



Check the Status of Your Application

You can check the status of your application online using the Medical Marijuana Use Registry. The status of each section of your application is detailed using status icons. This allows you to check the status of each section of your application in real time. The 4 status icons are:

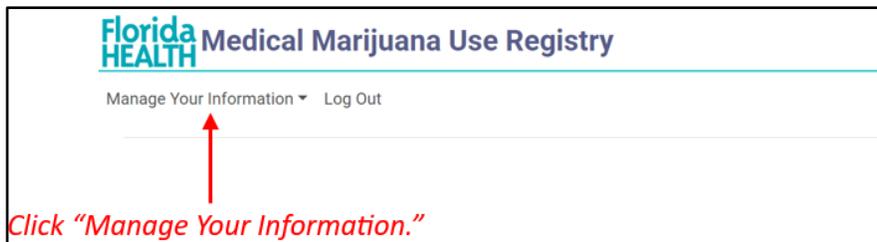
Status Icon	Status Icon Meaning
	<p>Missing Information</p> <p><i>This means part of your application is missing information. To complete your application for Office of Medical Marijuana Use review, add correct and current information for all "Missing Information" icons you see.</i></p>
	<p>Ready for Review</p> <p><i>This means a part of your application is ready for review by the Office of Medical Marijuana Use. This icon appears any time you change or update a part of your application.</i></p>
	<p>Rejected Information</p> <p><i>This means a part of your application was not approved. You need to supply the correct and current information.</i></p>
	<p>Approved</p> <p><i>This means a part of your application is approved. In order for your full application to be approved, all parts need to have this icon.</i></p>

To check your application status, follow the steps below:

Step 1: Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov>.

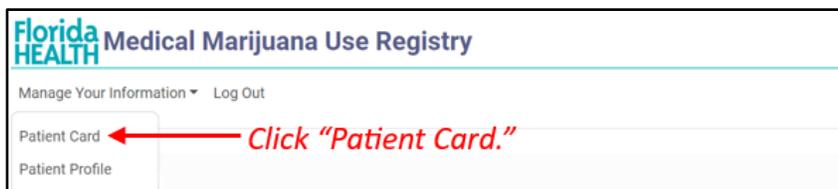
*If you do not remember your password, learn how to reset it by [clicking here](#).

Step 2: Click the "Manage Your Information" drop-down menu option.

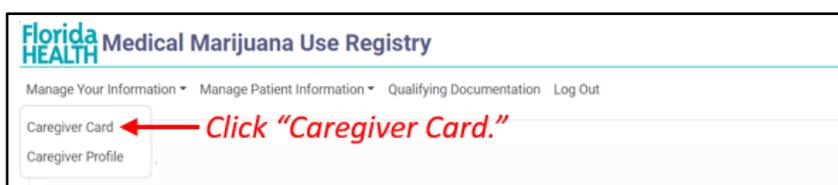


Step 3: A drop-down menu will expand.

If you are a **patient** viewing your application, click "Patient Card."



If you are a **caregiver** viewing your application, click "Caregiver Card."



Step 4: You are brought to your Application History page. Click “View” on your most recent application.

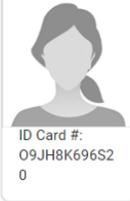
Patient Applications for: PATIENT TYPICAL							
Your Card is Currently: Pending							
Update Phone/Email		Update Address					
Application Type	Photo	Proof of Residence	Signature	Payment	Final Approval	Printed Card	Actions
Change Application	Approved on 05/29/2024	Rejected on 06/11/2024	Not Signed	Processing	Rejected on 05/29/2024	Card Not Printed	View Update My Information
Initial Application	Approved on 05/29/2024	Approved on 05/29/2024	Signed on 05/29/2024	Processed on 05/29/2024	Approved on 05/29/2024	Card Printed on 05/29/2024	View

Click “View.”

The following are examples of different statuses for the various sections of your online application:

Approved - Information or required item has been approved by the Office of Medical Marijuana Use.

Photo



ID Card #: 09JH8K696S20

A full-face photo must be submitted to complete your application. If your Florida Driver License photo or Florida Identification Card photo appears in your application in the Registry resulting from accurate DOB/SSN entered by your physician, the most efficient process is to utilize that photo for your Medical Marijuana Card Application.

If you desire to utilize a separate photo, please mail or upload a full-face, passport-type, color photograph taken within the last 90 days. Passport-type photos must be color, clear, with a full front view of your face, with a plain white background. The photograph must be taken in normal street attire, without a hat, head covering, or glasses. A selfie snapshot, vending machine prints, glamour shots, magazine or full-length photos are unacceptable.



Approved by the OMMU on 05/29/2024.

[Photo Requirements](#)

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Rejected Information - Information or required item has been rejected by the Office of Medical Marijuana Use. Note the reason for the item being rejected in the comment under the rejection icon. Supply the corrected information or required item.

Proof of Residence

Proof of Residency - All applicants must submit a copy of a valid Florida Driver’s License or Florida Identification card. Adult seasonal residents must provide either Proof of Residency under section 381.986(5)(b)1. or provide a copy of two documents as specified in section 381.986(5)(b)2., Florida Statutes. Minor patients must provide Proof of Residency as specified in section 381.986(5)(b)3., Florida Statutes. The minor’s parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1., Florida Statutes.

You may upload up to 5 files into your application. You currently have 0 document(s).

Supply Proof

[Testpdf.pdf](#) was uploaded on 06/11/2024 08:05 AM, has been archived, and is no longer active in the Registry.



The Office of Medical Marijuana Use requested updated information on 06/11/2024. You must resolve this to complete your application. Their comment was: test

You cannot obtain cannabis products until this is completed.

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CONTINUE ON NEXT PAGE

Ready for Review - Information or required item has been submitted and is pending review by the Office of Medical Marijuana Use.

Proof of Residence

Proof of Residency - All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. Adult seasonal residents must provide either Proof of Residency under section 381.986(5)(b)1. or provide a copy of two documents as specified in section 381.986(5)(b)2., Florida Statutes. Minor patients must provide Proof of Residency as specified in section 381.986(5)(b)3., Florida Statutes. The minor's parent or legal guardian must submit proof that they meet the residency requirement of section 381.986(5)(b)1., Florida Statutes.

You may upload up to 5 files into your application. You currently have 1 document(s).

[Upload File](#)

[Testpdf.pdf](#) was uploaded on 06/11/2024 08:05 AM, has been archived, and is no longer active in the Registry.

[Testpdf.pdf](#) was uploaded on 06/11/2024 08:23 AM for the Office of Medical Marijuana Use, to use as your Proof of Residence for the ID card.

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A document was uploaded.

Missing Information - Information or required item has not been submitted to the Office of Medical Marijuana Use.

Signature

Verify the information you supplied before submitting the card application. If changes are necessary, navigate to the appropriate tab to make changes. If FLHSMV is used for photo and proof of residency, it will result in the quickest application approval time.

To sign below, supply **PATIENT** in the First Name text box, and **TYPICAL** in the Last Name text box.

Type in your first name:

Type in your last name:

[Submit My Card Application](#)

The undersigned persons certify that the applicant has requested a physical Medical Marijuana Use Registry Identification Card as authorized under section 381.986, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate and complete, and that no one other than me or my caregiver is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.



You must sign to apply.

For additional information, visit
KnowTheFactsMMJ.com