A Cannabis Retailer's Guide to Validating the Medical Cannabis Authorization Form

As a medical cannabis consultant, you must ensure the Authorization Form meets all criteria below. If you cannot verify all the requirements, do not proceed with creating a recognition card and refer the patient back to their practitioner.

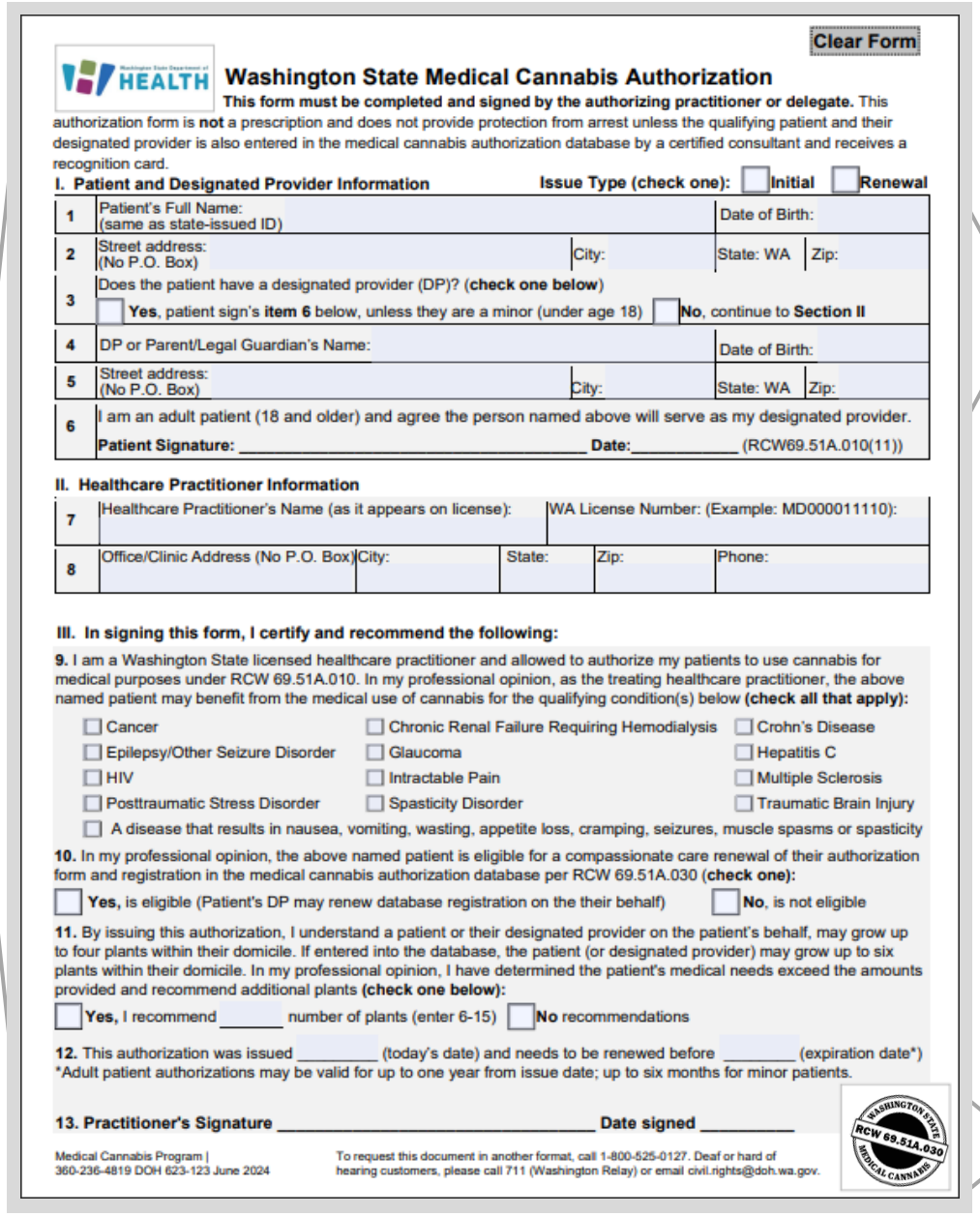
Complete and Signed

All Valid Authorization forms must be fully completed, signed by a health care practitioner **and** printed on the required tamper resistant paper.

