



# Medically Endorsed Store Guidance

**AIRLIFT<sup>®</sup>**

# Department of Health Required to:



- Establish a voluntary, confidential database by contracting with a third party to create and administer.
- Create a process for producing recognition cards for qualifying patients and designated providers.
- Adopt rules relating to the operation of the database.

# Who Has Access to the Database System



- Certified medical marijuana consultants and other medically endorsed marijuana store employees
- Law enforcement to verify cards only
- Healthcare practitioners to view authorized patients
- Database administrator
- State agencies for technical support, aggregate reporting, and auditing:
  - Washington State Department of Health (DOH)
  - Washington State Liquor and Cannabis Board (WSLCB)
  - Washington State Department of Revenue (DOR)

Note: Other state and federal agencies cannot search the database to see if specific people are in it.

# Why Should Patients Join the Database



Patients entered into the database receive a medical marijuana recognition card which provides the following benefits:

- Purchase up to three times the current recreational limits.
- Purchase products sales-tax free.
- Purchase high THC compliant products.
- Possess up to 15 plants and 16 ounces of usable marijuana, as authorized.
- Participate in cooperative garden.
- Arrest protection.

# Possession Amounts

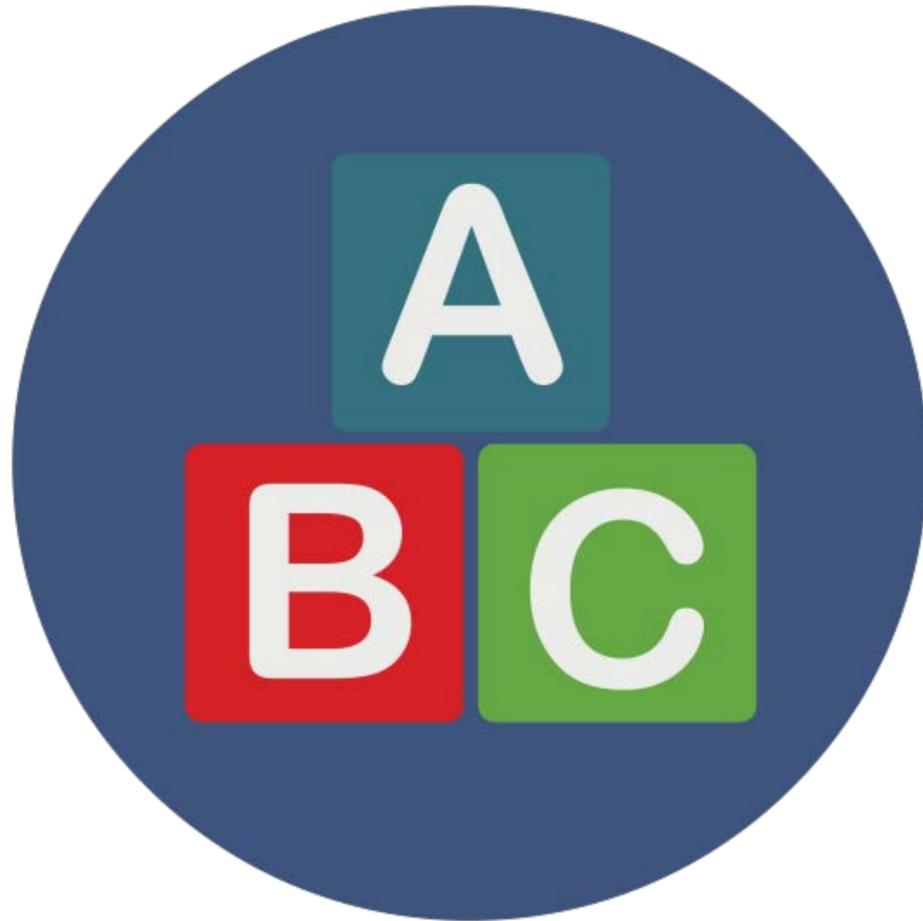
## Non-Patient:

- Usable Marijuana  
1 ounce
- Solid Infusion  
16 ounces
- Liquid Infusion  
72 ounces
- Concentrates  
7 grams

## Recognition Cardholder:

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

# About the System



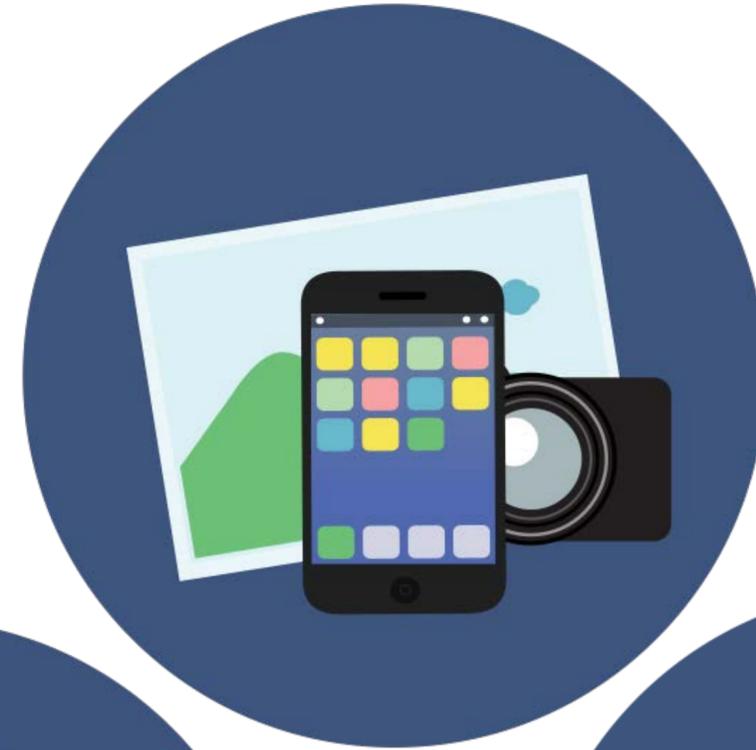
- Hosted in the cloud using a browser-based Software as a Service (SaaS) application.
- Will never require user to load updates.
- Responsive, mobile design
- Modern, intuitive, easy to use

# System is Secure



- System uses industry standard security best practices.
- Other safety features: intrusion detection, web application firewalls, and monitoring software are in place to detect, alert, and prevent unauthorized access.
- Requires users to login at least monthly or their account will be temporarily deactivated.
- Privacy policy is published here: [cloudpwr.com/privacy](https://cloudpwr.com/privacy)

# Equipment Requirements



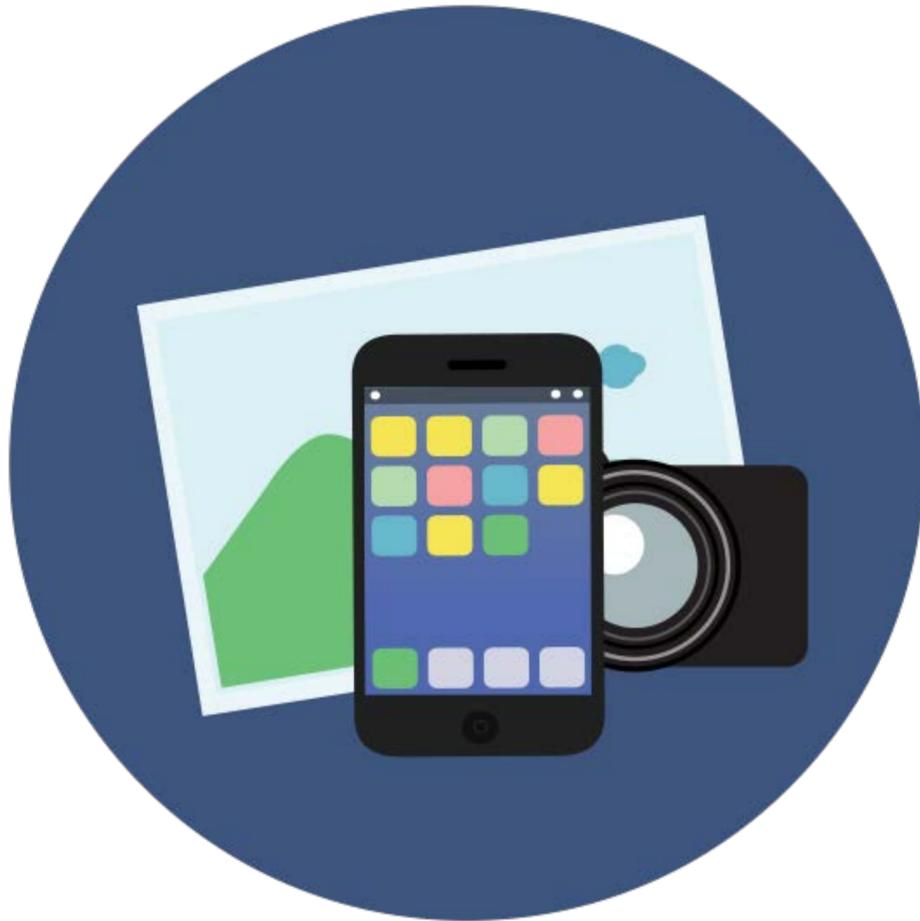
By law, the following equipment is required to access the database system and create recognition cards.

# Hardware



- Any modern computer or mobile device. The system is optimized for Mobile iOS.
- Modern web browser. The system is optimized for Google Chrome.
- Anti-virus software and ad blockers can affect system – you may need to disable.

# Camera and Photo-Taking Area



- Digital camera with memory card or cable connection to transfer image from camera to system or iOS device.
- Light color blank backdrop – may want to have two options to accommodate patients with very light hair.
- Good lighting to eliminate shadows.

# Printer



- At least 300 dpi color laser or ink-jet printer.

Note: To ensure all cards look the same and that all security features work, the cards may only be printed on blank white paper and in color.

# Laminator



- Heated lamination only.

# User Roles & Permissions



Master Account Holder



Delegate



Certified Consultant



Budtender

There are four roles within the system and everyone in the store has a role.

Note: Everyone who accesses the system must log-in at least once per month to keep their profile active.  
If your profile becomes deactivated, contact the department at 360-236-4819, Option 1.

# Roles Validation



- The system validates against various data:
  - Owners are checked against WSLCB data.
  - Consultants must enter their DOH consultant certificate number to be recognized in that role within the system.
  - Employees are vetted and linked to store(s) by master account holder or delegate.

# Master Account Holder



- **Store Owner:**

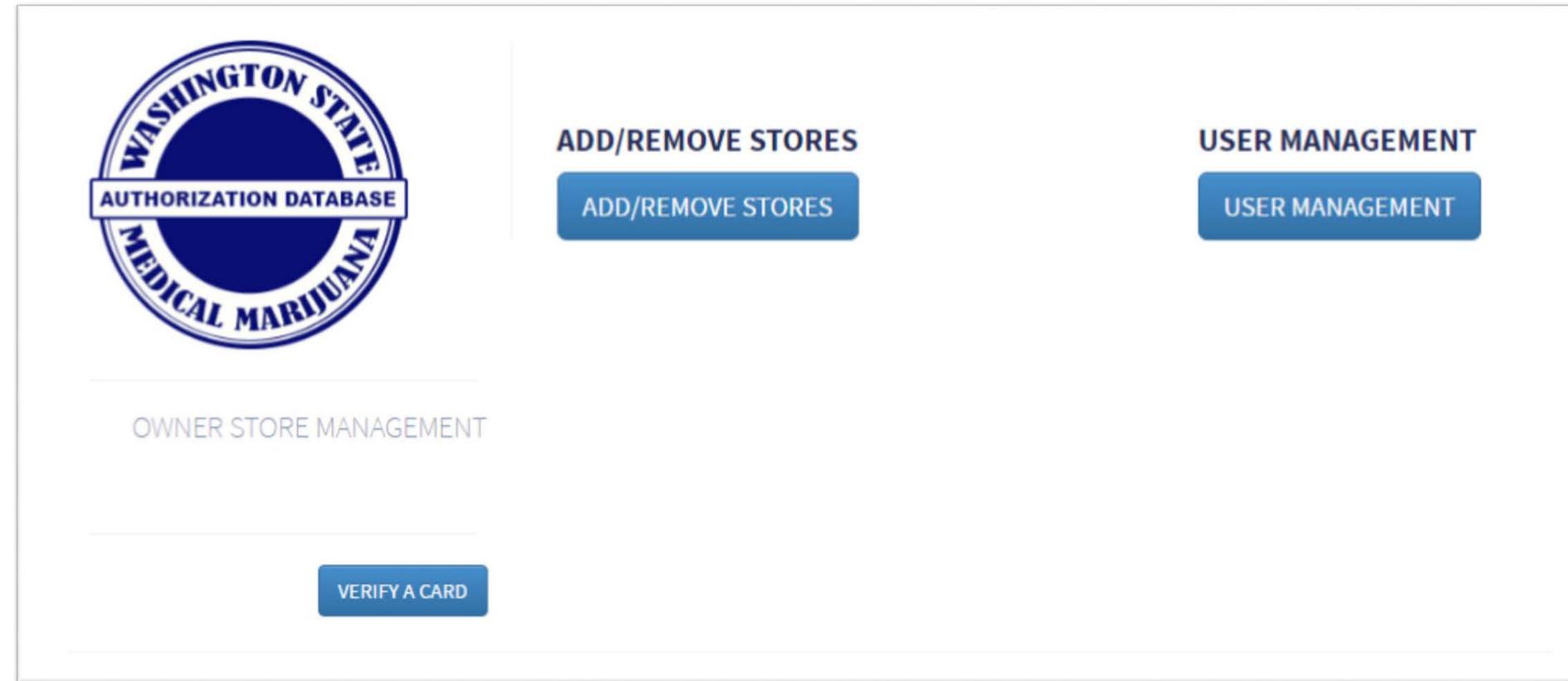
1. Activates store(s)

- Store assignment based on data from the WSLCB
- Only one master account holder per store
- May remove ownership (do with caution)

2. Links employees (consultants/budgetenders) to store

3. Delegate responsibility

# Master Account Holder Page



**The Owner Store Management page gives the option to:**

- Link to store(s) with Add/Remove Stores button
- Link employees through User Management button
- Verify a card

Note: If the owner is a certified consultant, they will also have Card Management button.

# Delegate



- **Supervisor/Manager:**
  - Assumes functions of store management
  - May be assigned the task of linking employees and consultants
  - Must be linked to store by master account holder (store owner)
  - May be assigned to multiple stores
  - Store may have multiple delegates

# Delegate Screen

**WASHINGTON STATE**  
**AUTHORIZATION DATABASE**  
**MEDICAL MARIJUANA**

CARD VALIDATION

**STORE 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**

# Screen for Delegate Who is Also a Consultant

**WASHINGTON STATE**  
**AUTHORIZATION DATABASE**  
**MEDICAL MARIJUANA**

## CHIPMUNKS MMJ SHOP

VERIFY A CARD

CARD VALIDATION

CARD MANAGEMENT  
STORE MANAGEMENT

**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

# Certified Consultant



- Only one that may:
  1. Handle the patient's authorization form
  2. Enter patient/delegate data
  3. Create or edit cards
- Must be linked to store by master account holder or delegate
- May be assigned to multiple stores
- Store may have unlimited consultants

Note: When initially getting setup in AIRLIFT, the middle name or initial becomes attached to the last name. When this happens, consultants will need to contact DOH to edit name in profile to match what is in the credentialing system – 360-236-4819, option1.

# Consultant Screen

**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

# Budtender



- May only verify cards and complete sales.
- Must be linked to the store by master account holder or delegate
- May be assigned to multiple stores
- Store may have unlimited employees

Note: All medical sales must be verified through the medical marijuana database system and entered into your Point of Sale (POS) system using just the recognition card number. Do not enter any personal identifying patient information into the POS.

# Employee Screen



WASHINGTON STATE  
AUTHORIZATION DATABASE  
MEDICAL MARIJUANA

## CHIPMUNKS MMJ SHOP

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[VERIFY A CARD](#)

CARD VALIDATION

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**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](#)

## Part 2: How do i register to use the database?

All store staff who will be completing purchases or creating cards for patients should create their own user account. This training will walk you through the steps below to register in SecureAccess Washington (SAW):

Step 1: Each user will create their own SAW account

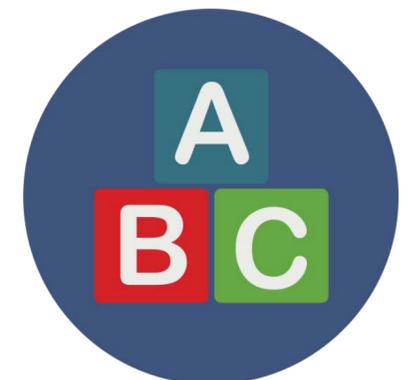
Step 2: Complete the identity verification process

Step 3: Add the Medical Marijuana Authorization System (MMJAS) service to your profile

Step 4: Complete multi-factor authentication (MFA) to add security to your account

Step 5: Complete SAW registration

Step 6: Access the Medical Marijuana Authorization Database (Airlift)



# There are two Databases, one Registration



## SECURE ACCESS WASHINGTON (SAW)

SAW is a security portal that is used by many agencies throughout the state of Washington to allow customers access to various restricted services or systems like the Medical Marijuana Authorization System.



