

5 Steps for Consultant to Create Card



Verify ID

1



Take photo and
save in file

2



Enter form
information

3



Create, Print &
Laminate Card

4



Collect \$1
card fee

5

Step 1: Check Identification



- Check identification to ensure the person is who they say they are.
- Address on identification does not have to match what is on the form. It is up to the healthcare practitioner to ensure they are a Washington State resident.*
- Minor patients do not require identification, however, their designated provider does.

*If you are unsure about anything on the authorization, you may call the authorizing healthcare practitioner to confirm.

Step 2. Take Photo



- Solid white or light background
- Stabilize camera
- Face forward with eye contact
- Good lighting to eliminate shadows on and around face
- Ensure there is background showing all around behind their head/hair and shoulders
- No head covering
- Just head/shoulder shot

Step 3: Enter information into database



- Before you begin data entry, visually scan the authorization form to make sure it is completely filled out and signed by both the doctor and the patient or the designated provider.
- Enter information as it appears on the authorization form.

Step 4. Print, Cut and Laminate Card

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON



CARD# 5059 7693 4751 4506

PATIENT



EFFECTIVE DATE: 08-08-2016
EXPIRATION DATE: 08-08-2017
PLANT LIMIT: 6



Authorizing Healthcare Practitioner:
JOHN J. DOE



TRANSACTION AMOUNTS:

- Usable Marijuana (3 ounces maximum)
- Solid Infusion (48 ounces maximum)
- Liquid Infusion (216 ounces maximum)
- Concentrates (21 grams maximum)

NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS CARD EXCEPT WHEN ALLOWED BY LAW



QUESTIONS?
Call the Washington State Department of Health
Medical Marijuana Program (360) 236-4819

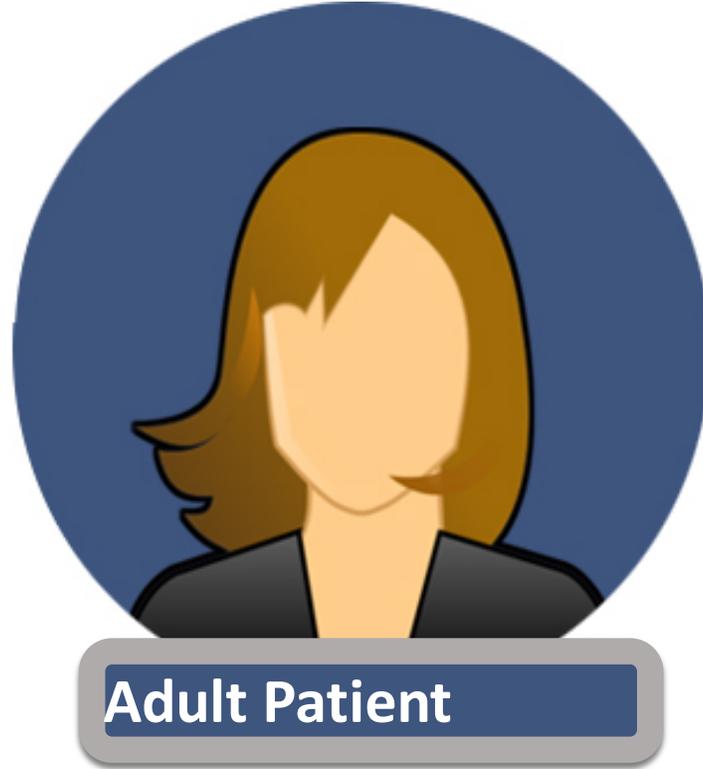
- Card will be printed on single sheet of white paper
- Both sides of card are on the front of paper
- Cut to size and fold in half
- Heat laminate card and trim excess plastic

Step 5. Collect Fee



- Law requires \$1 fee from card holder.
- Stores remit fees to Department of Health via a quarterly invoice.
- System tracks creations that require fee:
 1. New card
 2. Renewed card
 3. Replace lost card

Create Card Example



Select **Card Management** button.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CARD VALIDATION

CARD MANAGEMENT

CHIPMUNKS MMJ SHOP

VERIFY A CARD

INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

Choose the type of card you are going to create by selecting the **Search** button underneath it.

This is to ensure they do not already have an active card in the system.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

ADULT PATIENT
SEARCH

DESIGNATED PROVIDER
SEARCH

MINOR PATIENT
SEARCH

CREATE CARD

VERIFY A CARD

Enter patient name and date of birth.

Select **Search** button.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SEARCH BY...

NAME AND DATE OF BIRTH CARD NUMBER

Jennifer Johnson

01/14/1993

SEARCH

Flexible Search: Last name, First name or First name Last name

PATIENT SEARCH

CARD MANAGEMENT

Most likely, the system will not bring up anyone and you will get the message below.

Select **Create New Authorization** button to start entering the authorization form data into the system.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SEARCH BY...

NAME AND DATE OF BIRTH CARD NUMBER

Jennifer Johnson 01/14/1993 SEARCH

Flexible Search: Last name, First name or First name Last name

PATIENT SEARCH

CARD MANAGEMENT

NO MATCHING PATIENT AUTHORIZATIONS FOUND

[want to create a new request...](#)

CREATE NEW AUTHORIZATION

Note: If a record does comes up for the person, you will want to verify if that is actually the same person or if it is a different person with the same name. The screen will show date of birth and address so you can compare. If it is the same person, then they are already in the system and you do not create a new card for them, unless it is close to expiring and it is time for a renewal.

Once you have verified that you will be creating a new card, take the patient's photo.

Refer to the reminders at right.

Upload the photo to the equipment you are using so you will be prepared to use it when entering data.

Photo Reminders:

- ❑ Solid white or light background
- ❑ Stabilize camera
- ❑ Face forward with eye contact
- ❑ Good lighting to eliminate shadows on and around face
- ❑ Ensure there is background showing all around behind their head/hair and shoulders
- ❑ No head covering
- ❑ Just head/shoulder shot

Enter patient information **exactly as written** on their authorization form.



CHIPMUNKS MMJ SHOP

First name * **M.I.** **Last name *** **Suffix**

Date of Birth * **Gender *** Female Male

Address *

CREATE ADULT PATIENT

VERIFY A CARD

Browse your files to find the picture you just took to upload. Continue entering information.



