

## Department of Consumer Protection

### Website and create patient e-mail account:

1. Go to [WWW.CT.GOV/DCP/MMP](http://WWW.CT.GOV/DCP/MMP) (Always start with this website)
2. On left side of page, click on, “**Online application**” link
3. You will be sent to a “**Biznet.gov**” site
4. Click “**on create new account**” tab.
5. Use your e-mail to register that will be given to physician as a login e-mail. If you do not provide a personal e-mail, the qualifying doctor can issue one through the state. However, you **will not** be sent any confirmation e-mails or a temporary 30 day certificate. Therefore, **suggested to use your personal e-mail.**
6. After your e-mail account is created, you will be sent a confirmation e-mail from the state indicating your e-mail is now registered.
7. Suggested that you create your account **PRIOR** to doctor appointment.
8. The system will only allow you to proceed with logon and application process **ONLY** when the physician has completed their portion of the registration.

### Patient Registration Process overview:

Physicians may certify qualified patients for the palliative use of marijuana through an online registration system that the Department of Consumer Protection has developed.

If you are a patient seeking to register with the Department’s Medical Marijuana Program you must:

#### **Make an Appointment with Your Physician:**

- Only your physician can initiate your application by certifying for the Department that you have a medical condition that qualifies you for a medical marijuana registration certificate.
- If your physician decides to certify you for a medical marijuana registration certificate, he or she will ask you for a number of things including:
  - **A valid e-mail address:** This should be an email address that you are comfortable using in connection with your medical marijuana registration as it will be the primary method the Department will use to communicate with you. Therefore, please be careful before providing an email address that others can access or that belongs to your employer. *If you do not have a valid e-mail address, the system will provide a temporary e-mail address to your physician, which he or she will provide to you for purposes of completing your registration application. The temporary e-mail address will not otherwise be functional and the Department will communicate with you through other means.*
  - **A primary telephone number:** This should be a personal telephone number that the Department can use to contact you about your medical marijuana registration.
- Create a DAS Business Network Account so you can access the online registration system using the email address you provided to your physician.
- Log in to your account, verify that the information your physician submitted is accurate and answer a series of certification questions.
- **Submit the following: (See list in attached e-mail)**
  - Proof of Identity
  - Proof of Connecticut residency
  - Current passport size photograph
  - \$100.00 registration fee (checks/money orders should be made payable to "Treasurer, State of CT") You will be able to upload these documents and pay the fee when you submit your