




OFFICIAL NEW YORK STATE MEDICAL CANNABIS PATIENT CERTIFICATION

Certification Number	Issue Date: Expiration Date:
Registry ID: 	Please present this document and your government issued photo ID when visiting a dispensing site to purchase medical cannabis product(s).
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 condition;
- By training and/or experience, I am qualified to treat the 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 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 their caregiver where appropriate. The certified patient and their designated caregiver(s) will need this certification when purchasing medical cannabis products from a registered organization's dispensing site.

Instructions on adding designated caregivers are available on the Office of Cannabis Management website at:
www.cannabis.ny.gov.