CHIPMUNKS MMJ SHOP MODIFY

CREATE ADULT PATIENT

[VERIFY A CARD](#)

First name * Jennifer **M.I.** J **Last name *** Johnson **Suffix** Suffix

Date of Birth * 04/14/1993 **Gender *** Female Male

Address *
123 Jones Street
Address (Line 2)
Olympia Washington 98513

Photo *
\\doh\user\FR\cit2303\Pictures\ Browse...

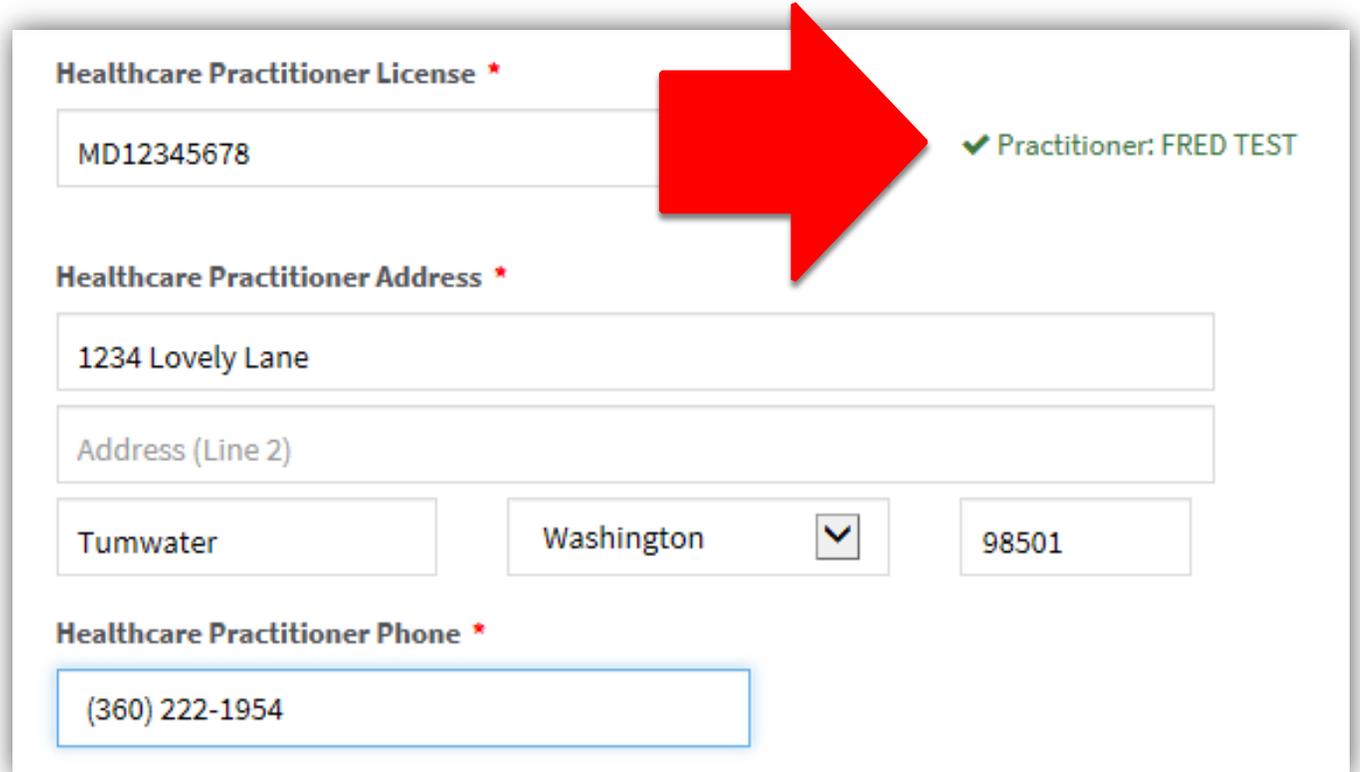
Identification Type * Driver's License **Identification Number *** JJJ234NU

Reminder: Once you complete creating the card, be sure to delete the photo from your files.

The **Healthcare Practitioner License** number will be matched right away if it is valid and will have a green check mark with the practitioner's name.

If the number does not find a match, you will get an error message. Try again to make sure you didn't enter it incorrectly. Also, be sure to put in all numbers, including leading zeros.

Though the authorization form is required to have the phone number, you are not required to call and verify unless you think there is something not quite right about the form.



The screenshot shows a registration form with the following fields and values:

- Healthcare Practitioner License ***: MD12345678. A red arrow points to this field. To the right, a green checkmark and the text "Practitioner: FRED TEST" are visible.
- Healthcare Practitioner Address ***:
 - 1234 Lovely Lane
 - Address (Line 2)
 - Tumwater
 - Washington (dropdown menu)
 - 98501
- Healthcare Practitioner Phone ***: (360) 222-1954

NOTE: If it appears to be good, yet does not let you create card when you get to the end, you need to clear your internet browser history (cache) and begin again. If it still will not allowing you to create a card, e-mail: support@cloudpwr.com



Plant limitations default number in the database is 6. Even if the healthcare practitioner put in a lower number or left it blank, you will put in the number 6.

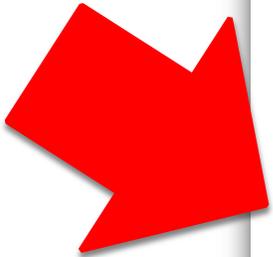
In order to have more than 6 plants entered, the healthcare practitioner would have had to write in a number in the blank space and sign the authorization form a second time.

Qualifying Conditions *

- Cancer
- HIV
- Epilepsy or Other Seizure Disorder
- Spasticity Disorder
- Intractable Pain
- Post-traumatic Stress Disorder
- A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity.
- Glaucoma
- Crohn's Disease
- Multiple Sclerosis
- Hepatitis C
- Chronic Renal Failure Requiring Hemodialysis
- Traumatic Brain Injury

Plant Limitations *

12





The **Authorization Expiration Date** may not always work due to how the system calculates number of days in a month. Therefore, you are allowed to put in a date a day (or more) earlier. However, you cannot extend the date past what is written on the authorization.

When complete, select **Save Patient Record** button.

The screenshot shows a form with two date fields. The first field is labeled "Authorization Issue Date" and contains the date "09/12/2016". The second field is labeled "Authorization Expiration Date" and contains the date "09/11/2017". Below the second field is the text "Must be within 1 year of issue date." A blue button labeled "SAVE PATIENT RECORD" is located below the first field. A red circle highlights the "SAVE PATIENT RECORD" button, and a red arrow points to the "Authorization Expiration Date" field.

