

# CONNECTICUT MEDICAL MARIJUANA PROGRAM

## PATIENT REGISTRATION PROCESS

1 Start Here Register	2 Log In	3 Enter Caregiver Information if Applicable	4 Required Documentation and Photo	5 Fees
<p>Patients must create an account with the DAS Business Network to access the online certification system.</p> <p>Use the following link to register for a free account: <b><a href="https://www.biznet.ct.gov/dcp-mmprp">https://www.biznet.ct.gov/dcp-mmprp</a></b></p> <p><b>Please Note:</b> Make sure you have been certified by your physician before beginning the registration process.</p> <p>Follow all prompts and instructions during the process to ensure successful account creation and verification.</p> <p>After completing this one-time registration process and verifying your account via e-mail, you can log in and begin registration.</p>	<p><b><a href="https://www.biznet.ct.gov/dcp-mmprp">https://www.biznet.ct.gov/dcp-mmprp</a></b></p> <p>Log in using the e-mail address and password you established during the DAS Business Network registration process.</p> <p>Select the <b>“I am a Patient”</b> option and the system will prompt you to provide identifying information:</p> <ul style="list-style-type: none"><li>• Date of Birth</li><li>• E-mail Address</li></ul> <p>Review the information provided on the Patient Information webpage to ensure your information is correct.</p>	<p>Based on the patient’s debilitating medical condition, the physician can authorize a caregiver, if needed.</p> <p>Patients must complete the caregiver information and include a valid e-mail address for the caregiver to be able to complete their portion of the application.</p> <p>The caregiver must:</p> <ul style="list-style-type: none"><li>• Manage the well-being of a registered patient with respect to their palliative use of marijuana.</li><li>• Be at least eighteen (18) years of age or older;</li><li>• Not be the patient’s physician;</li><li>• Be responsible for only one (1) patient unless there is a parental, guardianship, conservatorship or sibling relationship with each patient.</li><li>• Be a parent, guardian or legal custodian where the adult patient lacks legal capacity.</li></ul>	<p>Select and either mail or upload one (1) of the following:</p> <ul style="list-style-type: none"><li>• Proof of Identity</li><li>• Proof of Residency</li><li>• Photo</li></ul> <p>If mailing documents, please send to:</p> <p>Connecticut Department of Consumer Protection Medical Marijuana Program 165 Capitol Ave, MS# 88MMP Hartford, CT 06106-1630</p> <p>Certifications: Patients must read and affirm each statement on the webpage by selecting <b>“Yes”</b>.</p>	<p>The patient application fee is \$100.00.</p> <p>The caregiver application fee is \$25.00.</p> <p>If mailing in the fee, please make check or money order payable to:</p> <ul style="list-style-type: none"><li>• <b>Treasurer, State of CT</b></li></ul> <p>The Department will not accept cash payments.</p> <p>Applicants paying by personal check will be subject to a holding period on their application until the check clears.</p> <p>A registration certificate expires one (1) year from the physician’s certification date.</p>