## MEDICAL MARIJUANA AUTHORIZATION DATABASE (MMJAS)

The Medical Marijuana Authorization Database (MMJAS) is a confidential and secure database used for the purpose of issuing a medical recognition card to qualifying patients and their designated providers.

To access MMJAS, users will create a SAW account and always log in through SAW.

## STEP 1

Create A Secure Access Washington (Saw) Account

# STEP 1: CREATE A SAW ACCOUNT

Every owner, manager and store employee that will be assisting patients with their purchase, will need to create their own SAW account using personal information. Do not share passwords or user names. Let's begin:

- ✓ Click "Sign Up" to get started

THE STATE OF WASHINGTON  
1889

# WELCOME

to your login for Washington state.

SecureAccess  
Washington

[SIGN UP!](#) [GET HELP](#) [TIPS](#)

## LOGIN

USERNAME

PASSWORD

[SUBMIT](#)

[Forgot your username?](#) | [Forgot your password?](#)

## ON BEHALF OF

Washington State Department  
**Health**

# STEP 1: CREATE A SAW ACCOUNT

**STOP!** If you think you already have a SAW account and you want to continue using that one instead of creating a new one, click on the “Check Now” button to confirm.

If you are a new user, follow the steps below to create a SAW account:

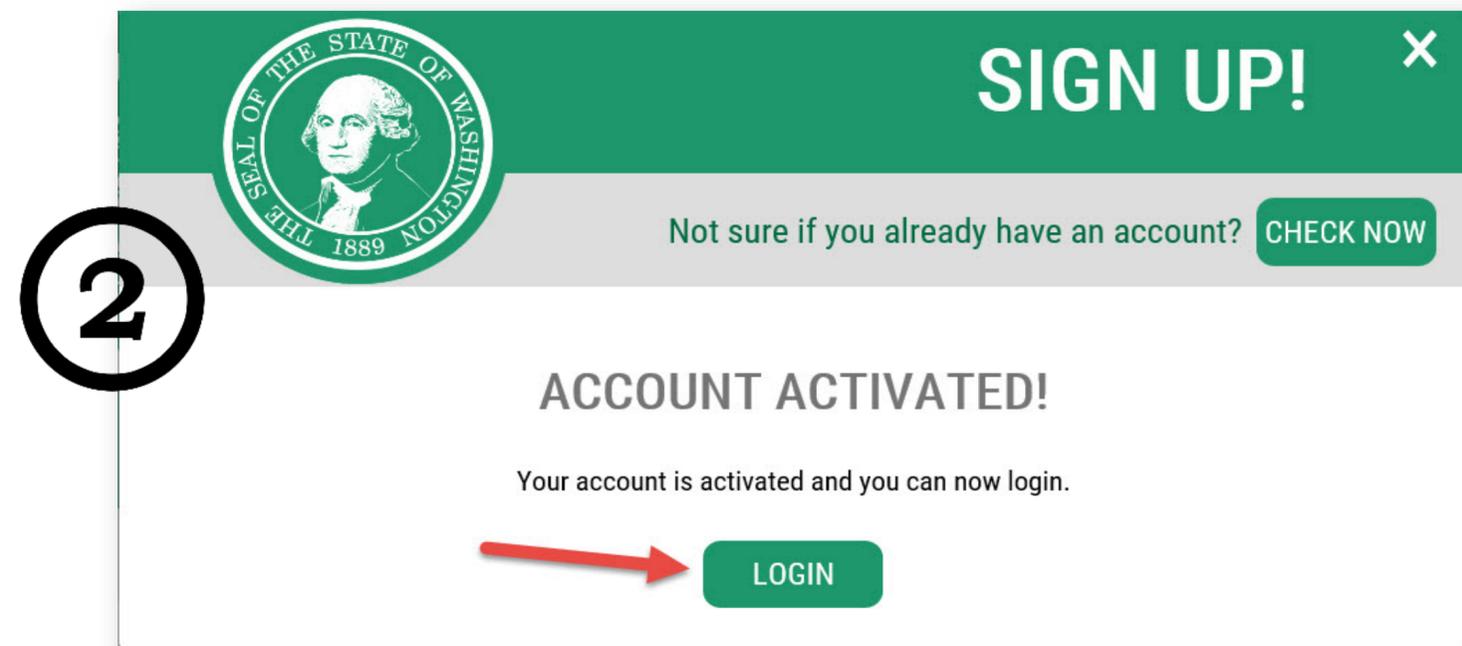
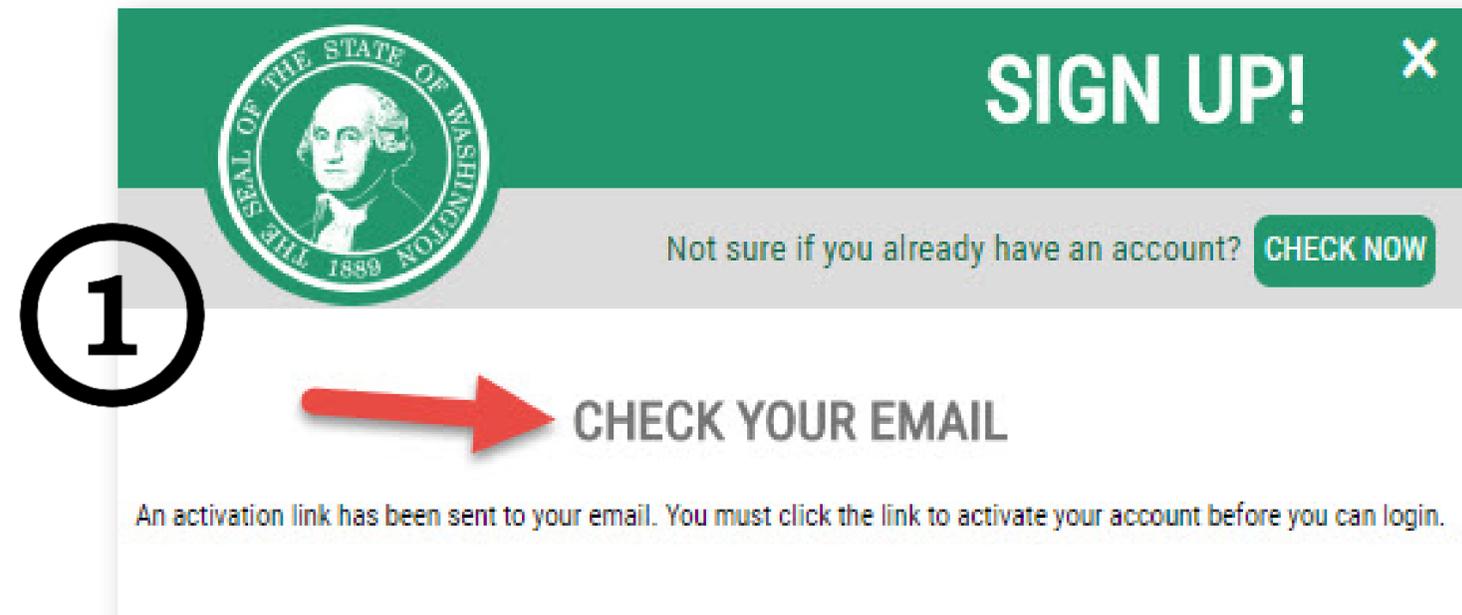
1. Complete the information on the form
2. Click “I’m not a robot”
3. Click “Submit”

The screenshot shows a 'SIGN UP!' form for the State of Washington. At the top left is the state seal. At the top right is the title 'SIGN UP!' with a close button. Below the title is a link: 'Not sure if you already have an account? CHECK NOW'. The form fields are: FIRST NAME, LAST NAME, EMAIL, USERNAME, PASSWORD REQUIREMENTS (with sub-requirements: 'Add at least 10 more characters', 'Add a special character or a lower case letter or an uppercase letter or a number'), PASSWORD, and CONFIRM PASSWORD. At the bottom is a checkbox for 'I'm not a robot' with a reCAPTCHA logo, and a green 'SUBMIT' button. Red annotations include: a '1' in a circle with an arrow pointing to the form fields; a '2' in a circle with an arrow pointing to the 'I'm not a robot' checkbox; a '3' in a circle with an arrow pointing to the 'SUBMIT' button; and a red arrow pointing to the 'CHECK NOW' button.

# STEP 1: CREATE A SAW ACCOUNT

Next, the SAW system will send you an activation link to the email account you registered with.

1. Check your email. Click on the activation link to activate your account.
2. Your account is now active! Click “Login”



# STEP 1: CREATE A SAW ACCOUNT

Login to your account to continue:

1. Enter your user name and password
2. Click "Submit"

THE STATE OF WASHINGTON  
1889

# WELCOME

to your login for Washington state.

SecureAccess  
Washington

SIGN UP! GET HELP TIP

## LOGIN

1

USERNAME

PASSWORD

2

SUBMIT

[Forgot your username?](#) | [Forgot your password?](#)

ON BEHALF OF

WASHINGTON  
STATE  
AGENCIES

## STEP 2

Complete the identity verification process

# STEP 2: IDENTITY VERIFICATION

SAW will walk you through the identity verification process where you will be asked a series of questions based on public record data.

1. Review your name and edit if necessary
2. Complete the address form
3. Click “Continue”

SecureAccess Washington

HOME ACCOUNT TIPS ON GET HELP LOGOUT

## IDENTITY VERIFICATION

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may [request permission to skip this step](#). This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service.

### NAME

Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. [Edit your name](#) if it does not match your official documents. Once any edits are complete, please return to this page.

1 → DOHTEST ADMIN

### ADDRESS

The State of Washington does not store this address or use it for any purpose other than this transaction. If you have more than one address, enter the location where you receive bills or bank statements.

2 →

STREET ADDRESS

CITY

STATE

ZIP

3 → CONTINUE

## STEP 3

Add a new service to your SAW user account

# STEP 3: ADD A NEW SERVICE

Next, you will add the Medical Marijuana Authorization System (database) service to your SAW profile.

- ✓ Click on the red “Add a new service” button

THE SEAL OF THE STATE OF WASHINGTON  
1889

## GOOD AFTERNOON!

What can we help you access today?

SecureAccess  
Washington

ACCOUNT GET HELP TIPS ON LOGOUT

ADD A NEW SERVICE

SERVICE	DESCRIPTION	MEMBERSHIP	ACTION
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Welcome to Secure Access Washington! To start using services from agencies around Washington, click the 'Add A New Service' button above.

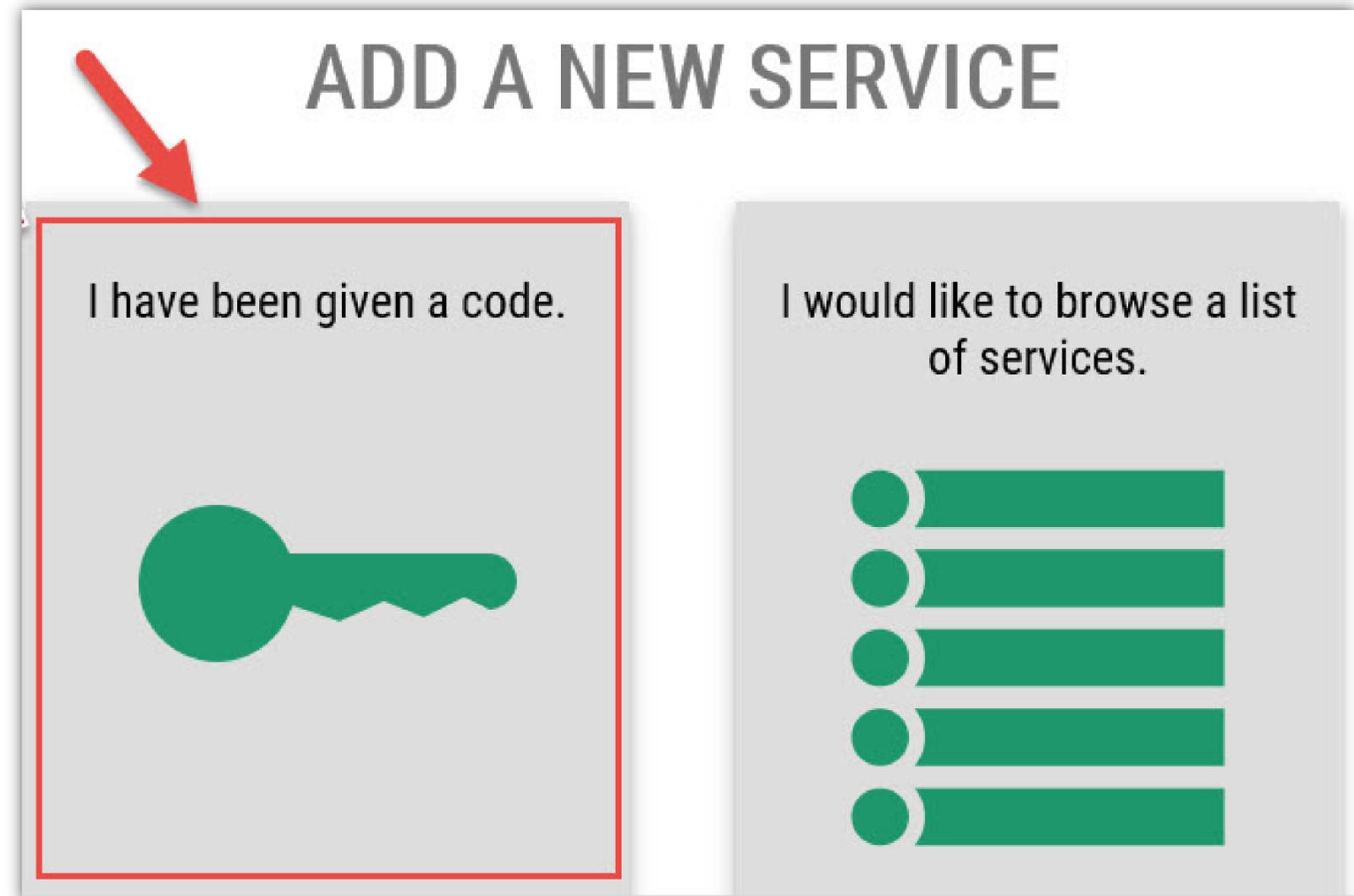
SHOWING YOUR SERVICES FROM  
ALL OF WASHINGTON

WASHINGTON STATE AGENCIES

## STEP 3: ADD A NEW SERVICE

The Medical Marijuana Authorization Database has its own code.

- ✓ Click “I have been given a code”



# STEP 3: ADD A NEW SERVICE

- ✓ Enter the code “MMJAS”
- ✓ Click “Submit”

SecureAccess  
Washington

HOME ACCOUNT TIPS ON GET HELP LOGOUT

## ADD A NEW SERVICE

ENTER YOUR CODE

MMJAS

SUBMIT

I would like to browse a list of services.

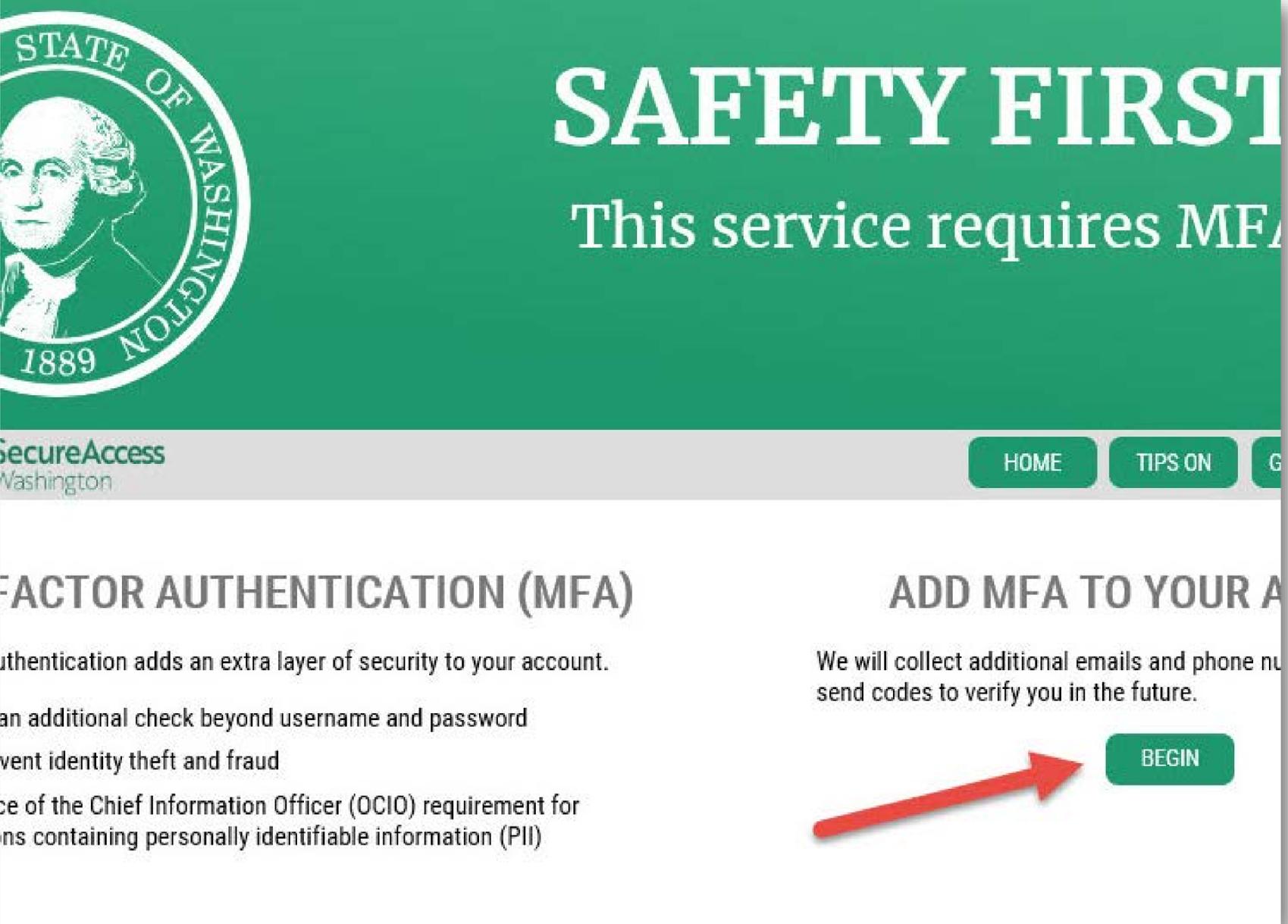
## STEP 4

Add security to your account through multi-factor authentication  
(MFA)

# STEP 4: MULTIFACTOR AUTHENTICATION (MFA)

Next, SAW will add an extra layer of protection over your account by allowing you to add phone numbers and emails to verify you in the future.