The final step is to merge the entered data and the photo together.

Verify information is accurate. If there is an error, select **Edit Authorization** button.

When all is accurate, select **Generate Card** button.

JENNIFER J JOHNSON

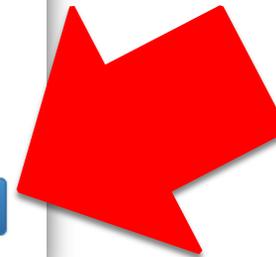
123 Jones Street
Olympia, Washington 98513



Date of Birth	01/14/1993
Gender	female
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JJJ234NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Qualifying Conditions	• Cancer
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017

CARDS

GENERATE CARD **EDIT AUTHORIZATION**



A picture of what the card will look like is on the screen for review.

Select **Print** button.

JENNIFER J JOHNSON

123 Jones Street
Olympia, Washington 98513



Date of Birth	01/14/1993
Gender	female
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JJJ234NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Qualifying Conditions	• Cancer
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017

CARDS



PRINT

RENEW

REPLACE

CORRECT

Depending on how your equipment is configured, your browser may open the card screen in the print screen similar to the one on the left, or it may give you a screen like on the right requiring you to download card or open the file before you can print.

Print

 Copies:

Print

Printer

 DOHPR-HSQA24-MX6070 o...
Ready

[Printer Properties](#)

Settings

 Print All Pages
The whole thing

Pages:

 Print on Both Sides
Flip pages on long edge

 Collated
1,2,3 1,2,3 1,2,3

 No Staples

 Portrait Orientation

 Letter
8.5" x 11"

 Normal Margins
Left: 1" Right: 1"

 1 Page Per Sheet

[Page Setup](#)



[Download Card](#)

Do you want to open or save card.pdf (490 KB) from sandbox.airliftapp.com?

Card creation is now complete.

To get out of the card screen, select **Verify a Card** button.

JENNIFER J JOHNSON
123 Jones Street
Olympia, Washington 98513

TRANSACTION

VERIFY A CARD

Date of Birth	01/14/1993
Gender	female
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JJJ234NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Qualifying Conditions	• Cancer
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 4810 0503 0917 1947

JENNIFER J JOHNSON

PATIENT

EFFECTIVE DATE: 09-11-2016
EXPIRATION DATE: 09-11-2017
PLANT LIMIT: 12

Authorizing Healthcare Practitioner:
FRED TEST

Card #4810 0503 0917 1947

PRINT **RENEW** **REPLACE** **CORRECT**

Cut, fold and hot laminate card. Trim excess plastic to make card wallet size.



Create Card Example



Designated Provider

Select **Card Management** button.

**WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA**

CARD VALIDATION

CARD MANAGEMENT

CHIPMUNKS MMJ SHOP

VERIFY A CARD

INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

A designated provider for a patient entered in the database will need to have their card created **after** the patient's card has been created.

Select **Designated Provider** to search name to ensure they are not already in the database as a designated provider for another patient.



The screenshot shows the Washington State Medical Marijuana Authorization Database interface for 'CHIPMUNKS MMJ SHOP'. On the left is the logo for the 'WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA'. Below the logo are buttons for 'CREATE CARD' and 'VERIFY A CARD'. The main area is titled 'CHIPMUNKS MMJ SHOP' and contains three search options: 'ADULT PATIENT', 'DESIGNATED PROVIDER', and 'MINOR PATIENT'. Each option has a blue 'SEARCH' button. The 'DESIGNATED PROVIDER' button is circled in red.

A message should come back that there is no designated provider.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SEARCH BY...

NAME AND DATE OF BIRTH CARD NUMBER

Mark Johnson 04/11/1992 SEARCH

Flexible Search: Last name, First name or First name Last name

DESIGNATED PROVIDER SEARCH

CARD MANAGEMENT

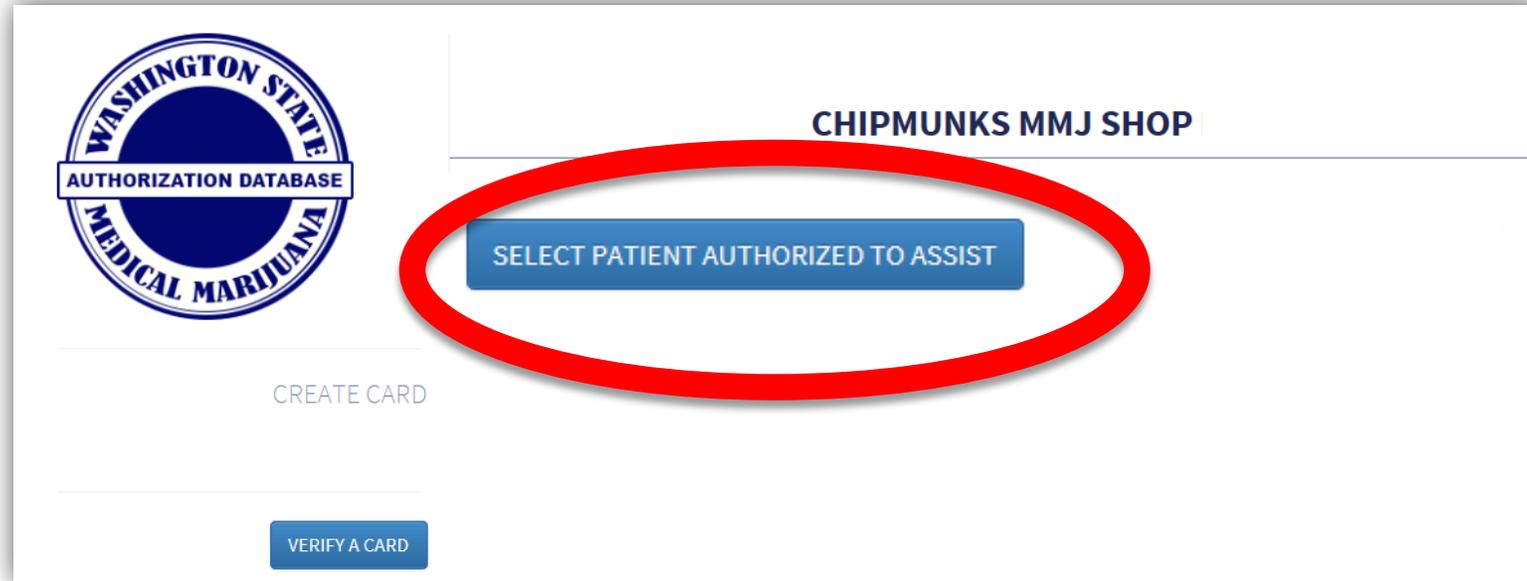
NO MATCHING DESIGNATED PROVIDER AUTHORIZATIONS FOUND

Do you want to create a new request?

