



**VIRGINIA**  
**Cannabis  
Control  
Authority**

## Patient Registration Application Instructions

Patients are only required to register under certain circumstances. Please refer to the registering page on the CCA website for more information.

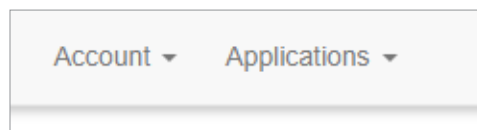
### Before you get started

Before creating an account, gather all necessary documents including your government-issued identification (e.g., driver's license or ID card), written certification (physical copy or digital), and if applicable, proof of Virginia residency (e.g., utility bill).

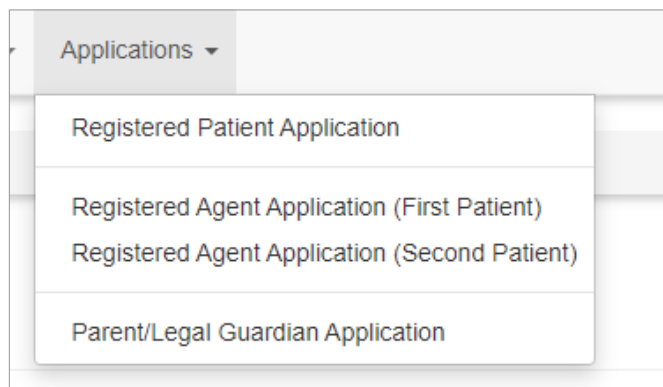
*Note: You will only need to provide proof of residency if your ID is an out-of-state ID or expired.*

### Submitting a Registered Patient Application

- ▶ Once you have logged into your account, click on the dropdown menu named "Applications" on the top left-hand side of the page.



- ▶ In the dropdown menu, click on the “Registered Patient Application.” This will take you to a new application.



- ▶ Complete the following:

- ▶ First name
- ▶ Last name
- ▶ Date of birth
- ▶ Phone number
- ▶ Email address
- ▶ Social Security Number or Virginia DMV driver’s license number
- ▶ Current mailing address

**Registered Patient Information**

First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth	<input type="text" value="MM-DD-YYYY"/>
Phone	<input type="text" value="( ) - -"/>	Email	<input type="text"/>
Social Security Number or Virginia DMV Control Number		<input type="text"/>	

**Mailing Address**

Address	<input type="text"/>		
Apt #., Suite #	<input type="text"/>	ZIP Code	<input type="text"/>
		State	VA <input type="text"/>
City	<input type="text"/>		
County	<input type="text"/>		



- ▶ Answer the questions included in the application. Please read the questions carefully.

*Note: If the applicant is a parent/legal guardian of the patient who is a minor or vulnerable adult, they may submit the “Parent/Legal Guardian Application”*

1. Is this application for a Minor or Vulnerable Adult patient?	<input type="radio"/> Yes <input type="radio"/> No
2. Does the patient reside, either permanently or temporarily, in the Commonwealth of Virginia? <b>Individuals not residing in Virginia, either permanently or temporarily, are ineligible for registration.</b>	<input type="radio"/> Yes <input type="radio"/> No
3. Has this patient had a registration for medical cannabis denied, suspended or revoked by the board in the previous six months?	<input type="radio"/> Yes <input type="radio"/> No
4. By entering my initials, I understand that I must submit, as an attachment to this application, proof of the patient's residency, proof of the patient's identity, proof of the patient's age, and provide a number of the medical cannabis written certification.	<input type="text"/>
5. Does Your Written Certification have a Written Certification Number?	<input type="radio"/> Yes <input type="radio"/> No

- ▶ Upload your government-issued identification and written certification.

Upload Drivers License or Government Issued Identification	<input type="button" value="+ Upload"/>
Upload Patient Written Certification	<input type="button" value="+ Upload"/>

- ▶ Sign (with your mouse) and date at the bottom of the application.

<b>Signature</b>	
Printed Name of Patient or Parent/Legal Guardian of Patient who is a Minor or Vulnerable Adult	<input type="text"/>
Date	<input type="text" value="MM-DD-YYYY"/>
Signature of Patient or Parent/Legal Guardian of Patient who is a Minor or Vulnerable Adult	
<input type="text"/>	
<input type="button" value="Clear"/>	



- ▶ To make your payment, please mail a check to:  
333 E. Franklin Street - Ste. 200  
Richmond, VA 23219
  
- ▶ The registration and renewal fees are:
  - ▶ Patients: \$50
  - ▶ Parent or Legal Guardian: \$25
  - ▶ Registered Agents: \$25
  
- ▶ You will be notified by email of application approval or denial.

*Note: Applications submitted are **not** immediately approved. Allow approximately 10 days for application approval.*