- ✓ Click “Begin” to get started



The screenshot shows the Washington State SecureAccess website. At the top left is the State of Washington seal. The header is green with the text "SAFETY FIRST" and "This service requires MFA". Below the header is a navigation bar with "HOME", "TIPS ON", and "G" buttons. The main content area is titled "MULTIFACTOR AUTHENTICATION (MFA)" and contains the following text: "Authentication adds an extra layer of security to your account. It provides an additional check beyond username and password to help prevent identity theft and fraud. This is a requirement of the Chief Information Officer (OCIO) requirement for systems containing personally identifiable information (PII)". To the right of this text is a section titled "ADD MFA TO YOUR ACCOUNT" with the text "We will collect additional emails and phone numbers to send codes to verify you in the future." and a green "BEGIN" button. A red arrow points to the "BEGIN" button.

# STEP 4: MULTIFACTOR AUTHENTICATION (MFA)

SAW uses multifactor authentication to verify the right person is accessing the account by sending a verification code that can be received by phone, text or email.

- ✓ Enter a primary email
- ✓ If you are using an email provided by your employer, please use your personal email as “Optional”

HOME TIPS ON GET HELP LOGOUT

## ADD EMAILS

Enter the email addresses that you would like us to send verification codes when we need to make additional security checks.

PRIMARY (REQUIRED)

OPTIONAL

NEXT

# STEP 4: MULTIFACTOR AUTHENTICATION (MFA)

Next, SAW will ask you to add a primary phone number.

1. Enter a primary phone number where you can be reached to be given a verification code
2. The optional number is not required, but you can enter a secondary number

The screenshot shows the 'ADD PHONES' section of the SecureAccess Washington MFA interface. The page header includes 'SecureAccess Washington' and navigation links for 'HOME', 'TIPS ON', and 'GET HELP'. The main heading is 'MULTIFACTOR AUTHENTICATION (MFA)'. Below this, there is explanatory text: 'Authentication adds an extra layer of security to your account. An additional check beyond username and password prevents identity theft and fraud. This is a requirement of the Chief Information Officer (OCIO) requirement for systems containing personally identifiable information (PII)'. The 'ADD PHONES' section contains instructions: 'Enter the phone numbers you would like us to use for additional security checks. When those occur, you will be able to choose between text messages or an automated call if you prefer a phone number that doesn't receive texts.' The form has two sections: 'PRIMARY PHONE' and 'OPTIONAL PHONE'. Each section has a '10 DIGIT NUMBER' input field. The 'OPTIONAL PHONE' section also has an 'EXTENSION (OPTIONAL)' input field. A green 'NEXT' button is at the bottom right. Two red arrows with numbered circles (1 and 2) point to the primary phone input field and the 'NEXT' button, respectively.

# STEP 4: MULTIFACTOR AUTHENTICATION (MFA)

Now, review your information and finalize.

1. Review your phone and email for accuracy. To correct or edit, click on the “Change” button at the bottom of the screen.
2. Click “Submit” if everything looks good.

SecureAccess  
Washington

HOME TIPS ON GET HEL

## MULTIFACTOR AUTHENTICATION (MFA)

Multifactor authentication adds an extra layer of security to your account. It provides an additional check beyond username and password to help prevent identity theft and fraud. This is a requirement of the Chief Information Officer (OCIO) requirement for systems containing personally identifiable information (PII).

### REVIEW AND FINALIZE

Please review the information you have entered and make any changes before pressing the "SUBMIT" button.

**PHONE NUMBERS**

**PRIMARY:** 3333333333

**EMAILS**

**EMAIL 1:** medicalmarijuana@doh.wa.gov

Would you like us to add this computer to our list of Users who access the system using a known device likely to be challenged.

Yes  
 No

**CHANGE SUBMIT**

## STEP 5

Complete the SAW registration process

# Step 5: Finalize SAW Registration

Now that you have created your SAW user profile, the Department of Health wants to know what type of user you are.

1. Choose “Marijuana Retail Stores”
2. Click “Submit”

**ADDITIONAL INFO FOR DOH**



Department of Health requires some additional information before they can allow access to this service. Please fill in the form below.

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**\*What type of user are you?**  
*you must select a user type from the provided list.*

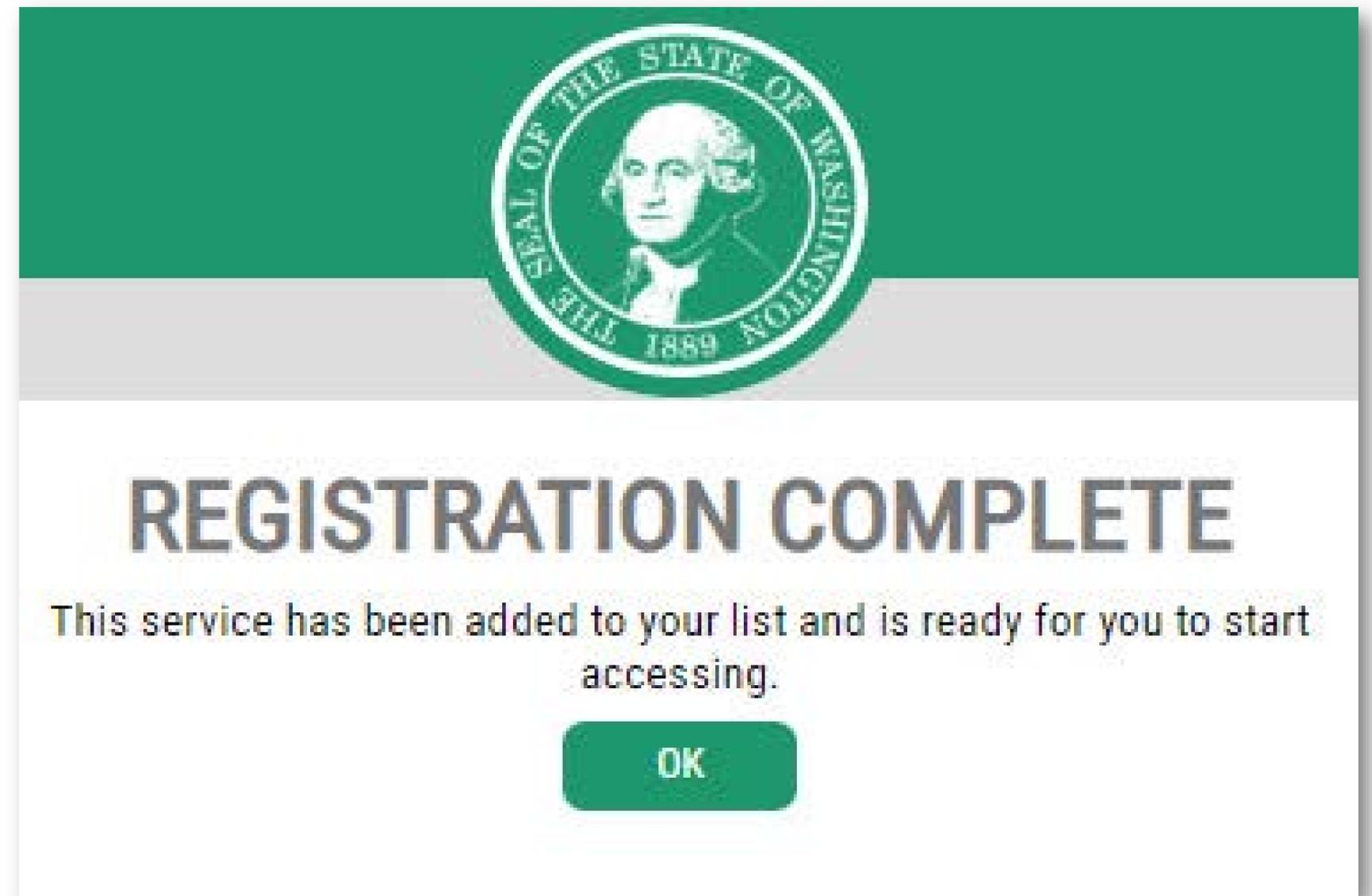
1 →

2 →

## Step 5: Finalize SAW Registration

You have now completed SAW  
registration.

- ✓ Click “OK” to access the  
service



## STEP 6

Access the Medical Marijuana Authorization Database

# Step 6: Access Database (Airlift)

On this screen you can see three things:

1. Description of the service you signed up for
  2. Membership status (Active)
  3. Action button that allows you to remove the service (not advised)
- ✓ To access the service, click the “Medical Marijuana Authorization System” link

SecureAccess Washington

ACCOUNT

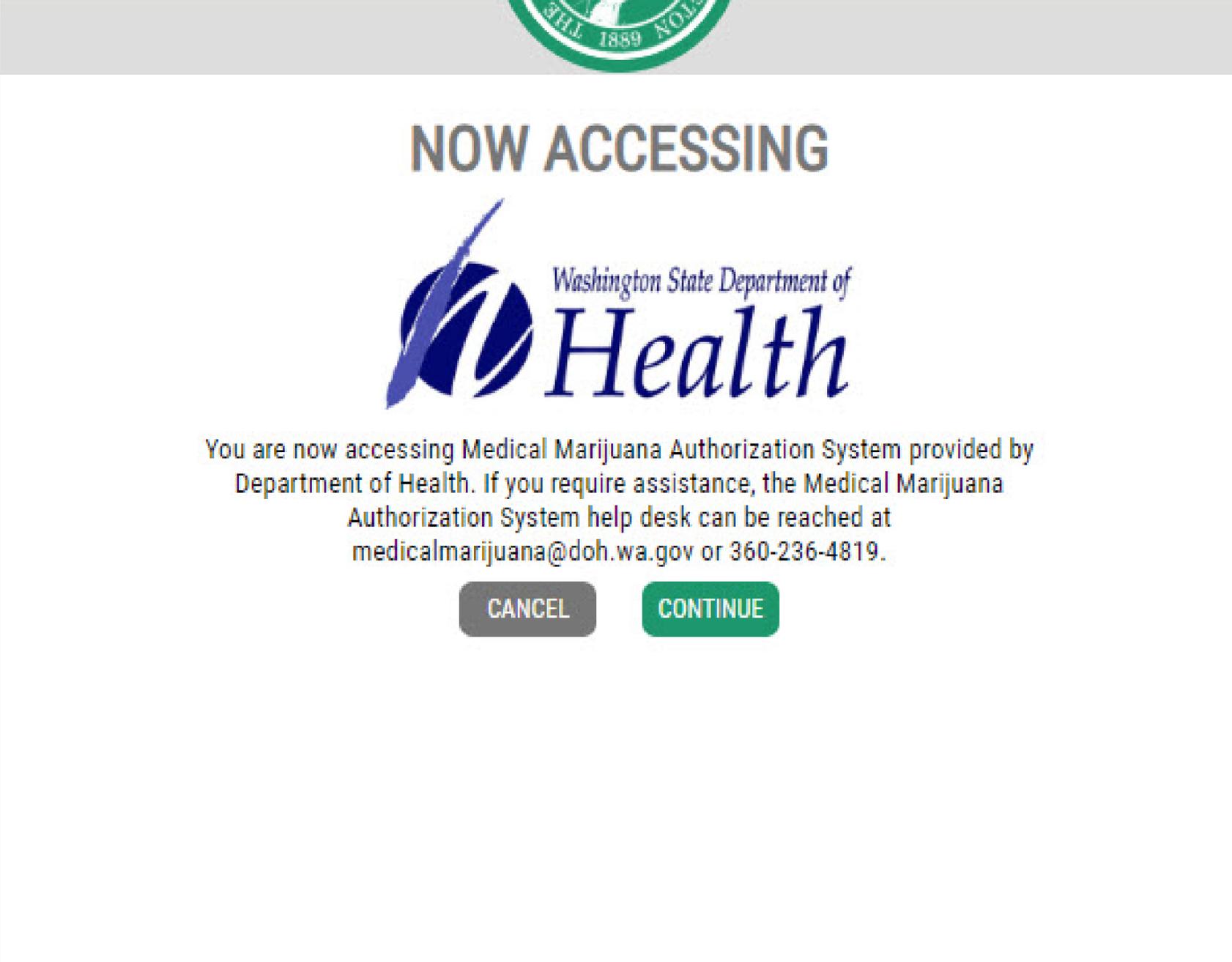
ADD A NEW SERVICE

SERVICE	DESCRIPTION	MEMBERSHIP ?	ACTION ?
<a href="#">Medical Marijuana Authorization System</a>	Medical Marijuana Authorization System	Active ?	<a href="#">Remove</a>

## Step 6: Access Database (Airlift)

This page is a reminder you are leaving the SAW portal and entering a different database, the Medical Marijuana Authorization Database, also known as Airlift.

- ✓ Click “Continue”



**NOW ACCESSING**

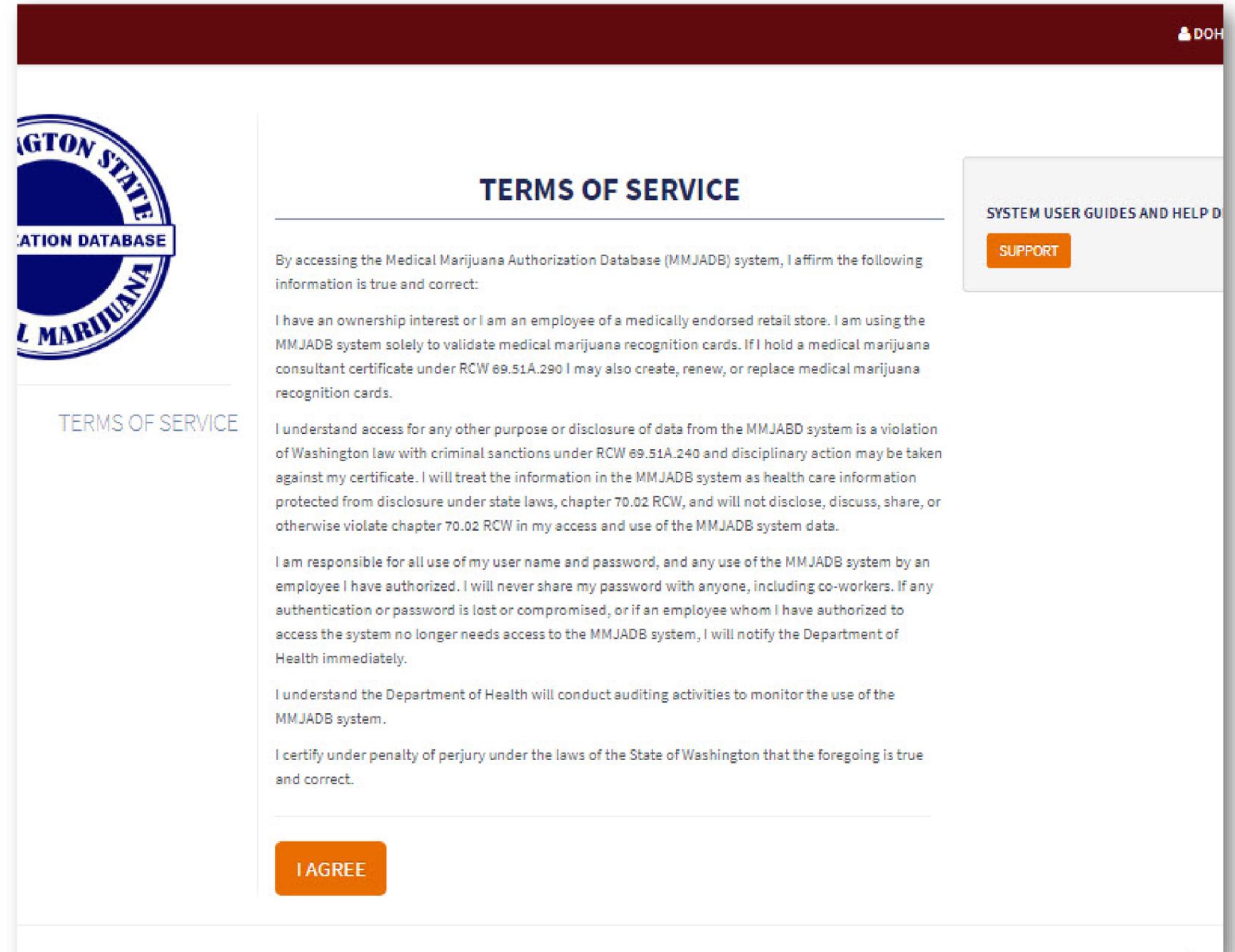
 *Washington State Department of*  
**Health**

You are now accessing Medical Marijuana Authorization System provided by Department of Health. If you require assistance, the Medical Marijuana Authorization System help desk can be reached at [medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov) or 360-236-4819.