CREATE NEW AUTHORIZATION

Note: If the designated provider card **does** appear, then that means they are already connected to a patient. You will not be able to create a card for them because they can only be a designated provider to one patient.

The system will next prompt you to **Select Patient Authorized to Assist**.



Enter name of patient and select **Search** button.

SELECT PATIENT AUTHORIZED TO ASSIST ×

Jennifer Johnson

Flexible Search: Last name, First name or First name Last name

SEARCH

Last Name	First Name	Date of Birth	Gender
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CANCEL

In most instances, you will get the screen below which will allow you to add this patient to the designated provider's profile.

Verify it is the correct patient, select **Add** button.

SELECT PATIENT AUTHORIZED TO ASSIST ×

Jennifer Johnson SEARCH

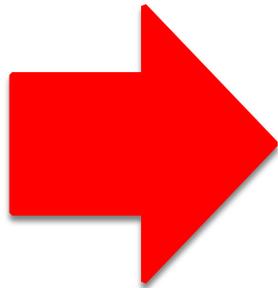
Flexible Search: Last name, First name or First name Last name

Last Name	First Name	Date of Birth	Gender
Johnson	Jennifer	1993-01-14	female

ADD CANCEL

If the patient **already has a designated provider**, you will get the message below.

A patient may only have one designated provider, therefore the system will not allow you to create the designated provider card.



SELECT PATIENT AUTHORIZED TO ASSIST ×

Flexible Search: Last name, First name or First name Last name

The selected patient already has a designated provider. Only one designated provider is allowed per patient. ×

	Last Name	First Name	Date of Birth	Gender
<input type="button" value="ADD"/>	Johnson	Jennifer	1993-01-14	female

In most instances, there will not already be a designated provider linked to the patient.

You will next enter the information for the designated provider exactly how it is written on the authorization form.

WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SELECT PATIENT AUTHORIZED TO ASSIST

Selected Patient:
Name: Jennifer Johnson
Gender: female
Date of Birth: 1993-01-14

CREATE DESIGNATED PROVIDER

VERIFY A CARD

Mark B Johnson Suffix

Date of Birth * 04/01/1992 **Gender *** Female Male

Address *
1234 Lovely Lane
Address (Line 2)
Tumwater Washington 98501

Photo *
\\doh\user\FR\cit2303\Pictures\ Browse...

Identification Type * Driver's License **Identification Number *** JohnsoMB340NU

Note: You will see the patient information at the top of the screen.

Healthcare practitioner information is automatically populated from the patient's records.
When finished, select **Save Provider Record** button.

Healthcare Practitioner License *

MD12345678 ✓ Practitioner: FRED TEST

Healthcare Practitioner Address *

1234 Lovely Lane

Address (Line 2)

Tumwater Washington 98501

Healthcare Practitioner Phone *

(360) 222-1954

Plant Limitations *

12

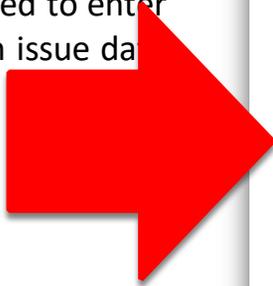
Authorization Issue Date * **Authorization Expiration Date ***

9/11/2017

Must be within 1 year of issue date.

SAVE PROVIDER RECORD

Note: You will need to enter
the authorization issue date



The final step is to merge the entered data and the photo together.

Verify information is accurate. If there is an error, select **Edit Authorization** button.

When all is accurate, select **Generate Card** button.

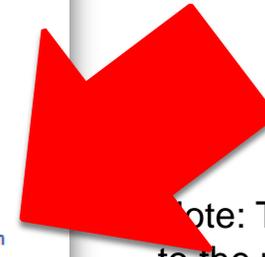
MARK B JOHNSON
1234 Lovely Lane
Tumwater, Washington 98501



Date of Birth	04/01/1992
Gender	male
Valid Photo ID Type	Driver's License
Valid Photo ID Number	JohnsoMB340NU
Healthcare License	MD12345678
Healthcare Address 1	1234 Lovely Lane
Healthcare Address 2	
Healthcare City	Tumwater
Healthcare State	Washington
Healthcare Zip	98501
Healthcare Phone Number	(360) 222-1954
Plant Limitations	12
Authorization Issue Date	09/12/2016
Authorization Expire Date	09/11/2017
Patient	Jennifer J Johnson

CARDS

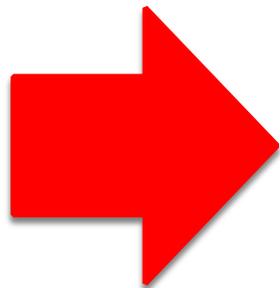
GENERATE CARD **EDIT AUTHORIZATION**



Note: There is a hyperlink to the patient's card.

A picture of what the card will look like is on the screen for review.

Select **Print** button.



MARK B JOHNSON
1234 Lovely Lane
Tumwater, Washington 98501



Date of Birth 04/01/1992
Gender male
Valid Photo ID Type Driver's License
Valid Photo ID Number JohnsoMB340NU
Healthcare License MD12345678
Healthcare Address 1 1234 Lovely Lane
Healthcare Address 2
Healthcare City Tumwater
Healthcare State Washington
Healthcare Zip 98501
Healthcare Phone Number (360) 222-1954
Plant Limitations 12
Authorization Issue Date 09/12/2016
Authorization Expire Date 09/11/2017
Patient Jennifer J Johnson

