



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

DIVISION OF PUBLIC HEALTH
Bureau of Vital Statistics

P.O. Box 110699
Juneau, Alaska 99811-0699
Main: 907.465.5423
Fax: 907.465.3423

Dear Applicant:

Per Alaska Statute 17.37.010 regarding the medical uses of marijuana, the enclosed "Application for Medical Marijuana Registry" and "Physician Statement" must be completed by the applicant. Further, if a primary caregiver is specified, the form "Primary Caregiver Application for Medical Marijuana Registry" must also be completed. If the applicant also specifies an alternate caregiver, the form "Alternate Caregiver Application for Medical Marijuana Registry" must be completed.

A nonrefundable fee (7 AAC 34.080(a)) of \$25.00 (\$20.00 for a renewal) and a legible photocopy of the Alaska Driver's License or Alaska Identification Card of the applicant and all caregivers must be submitted with the application. Renewal applications submitted after a registry identification card has expired will be considered a new application and the applicant will be required to pay the fee for first-time applicants.

Prior to mailing your application, review it to be sure that all required information has been completed. If your application is not complete, it will be denied and you will not be allowed to reapply for a period of six months. Please make your check or money order payable to the Bureau of Vital Statistics; checks must be preprinted with your name and address; and mail the check along with the application to the following address:

Alaska Bureau of Vital Statistics
Marijuana Registry
P.O. Box 110699
Juneau, AK 99811-0699

You may wish to use "Return Receipt Service" for mailing to be sure that your application and fees are received by the Bureau.

If you have any questions or concerns, please contact the marijuana registry section of the Bureau of Vital Statistics at (907) 465-5423.

Medical Marijuana Registry Application Instructions

Please read the following instructions carefully. If your application is not complete, it may be denied.

A patient applying for a medical marijuana registry identification card must provide to the department:

1. The **original completed copy** of the attached application form (photocopies will not be accepted) that includes the following:
 - The applicant's name, mailing address, physical address, date of birth, and Alaska driver's license number or Alaska identification card number;
 - The name, address, and telephone number of the patient's physician;
 - The name and address of the patient's primary caregiver, if one is designated at the time of application; and
 - The applicant's signature.
2. If the applicant is a minor, an original statement in writing (photocopies will not be accepted) by the minor's parent or legal guardian residing in Alaska, stating that the parent or guardian:
 - Consents to serve as the minor's primary caregiver; and
 - Gives the parent or guardian's permission for the minor to engage in the medical use of marijuana;
3. **The original, signed form of the physician's statement** (photocopies of the physician's statement will not be accepted) stating that the patient has been diagnosed with a qualifying debilitating medical condition and the conclusion of the patient's physician that the patient might benefit from the medical use of marijuana or a certified copy of that documentation; and
4. The application fee of \$25 for the original request or \$20 fee if it is for a timely renewal (your current card has not expired).
5. Mail this form with a money order or a check. Checks must be preprinted with your name and address. There is a \$30.00 NSF fee for returned checks. Please make checks payable to the Bureau of Vital Statistics.

Application for Medical Marijuana Registry

- | |
|--|
| <input type="checkbox"/> Initial Application
<input type="checkbox"/> Renewal |
|--|

- The application fee is \$25 for initial application; or \$20 for a renewal application (current card has not expired).
- A photocopy of the Applicant's Alaska Driver's License or Alaska Identification Card must be included with the application.
- A witness must be present when the Applicant signs and dates the application. The witness must then sign and date the application.
- A statement from the Applicant's physician, using either the physician's statement form (page 4) or a letter addressing the conditions mentioned in the physician's statement form, signed by the Applicant's physician must be attached.
- Mail this form with a money order or a check. Checks must be preprinted with your name and address. There is a \$30.00 NSF fee for returned checks. Please make checks payable to the Bureau of Vital Statistics.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

If the Applicant is a minor (under the age of 18), please fill out this section:

I, _____, state that I am the parent or guardian of _____	
<i>(Name of parent or guardian)</i>	<i>(Minor applicant's name)</i>
and that the minor's physician has explained the possible risks and benefits of medical use of marijuana to me and that I consent to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the minor.	
Parent or Guardian Signature: _____ Date: _____	
Note: The parent or guardian must also register as the applicant's primary caregiver (page 2).	

Physician's Information:

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	

Applicant's Signature:		Date:	
Witness' Printed Name:			
Witness' Signature:		Date:	

State Office use only:	Patient #:	Caregiver #:	Issue Date:	Expiration Date:
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Mail to: Alaska Bureau of Vital Statistics
 Medical Marijuana Registry
 PO Box 110699
 Juneau, AK 99811-0699 PH: 907-465-5423

Primary Caregiver Application for Medical Marijuana Registry

Please note that a Primary Caregiver is not required for an Applicant to be approved for the Medical Marijuana Registry.

- A photocopy of the Primary Caregiver's Alaska Driver's License or Alaska Identification Card must be included with this application.
- A witness must be present when the Primary Caregiver signs and dates the application. The witness must then sign and date the application.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

Check all that apply.

- I am at least 21 years of age;
- I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- I am not currently on probation or parole from this or another jurisdiction.

I certify under penalty of perjury that the foregoing is true.

Primary Caregiver's Signature:		Date:
Witness' Printed Name:		
Witness' Signature:		Date:

Alternate Caregiver Application for Medical Marijuana Registry

Please note that an Alternate Caregiver is not required for an Applicant to be approved for the Medical Marijuana Registry. This form is completed if the Applicant wishes to have both a Primary Caregiver and an Alternate Caregiver.