# Step 6: Access Database (Airlift)

Once inside Airlift, the database will want to know who you are also. You will be required complete your Airlift profile.

- ✓ Read the “Terms of Service”
- ✓ Click “I Agree”



The screenshot shows the 'TERMS OF SERVICE' page for the Washington State Medical Marijuana Authorization Database (MMJADB). The page features the Washington State Department of Health logo on the left and a dark red header with a 'DOH' user icon. The main content area contains the following text:

**TERMS OF SERVICE**

By accessing the Medical Marijuana Authorization Database (MMJADB) system, I affirm the following information is true and correct:

I have an ownership interest or I am an employee of a medically endorsed retail store. I am using the MMJADB system solely to validate medical marijuana recognition cards. If I hold a medical marijuana consultant certificate under RCW 69.51A.290 I may also create, renew, or replace medical marijuana recognition cards.

I understand access for any other purpose or disclosure of data from the MMJADB system is a violation of Washington law with criminal sanctions under RCW 69.51A.240 and disciplinary action may be taken against my certificate. I will treat the information in the MMJADB system as health care information protected from disclosure under state laws, chapter 70.02 RCW, and will not disclose, discuss, share, or otherwise violate chapter 70.02 RCW in my access and use of the MMJADB system data.

I am responsible for all use of my user name and password, and any use of the MMJADB system by an employee I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if an employee whom I have authorized to access the system no longer needs access to the MMJADB system, I will notify the Department of Health immediately.

I understand the Department of Health will conduct auditing activities to monitor the use of the MMJADB system.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

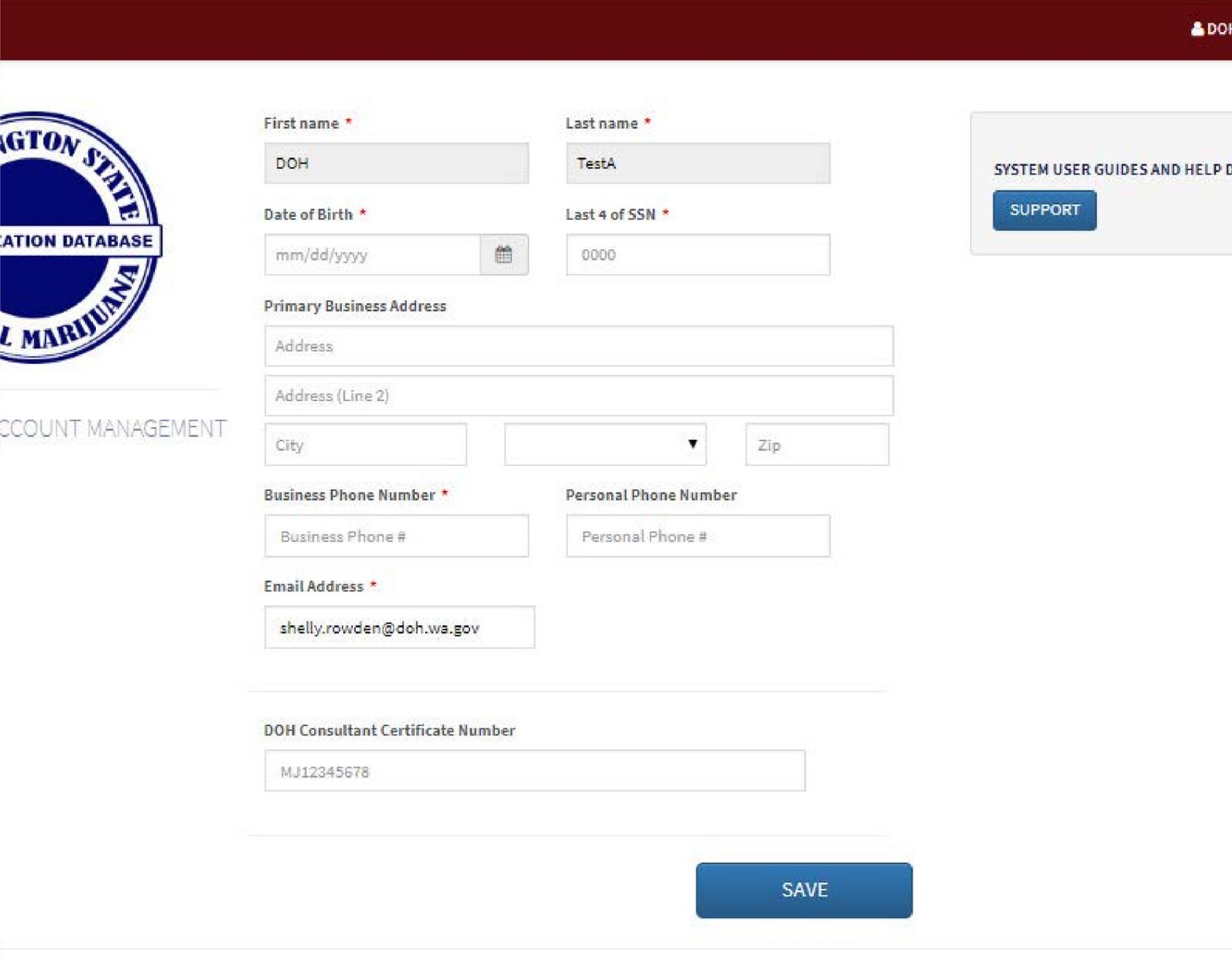
**I AGREE**

On the right side of the page, there is a sidebar with the text 'SYSTEM USER GUIDES AND HELP D' and an orange 'SUPPORT' button.

# STEP 6: ACCESS DATABASE (Airlift)

Required fields are indicated by a  
**red \***

- ✓ Complete each field of the form
- ✓ **Consultants only:** Enter your DOH Consultant Certificate Number
- ✓ Click “Save”



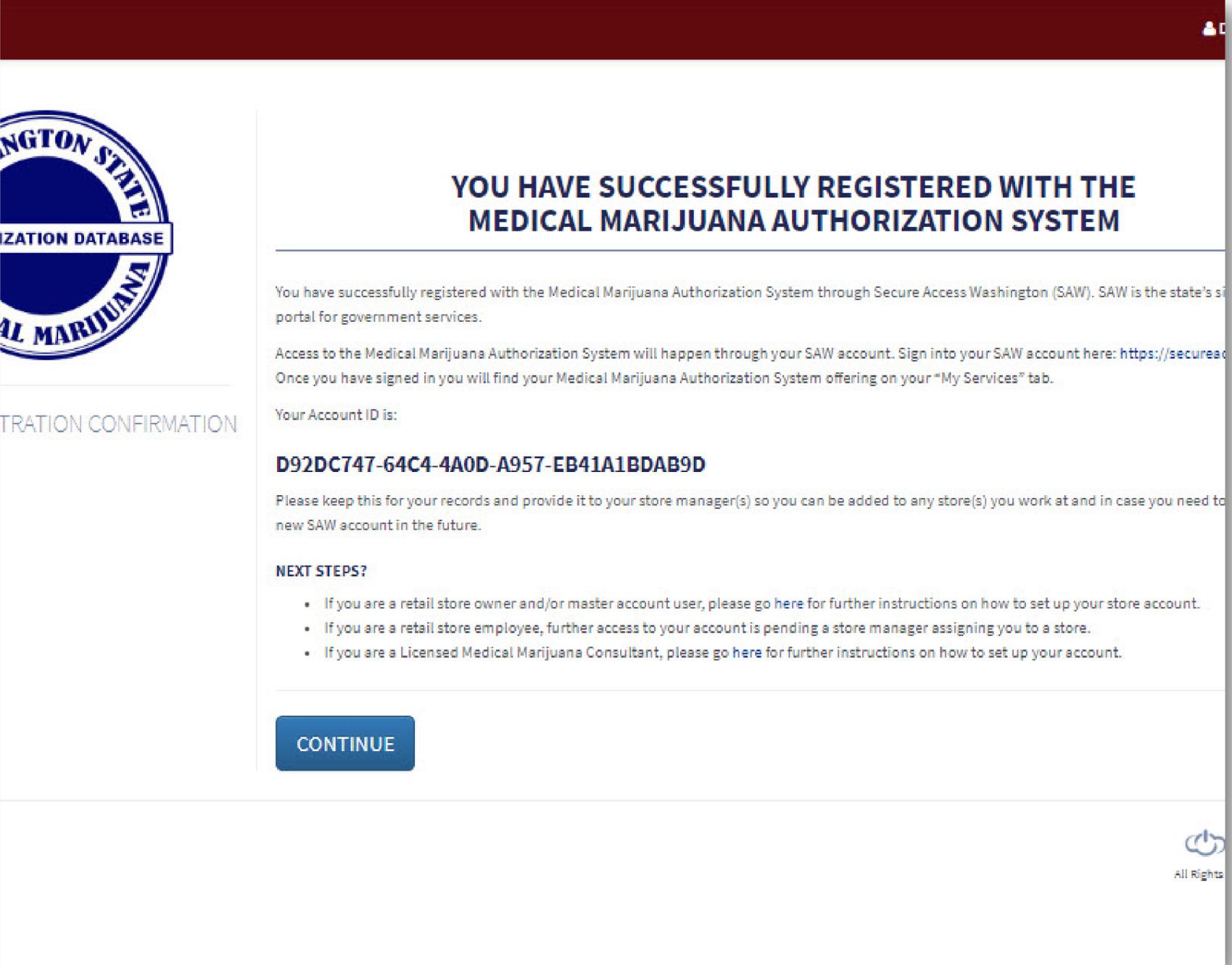
The screenshot shows a web form for the Washington State Medical Marijuana Information Database. The form includes the following fields and sections:

- Washington State Medical Marijuana Information Database** logo on the left.
- ACCOUNT MANAGEMENT** header.
- First name \***: Input field with "DOH".
- Last name \***: Input field with "TestA".
- Date of Birth \***: Input field with "mm/dd/yyyy" and a calendar icon.
- Last 4 of SSN \***: Input field with "0000".
- Primary Business Address** section:
  - Address**: Input field.
  - Address (Line 2)**: Input field.
  - City**: Input field.
  - State**: Dropdown menu.
  - Zip**: Input field.
- Business Phone Number \***: Input field with "Business Phone #".
- Personal Phone Number**: Input field with "Personal Phone #".
- Email Address \***: Input field with "shelly.rowden@doh.wa.gov".
- DOH Consultant Certificate Number**: Input field with "MJ12345678".
- SAVE** button at the bottom right.
- SUPPORT** button in the top right corner.
- SYSTEM USER GUIDES AND HELP D** link in the top right corner.

# Step 6: Access Database (Airlift)

Congratulations! You have successfully registered with the Medical Marijuana Authorization System.

✓ Click “Continue”



The screenshot shows a registration confirmation page for the Washington State Medical Marijuana Authorization System. On the left is the Washington State Medical Marijuana Authorization Database logo. The main heading reads "YOU HAVE SUCCESSFULLY REGISTERED WITH THE MEDICAL MARIJUANA AUTHORIZATION SYSTEM". Below this, the text states: "You have successfully registered with the Medical Marijuana Authorization System through Secure Access Washington (SAW). SAW is the state's secure portal for government services. Access to the Medical Marijuana Authorization System will happen through your SAW account. Sign into your SAW account here: <https://secureaccess.wa.gov>. Once you have signed in you will find your Medical Marijuana Authorization System offering on your "My Services" tab." The account ID is listed as **D92DC747-64C4-4A0D-A957-EB41A1BDAB9D**. A "NEXT STEPS?" section includes instructions for retail store owners, employees, and Licensed Medical Marijuana Consultants. A blue "CONTINUE" button is at the bottom. The footer contains the Washington State logo and "All Rights Reserved".

# Step 6: Access Database (Airlift)

At this point in the registration process, you are in pending status until someone adds you to a store account. The only people who can add you to a store account is:

- ✓ A Master User (owner of the store)
- ✓ A Delegate (manager of the store)

**YOU HAVE SUCCESSFULLY REGISTERED WITH THE MEDICAL MARIJUANA AUTHORIZATION SYSTEM**

You have successfully registered with the Medical Marijuana Authorization System through Secure Access Washington (SAW). SAW is the state's si portal for government services.

Access to the Medical Marijuana Authorization System will happen through your SAW account. Sign into your SAW account here: <https://securea> Once you have signed in you will find your Medical Marijuana Authorization System offering on your "My Services" tab.

Your Account ID is:

**D92DC747-64C4-4A0D-A957-EB41A1BDAB9D**

Please keep this for your records and provide it to your store manager(s) so you can be added to any store(s) you work at and in case you need to new SAW account in the future.

**NEXT STEPS?**

- If you are a retail store owner and/or master account user, please go [here](#) for further instructions on how to set up your store account.
- If you are a retail store employee, further access to your account is pending a store manager assigning you to a store.
- If you are a Licensed Medical Marijuana Consultant, please go [here](#) for further instructions on how to set up your account.
- If you are a Healthcare Provider or Law Enforcement agent, your access to the system is currently disabled.

# Why Pending Status?



- Pending status means that you are successfully registered, however, you have no functions in the system until the store owner or store delegate links you to the store(s).
- This is a security measure that only allows store employees to be linked to the store where they work.
- The system tracks every transaction that every employee, consultant, delegate and owner makes in the system.

# 3 Steps for Owner to Setup Store



Claim Store

1



Link Employees

2



Assign Delegate

3

# Step 1: Claim Store



- Master account holder (owner) and store are matched by the system based on WSLCB data.
- Owner may have multiple stores to claim.
- Only one owner may claim a store.
- Once the owner has registered, the system will match their information with what has been given to the database administrators from WSLCB. Make sure you keep information up to date.

Reminder: Store owner must log into system at least once per month or their profile will be deactivated.



OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT



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## Claim store:

- Store owner logs in through SAW and selects the Medical Marijuana Access System.
- To claim, the owner will select the Add/Remove Stores button.



ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

ADD

Trade Name: DOH ADMIN  
Physical Address Street: 421 Lilly Road Se  
Physical Address Suite:  
Physical Address City: Olympia  
Physical Address County: Thurston  
Physical Address State: Washington  
Physical Address Zip: 98501  
Mailing Address Street: 421 Lilly Road Se  
Mailing Address Suite:  
Mailing Address City: Olympia  
Mailing Address State: Washington  
Mailing Address Zip: 98501  
Day Phone: 360-236-4521  
Night Phone:  
Email Address: medicalmarijuana@doh.wa.gov  
LCB License Number: 413821  
UBI Number: 603357913  
Termination Date:  
Expiration Date:  
IsTribal: undefined

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

SYSTEM USER GUIDES AND HELP DESK

SUPPORT



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Select the store(s) you want to add.

- This is a verification feature you only have to do once unless there is a change to the store coming from the WSLCB.



ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

UNAVAILABLE

Trade Name: DOH ADMIN  
Physical Address Street: 421 Lilly Road Se  
Physical Address Suite:  
Physical Address City: Olympia  
Physical Address County: Thurston  
Physical Address State: Washington  
Physical Address Zip: 98501  
Mailing Address Street: 421 Lilly Road Se  
Mailing Address Suite:  
Mailing Address City: Olympia  
Mailing Address State: Washington  
Mailing Address Zip: 98501  
Day Phone: 360-236-4521  
Night Phone:  
Email Address: medicalmarijuana@doh.wa.gov  
LCB License Number: 413821  
UBI Number: 603357913  
Termination Date:  
Expiration Date:  
IsTribal: undefined

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

## Unavailable

- This button shows if another owner has already claimed the store and it is unavailable to manage.

NOTE: If store ownership has changed or is incorrect, you will need to contact the WSLCB to get it verified and changed in their information.