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 4790 0468 3434 1660

MARK B JOHNSON



DESIGNATED PROVIDER

EFFECTIVE DATE: 06-06-2017
EXPIRATION DATE: 09-11-2017
PLANT LIMIT: 12

Authorizing Healthcare Practitioner
FRED TEST

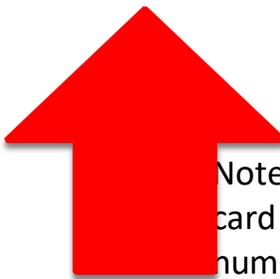
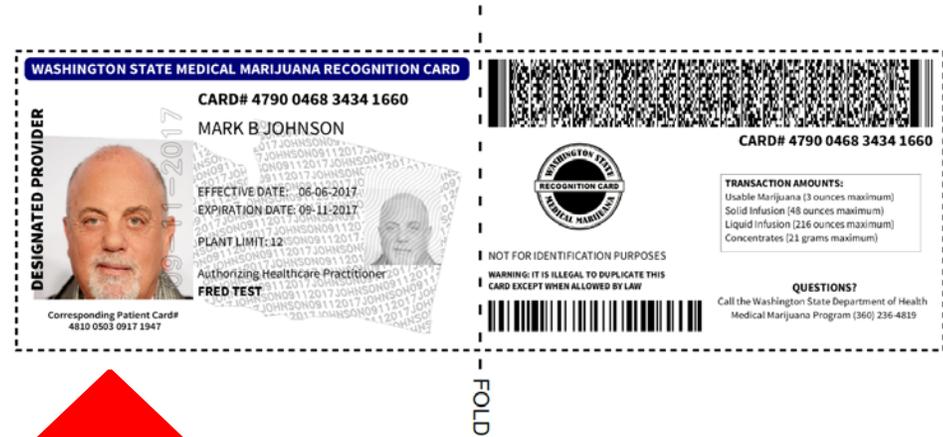
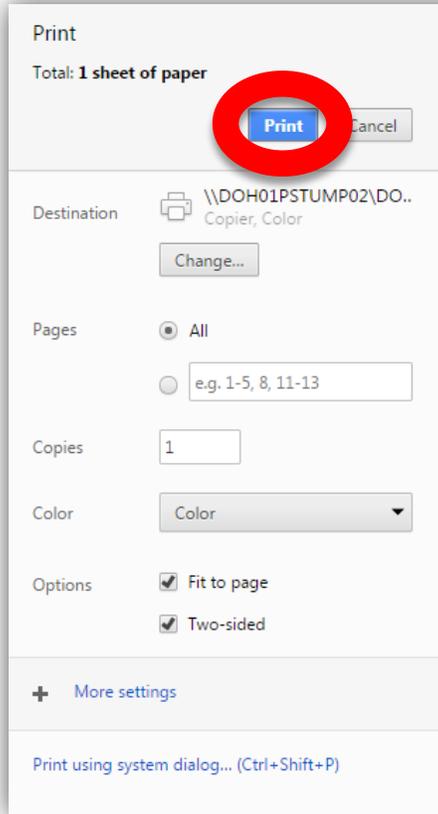
Corresponding Patient Card#
4810 0503 0917 1947

4790 0468 3434 1660

PRINT **RENEW** **REPLACE** **CORRECT**

Print from your system to your full-color printer on plain white paper.

Cut, fold, hot laminate and trim excess plastic to make it credit card size.



Note: The designated provider card will have the patient's card number under the picture.

Card creation is now complete.

To get out of the designated provider card screen, select **Verify a Card** button.

MARK B JOHNSON
1234 Lovely Lane
Tumwater, Washington 98501

TRANSACTION

VERIFY A CARD

Date of Birth 04/01/1992
Gender male
Valid Photo ID Type Driver's License
Valid Photo ID Number JohnsoMB340NU
Healthcare License MD12345678
Healthcare Address 1 1234 Lovely Lane
Healthcare Address 2
Healthcare City Tumwater
Healthcare State Washington
Healthcare Zip 98501
Healthcare Phone Number (360) 222-1954
Plant Limitations 12
Authorization Issue Date 09/12/2016
Authorization Expire Date 09/11/2017
Patient Jennifer J Johnson

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
CARD# 4790 0468 3434 1660
MARK B JOHNSON
DESIGNATED PROVIDER
EFFECTIVE DATE: 08-06-2017
EXPIRATION DATE: 09-11-2017
PLANT LIMIT: 12
Authorizing Healthcare Practitioner: FRED TEST
Corresponding Patient Card: 4810 0503 0917 1947

Card #4790 0468 3434 1660

PRINT **RENEW** **REPLACE** **CORRECT**

Create Card Example



Minor Patient

Select **Card Management** button.

**WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA**

CHIPMUNKS MMJ SHOP

CARD VALIDATION

CARD MANAGEMENT

VERIFY A CARD

INSTRUCTIONS

1. Compare actual card to card on your screen to confirm that the information on both is a match.
2. If cards do not match, tell patient you cannot validate their card because it does not match the information on the screen for that patient.

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

Select **Search** under **Minor Patient** to search name.



WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

ADULT PATIENT
SEARCH

DESIGNATED PROVIDER
SEARCH

MINOR PATIENT
SEARCH

CREATE CARD

VERIFY A CARD

Note: A minor patient must be accompanied by their designated provider at all times in your store.

Enter minor patient name and date of birth.

Select **Search** button.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SEARCH BY...

NAME AND DATE OF BIRTH | CARD NUMBER

Kat McGhee

11/02/2012

SEARCH

Flexible Search: Last name, First name or First name Last name

PATIENT SEARCH

CARD MANAGEMENT

Most likely, the system will not bring up anyone and you will get the message below.

Select **Create New Authorization** button to start entering the authorization form data into the system.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

SEARCH BY...

NAME AND DATE OF BIRTH CARD NUMBER

Kat McGhee 11/02/2012 SEARCH

Flexible Search: Last name, First name or First name Last name

PATIENT SEARCH

CARD MANAGEMENT

NO MATCHING PATIENT AUTHORIZATIONS FOUND

Want to create a new request?

CREATE NEW AUTHORIZATION

Note: If a record does comes up for the person, you will want to verify if that is actually the same person or if it is a different person with the same name. The screen will show date of birth and address so you can compare. If it is the same person, then they are already in the system and you do not create a new card for them, unless it is close to expiring and it is time for a renewal.

A minor patient is **not required** to have identification. You may enter identification information if they have it. You will be required to enter the designated providers identification information when you create their card.



CHIPMUNKS MMJ SHOP

CREATE MINOR PATIENT

[VERIFY A CARD](#)

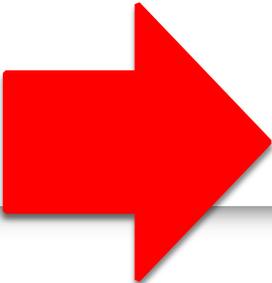
First name * **M.I.** **Last name *** **Suffix**

Date of Birth * **Gender *** Female Male

Address *

Photo *

Identification Type **Identification Number**



Complete healthcare practitioner information, qualifying condition, plant limit.

