A.510

Professional licensing board prohibited from taking disciplinary action against licensee on basis of licensee's participation in certain activities in accordance with chapter. A professional licensing board shall not take any disciplinary action against a person licensed by the board on the basis that:

1. The person engages in or has engaged in the medical use of marijuana in accordance with the provisions of this chapter; or
2. The person acts as or has acted as the designated primary caregiver of a person who holds a registry identification card issued to him pursuant to paragraph (a) of subsection 1 of NRS 453A.220.

NRS 453A.800

Costs associated with medical use of marijuana not required to be paid or reimbursed; medical use of marijuana not required to be accommodated in workplace. (Effective April 1, 2014 through March 31, 2016) The provisions of this chapter do not:

1. Require an insurer, organization for managed care or any person or entity who provides coverage for a medical or health care service to pay for or reimburse a person for costs associated with the medical use of marijuana.
2. Require any employer to accommodate the medical use of marijuana in the workplace.
3. Require an employer to modify the job or working conditions of a person who engages in the medical use of marijuana that are based upon the reasonable business purposes of the employer but the employer must attempt to make reasonable accommodations for the medical needs of an employee who engages in the medical use of marijuana if the employee holds a valid registry identification card, provided that such reasonable accommodation would not:
 - a. Pose a threat of harm or danger to persons or property or impose an undue hardship on the employer; or
 - b. Prohibit the employee from fulfilling any and all of his or her job responsibilities.

WARNING

Nevada Revised Statutes 484 – Traffic Laws

Pursuant to NRS 484 – Traffic Laws, a person who has a registry Identification card issued by the Division of Public and Behavioral Health is NOT exempt from prosecution if:

1. *They drive, operate, or control a vehicle or vessel under power or sail while under the influence of medical marijuana. Unlawful amounts of marijuana in the blood or urine, per N.R.S. 484.379, are 10 nanograms per milliliter of urine and 2 nanograms per milliliter of blood.*
2. *They water ski, surfboard or use any similar device while under the influence of medical marijuana.*
3. *They operate an aircraft while under the influence of medical marijuana.*
4. *They have physical possession of a firearm while under the influence of medical marijuana.*
5. *They embark on an amusement ride while under the influence.*
6. *The possession of the marijuana or drug paraphernalia is discovered because the person engaged or assisted in the medical use of marijuana:*
 1. *In a public place.*
 2. *In a detention facility, county jail, state prison.*