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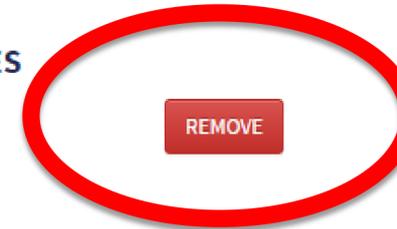


ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

Trade Name: DOH ADMIN  
 Physical Address Street: 421 Lilly Road Se  
 Physical Address Suite:  
 Physical Address City: Olympia  
 Physical Address County: Thurston  
 Physical Address State: Washington  
 Physical Address Zip: 98501  
 Mailing Address Street: 421 Lilly Road Se  
 Mailing Address Suite:  
 Mailing Address City: Olympia  
 Mailing Address State: Washington  
 Mailing Address Zip: 98501  
 Day Phone: 360-236-4521  
 Night Phone:  
 Email Address: medicalmarijuana@doh.wa.gov  
 LCB License Number: 413821  
 UBI Number: 603357913  
 Termination Date:  
 Expiration Date:  
 IsTribal: undefined



REMOVE

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

## Remove

- An owner can select to remove a store if they are no longer the master account holder.



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WARNING: When you do this all employees attached to that store will be unlinked in seven days from selecting this button.



ADD/REMOVE STORES

STORE MANAGEMENT

ADD/REMOVE STORES

Add the Stores for which you want to claim Ownership.

**CAN'T FIND YOUR STORE?**

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

**SYSTEM USER GUIDES AND HELP DESK**

SUPPORT

## Can't find your store

- Owner registration data must match exactly what the WSLCB sends to the system.
- If for some reason your store doesn't show, you can select the button at right for help or give DOH a call.



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# Step 2: Link Employees to Store



- Link to the employees who have completed the registration process in SAW and AIRLIFT.
- Be sure to unlink employees that are no longer working for your store.

## **Quarterly Confirmation:**

To ensure employees who no longer work at the store aren't still able to access the system, the owner will receive a message every quarter to verify that all employees in the system are in fact still working (i.e. linked) to your store.



OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT

- To link employees to your store, click on the **User Management** button.



STORE MANAGEMENT

STORE MANAGEMENT

## YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Retail	DOHADMIN
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Consultant	DOHAdmin

[ADD USER](#)

Add the Stores for which you want to claim Ownership.

**CAN'T FIND YOUR STORE?**

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)**SYSTEM USER GUIDES AND HELP DESK**[SUPPORT](#)

- Each employee must have their own individual SAW account to be registered in the system, so the owner can add them to the store.
- Click the **Add User** button for the store you wish to add employees to.



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Stefin Bradbury

SEARCH

Enter Search Query

CLOSE

### Search for employee by name:

- Only employees who have SAW accounts and have registered for the MMJAS can be found in the Search.

Stefin Bradbury					SEARCH	CLOSE
	Last Name	First Name	Email Address	Business Phone Number		
ADD	Bradbury	duplicateStefin	Mrstefin@gmail.com	(253) 444-5444		
ADD	Bradbury	Stefin	mrstefin@gmail.com	(253) 444-5444		

### A successful search will return the employee name:

- Watch for similar names and make sure you choose the correct employee.
- Click add to link this employee to your store.



STORE MANAGEMENT

STORE MANAGEMENT

## YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
REMOVE USER REMOVE DELEGATE	Retail	DOHADMIN
REMOVE USER REMOVE DELEGATE	Consultant	DOHAdmin
REMOVE USER SET DELEGATE	Stefin	Bradbury

Add the Stores for which you want to claim Ownership.

## CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)

## SYSTEM USER GUIDES AND HELP DESK

[SUPPORT](#)

**The employee is now added to the list of employees linked to the store:**

- You see that you can now remove the user if the employee leaves employment, or
- Set as a delegate if the employee is a manager



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# Step 3: Assign Delegate



- Has all rights as store owner except the ability to add or remove store from system
- Can perform employee management – link and remove employees
- Any employee can be made delegate



OWNER STORE MANAGEMENT

VERIFY A CARD

ADD/REMOVE STORES

ADD/REMOVE STORES

USER MANAGEMENT

USER MANAGEMENT

### Store Owner Main page:

- Select **User Management** button.



STORE MANAGEMENT

STORE MANAGEMENT

YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Retail	DOHADMIN
<a href="#">REMOVE USER</a> <a href="#">REMOVE DELEGATE</a>	Consultant	DOHAdmin
<a href="#">REMOVE USER</a> <a href="#">SET DELEGATE</a>	Stefin	Bradbury

[ADD USER](#)

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

[EMAIL DEPARTMENT OF HEALTH](#)

SYSTEM USER GUIDES AND HELP DESK

[SUPPORT](#)

Choose from employees linked to store:

- Select **Set Delegate** button



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STORE MANAGEMENT

STORE MANAGEMENT

YOUR RETAIL STORES

DOH ADMIN - 413821

Actions	First Name	Last Name
REMOVE USER REMOVE DELEGATE	Retail	DOHADMIN
REMOVE USER REMOVE DELEGATE	Consultant	DOHAdmin
REMOVE USER REMOVE DELEGATE	Stefin	Bradbury
ADD USER		

Add the Stores for which you want to claim Ownership.

CAN'T FIND YOUR STORE?

Call the Department of Health at 360-236-4819 or click the button below to send an email.

EMAIL DEPARTMENT OF HEALTH

SYSTEM USER GUIDES AND HELP DESK

SUPPORT

Note: The Set Delegate button turns to Remove Delegate when you set an employee to be a delegate.

# Overview of Authorization Form

Valid Form

Tamper  
Resistant Paper

# MEDICAL MARIJUANA AUTHORIZATION FORM GUIDELINES

 **Medical Marijuana Authorization Form Guidelines**  
Please provide these guidelines to patients when completing authorization form.

**For Authorizing Healthcare Practitioner**

It is the responsibility of the healthcare practitioner to ensure the patient is a Washington State Resident.

**To be valid, the Medical Marijuana Authorization Form must be:**

- Fully completed by the authorizing healthcare practitioner:
  - Every field must be filled in unless it is described as Optional.
  - Use full name of patient and designated provider, if any. Do not use initials or nicknames.
  - Use full home street address of patient and designated provider, if any. Do not use P.O. Box.
  - If a Designated Provider is not identified, those fields must be marked N/A.
- Printed on tamper-resistant paper as defined in RCW 69.51A.010 with the state authorization form logo.
- Written on the new July 2017 form for all authorizations and renewals beginning January 1, 2018.

**Expiration:**

- Authorizations expire no later than one year for adult patients and six months for patients under the age of 18.
- The authorizing healthcare practitioner may indicate an earlier expiration date.

**Recordkeeping:**

- Keep copy of the authorization form in the patient's medical record. Medically endorsed store may call for verification.
- The patient and designated provider are given the original completed form printed on the tamper-resistant paper with the state authorization form logo. **Do not send a copy to the Department of Health – we do not collect them.**

**Original Authorization Required:**

- The patient and designated provider, if any, must obtain **individual authorization** from the authorizing healthcare practitioner. It is not sufficient for the designated provider to possess a copy of the patient's authorization.

**For Patient and Designated Provider**

This authorization for the medical use of marijuana does not provide protection from arrest. An authorization provides an affirmative defense to criminal prosecution for possession of marijuana, including up to four marijuana plants.

**An authorized patient or designated provider may not:**

- Sell, donate, or otherwise supply the patient's marijuana to another person, except as authorized in RCW 69.50.4013.
- Use or display marijuana in a manner or place that is open to the view of the general public.
- Grow, possess, or use marijuana on federal property.
- Grow more than 15 plants in any one housing unit even if multiple qualifying patients or designated providers reside in the housing unit, unless growing within a patient cooperative registered with the state Liquor and Cannabis Board.
- Grow, store, produce, or process marijuana or marijuana-infused products if any portion of such activity can be readily seen by normal unaided vision or readily smelled from a public place or the private property of another housing unit.

**Benefits of Medical Marijuana Recognition Card**

Medical marijuana patients with a valid authorization form may **join the medical marijuana authorization database** and receive their medical marijuana recognition card. Joining the authorization database is voluntary for patients age 18 and over and is required if the patient is under the age of 18. Patients age 18-20 may purchase products if they join the authorization database and have a valid recognition card. They are not required to have a designated provider.

**A recognition card holder may:**

- Purchase products **sales-tax free** at licensed and medically endorsed marijuana stores.
- Purchase up to **three times the current limits** at licensed and medically endorsed marijuana stores.
- Purchase **Chapter 246-71 Compliant High THC** products at licensed and medically endorsed marijuana stores.
- Possess **six plants and eight ounces** of usable marijuana. A healthcare practitioner may authorize additional plants to a maximum of 15; an authorized patient may possess up to 16 ounces of usable marijuana produced from the plants.
- Participate in a **medical marijuana cooperative** regulated by the Washington State Liquor and Cannabis Board.
- Have **arrest protection**.

**How to join the database:**

- Bring your valid authorization form to any licensed and medically endorsed marijuana store.
- Ask to see the certified medical marijuana consultant on staff who is authorized to enter patients into the database.
- Show the consultant your authorization form so that he or she may enter your information into the database, take your picture, and create a new medical marijuana recognition card. [Take your form home and keep in a safe place.]
- Pay a \$1 fee required from cardholders when the card is created. The medically endorsed marijuana store collects the fee and pays it to the Department of Health.

Washington State Department of Health Medical Marijuana Program | [www.doh.wa.gov/medicalmarijuana](http://www.doh.wa.gov/medicalmarijuana)

The Medical Marijuana Authorization Form Guidelines document is available for healthcare practitioners to share with each patient during their visit.

The guidelines provide an overview of the authorization form, process and relevant laws and rules.

Retail stores can print and make this available to customers as a tool:

<https://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/AuthorizationForm>

# What is an authorization form?

- An authorization is not a prescription as defined in RCW 69.51A.101
- A form developed by the Department of Health
- Completed, signed and dated by a patient's healthcare practitioner and printed on tamper-resistant paper to authorize a patient to use marijuana for medical purposes
- Allows the patient to enter the medical marijuana authorization database and receive a marijuana recognition card
- Is a written designation for an individual to be a designated provider for one patient only
- Provides a patient with "affirmative defense", unless entered in the database
- Allows a patient to grow 4 plants, unless entered in the database

# Authorization Form Overview

In order to be valid, the authorization form must be:

- Completed by healthcare practitioner with their office contact phone number. Note: As consultants, you do not have to call and verify every form that comes in. Only if you think it may not be valid.
- All fields must be completed or have N/A if does not apply.
- Printed on authorization tamper resistant paper containing the RCW logo (effective July 1, 2018)

## Patient Information:

It is the responsibility of the healthcare practitioner to verify the patient's identity to ensure they are a resident of Washington State per [RCW 69.51.010\(19\)\(a\)\(iii\)](#).

Must have full legal name and physical address of their home. Identification may not match address on form. It is the consultant's responsibility to ensure the person matches their identification. See [WAC 246-71-010\(14\)](#) for definition of "valid photographic identification" that you can accept from a patient.



Washington State Department of Health <b>Medical Marijuana Authorization Form</b>			
This authorization does not provide protection from arrest unless the qualifying patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.			
Patient Information and Attestation			
Full Legal Name:		Date of Birth:	
Street Address:	City:	State: WA	Zip:
I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read chapter 69.51A RCW and understand the legal requirements of being a patient.			
Patient Signature: _____		Date: _____	
Designated Provider Information and Attestation (If any – Mark N/A in each box if not applicable)			
Full Legal Name:		Date of Birth:	
Street Address:	City:	State: WA	Zip:
I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read chapter 69.51A RCW and understand the legal requirements of being a designated provider.			
Designated Provider Signature: _____		Date: _____	
Authorizing Healthcare Practitioner Information and Attestation			
Name of Healthcare Practitioner: (as it appears on license)		Healthcare Practitioner License Number: (Ex: MD00001111)	
Office Address:	City:	State:	Zip:
Phone Number: (Where authorization can be verified during normal business hours)			
I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis	<input type="checkbox"/> Crohn's Disease	
<input type="checkbox"/> Epilepsy or Other Seizure Disorder	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> HIV	<input type="checkbox"/> Intractable Pain	<input type="checkbox"/> Multiple Sclerosis	
<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Spasticity Disorder	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity			
I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.			
Healthcare Practitioner Signature: _____		Issue Date: _____	
Authorization Expiration Date: (Maximum from issue date of six months for minors and one year for adults) _____			
Additional Plant Authorization (Optional)			
This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.			
Healthcare Practitioner Attestation: In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to _____ plants for the patient's personal use.			
Healthcare Practitioner Signature: (second signature only required if recommending additional plants) _____			
DOH 630-123 July 2017		Medical Marijuana Program   <a href="http://www.doh.wa.gov/medicalmarijuana">www.doh.wa.gov/medicalmarijuana</a>	



# Patient information and attestation section

The Patient Information and Attestation section includes the following:

1. Full legal name and date of birth of the patient
2. Patient's street address is the physical address of the person's residence where the plants may be grown under chapter 69.51A RCW. **(Do not use a P.O. Box)**
3. Original signature and date of patient's attestation

Patient Information and Attestation			
1	Full Legal Name	Date of Birth	
	<input type="text"/>	<input type="text"/>	
2	Street Address	City	State WA
	<input type="text"/>	<input type="text"/>	Zip Code <input type="text"/>
I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read <a href="#">Chapter 69.51A RCW</a> and understand the legal requirements of being a patient.			
3	Patient Signature: _____	Date:	<input type="text"/>

# Designated provider information and attestation section

A designated provider is someone that the medical marijuana patient authorizes to purchase their marijuana product or to grow the marijuana for the patient. They must be named on the patient's medical marijuana authorization form and have a completed form also printed on the tamper-proof paper. The Designated Provider (DP) Information and Attestation section includes the following:

- 1. Full legal name and date of birth of DP
- 2. The physical street address of the DP's residence where the plants may be grown for the patient under chapter 69.51A RCW **(Do not use a post office box)**
- 3. Original signature and date of DP's attestation

Designated Provider Information and Attestation (If any – Mark N/A in each box if not applicable)			
1	Full Legal Name		Date of Birth
	<input type="text"/>		<input type="text"/>
2	Street Address	City	State WA
	<input type="text"/>	<input type="text"/>	Zip Code <input type="text"/>
I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read <a href="#">Chapter 69.51A RCW</a> and understand the legal requirements of being a designated provider.			
3	Designated Provider Signature: _____		Date: <input type="text"/>



# Authorizing Healthcare Practitioner Information section

The Authorizing Healthcare Practitioner Information and Attestation section includes the following:

- The healthcare practitioner (doctor) must complete the form, sign and enter the issue and expiration date.
- A patient cannot be registered in the database if the system cannot find the number listed. Contact the department if the system will not accept the number.
- A qualifying condition must be checked.

Authorizing Healthcare Practitioner Information and Attestation																		
1	Name of Healthcare Practitioner: (as it appears on license) _____	Healthcare Practitioner License Number: (Ex: MD00001111) _____																
2	Office Address: _____	City: _____	State: _____ Zip: _____															
	Phone Number: (Where authorization can be verified during normal business hours) _____																	
3	<p>I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis</td> <td><input type="checkbox"/> Crohn's Disease</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy or Other Seizure Disorder</td> <td><input type="checkbox"/> Glaucoma</td> <td><input type="checkbox"/> Hepatitis C</td> </tr> <tr> <td><input type="checkbox"/> HIV</td> <td><input type="checkbox"/> Intractable Pain</td> <td><input type="checkbox"/> Multiple Sclerosis</td> </tr> <tr> <td><input type="checkbox"/> Posttraumatic Stress Disorder</td> <td><input type="checkbox"/> Spasticity Disorder</td> <td><input type="checkbox"/> Traumatic Brain Injury</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity</td> </tr> </table>			<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Epilepsy or Other Seizure Disorder	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV	<input type="checkbox"/> Intractable Pain	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Spasticity Disorder	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity		
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<input type="checkbox"/> HIV	<input type="checkbox"/> Intractable Pain	<input type="checkbox"/> Multiple Sclerosis																
<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Spasticity Disorder	<input type="checkbox"/> Traumatic Brain Injury																
<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity																		
4	I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.																	
5	Healthcare Practitioner Signature: _____		Issue Date: _____															
	Authorization Expiration Date: (Maximum from issue date of six months for minors and one year for adults) _____																	

# Additional plant authorization section

This section is optional and used by healthcare practitioner to recommend additional marijuana plants to meet the medical needs of the patient.

1. Healthcare practitioner's plant recommendation (no more than 15)
2. Healthcare practitioner's original signature

If the practitioner does not complete and sign this section, the patient can legally grow four marijuana plants within their domicile.