Enter authorization date and expiration date. System only allows for 6 months for minors.

When finished, select **Save Patient Record** button.

Healthcare Practitioner License *
MD10003250 ✓ Practitioner: John H Sumi

Healthcare Practitioner Address *
14367 S. Austin Road
Address (Line 2)
Kent Washington 98089

Healthcare Practitioner Phone *
(253) 341-8892

Qualifying Conditions *

- Cancer
- HIV
- Epilepsy or Other Seizure Disorder
- Spasticity Disorder
- Intractable Pain
- Post-traumatic Stress Disorder
- A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity.
- Glaucoma
- Crohn's Disease
- Multiple Sclerosis
- Hepatitis C
- Chronic Renal Failure Requiring Hemodialysis
- Traumatic Brain Injury

Plant Limitations *
6

Authorization Issue Date * 6/2/2017 
Authorization Expiration Date * 12/2/2017 
Must be within six months of issue date.

SAVE PATIENT RECORD

The system automatically takes you to the screen to enter the designated provider information.

All information is auto-populated from the minor entry except the **Authorization Issue Date**, which is a required field you will need to enter.

Note: The patient's information is shown at top of the screen.

Enter the designated provider information exactly as written on the authorization form.

When finished, select **Save Provider Record** button.



CHIPMUNKS MMJ

SELECT PATIENT AUTHORIZED TO ASSIST

Selected Patient:

Name: Kat McGhee

Gender: female

Date of Birth: 2012-11-02

CREATE DESIGNATED PROVIDER

VERIFY A CARD

First name * M.I. Last name * Suffix

Date of Birth * Gender * Female Male

Address *

Photo *

Identification Type * Identification Number *

Healthcare Practitioner License * Practitioner: John H Sumi

Healthcare Practitioner Address *

Healthcare Practitioner Phone *

Plant Limitations *

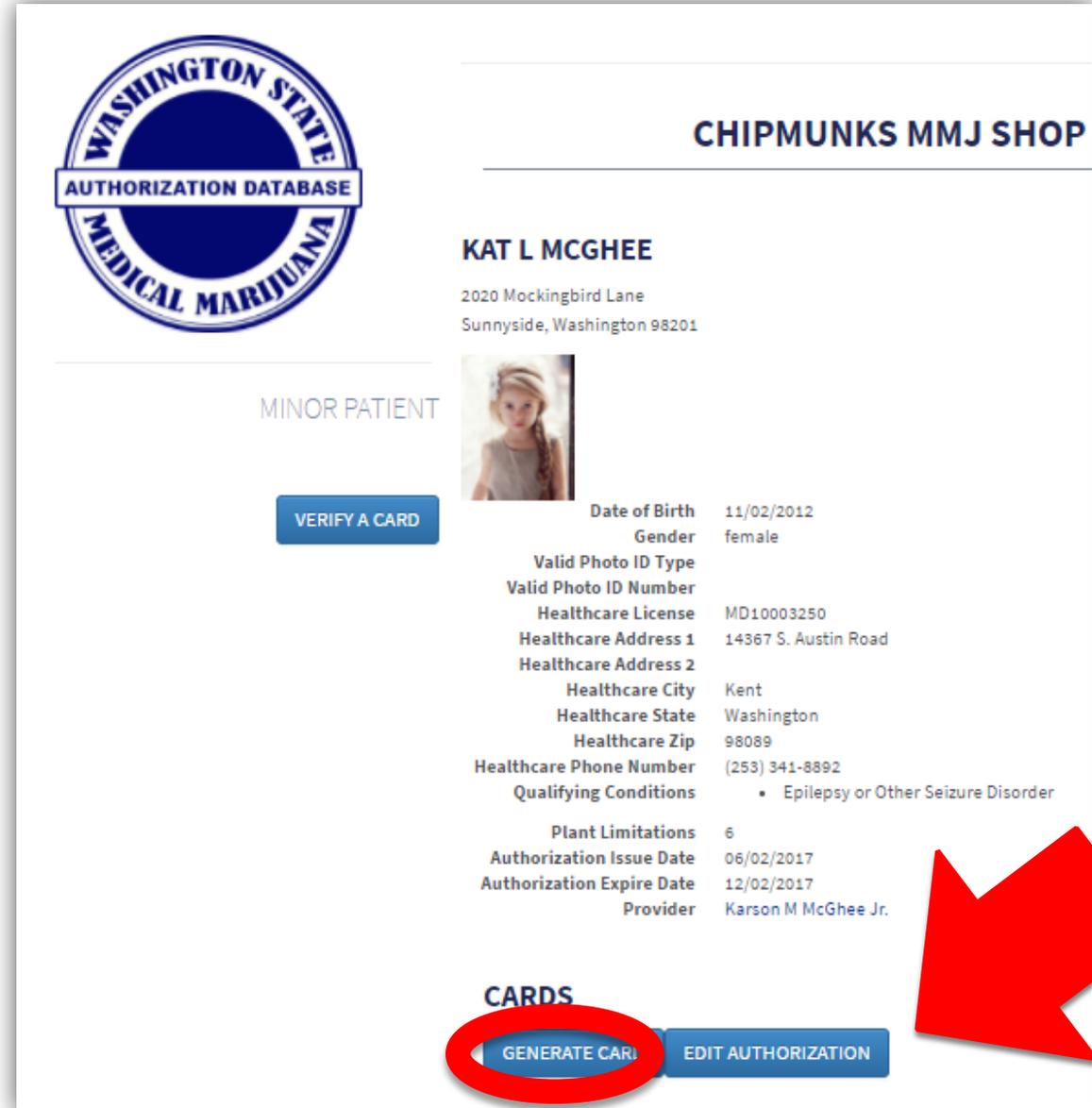
Authorization Issue Date * Authorization Expiration Date *
Must be within 1 year of issue date.

SAVE PROVIDER RECORD

The system will first require you to generate the minor patient card.

Verify information is accurate. If there is an error, select **Edit Authorization** button.

When all is accurate, select **Generate Card** button.