- A photocopy of the Alternate Caregiver's Alaska Driver's License or Alaska Identification Card must be included with this application.
- A witness must be present when the Alternate Caregiver signs and dates the application. The witness must then sign and date the application.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:			Phone:
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

Check all that apply.

- I am at least 21 years of age;
- I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- I am not currently on probation or parole from this or another jurisdiction.

I certify under penalty of perjury that the foregoing is true.

Alternate Caregiver's Signature:		Date:
Witness' Printed Name:		
Witness' Signature:		Date:

Physician Statement for Medical Marijuana Registry Application

I, _____, state that I personally examined _____
(Physician's Name) (Applicant's Name)

on _____ and that the examination took place in the context of a bona fide physician-patient relationship;
(Date of examination)

and that _____ has a debilitating medical condition qualifying under AS 17.37.070.
(Applicant's Name)

I have considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and have concluded that the patient might benefit from the medical use of marijuana.

Physician's Signature: _____ **Date:** _____

Physician's License Number: _____

The physician must either be licensed to practice medicine in the state of Alaska or must be an officer in the regular medical service of the armed forces of the United States or the United States Public Health Service while in the discharge of their official duties, or while volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in Alaska.

Statutory Citations for Medical Marijuana Registry Application

Applicant:

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

- (1) a statement signed by the patient's physician
 - (A) stating that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship and setting out the date the examination occurred;
 - (B) stating that the patient has been diagnosed with a debilitating medical condition; and
 - (C) stating that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded that the patient might benefit from the medical use of marijuana;
- (2) a sworn application on a form provided by the department containing the following information:
 - (A) the name, address, date of birth, and Alaska driver's license or identification card number of the patient;
 - (B) the name, address, and telephone number of the patient's physician; and
 - (C) the name, address, date of birth, and Alaska driver's license or identification card number of the patient's primary caregiver and alternate caregiver if either is designated at the time of application, along with the statements required under (d) of this section; and
- (3) **if the patient is a minor**, a statement by the minor's parent or guardian that the patient's physician has explained the possible risks and benefits of medical use of marijuana and that the parent or guardian consents to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the patient.

Caregiver:

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

- (2) a sworn application on a form provided by the department containing the following information:
 - (C) the name, address, date of birth, and Alaska driver's license or identification card number of the patient's primary caregiver and alternate caregiver if either is designated at the time of application, along with the statements required under (d) of this section; and

AS 17.37.010(d) A person may be listed as the primary caregiver or alternate caregiver for a patient if the person submits a sworn statement on a form provided by the department that the person

- (1) is at least 21 years of age;

- (2) has never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73; and
- (3) is not currently on probation or parole from this or another jurisdiction.

AS 17.37.010(e) A person may be a primary caregiver or alternate caregiver for only one patient at a time unless the primary caregiver or alternate caregiver is simultaneously caring for two or more patients who are related to the caregiver by at least the fourth degree of kinship by blood or marriage.

AS 17.37.010(q) A primary caregiver may only act as the primary caregiver for the patient when the primary caregiver is in physical possession of the caregiver registry identification card. An alternate caregiver may only act as the primary caregiver for the patient when the alternate caregiver is in physical possession of the caregiver registry identification card.

Physician Information:

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

- (1) a statement signed by the patient's physician
 - (A) stating that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship and setting out the date the examination occurred;
 - (B) stating that the patient has been diagnosed with a debilitating medical condition; and
 - (C) stating that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded that the patient might benefit from the medical use of marijuana;
- (2) a sworn application on a form provided by the department containing the following information:
 - (B) the name, address, and telephone number of the patient's physician.

AS 17.37.010(r) The department may not register a patient under this section unless the statement of the patient's physician discloses that the patient was personally examined by the physician within the 16-month period immediately preceding the patient's application. The department shall cancel, suspend, revoke, or not renew the registration of a patient whose annual resubmission of updated written documentation to the department under (k) of this section does not disclose that the patient was personally examined by the patient's physician within the 16-month period immediately preceding the date by which the patient is required to annually resubmit written documentation.

Debilitating Medical Condition:

AS17.37.070(4) "debilitating medical condition" means

- (A) cancer, glaucoma, positive status for human immunodeficiency virus, or acquired immune deficiency syndrome, or treatment for any of these conditions;

- (B) any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of the marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic or multiple sclerosis; or
- (C) any other medical condition, or treatment for such condition, approved by the department, under regulations adopted under AS17.37.060 or approval of a petition submitted under AS17.37.060.

Other:

AS 17.37.010(i) A person may not apply for a registry identification card more than once every six months.

AS 17.37.010(k) When there has been a change in the name, address, or physician of a patient who has qualified for a registry identification card, or a change in the name or address of the patient's primary caregiver or alternate caregiver, that patient must notify the department of the change within 10 days. To maintain an effective registry identification card, a patient must annually resubmit updated written documentation, including a statement signed by the patient's physician containing the information required to be submitted under (c)(1) of this section, to the department, as well as the name and address of the patient's primary caregiver or alternate caregiver, if any.

AS 17.37.010(l) A patient who no longer has a debilitating medical condition and the patient's primary caregiver, if any, shall return all registry identification cards to the department within 24 hours of receiving the diagnosis by the patient's physician.

AS 17.37.010(m) A copy of a registry identification card is not valid. A registry identification card is not valid if the card has been altered, mutilated in a way that impairs its legibility, or laminated.

AS 17.37.010(n) The department may revoke a patient's registration if the department determines that the patient has violated a provision of this chapter or AS 11.71.