## Additional Plant Authorization (Optional)

This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

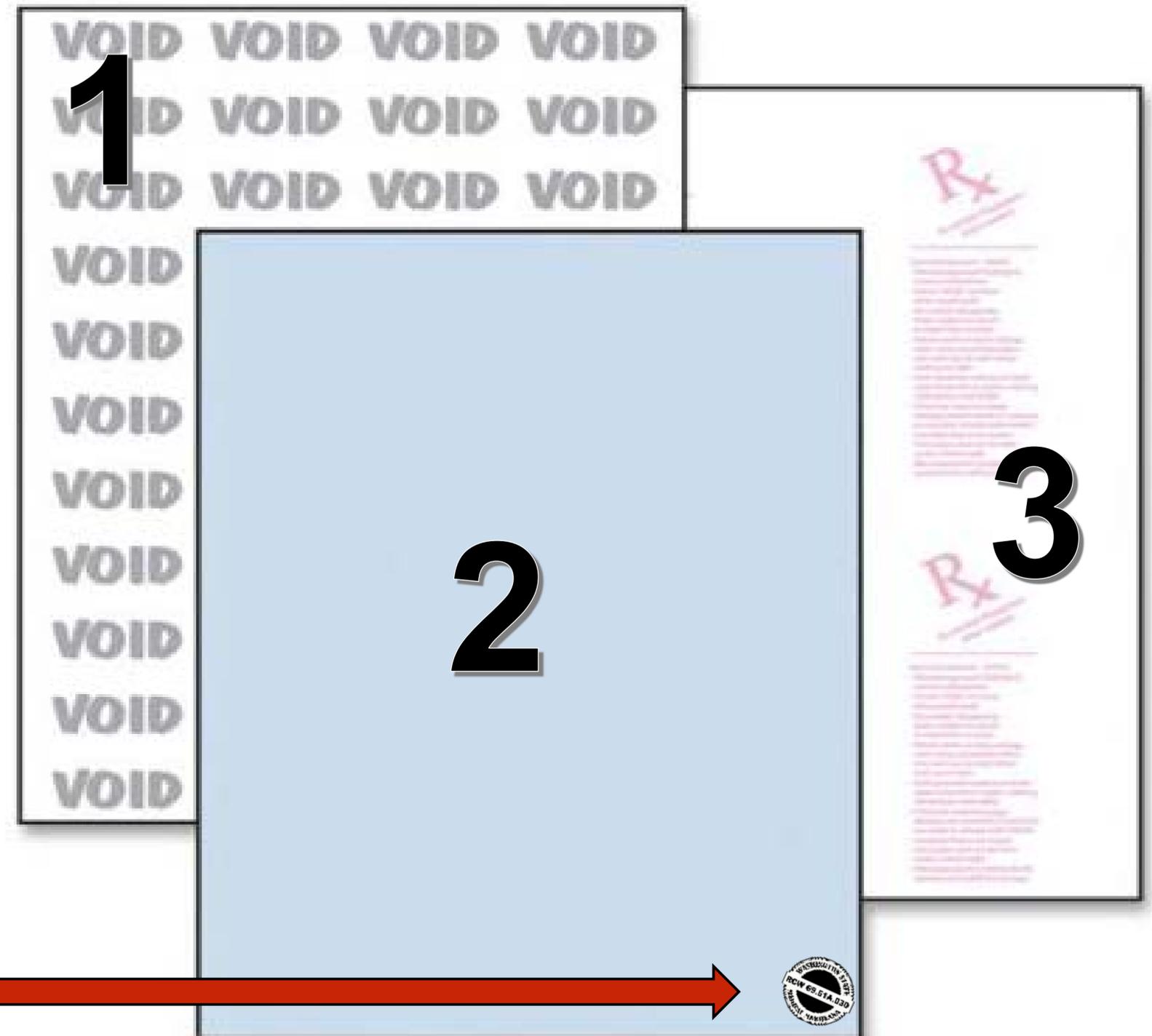
**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to  plants for the patient's personal use.

Healthcare Practitioner Signature: (second signature only required if recommending additional plants)

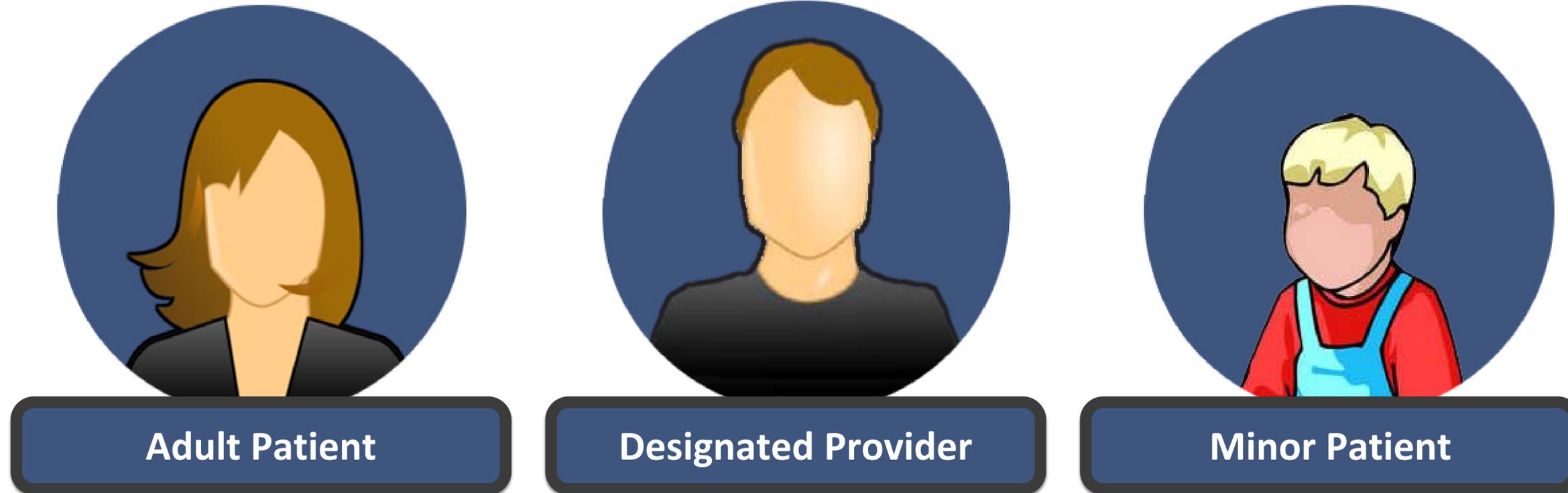
---

# TAMPER-RESISTANT PAPER

- Pharmacy commission-approved tamper resistant paper contains at least one industry-recognized security feature designed to prevent:
  1. unauthorized copying usually indicated by the words “void” or “copy”
  2. unauthorized modification usually indicated by smudge or discoloration if tampered with
  3. use of counterfeit forms usually indicated by a box on the back of the form indicating security features of the paper
- Authorization tamper-resistant paper will contain the RCW 69.51A.030 logo in the bottom right corner



# Recognition Cards



- There are three types of cards that can be created in the database.**
- Each card indicates the type of card next to the cardholder's picture.
  - The back of the card is the same for all card types.

# Adult Patient Recognition Card

**WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD**

**CARD# 5059 7693 4751 4506**

**JENNIFER JOHNSON**

**PATIENT**

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

Authorizing Healthcare Practitioner:  
**JOHN J. DOE**



# Minor Patient Card

**WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD**

**CARD# 5090 0033 7606 0624**

**JASHER D CANDOR**

**PATIENT**

EFFECTIVE DATE: 06-07-2017  
EXPIRATION DATE: 11-30-2017  
PLANT LIMIT: 6

Authorizing Healthcare Practitioner  
**NATHAN HORTER**

**MINOR UNDER 18** Must be accompanied by designated provider

# Back of Card



**CARD# 5059 7693 4751 4506**



**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 Security Features

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

PATIENT



EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

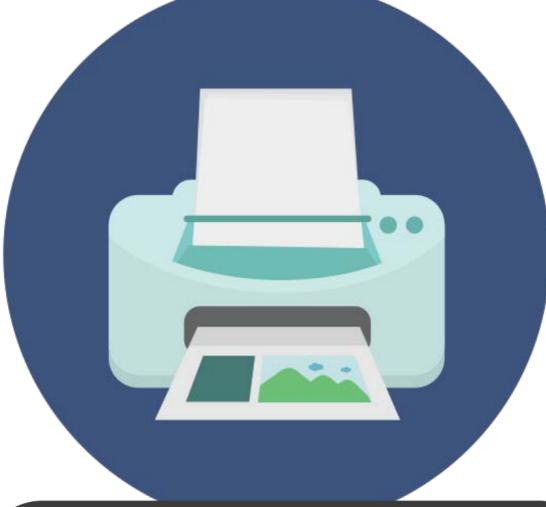
Authorizing Healthcare Practitioner:

JOHN J. DOE



3

# 5 Steps for Consultant to Create Card



Verify ID

Take photo and save in file

Enter form information

Create, Print & Laminate Card

Collect \$1 card fee

1

2

3

4

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



- 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.



The screenshot displays the 'CHIPMUNKS MMJ SHOP' interface. On the left is the Washington State Medical Marijuana Authorization Database logo. The main area features three search options: 'ADULT PATIENT', 'DESIGNATED PROVIDER', and 'MINOR PATIENT', each with a blue 'SEARCH' button. The 'ADULT PATIENT' button is circled in red. Below these options are links for 'CREATE CARD' and '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**

Do you 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 \*** 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

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...

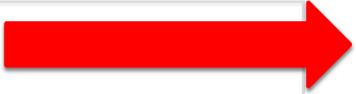
**Identification Type \*** Driver's License **Identification Number \*** JJJ234NU

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.

**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

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](mailto: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.

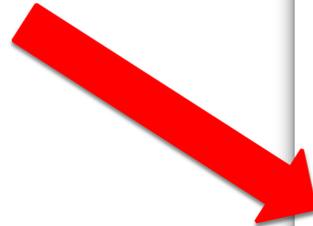
In order to have more than 6 plants entered, the healthcare practitioner would have had to write in a number in the blank space and sign the authorization form a second time.

**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 input 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, there is a note: "Must be within 1 year of issue date." A red arrow points to the "Authorization Expiration Date" field. A blue button labeled "SAVE PATIENT RECORD" is circled in red.

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**

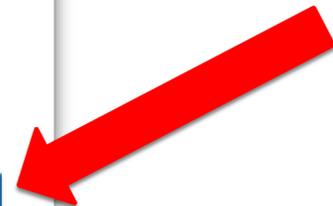
123 Jones Street  
Olympia, Washington 98513



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



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

**CARDS**

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 4810 0503 0917 1947

JENNIFER J JOHNSON

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

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**  
**EFFECTIVE DATE: 09-11-2016**  
**EXPIRATION DATE: 09-11-2017**  
**PLANT LIMIT: 12**  
**Authorizing healthcare Practitioner**  
**FRED TEST**

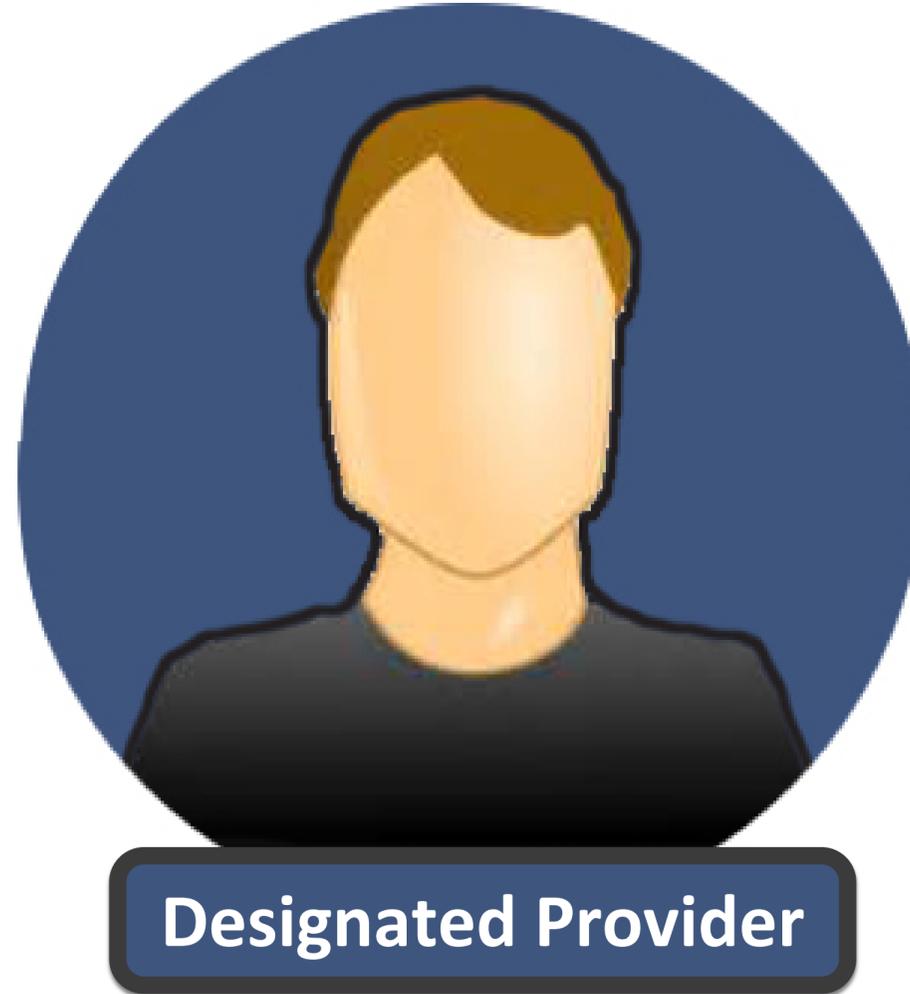
Card #4810 0503 0917 1947

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

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



# Create Card Example



Select **Card Management** button.

**WASHINGTON STATE**  
**AUTHORIZATION DATABASE**  
**MEDICAL MARIJUANA**

### CHIPMUNKS MMJ SHOP

VERIFY A CARD

CARD VALIDATION

**CARD MANAGEMENT**

**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.



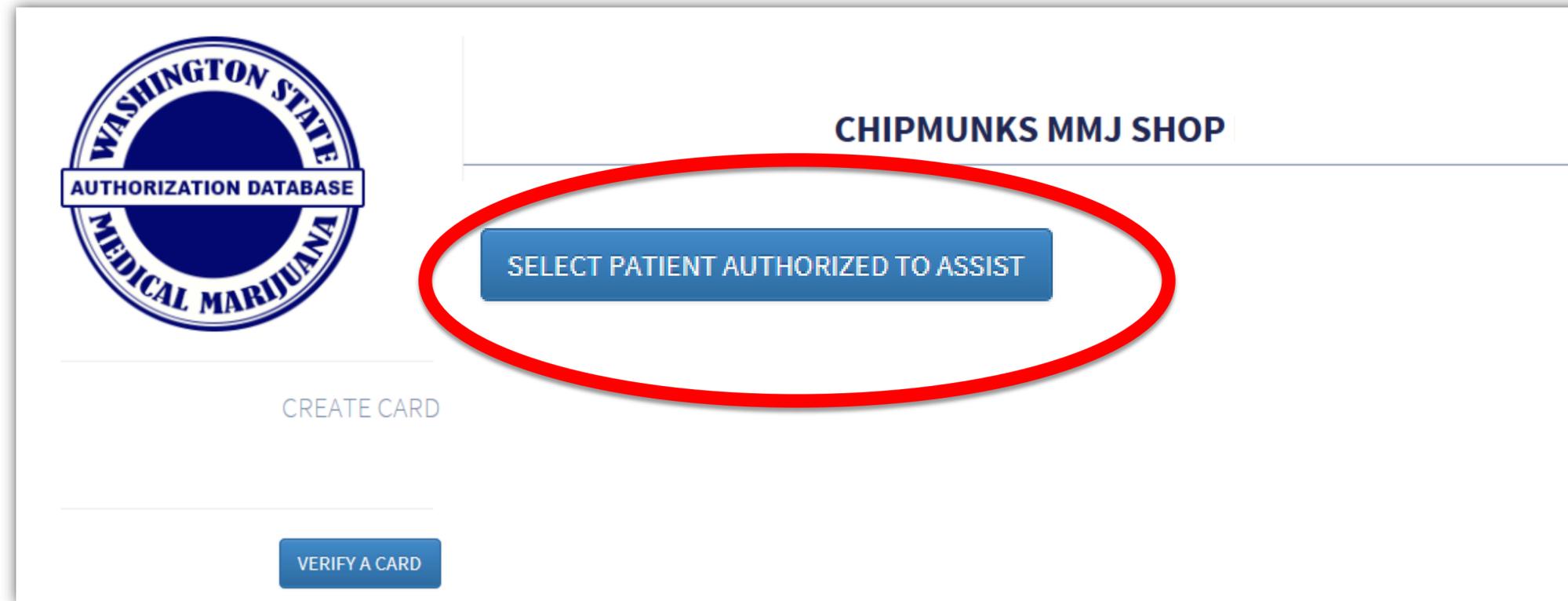
The screenshot displays the Washington State Medical Marijuana Authorization Database interface. On the left is the logo for the Washington State Medical Marijuana Authorization Database. The main content area is titled "CHIPMUNKS MMJ SHOP" and contains three search options: "ADULT PATIENT", "DESIGNATED PROVIDER", and "MINOR PATIENT". Each option has a corresponding "SEARCH" button. The "DESIGNATED PROVIDER" button is highlighted with a red circle. Below the search options are two additional buttons: "CREATE CARD" and "VERIFY A CARD".

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

The screenshot shows the 'WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA' logo on the left. The main header is 'CHIPMUNKS MMJ SHOP'. Below the header, there is a search section with 'SEARCH BY...' and two tabs: 'NAME AND DATE OF BIRTH' and 'CARD NUMBER'. The search input fields contain 'Mark Johnson' and '04/11/1992'. A 'SEARCH' button is present. Below the search fields, it says 'Flexible Search: Last name, First name or First name Last name'. On the left side, there is a 'DESIGNATED PROVIDER SEARCH' section with a 'CARD MANAGEMENT' button. The main content area displays 'NO MATCHING DESIGNATED PROVIDER AUTHORIZATIONS FOUND' in bold, with a red arrow pointing to this message. Below this message, it asks 'Do you want to create a new request?' and provides a 'CREATE NEW AUTHORIZATION' button.