The screenshot shows the Washington State Medical Marijuana Authorization Database interface. At the top left is the logo for the Washington State Medical Marijuana Authorization Database. The page title is "CHIPMUNKS MMJ SHOP". The patient's name is "KAT L MCGHEE". The address is "2020 Mockingbird Lane, Sunnyside, Washington 98201". The patient is identified as a "MINOR PATIENT". There is a "VERIFY A CARD" button. The patient's profile information includes: Date of Birth (11/02/2012), Gender (female), Valid Photo ID Type, Valid Photo ID Number, Healthcare License (MD10003250), Healthcare Address 1 (14367 S. Austin Road), Healthcare Address 2, Healthcare City (Kent), Healthcare State (Washington), Healthcare Zip (98089), Healthcare Phone Number ((253) 341-8892), Qualifying Conditions (Epilepsy or Other Seizure Disorder), Plant Limitations (6), Authorization Issue Date (06/02/2017), Authorization Expire Date (12/02/2017), and Provider (Karson M McGhee Jr.). At the bottom, there are two buttons: "GENERATE CARD" and "EDIT AUTHORIZATION". The "GENERATE CARD" button is circled in red, and a large red arrow points to it.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

KAT L MCGHEE
2020 Mockingbird Lane
Sunnyside, Washington 98201

MINOR PATIENT

VERIFY A CARD

Date of Birth 11/02/2012
Gender female
Valid Photo ID Type
Valid Photo ID Number
Healthcare License MD10003250
Healthcare Address 1 14367 S. Austin Road
Healthcare Address 2
Healthcare City Kent
Healthcare State Washington
Healthcare Zip 98089
Healthcare Phone Number (253) 341-8892
Qualifying Conditions

- Epilepsy or Other Seizure Disorder

Plant Limitations 6
Authorization Issue Date 06/02/2017
Authorization Expire Date 12/02/2017
Provider Karson M McGhee Jr.

CARDS

GENERATE CARD EDIT AUTHORIZATION

A picture of what the card will look like is on the screen for review.

Select **Print** button.

The screenshot shows the 'WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA' interface. At the top left is the logo. The main header is 'CHIPMUNKS MMJ SHOP'. The patient's name is 'KAT L MCGHEE', with address '2020 Mockingbird Lane, Sunnyside, Washington 98201'. A 'MINOR PATIENT' label is present with a 'VERIFY A CARD' button. A 'Date of Birth' field is highlighted in blue. Below this is a list of fields: Gender (female), Valid Photo ID Type, Valid Photo ID Number, Healthcare License (MD10003250), Healthcare Address 1 (14367 S. Austin Road), Healthcare Address 2, Healthcare City (Kent), Healthcare State (Washington), Healthcare Zip (98089), Healthcare Phone Number ((253) 341-8892), and Qualifying Conditions (Epilepsy or Other Seizure Dis). Below these are Plant Limitations (6), Authorization Issue Date (06/02/2017), Authorization Expire Date (12/02/2017), and Provider (Karson M McGhee Jr.). A 'CARDS' section shows a preview of the 'WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD' for KAT L MCGHEE, with card number 1930 0789 8632 0975, effective date 06-12-2017, expiration date 12-02-2017, plant limit 6, and authorizing practitioner JOHN SUMI. A 'MINOR UNDER 18' label indicates the patient must be accompanied by a designated provider. At the bottom, a 'PRINT' button is circled in red, along with 'RENEW', 'REPLACE', and 'CORRECT' buttons.

WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

KAT L MCGHEE
2020 Mockingbird Lane
Sunnyside, Washington 98201

MINOR PATIENT

VERIFY A CARD

Date of Birth 11/02/2012
Gender female
Valid Photo ID Type
Valid Photo ID Number
Healthcare License MD10003250
Healthcare Address 1 14367 S. Austin Road
Healthcare Address 2
Healthcare City Kent
Healthcare State Washington
Healthcare Zip 98089
Healthcare Phone Number (253) 341-8892
Qualifying Conditions
• Epilepsy or Other Seizure Dis

Plant Limitations 6
Authorization Issue Date 06/02/2017
Authorization Expire Date 12/02/2017
Provider Karson M McGhee Jr.

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
CARD# 1930 0789 8632 0975
KAT L MCGHEE
EFFECTIVE DATE: 06-12-2017
EXPIRATION DATE: 12-02-2017
PLANT LIMIT: 6
Authorizing Healthcare Practitioner
JOHN SUMI
MINOR UNDER 18 Must be accompanied by designated provider

PRINT RENEW REPLACE CORRECT

Note: There is a hyperlink to the designated provider's card.

Print from your system to your full-color printer on plain white paper.

Cut, fold, hot laminate and trim excess plastic to make it credit card size.

The image shows a print dialog box on the left and a Washington State Medical Marijuana Recognition Card template on the right.

Print Dialog Box:

- Print
- Total: 1 sheet of paper
- Print (highlighted with a red circle) Cancel
- Destination: \\DOH01PSTUMP02\DO... Copier, Color
- Change...
- Pages: All (selected), e.g. 1-5, 8, 11-13
- Copies: 1
- Color: Color
- Options: Fit to page, Two-sided
- + More settings
- Print using system dialog... (Ctrl+Shift+P)

Washington State Medical Marijuana Recognition Card Template:

- WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
- CARD# 1930 0789 8632 0975
- KAT L MCGHEE
- PATIENT (vertical text)
- MINOR UNDER 18 Must be accompanied by designated provider
- EFFECTIVE DATE: 06-12-2017
- EXPIRATION DATE: 12-02-2017
- PLANT LIMIT: 6
- Authorizing Healthcare Practitioner: JOHN SUMI
- WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD (circular seal)
- TRANSACTION AMOUNTS:
 - Usable Marijuana (3 ounces maximum)
 - Solid Infusion (48 ounces maximum)
 - Liquid Infusion (216 ounces maximum)
 - Concentrates (21 grams maximum)
- NOT FOR IDENTIFICATION PURPOSES
- WARNING: IT IS ILLEGAL TO DUPLICATE THIS CARD EXCEPT WHEN ALLOWED BY LAW
- QUESTIONS? Call the Washington State Department of Health Medical Marijuana Program (360) 236-4819
- FOLD (vertical text)

When finished printing, close print screen to return to minor patient screen.

Select the designated provider name to go to their profile screen.

