



STATE OF
OHIO
BOARD OF PHARMACY



Temporary Expansion of Caregiver Registration

Updated 3/23/2020

In order to expedite the caregiver registration process and reduce exposure to higher risk patients during the COVID-19 outbreak, the State of Ohio Board of Pharmacy issued the following guidance for caregiver registration:

- A patient can now have up to three caregivers, and caregivers can have up to three patients.
- Caregivers may now be added by Board staff using the process outlined below.

This guidance is being issued in accordance with a Board resolution adopted on March 2, 2020 and shall remain in effect until rescinded by the Board.

Registering a Caregiver

Caregivers may be linked to patients in one of two ways:

1. Through the patient's recommending physician. Please be advised that the State Medical Board of Ohio has [authorized recommending physicians to use telemedicine](#) in place of in-person visits. Patients are encouraged to contact their recommending physician to add additional caregivers via telemedicine.

-OR-

2. Submission of a Caregiver Registration Application directly to the Board of Pharmacy using the process outlined below. **NOTE:** This option is only available for patients who are already active in the registry.

Submitting Caregiver Registration Form Directly to the State of Ohio Board of Pharmacy

1. The potential caregiver completes and submits the Caregiver Registration Application, which starts on the next page. Completed forms and requested documentation must be submitted to: MMCPRegistry@pharmacy.ohio.gov.
2. Caregivers will receive an email to complete registration by paying the registration fee (\$25.00), in [the same manner previously outlined by the MMCP](#).
3. After the Board receives the completed application and registration fee, the Board is required to search seven separate databases pursuant to rule 3796:7-2-02 of the Ohio Administrative Code. During this time, any caregiver registration will be pending until the results of the database searches are reviewed. If an applicant for caregiver registration appears in any of the seven databases, the Board shall deny the caregiver registration. The caregiver status check can take up to seven business days to complete — but is typically much faster. When a caregiver's status is approved, the caregiver will receive an email. **Until the registration is approved, the caregiver applicant is not authorized to purchase, possess or administer medical marijuana.**

For any questions about caregiver registration, please call the Ohio Medical Marijuana Toll-Free Helpline at 1-833-4OH-MMCP (1-833-464-6627), or contact the Board via email at MMCPRegistry@pharmacy.ohio.gov.

Ohio Medical Marijuana Control Program Caregiver Registration Application



Eligibility Requirements:

1. Proof of being twenty-one (21) years of age or older, unless the applicant is the legal parent of a minor patient.
2. Forms of acceptable identification: unexpired United States passport, United States passport card, state-issued driver's license, or other state-issued identification issued by the Ohio bureau of motor vehicles (BMV).
NOTE: Expired identification may be used under certain conditions, see guidance [here](#).
3. Caregivers may serve as caregiver for a maximum of three patients.
4. Caregivers must serve as a caregiver to the qualifying patient named in Section B of the Caregiver Registration Application.
5. Upon submission of this form, caregivers will receive an email to complete their registration application, which requires an electronic payment of \$25.00. Instructions for payment are included in the email.

REMINDER: Ohio rules prohibit individuals from obtaining caregiver registrations who are included on one or more of the following databases:

1. The system for award management (SAM) maintained by the United States General Services Administration;
2. The list of excluded individuals and entities maintained by the office of inspector general in the United States Department of Health and Human Services pursuant to 42 U.S.C. part 1320a-7 (as effective on January 3, 2017) and 42 U.S.C. part 1320c-5 (as effective on January 3, 2017);
3. The Ohio Department of Developmental Disabilities (DODD) online abuser registry established under section 5123.52 of the Revised Code;
4. The internet-based sex offender and child-victim offender database established under division (A)(11) of section 2950.13 of the Revised Code;
5. The national sex offender public website established under 18 United States Code 16918;
6. The internet-based database of Department of Rehabilitation and Correction inmates established under section 5120.66 of the Revised Code;
7. The state nurse aide registry established under section 3721.32 of the Revised Code, and there is a statement detailing findings by the director of health that the provider applicant or employee neglected or abused a long-term care facility or residential care facility resident or misappropriated property of such a resident.

Instructions

The Caregiver Registration Application must be completed and signed by the caregiver applicant. Please be advised that digital or electronic signatures **WILL NOT** be accepted.

In addition to the completed and signed Caregiver Registration Application, a copy/photograph of the caregiver's identification that clearly shows the caregiver's name, address, and date of birth, must be submitted.

REMINDER: There are several free applications (ex. [Adobe Scan](#)) for smartphones that allow for the scanning of documents using your phone's camera.

All documents must be submitted to: MMCPRegistry@pharmacy.ohio.gov

State of Ohio Board of Pharmacy – Caregiver Registration Application

| Section A – Caregiver (Applicant) Information | | | |
|---|--|----------------|--|
| A-1. First Name: | A-2. Last Name: | | |
| A-3. Address: | | | |
| A-4. City: | A-5. State: | A-6. Zip Code: | |
| A-7. Date of Birth (mm/dd/yyyy): | A-8. Caregiver Contact Telephone Number: | | |
| A-9. Caregiver Email Address: | | | |
| A-10. Form of Caregiver Identification (must match copy submitted with this application): | A-11. Identification Number (must match copy submitted with this application): | | |

| Section B – Patient Affiliation | | |
|--|---------------------------|----------------|
| B-1. Patient's First Name: | B-2. Patient's Last Name: | |
| B-3. Patient's Street Address: | | |
| B-4. City: | B-5. State: | B-6. Zip Code: |
| B-7. Patient's Medical Marijuana Registration Number (as listed on the patient's card) | | |

| Section C – Signature and Attestation of Caregiver Applicant | |
|---|--------------------|
| <p><i>I declare under penalties of falsification as set forth in Chapters 2921. and 3796. of the Ohio Revised Code and rules adopted thereunder, that I am the person identified in Section A of this application. I hereby acknowledge that I shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state governing the sale and use of medical marijuana. Further, I attest to the following:</i></p> <ol style="list-style-type: none"> 1) <i>I will contact the patient's recommending physician for any questions or concerns regarding the patient's medical marijuana use;</i> 2) <i>I will serve as the caregiver for the patient identified on this registry submission;</i> 3) <i>I will help control the dosage and frequency of the use of medical marijuana in accordance with any instruction for use provided by the physician; and</i> 4) <i>I will comply with Chapters 2925. and 3796. of the Revised Code and any rules adopted thereunder.</i> <p><i>If a parent to a minor patient, I hereby attest:</i></p> <ol style="list-style-type: none"> 1) <i>That the applicant is the parent or legal representative of the patient identified herein and the patient is under eighteen years of age; and</i> 2) <i>The parent or legal representative knowingly consents to the use of medical marijuana by the individual under eighteen years of age.</i> | |
| C-1. Printed Name: | C-2. Phone Number: |
| C-3. Signature: | C-4. Date Signed: |