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 **SEARCH**

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

Last Name	First Name	Date of Birth	Gender
-----------	------------	---------------	--------

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** ×

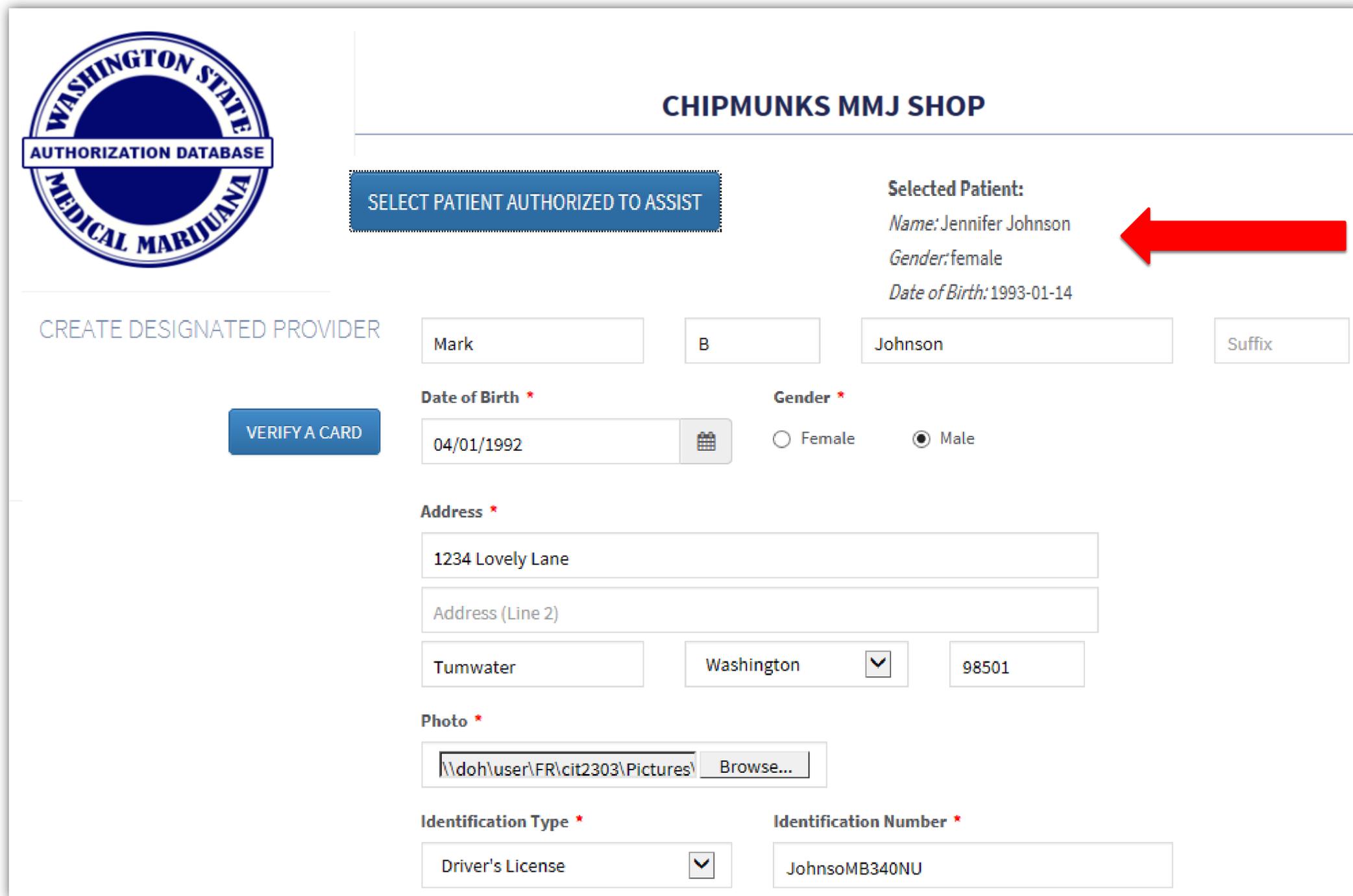
Flexible Search: Last name, First name or First name Last name

**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 \*  
Browse...

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

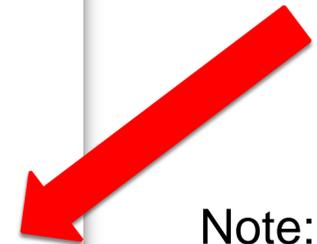
1234 Lovely Lane  
Tumwater, Washington 98501



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

**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: 09-11-2017  
EXPIRATION DATE: 09-11-2017  
PLANT LIMIT: 12

Authorizing Healthcare Practitioner  
FRED TEST

Corresponding Patient Card#  
4810 0503 0917 1941

Card #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.

The image shows a print dialog box on the left and a template for a Washington State Medical Marijuana Recognition Card on the right. The print dialog box includes a 'Print' button circled in red, a 'Cancel' button, and various settings for destination, pages, copies, color, and options. The card template includes a header, a designated provider photo and name (Mark B. Johnson), a patient photo and name (Fred Test), a QR code, a barcode, and transaction amounts. A red arrow points to the patient's card number (4810 0503 0917 1947) under the patient's photo.

**Print** Total: 1 sheet of paper

Destination: \\DOH01PSTUMP02\DO.. Copier, Color

Pages: All

Copies: 1

Color: Color

Options:  Fit to page  Two-sided

**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

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 4790 0468 3434 1660

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

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: 08-08-2017

EXPIRATION DATE: 09-11-2017

PLANT LIMIT: 12

Authorizing Healthcare Practitioner

FRED TEST

Corresponding Patient Card# 4810 0503 0917 2947

Card #4790 0468 3434 1660

PRINT RENEW REPLACE CORRECT

# Create Card Example



Minor Patient

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**

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.

The screenshot shows the 'CHIPMUNKS MMJ SHOP' interface. On the left is the 'WASHINGTON STATE AUTHORIZATION DATABASE MEDICAL MARIJUANA' logo. The main area has a search section with 'SEARCH BY...' tabs for 'NAME AND DATE OF BIRTH' and 'CARD NUMBER'. Below these are input fields for 'Kat McGhee', '11/02/2012', and a 'SEARCH' button. A message states 'Flexible Search: Last name, First name or First name Last name'. Below the search results, it says 'NO MATCHING PATIENT AUTHORIZATIONS FOUND' and 'Do you want to create a new request?'. A blue button labeled 'CREATE NEW AUTHORIZATION' is circled in red. Other buttons include 'CARD MANAGEMENT' and 'PATIENT SEARCH'.

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 \*** Karson **M.I.** M **Last name \*** McGhee **Suffix** Jr.

**Date of Birth \*** 05/23/1991 **Gender \***  Female  Male

**Address \***  
2020 Mockingbird Lane  
Address (Line 2)  
Sunnyside Washington 98201

**Photo \***  
Choose File Karson McGhee.jpg

**Identification Type \*** Driver's License **Identification Number \*** MCGHEEKM224TY

**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

**Plant Limitations \*** 6

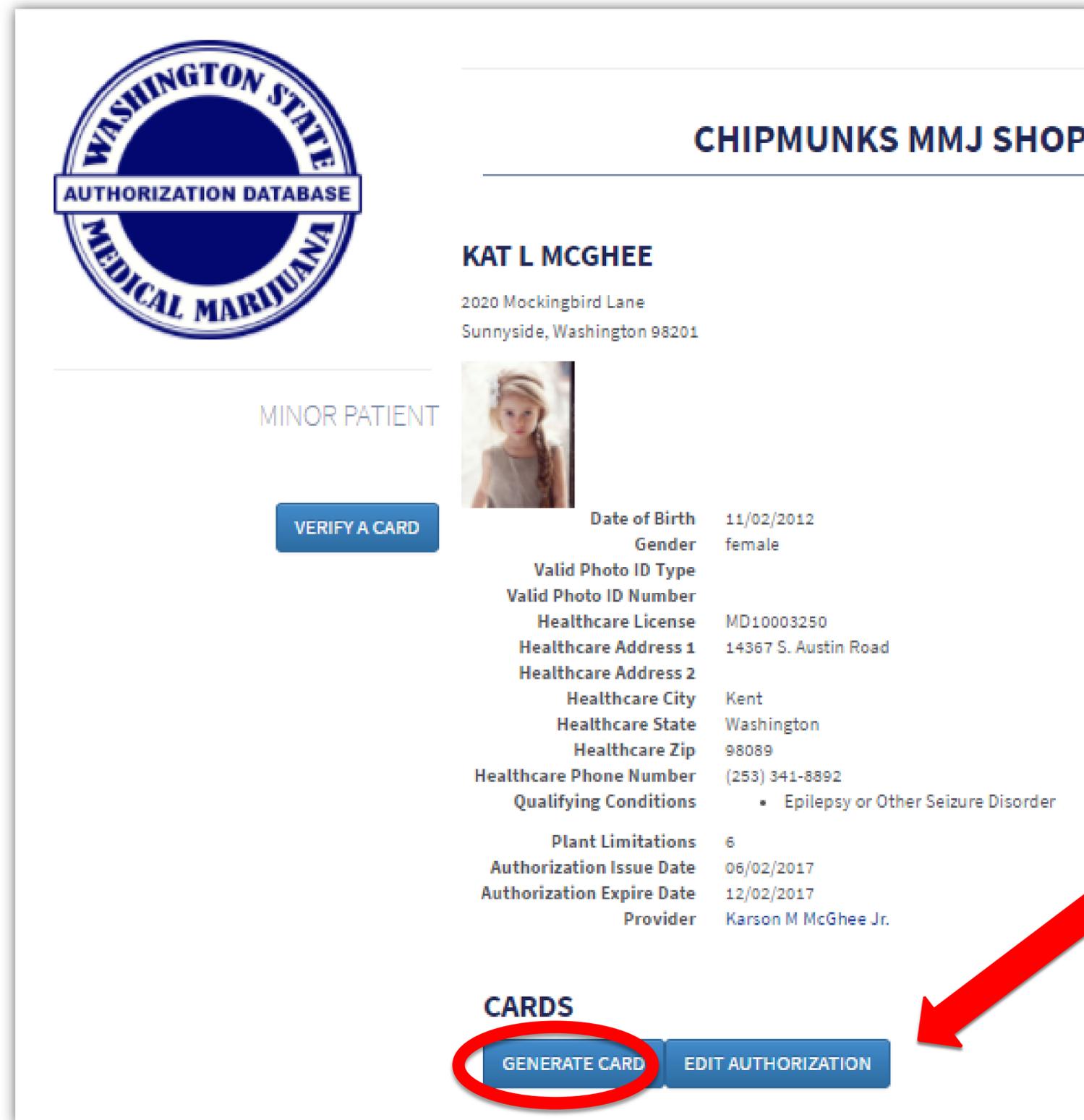
**Authorization Issue Date \*** 06/02/2017 **Authorization Expiration Date \*** 12/2/2017  
Must be within 1 year of issue date.

**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 displays the Washington State Medical Marijuana Authorization Database interface. At the top left is the logo for the Washington State Medical Marijuana Authorization Database. The top right shows the shop name "CHIPMUNKS MMJ SHOP". The patient's name is "KAT L MCGHEE", with the address "2020 Mockingbird Lane, Sunnyside, Washington 98201". A "MINOR PATIENT" label is present, along with a "VERIFY A CARD" button. A list of patient details 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), and Qualifying Conditions (Epilepsy or Other Seizure Disorder). Other details include Plant Limitations (6), Authorization Issue Date (06/02/2017), Authorization Expire Date (12/02/2017), and Provider (Karson M McGhee Jr.). At the bottom, under the "CARDS" section, there are two buttons: "GENERATE CARD" (circled in red) and "EDIT AUTHORIZATION". A red arrow points to the "GENERATE CARD" button.

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

**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	<ul style="list-style-type: none"><li>Epilepsy or Other Seizure Disorder</li></ul>
Plant Limitations	6
Authorization Issue Date	06/02/2017
Authorization Expire Date	12/02/2017
Provider	<a href="#">Karson M McGhee Jr.</a>

#### 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](#)

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 template for a Washington State Medical Marijuana Recognition Card 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
- PATIENT 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
- WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
- CARD# 1930 0789 8632 0975
- TRANSACTION AMOUNTS:
  - Usable Marijuana (3 ounces maximum)
  - Solid Infusion (48 ounces maximum)
  - Liquid Infusion (216 ounces maximum)
  - Concentrates (21 grams maximum)
- QUESTIONS? Call the Washington State Department of Health Medical Marijuana Program (360) 236-4819
- NOT FOR IDENTIFICATION PURPOSES
- WARNING: IT IS ILLEGAL TO DUPLICATE THIS CARD EXCEPT WHEN ALLOWED BY LAW
- FOLD

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 AUTHORIZATION DATABASE MEDICAL MARIJUANA' interface. At the top left is the state seal. The main header is 'CHIPMUNKS MMJ SHOP'. The patient profile for 'KAT L MCGHEE' is displayed, including her address: 2020 Mockingbird Lane, Sunnyside, Washington 98201. A 'MINOR PATIENT' label is present with a 'VERIFY A CARD' button. A list of patient details 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), and Qualifying Conditions (Epilepsy or Other Seizure Disorder). The 'Authorization Expire Date' is 12/02/2017, and the 'Provider' is Karson M McGhee Jr., which is circled in red. Below this is a 'CARDS' section showing a preview of the 'WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD' for KAT L MCGHEE. The card includes the patient's photo, name, card number (1930 0789 8632 0975), effective date (08-12-2017), expiration date (12-02-2017), plant limit (6), and authorizing healthcare practitioner (JOHN SUMI). A note states 'MINOR UNDER 18 Must be accompanied by designated provider'. At the bottom of the card preview are buttons for 'PRINT', 'RENEW', 'REPLACE', and 'CORRECT'.

**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

**WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD**

**CARD# 1930 0789 8632 0975**  
**KAT L MCGHEE**  
EFFECTIVE DATE: 08-12-2017  
EXPIRATION DATE: 12-02-2017  
PLANT LIMIT: 6  
Authorizing Healthcare Practitioner  
**JOHN SUMI**

**MINOR UNDER 18** Must be accompanied by designated provider

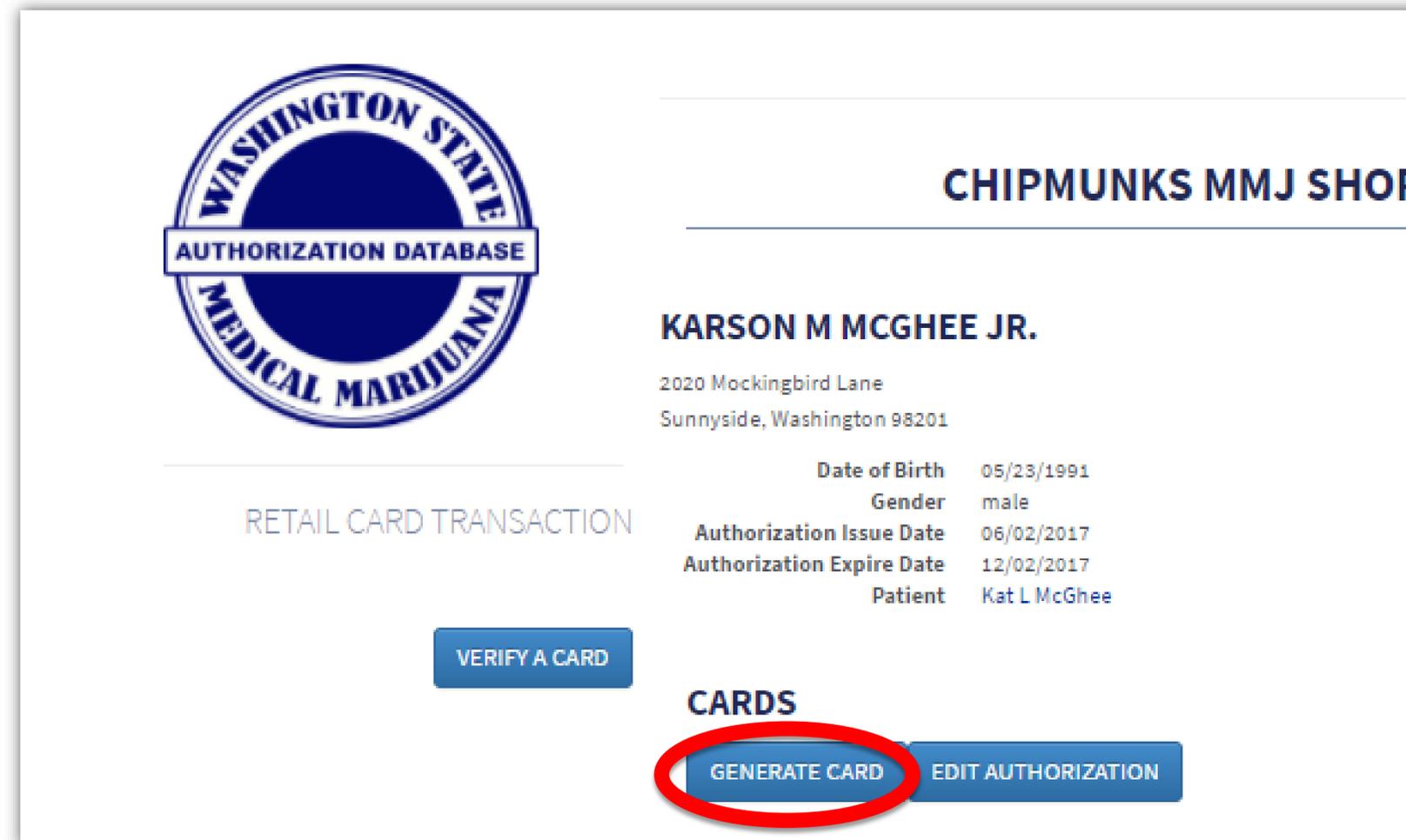
Card #1930 0789 8632 0975

[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 the logo is the text "RETAIL CARD TRANSACTION" and a "VERIFY A CARD" button. On the right, the shop name "CHIPMUNKS MMJ SHOP" is shown. Below that is the patient's name "KARSON M MCGHEE JR." and his address: "2020 Mockingbird Lane, Sunnyside, Washington 98201". A table of details follows:

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

Below the table is the heading "CARDS" and two buttons: "GENERATE CARD" (circled in red) 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	<a href="#">Kat L McGhee</a>

RETAIL CARD TRANSACTION

[VERIFY A CARD](#)

**CARDS**

**WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD**

**DESIGNATED PROVIDER**

**KARSON M MCGHEE JR.**

CARD# 9120 0967 8407 8937

EFFECTIVE DATE: 06-12-2017  
EXPIRATION DATE: 12-02-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner  
**JOHN SUMI**

Corresponding Patient Card#  
1930 0769 8632 0975

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:**

- 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# 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
- DESIGNATED PROVIDER
- WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD
- 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

Card creation is now complete.

