

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR REGISTRY IDENTIFICATION CARD

STATUS/APPLICATION NUMBER _____

- New Renewal Change of Name Change of Practitioner Change of Primary Caregiver
 Duplicate Amendment Change of Address Change of Debilitating Medical Condition

TYPE OF REGISTRATION IDENTIFICATION CARD APPLIED FOR

- Qualified Patient Primary Caregiver Responsible Official or Employee Designated Courier

<p>1. Qualified Patient:</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Mailing Address: _____</p> <p><input type="checkbox"/> Written certification from practitioner required</p>	<p>2. Practitioner of Qualified Patient</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>Telephone Number: _____</p> <p><input type="checkbox"/> Proof of Guam Residency (lived on Guam at least 6 months)</p>
<p>3. Primary Caregiver of Qualified Patient (if any):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Mailing Address: _____</p>	<p>4. The Primary Caregiver must submit the following with the application:</p> <p> <input type="checkbox"/> Police clearance <input type="checkbox"/> Written Designation from Qualified Patient <input type="checkbox"/> Court clearance <input type="checkbox"/> Primary Caregiver Registration <input type="checkbox"/> Proof of Guam Residency (lived on Guam at least 6 months) </p>

<p>5. Responsible Official/ Employee/Designated Courier:</p> <p>Name: _____</p> <p>Email Address: _____</p> <p>Job Title: _____</p> <p>Duties: _____</p> <p>Responsibilities: _____</p>	<p>6. Licensed Medical Cannabis Business</p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Telephone Number: _____</p> <p>7. The Responsible Official or Employee must submit the following documents with the application:</p> <p> <input type="checkbox"/> Police Clearance <input type="checkbox"/> Court Clearance <input type="checkbox"/> Attorney General Clearance <input type="checkbox"/> Mayor's Verification or Proof of Residency (lived on Guam for at least 6 months) </p>
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	Checklist of Required Documents	For Official Use Only Date Received/Initials
Qualified Patient	Proof of Residency	
	Written Certification from Practitioner	
Primary Caregiver of Qualified Patient	Proof of Residency	
	Police Clearance	
	Court Clearance	
	Written Designation from Qualified Patient	
	Primary Caregiver Registration	
Responsible Official/ Employee/Designated Courier	Mayor's Verification/Proof of Residency	
	Police Clearance	
	Court Clearance	
	Attorney General Clearance	
Payment of Registry Identification Card fees		

Type of Registry Identification Card	Initial Fee	Renewal Fee
Qualified Patient	\$15	\$10
Primary Caregiver	\$100	\$75
Responsible Official	\$1,000	\$750
Designated Courier	\$200	\$175
Authentication of Written Certification	\$1	\$1

I attest that the information provided is accurate and I understand that the issuance of the Registry Identification Card is contingent upon compliance with Public Law 33-220 and applicable rules and regulations, and after the card is issued, it may be suspended or revoked for failure to comply with provisions of the law and applicable rules and regulations. I understand I must report changes of any information on this application within 10 working days of the change to the Department of Public Health and Social Services (DPHSS). If I am applying as a qualified patient, authorized employees of DPHSS have the right to review my medical records to verify the information on this application. **Non-refundable** payment may be made by cash or check, payable to "**Treasurer of Guam**".

SIGNATURE OF APPLICANT

DATE

Definitions

Designated Courier is an individual designated by the licensed medical cannabis business to possess and transport cannabis for medicinal purposes. **Practitioner** is a person licensed in Guam to prescribe and administer drugs that are subject to the Guam Uniform Controlled Substances Act. **Primary Caregiver** is a resident of Guam designated by a qualified patient to assist him/her in the medical use of cannabis. **Qualified Patient** is a resident of Guam who has been diagnosed by a practitioner as having a debilitating medical condition and has received written certification for the medical use of cannabis. **Responsible Official** is a president, vice-president, secretary, or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.