



Government of the District of Columbia
Department of Health
Health Regulation & Licensing Administration
Medical Marijuana Program



**PETITION TO CONSIDER
NEW MEDICAL CONDITION OR TREATMENT**

Any person or association of individuals may submit a petition to the Department of Health (DOH) to consider new qualifying medical conditions or treatments for the purpose of participating in the medical marijuana program.

Instructions:

- The application materials shall include responses to each of the questions specified in this application package.
 - DOH will notify the petitioner in writing within 14 business days that the request was received.
 - Incomplete applications may be returned to the petitioner.
- Petition responses and attachments must be typed legibly (preferably in 12-point font). Attachments must be clearly labeled and referenced in the text of the response.
- Petitions may be submitted electronically in PDF format to the Department's Medical Marijuana email address doh.mmp@dc.gov.
- Alternatively, petitioners may mail or hand-deliver the original petition and 7 copies to:
DC Medical Marijuana Program
899 North Capitol St NE, 2nd Floor
Washington, DC 20002
Attn: Patricia M. D'Antonio
- Hand-delivered petitions may be accepted from 8:30am to 4:30pm.
- It is highly recommended that petitions are sent in a way that ensures receipt of delivery.
- Petitioners should e-mail all written questions for clarification regarding the petition process to doh.mmp@dc.gov with "MMP-PETITION Question" in the subject line of the email message.
- Petitioners should monitor the Department's Medical Marijuana website <http://doh.dc.gov/mmp> for frequently asked questions/responses and other addenda to this announcement. Phone inquiries will not be accepted.
- DOH will communicate all questions and information pertaining to the petition in writing to the contact person identified on the submittal cover sheet.
- A petitioner may withdraw a petition at any time prior to a decision by the Medical Marijuana Scientific Subcommittee by filing a notice of withdrawal in writing to the DC Medical Marijuana Program using the email address or US Postal Address noted above.

Question 1: Please provide the following information:

Petitioner/Association Name

Petitioner/Association Mailing Address (PO Boxes are not accepted)

Contact Name & Title

Contact Email Address

Contact Telephone Number

Contact Fax Number

Signed Attestation completed by the Contact Person. Attestation document is the last page of this application.

Question 2: Please provide the name of the medical condition, medical treatment, or disease sought to be added to the existing conditions.

Question 3: Please provide an introductory narrative of the individual or association of individuals requesting the inclusion of the medical condition, medical treatment, or disease. Please include the individual or association of individuals' relationship or interest for the request.

Question 4: Please provide the proposed benefits from the medical use of cannabis specific to the medical condition, medical treatment, or disease.

- Please include a description of the symptoms and other physiological effects experienced by an individual suffering from the medical condition, treatment of the medical condition, or disease that may impair the ability of the individual to accomplish activities of daily living.
- Please provide the availability of conventional medical treatments to provide therapeutic or palliative benefit for the medical condition, medical treatment, or disease.

Question 5: Please provide any additional supporting medical, testimonial, or scientific documentation supporting why the medical condition, medical treatment, or disease should be added.

- Full articles must be included (no abstracts).

Question 6: For each petitioner that wishes to present technical evidence at a hearing scheduled by the subcommittee, please provide the following information:

- The name of each witness
- A curriculum vitae for each witness
- An estimate of the length of direct testimony of each witness
- A list of exhibits, if any, to be offered into evidence at the hearing
- A summary or outline of the anticipated direct testimony of each witness



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**PETITION TO CONSIDER
NEW DIAGNOSIS OR CONDITION
ATTESTATION**

I have had the opportunity to review the contents of this petition form, and all the attached documents. I fully acknowledge that by signing this petition that all of the information I provide is true and correct

Print Name

Signature

Date