Patient Application Instructions

PLEASE HAVE ALL DOCUMENTS READY TO UPLOAD ONCE YOU START AN APPLICATION. THE SYSTEM DOES NOT SAVE AN INCOMPLETE APPLICATION.

To apply for a patient registration identification card electronically, applicants shall submit a completed application to the Department on the required form, which shall include:

- Completed Patient Application Form
- Be prepared to upload:
    - A recent passport-type photograph in .jpeg format: the photograph of the applicant's face measuring two inches by two inches (2" X 2"), which clearly exposes the area from the top of the forehead to the bottom of the chin.
    - Clear copy of a U.S., state, or District government-issued photo ID as proof of identity (in pdf format)
    - Physician Recommendation Number
        - The recommendation must be dated no longer than ninety (90) days prior to the application date
    - Proof of District Residency
    - Proof to qualify for reduced application fee

Social Security Number
If applicant does not have social security number:
1. Submit the application with a sworn affidavit, under penalty of perjury, stating that the applicant does not have a social security number
2. Provide the Department of Health with social security information once a social security number has been obtained

When the application is complete submit the application fee along with the confirmation document to 899 North Capitol Street, NE 2ⁿᵈ Floor Washington, DC 20002 Attn: Medical Marijuana Program.

The application fee may be paid by certified check, money order, or cashier's check made payable to **DC TREASURER**; personal checks cannot be accepted. The registration fee is $100. The reduced fee for those that qualify is $25. Be sure to send payment in a manner that ensures receipt.

An applicant must provide all documentation to submit the application.