



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

**\* Important Notice about Your Medical Cannabis Card \***

**Extending your medical cannabis registry card is easy.**

- You DO NOT need to make an appointment with your physician.
- You DO NOT need to be fingerprinted.
- You DO NOT need a new picture (unless your appearance has changed drastically).

**STEP 1 -** Complete the attached form and attach a check or money order (payable to IL Department of Public Health)

Adult Qualifying Patients and Minor Qualifying Patients (includes one caregiver for minors)	Veterans and Persons receiving SSI or SSDI	Caregivers
\$100 - One-Year Registry Card	\$50 - One-Year Registry Card	\$25 - One-Year Registry Card
\$200 - Two-Year Registry Card	\$100 - Two-Year Registry Card	\$50 - Two-Year Registry Card

**Note: If you choose to pay the fee for one year only, you will have the option to renew for one additional time.**

If you are now receiving SSI or SSDI you may be eligible to pay a reduced fee to extend your registry identification card. Attach a "Benefit Verification Letter" from the Social Security Administration that shows your name and address and the type of benefits that are received to the Extension Form. This letter must be dated within the last year. You can get this letter by using your My Social Security account online at <https://www.ssa.gov/myaccount/> or calling the Social Security Administration at 1-800-772-1213. Annual cost of living increase letters will not be accepted as proof because they do not show the type of benefits received.

**STEP 2 -** Mail the completed form and check to:

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

After we process your request for extension, you will be mailed a new Registry Identification Card with the new dates printed on the card. If you do not extend your registry identification card before the expiration date, your card will end on the expiration date and you and your caregiver will NOT be able to purchase medical cannabis. You will have to submit a full application if you wish to re-apply to the registry program. **Questions may be submitted to [DPH.medicalcannabis@illinois.gov](mailto:DPH.medicalcannabis@illinois.gov). Indicate EXTENSION in the subject line.**

# Illinois Medical Cannabis Program Extension - Registry Identification Card



## PATIENT REGISTRY CARDHOLDER INFORMATION

My Registry Card Number is:				
QP. _____		or	MQP. _____	
First Name	Middle Name	Last Name		
Home Address		Apartment or Suite #		
City	County	State: IL	Zip Code	
Telephone Number (###-###-####)		Email Address		
Date of Birth (mm/dd/yyyy)		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female

**DID YOUR ADDRESS CHANGE?**  No  Yes – You must attach a color copy of your driver’s license or state ID to verify your new address

## CERTIFICATIONS

I certify the information provided 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 Illinois Medical Cannabis Qualifying Patient Registry Identification Card and other administrative, civil or criminal penalties.**

I certify that I have been given actual Notice and understand that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):

- (i) cannabis is a prohibited Schedule I controlled substance under federal law;
- (ii) participation in the program is permitted only to the extent provided by the strict requirements of the Act;
- (iii) any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
- (iv) growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law;
- (v) growing, distributing, or possessing cannabis in any capacity, except through a federally-approved research program, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (vi) use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect an individual's ability to receive or retain federal or state licensure in other areas;
- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the Act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

\_\_\_\_\_  
SIGNATURE OF QUALIFYING PATIENT

\_\_\_\_\_  
DATE (mm/dd/yyyy)



Do you currently have a caregiver? Extend your caregiver’s registry card now. If you do not have a caregiver, but need one, print the DESIGNATED CAREGIVER APPLICATION <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/medical-cannabis-registry-application>

**CAREGIVER INFORMATION (EXISTING CAREGIVERS ONLY)**

My Caregiver Registry Card Number is:			
CG. _____		or	MCG. _____
First Name	Middle Name	Last Name	
Home Address		Apartment or Suite #	
City	County	State: IL	Zip Code
Telephone Number (###-###-####)		Email Address	
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

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- (vii) use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, conviction or incarceration;
- (viii) participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law,
- (ix) the Act does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or state law, other than as set out in 410 ILCS 130/25; and
- (x) applicants shall indemnify, hold harmless, and defend the state of Illinois for any and all civil or criminal penalties resulting from participation in the program.

SIGNATURE OF CAREGIVER

DATE (mm/dd/yyyy)