



## Compassionate Use Registry Identification Card Application Instructions for Legal Representatives

A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

### **LEGAL REPRESENTATIVE APPLICATION MUST INCLUDE ALL OF THE FOLLOWING**

- A completed application. By providing your email address, you consent to the Department contacting you through the email address, including the provision of a temporary verification email.
- A copy of the proof of legal representation
- A \$75 check or money order (application fee) made out to Florida Department of Health.
- A full-face, passport-type 2x2 inches in size, color photograph taken within the 90 days immediately preceding application.

### **NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS**

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Compassionate Use Registry Identification Card Legal Representative Application, social security numbers are collected and used for identification purposes to ensure that the number identifiers assigned to the legal representative and qualified patient are unique and match the identities of the legal representative and qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.

### **RENEWAL APPLICATIONS**

All Compassionate Use Registry Identification Cards expire 1 year after the date of the physician's initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

**KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE.**

### **MAIL COMPLETED APPLICATION TO:**

Florida Department of Health  
ATTN: Office of Compassionate Use  
4052 Bald Cypress Way  
Tallahassee, FL 32399



Rick Scott, Governor of the State of Florida  
 Celeste Philip, MD, MPH, Surgeon General and Secretary

FloridaHealth.gov

4052 Bald Cypress Way, Tallahassee, Florida 32399-3265 • 850-245-4657

## Compassionate Use Registry Identification Card Legal Representative Application

☒ **Initial Application**

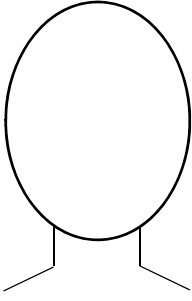
☒ **Renewal Application**

Mail Completed Application to: Florida Department of Health ATTN: Office of Compassionate Use 4052 Bald Cypress Way Tallahassee, FL 32399	Patient Registry ID #: _____
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Patient Information					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Mailing Address		
City	Apt/Ste #	State	Zip Code	County	
Telephone	Email (optional to receive communication, including a temporary verification)				

Legal Representative Information					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Mailing Address		
City	Apt/Ste #	State	Zip Code	County	
Telephone	Email (optional to receive communication, including a temporary verification)				

### Legal Representative Passport Photo

 <p style="text-align: center;">Attach a color photograph taken within 90 days of registration</p>	<p>Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.</p> <p>The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable.</p>
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I hereby certify the above information to be accurate and complete and no one other than me is submitting this request on my behalf.

Legal Representative Name (*Print*)

Legal Representative Signature

Date