To get out of the designated provider card screen, select **Verify a 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 merchant name "CHIPMUNKS MMJ SHOP" is shown. The patient information for "KARSON M MCGHEE JR." includes the address "2020 Mockingbird Lane, Sunnyside, Washington 98201" and a table of details:

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

A blue button labeled "VERIFY A CARD" is circled in red. Below this is a section titled "CARDS" which contains a preview of the "WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD" for Karson M McGhee Jr. The card details include: CARD# 9120 0967 8407 8937, EFFECTIVE DATE: 06-12-2017, EXPIRATION DATE: 12-02-2017, PLANT LIMIT: 6, and Authorizing Healthcare Practitioner: JOHN SUMI. Below the card preview are buttons for "PRINT", "RENEW", "REPLACE", and "CORRECT".

# Other Card Functions

Verify

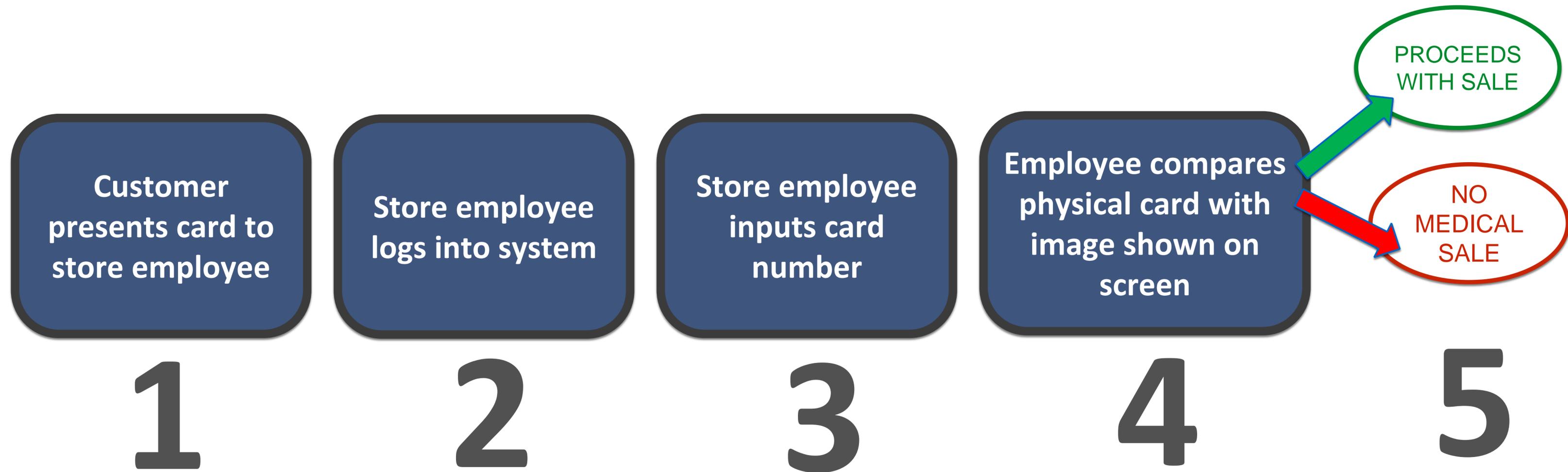
Renew

Replace

Correct

Reprint

# 5 Steps for Verification and Sale



Every recognition card must be verified in the database system before making a medical sale. This is to protect the store when audited by the Washington State Department of Revenue.

# Verify Card

**WASHINGTON STATE**  
**AUTHORIZATION DATABASE**  
**MEDICAL MARIJUANA**

CARD VALIDATION

**LOLLYPOP**

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

CREATE CARD

- Type in the card number from the top of the card

OR

- Use your 1-D or 2-D scanner to scan the bar code on the back to enter in the number

4010 0003 2443 1451

VERIFY A CARD

**INSTRUCTIONS**

1. Check expiration date on card. If expired, notify patient they must present a new authorization form in order to be updated in the system.
2. If card is not expired, make sure you have correctly entered the card number listed at the top of the card.
3. Otherwise the card may have been revoked by the patient or the patient's healthcare practitioner.

**SYSTEM USER GUIDES AND HELP DESK**

SUPPORT

# Card is Valid

The instructions box reminds you what to do next, which is to:

- Compare the actual physical card to the card on the screen to confirm that the information on both is a match.
- If cards don't match, tell cardholder you are unable to validate the card because it does not match the information on the screen for that cardholder.

NOTE: You can still make a sale – it just will not be a medical sale.

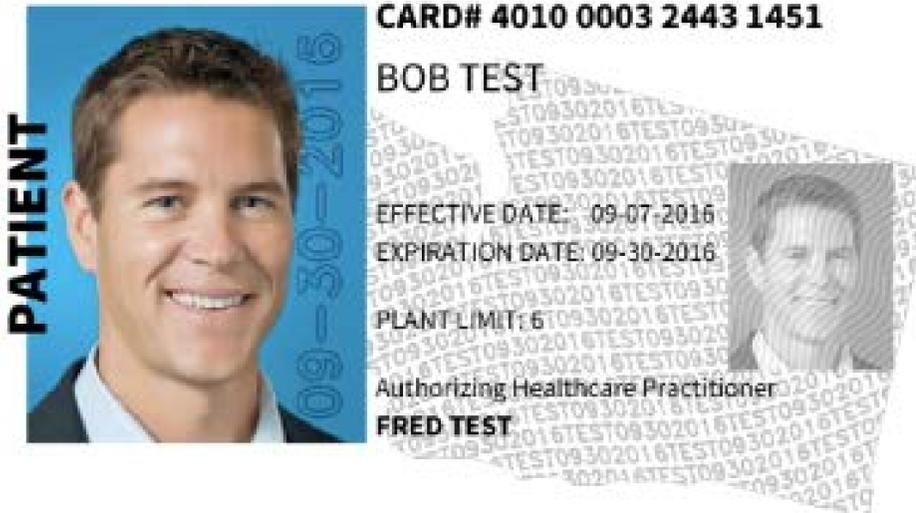
4010 0003 2443 1451

VERIFY A CARD

**CARD NUMBER IS VALID**

**#4010 0003 2443 1451**

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION 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

START OVER

# Card Not Found

This will appear if the card number is not found in the system.

Possible reasons are:

- Card has expired – check expiration date
- Entered card number incorrectly – retry typing in the number
- Healthcare Practitioner revoked card
- Patient revoked Designated Provider

NOTE: You can still make a sale – it just will not be a medical sale.

4010 0003 2443 1452 | **VERIFY A CARD**

**RECOGNITION CARD NUMBER IS NOT VALID.**

**START OVER**

#### INSTRUCTIONS

1. Check expiration date on card. If expired, notify patient they must present a new authorization form in order to be updated in the system.
2. If card is not expired, make sure you have correctly entered the card number listed at the top of the card.
3. Otherwise the card may have been revoked by the patient or the patient's healthcare practitioner.

#### SYSTEM USER GUIDES AND HELP DESK

**SUPPORT**

# Renew Card

## Before Expiration of Current Card:

- Search name and birthdate
- Search screen comes up and you type in name.
- It will then bring up the person and you will get four options – **Renew, Replace, Correct or Print.**
- When they come up, select the **Renew** button.
- Enter information from the new authorization form.
- Complete same steps for taking a picture and generating a card.
- Collect \$1 fee for card renewal.

SEARCH BY...

NAME AND BIRTHDATE | CARD NUMBER

Jennifer Johnson | 01/14/1993

Q SEARCH

Flexible Search: Last name, first name, middle name, birthdate, gender, city, state

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnson</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

PATIENT

EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:  
JOHN J. DOE

PRINT | **RENEW** | REPLACE | CORRECT

# Renew Card

## After Expiration:

- If they are not found you will be prompted to create a new authorization.
- Enter the information from the new authorization form.
- Complete same steps for taking a picture and generating a card.
- Collect \$1 fee for card renewal.

Note: In either case, **Renew** is like creating a new card.

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnson    01/14/1993

SEARCH

Flexible Search: Last name, first name, first name last



### NOT FINDING WHAT YOU NEED?

If none of the matches above match the patient you looking for you can create one now.

CREATE NEW AUTHORIZATION



# Correct Card

A correction would be for anything that actually shows on the card – typically a typo made by the consultant:

- To make a correction on a card, you will go back to the **Create Card** screen and search for the patient.
- It will then bring up the person and you will get the four options – **Renew, Replace, Correct or Reprint.**
- Make sure if there is more than one person with the same name that you select the right one.
- Verify the information from the authorization form.
- If it is a match, select **Correct** button.
- Make corrections and then go through the print process again.
- The \$1 fee **is not charged** for a correction.

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnso    01/14/1993

SEARCH

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

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnso</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSO

EFFECTIVE DATE: 08-08-2016  
EXPIRATION DATE: 08-08-2017  
PLANT LIMIT: 6  
Authorizing Healthcare Practitioner:  
JOHN J. DOE

PRINT    RENEW    REPLACE    **CORRECT**

# Reprint Card

This would be if the store printer jammed or lost power in the middle of the print job:

- If the system shut down in the middle of the print, search name and birthdate.
- When the name comes up, select **Print** button.
- The \$1 fee is not charged for a reprint.

SEARCH BY...

NAME AND DATE OF BIRTH    CARD NUMBER

Jennifer Johnson    01/14/1993    Q SEARCH

Find by Search: Last name, First name or First name Last name

Name	DOB	Gender	City	State
<a href="#">Jennifer Johnson</a>	1993-01-14	female	Lacey	Washington

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 5059 7693 4751 4506

JENNIFER JOHNSON

PATIENT

EFFECTIVE DATE: 08-08-2016

EXPIRATION DATE: 08-08-2017

PLANT LIMIT: 6

Authorizing Healthcare Practitioner:  
JOHN J. DOE

PRINT    RENEW    REPLACE    CORRECT

# AIRLIFT Troubleshooting Tip

If you get a blank screen when trying to print a card or other error messages while creating a card, you will need to clear out your cache and reload the page by doing the following:

1. In the top right of your Chrome browser click on the 3 vertical dots to open the Options menu.

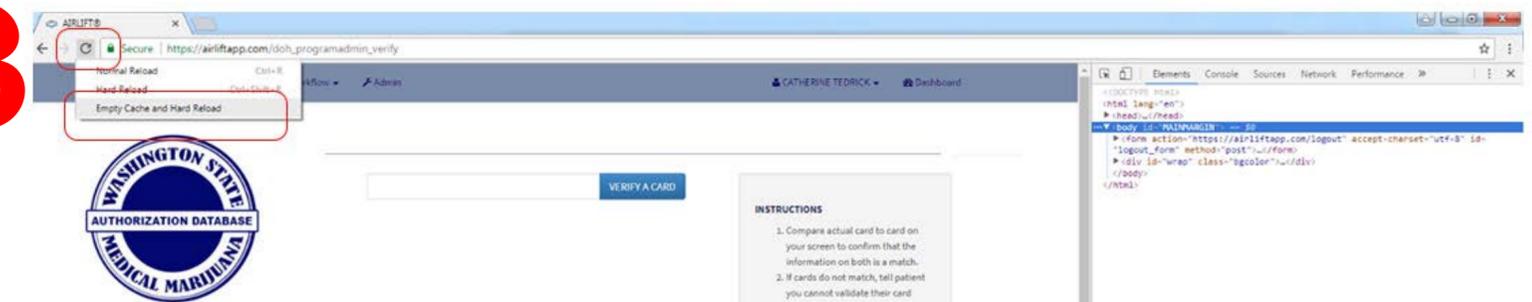
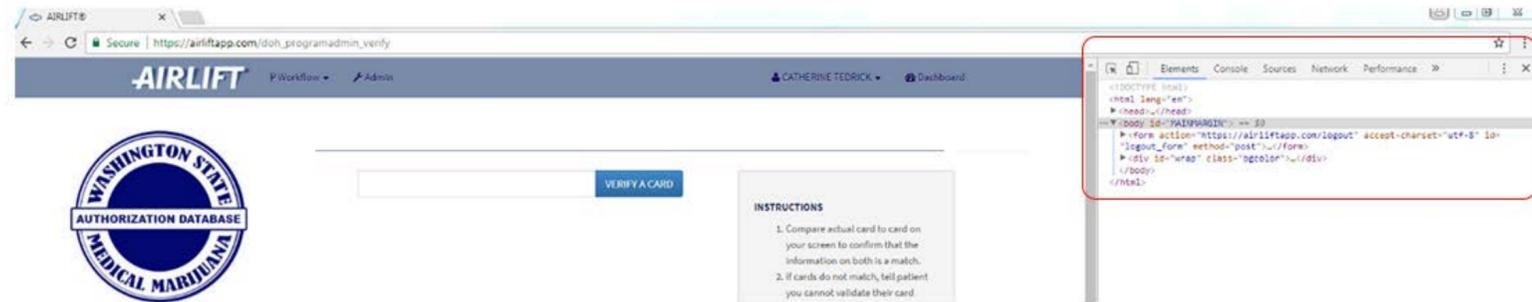
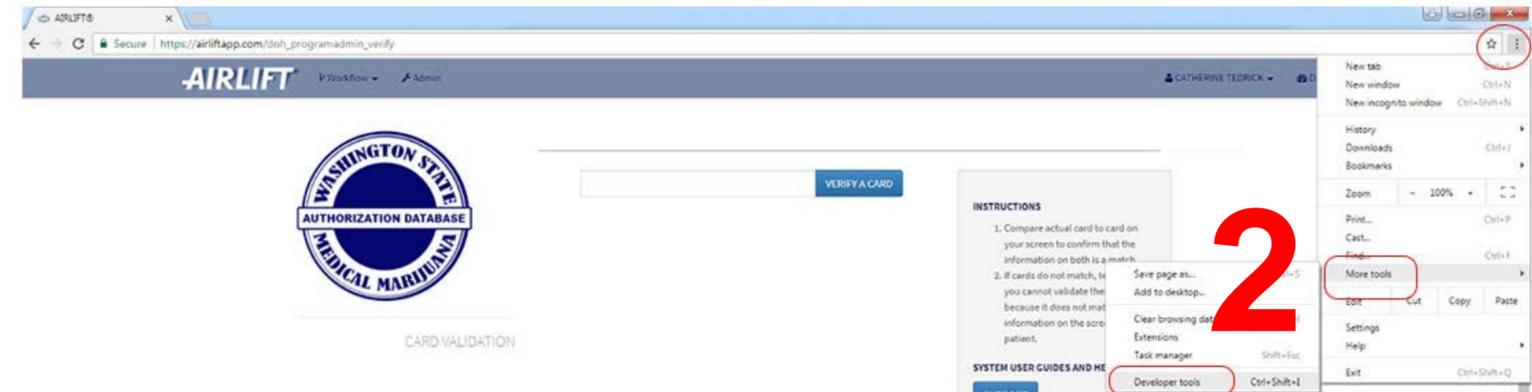
2. Choose "More tools" then "Developer tools"

This will open up a window showing HTML code.

3. Right click the browser refresh button  on the upper left bar,

Choose "Empty Cache and Hard Reload"

4. