Step by Step Guide for Caregivers

Before you start: Caregivers can <u>NOT</u> start the medical cannabis application process until the patient completes their application process. Once the patient completes the application and designate their caregiver(s), the system will automatically create a caregiver account that you will need to activate on medcannabisapplication.sd.gov.

1. Once a patient completes the application, you will receive an automatic email from noreply@sd.airlift.app. The notification may go into your junk email folder so be sure to check if your email appears to be missing.

2. Click "Visit the Registry" to start the caregiver application process or use your browser to access medcannabisapplication.sd.gov to start the caregiver application process.

Patient Account Created

Your Healthcare Provider has certified you for Medical Cannabis and a new Registry account has been created. Please login to your new account for the South Dakota Medical Cannabis Registry using the following credentials:

    Email Address: sdtesting+120@cloudpwr.com
    Password: \?yhTr0RSHGs

You will need to change your password on first login.

Visit the Registry

3. Log in using your email address and the temporary password provided. Once you successfully log in, the system will ask you to create a permanent password.

4. Caregiver Information: Fill out all the fields with asterisks *. Hit "Next Step".
   - ID REQUIRED: Valid SD Driver's license, passport, tribal identification card, or SD Student ID Card can be uploaded to Identification Copy section.
     - ➢PASSPORT PHOTO REQUIRED: A valid passport style photo of the caregiver required to create the caregiver's registration ID card. The caregiver photo ***must*** meet the following requirements: A high-resolution color photo that is not blurry, grainy, pixelated, or digitally altered
     - ➢Uses a clear image of the individual's face without filters
     - ➢Uses a plain white or off-white background

Information

* First Name	Middle Name	* Last Name
Better		Work

* Date of Birth	Telephone Number	Email
1/1/1991	(123) 456-7890	sdtesting+125@cloudpwr.com

Address

* Address 1
123

Address 2

* City	* State	* Zipcode
Pierre	SD	57501

Low Income Applicant

Low-income means having a gross monthly household income that is 130 percent or less of the federal poverty level as defined by § 67:11:01:03

◯ Yes ◉ No

Identification Copy

Attach a photocopy of a valid form of personal identification of the applicant (e.g., drivers license, passport, tribal identification card, SD student identification card)

> **Upload your ID here**

Drop your photocopy of your valid identification card here or click to browse.

Photograph

Upload a photo that clearly shows your face without any filters with a plain or off-white background. Refer to these examples of valid photos:

> **Upload your PHOTO here**

Drop your headshot here or click to browse.

5. Patient Information: The patient's information will be automatically populated into this page. Hit "Next Step".

Patient Information

Information

* First Name	Middle Name	* Last Name
Jane		Smith

* Date of Birth	Telephone Number	Email
1/1/2010	(123) 574-9870	sdtesting+120@cloudpwr.com

Address

Address 1
123

Address 2

City	State	Zipcode
Pierre	SD	57821

→ Next Step

6. Background Check for Designated Caregivers: Answer the question regarding your residency and enter any alternate names that you may have used. This information will be used for internal background check verification purposes. Read the sworn statement and Hit "Next Step".

   IMPORTANT: Designated caregivers are responsible for submitting the Division of Criminal Investigation fingerprint card as well as authorization and release form to local law enforcement and pay any necessary fee. Your application may be denied without the results of your background check.

Sworn Statement

Pertinent to 34-20G, Licensed Caregivers may not be convicted to a violent crime that was classified as a felony in the jurisdiction where the person was convicted, this is considered a disqualifying felony offense.

I, Jessica Smith, declare under penalty of perjury under the laws of the State of South Dakota, that I have not been convicted of a disqualifying felony offense as defined according to 34-20G-1.

Subscribed to this 16th day of November, 2021, at Pierre, SD

I have met the requirements of ARSD 44:90:02:06 by submitting to the Division of Criminal Investigations (DCI) a photo of an unexpired ID, a DCI fingerprint card processed by a local law enforcement agency, and an authorization and release form releasing the results of the state-only background check to the Department of Health.

→ Next Step

7. Attestation: Read the attestation and hit "Attest and Submit Application".

Attestation

I certify the information provided in this application is true and accurate to the best of my knowledge.

Submission of false, misleading, or inaccurate information in connection with this application is grounds for revocation of my South Dakota Medical Cannabis Designated Caregiver Registry Identification Card and other administrative, civil or criminal penalties.

✓ Attest and Submit Application

Dashboard: Once the caregiver application is completed, caregivers can access the following information on their dashboard:

> ➢ Status of your caregiver application
> ➢ Status of patient application associated with your application

If a caregiver needs the Department of Health to confirm their approved caregiver status within the medical cannabis program to a third party, the caregiver must complete the "Information Release" page to allow the Department of Health to do so.