



OFFICIAL NEW YORK STATE MEDICAL CANNABIS PATIENT CERTIFICATION

Certification Number

Issue Date:  
Expiration Date:

Practitioner Information
DEA Registration:
Patient Information
First Name:
Last Name:
DOB:
Address:
Phone:
Email:
Dosing Recommendations
<u>Recommendations/Limitations:</u>

As the practitioner named above, I attest to the following:

- I am caring for this patient's serious condition;
- By training and/or experience, I am qualified to treat the serious condition as documented in the patient's medical record;
- In my professional opinion and based on my review of past treatments, the patient named above is likely to receive therapeutic or palliative benefit from the primary or adjunctive treatment with medical cannabis for the serious condition;
- This certification will be provided to the patient and a copy of this certification will be included in the patient's medical record.

Electronically signed by: \_\_\_\_\_ on: \_\_\_\_\_

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO PENAL LAW § 210.45. ISSUANCE OF A CERTIFICATION WHEN (i) THE RECIPIENT HAS NO MEDICAL NEED FOR IT, OR (ii) IT IS FOR A PURPOSE OTHER THAN A CERTIFIED MEDICAL USE AS DEFINED IN THE CANNABIS LAW IS PUNISHABLE AS A CLASS E FELONY PURSUANT TO PENAL LAW § 179.10.

This certification must be provided to the patient, or his or her caregiver where appropriate. The certified patient and his or her designated caregiver(s) will need this certification in conjunction with their active patient or designated caregiver registry identification card when purchasing medical cannabis products from a registered organization's dispensing facility.

Step by step instructions for patient registration can be found on the following pages and should be included with this certification. Instructions are also available on the Medical Cannabis Program website at: [www.cannabis.ny.gov](http://www.cannabis.ny.gov).

Questions? Contact the Medical Cannabis Program by emailing [medical@ocm.ny.gov](mailto:medical@ocm.ny.gov) or calling 888-626-5151.



## Patient Registration Instructions

