



## Illinois Medical Cannabis Pilot Program Application for Qualifying Patient Registry Identification Card Instructions

**Applicants should discuss the use of medical cannabis with their physician prior to beginning an application. All applicants, except for Veterans receiving care at a VA facility, must have their physician submit a written certification for the use of medical cannabis.**

To qualify for a patient registry identification card, a qualifying patient must:

- Be a resident of the State of Illinois at the time of application and remain a resident during participation in the program;
- Have a qualifying debilitating medical condition;
- Have a signed physician certification;
- Complete the fingerprint-based background check and not have been convicted of an excluded offense (a felony under the Illinois Controlled Substances Act, Cannabis Control Act, or Methamphetamine Control and Community Protection Act, or similar provisions in a local ordinance or other jurisdiction), unless the Department waives such a conviction(s);
- Be at least 18 years of age;
- Not hold a school bus permit or Commercial Driver's License; and
- Not be an active duty law enforcement officer, correctional officer, correctional probation officer, or firefighter.

### Physician Written Certification

Make sure your physician completes the Physician Written Certification Form and mails it from the physician's office to the Department's Division of Medical Cannabis. The certification must be received within 90 days of your application and must show an in-person visit date within the last 90 days.

### Physician Written Certification for Veterans receiving care at a U.S. Department of Veterans Affairs (VA) Facility

Veterans receiving health care at a VA facility do not need to provide a physician written certification, but must instead provide medical records from the VA facility for the last 12 months.

- Use VA form 10-5345 to request these records (U.S. Department of Veterans Affairs, Request for and Authorization to Release Medical Records and Health Information). *If you have received care for your debilitating medical condition for more than 5 years at a VA facility, you must mark "OTHER" on VA Form 10-5345 under "Information Requested" then write that you are requesting information about the treatment of your qualified condition for the most recent 12-month period. Under "PURPOSE(S) OR NEED FOR WHICH THE INFORMATION TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED" write "Personal Medical Purposes". Under "NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED" write your address. The records will be sent to you.*
- To obtain VA medical records electronically, go online to <https://www.myhealth.va.gov/index.html>
- Once you receive your official medical records, **you must submit the medical records with your application.**

### Mail the application and the required documents to:

Illinois Department of Public Health  
Division of Medical Cannabis  
535 W. Jefferson Street  
Springfield, Illinois 62761-0001