The screenshot shows the 'WASHINGTON STATE MEDICAL MARIJUANA AUTHORIZATION DATABASE' interface. At the top left is the state seal logo. The main header reads 'CHIPMUNKS MMJ SHOP'. The patient profile is for 'KAT L MCGHEE', a minor patient with a date of birth of 11/02/2012. A 'VERIFY A CARD' button is visible. The 'Authorization Expire Date' is 12/02/2017, which is circled in red. The provider is listed as 'Karson M McGhee Jr'. Below the profile is a 'CARDS' section showing a preview of the 'WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD' for the patient. The card includes the patient's photo, name, card number (1930 0789 8632 0975), effective date (06-12-2017), expiration date (12-02-2017), plant limit (6), and authorizing healthcare practitioner (JOHN SUMI). At the bottom of the card preview, it states 'MINOR (UNDER 18) Must be accompanied by designated provider.' Below the card preview are buttons for 'PRINT', 'RENEW', 'REPLACE', and 'CORRECT'.

WASHINGTON STATE MEDICAL MARIJUANA AUTHORIZATION DATABASE

CHIPMUNKS MMJ SHOP

KAT L MCGHEE
2020 Mockingbird Lane
Sunnyside, Washington 98201

MINOR PATIENT

[VERIFY A CARD](#)

Date of Birth 11/02/2012
Gender female
Valid Photo ID Type
Valid Photo ID Number
Healthcare License MD10003250
Healthcare Address 1 14367 S. Austin Road
Healthcare Address 2
Healthcare City Kent
Healthcare State Washington
Healthcare Zip 98089
Healthcare Phone Number (253) 341-8892
Qualifying Conditions

- Epilepsy or Other Seizure Disorder

Plant Limitations 6
Authorization Issue Date
Authorization Expire Date 12/02/2017
Provider Karson M McGhee Jr

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
CARD# 1930 0789 8632 0975
KAT L MCGHEE
EFFECTIVE DATE: 06-12-2017
EXPIRATION DATE: 12-02-2017
PLANT LIMIT: 6
Authorizing healthcare Practitioner
JOHN SUMI
MINOR (UNDER 18) Must be accompanied by designated provider.

Card #1930 0789 8632 0975

[PRINT](#) [RENEW](#) [REPLACE](#) [CORRECT](#)

Now you will generate the **designated provider** card.

Verify information is accurate. If there is an error, select **Edit Authorization** button.

When all is accurate, select **Generate Card** button.



The screenshot displays the Washington State Medical Marijuana Authorization Database interface. On the left is the circular logo with the text "WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA". Below it, the text "RETAIL CARD TRANSACTION" is visible. On the right, the shop name "CHIPMUNKS MMJ SHOP" is shown. The patient's name is "KARSON M MCGHEE JR." with the address "2020 Mockingbird Lane, Sunnyside, Washington 98201". A table of details includes: Date of Birth (05/23/1991), Gender (male), Authorization Issue Date (06/02/2017), Authorization Expire Date (12/02/2017), and Patient (Kat L McGhee). A "VERIFY A CARD" button is located below the transaction details. At the bottom, under the heading "CARDS", there are two buttons: "GENERATE CARD" (highlighted with a red circle) and "EDIT AUTHORIZATION".

A picture of what the card will look like is on the screen for review.

Select **Print** button.

WASHINGTON STATE
AUTHORIZATION DATABASE
MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

KARSON M MCGHEE JR.
2020 Mockingbird Lane
Sunnyside, Washington 98201

Date of Birth 05/23/1991
Gender male
Authorization Issue Date 06/02/2017
Authorization Expire Date 12/02/2017
Patient Kat L McGhee

RETAIL CARD TRANSACTION

VERIFY A CARD

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 9120 0967 8407 8937
KARSON M MCGHEE JR.
EFFECTIVE DATE: 06-12-2017
EXPIRATION DATE: 12-02-2017
PLANT LIMIT: 6
Authorizing Healthcare Practitioner
JOHN SUMI
Corresponding Patient Card#
1930 0709 9632 0915

9120 0967 8407 8937

PRINT RENEW REPLACE CORRECT

Note: You will be able to link to the minor patient information for printing once you have finished printing the designated provider card.

Print from your system to your full-color printer on plain white paper.

Cut, fold, hot laminate and trim excess plastic to make it credit card size.

The image shows a print dialog box on the left and a template for a Washington State Medical Marijuana Recognition Card on the right.

Print Dialog Box:

- Title: Print
- Total: 1 sheet of paper
- Buttons: **Print** (circled in red), Cancel
- Destination: \\DOH01PSTUMP02\DO... Copier, Color. Change...
- Pages: All (selected), e.g. 1-5, 8, 11-13
- Copies: 1
- Color: Color
- Options: Fit to page, Two-sided
- + More settings
- Print using system dialog... (Ctrl+Shift+P)

Washington State Medical Marijuana Recognition Card Template:

- Title: WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
- Card#: 9120 0967 8407 8937
- Designated Provider: KARSON, M MCGHEE JR.
- Effective Date: 06-12-2017
- Expiration Date: 12-02-2017
- Plant Limit: 6
- Authorizing Healthcare Practitioner: JOHN SUMI
- Corresponding Patient Card#: 1930 0789 8632 0975
- Barcode: [Barcode]
- Washington State Medical Marijuana Recognition Card logo
- Transaction Amounts: Usable Marijuana (3 ounces maximum), Solid Infusion (48 ounces maximum), Liquid Infusion (216 ounces maximum), Concentrates (21 grams maximum)
- Warning: NOT FOR IDENTIFICATION PURPOSES. WARNING: IT IS ILLEGAL TO DUPLICATE THIS CARD EXCEPT WHEN ALLOWED BY LAW.
- Questions: Call the Washington State Department of Health Medical Marijuana Program (360) 236-4819
- FOLD line

Card creation is now complete.

To get out of the designated provider card screen, select **Verify a Card** button.

WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA

CHIPMUNKS MMJ SHOP

KARSON M MCGHEE JR.
2020 Mockingbird Lane
Sunnyside, Washington 98201

RETAIL CARD TRANSACTION

VERIFY A CARD

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

DESIGNATED PROVIDER

CARD# 9120 0967 8407 8937
KARSON M MCGHEE JR.
EFFECTIVE DATE: 06-12-2017
EXPIRATION DATE: 12-02-2017
PLANT LIMIT: 6
Authorizing healthcare Practitioner
JOHN SUMI

Corresponding Patient Card#
1930 0789 8632 0975

Card #9120 0967 8407 8937

PRINT **RENEW** **REPLACE** **CORRECT**