Tamper Resistant Security Features

Tamper resistant paper must have one or more of these security features:

- Hidden Message "Void" appears when copied.
- Security Authorization Anti-Copy Artificial watermark on the back
- Erasure security
- Chemical Reactant Stain
- UV Fibers



Clear Form

Washington State Medical Cannabis Authorization

This form must be completed and signed by the authorizing practitioner or delegate. This authorization form is **not** a prescription and does not provide protection from arrest unless the qualifying patient and their designated provider is also entered in the medical cannabis authorization database by a certified consultant and receives a recognition card.

I. Patient and Designated Provider Information **Issue Type (check one):** ☐ **Initial** ☐ **Renewal**

1	Patient's Full Name: (same as state-issued ID)		Date of Birth:	
2	Street address: (No P.O. Box)	City:	State: WA	Zip:
3	Does the patient have a designated provider (DP)? (**check one below**) ☐ **Yes**, patient sign's **item 6** below, unless they are a minor (under age 18) ☐ **No**, continue to **Section II**			
4	DP or Parent/Legal Guardian's Name:		Date of Birth:	
5	Street address: (No P.O. Box)	City:	State: WA	Zip:
6	I am an adult patient (18 and older) and agree the person named above will serve as my designated provider. **Patient Signature:** _____ **Date:**_____ (RCW69.51A.010(11))			

II. Healthcare Practitioner Information

7	Healthcare Practitioner's Name (as it appears on license):		WA License Number: (Example: MD000011110):		
8	Office/Clinic Address (No P.O. Box)	City:	State:	Zip:	Phone:

III. In signing this form, I certify and recommend the following:

9. I am a Washington State licensed healthcare practitioner and allowed to authorize my patients to use cannabis for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of cannabis for the qualifying condition(s) below **(check all that apply):**

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

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical cannabis authorization database per RCW 69.51A.030 **(check one):**

☐ **Yes,** is eligible (Patient's DP may renew database registration on the their behalf) ☐ **No**, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants **(check one below):**

☐ **Yes,** I recommend _____ number of plants (enter 6-15) ☐ **No** recommendations

12. This authorization was issued _____ (today's date) and needs to be renewed before _____ (expiration date*)
*Adult patient authorizations may be valid for up to one year from issue date; up to six months for minor patients.

13. Practitioner's Signature _____ **Date signed** _____

Medical Cannabis Program | 360-236-4819 DOH 623-123 June 2024

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

WASHINGTON STATE RCW 69.51A.030 MEDICAL CANNABIS

Proper Identification

The patient named on the form must match the identity of the person presenting the form.

- Full name required (no nicknames)
- Physical street address required (no P.O. Box) for patient and designated provider (DP), if applicable.
- If there is a DP, both the patient and DP must have identical authorizations with original signatures, printed on tamper-resistant paper.

*If a patient is approved for Compassionate Care Renewal (**10.**), Designated Provider may renew on their behalf.

Medical Cannabis Seal

The embossed RCW 69.51A.030 logo must be visible. Some forms may have an ink seal present as well.

Recognition Card Benefits and Possession Limits

- Purchase products sales-tax free at licensed and medically endorsed cannabis stores.
- Purchase **Chapter 246-70-040** medically compliant products at licensed and medically endorsed cannabis stores.
- Receive 37 percent excise tax exemption for the purchase of medically compliant product.
- Purchase up to three times **the current limits** at licensed and medically endorsed cannabis stores.
- Possess up to **six plants and eight ounces** of usable cannabis. A healthcare practitioner may authorize additional plants to a maximum of 15; an authorized patient may possess up to 16 ounces of usable cannabis produced from the plants.
- Participate in a **medical cannabis cooperative** regulated by the Washington State Liquor and Cannabis Board.
- Have **arrest protection**.

Questions and Concerns?

Contact the Department of Health's Medical Cannabis Program at:

Phone: 360-236-4819 Ext. 1

Email: MedicalCannabis@doh.wa.gov

Experiencing Technical Issues with the Database?

Call 360-236-4819 and select Ext. 2 to speak with the service desk for the database.

Need Information for Obtaining or Maintaining Medical Endorsement for your store?

Contact the Washington State Liquor and Cannabis Board at 360-664-1600.

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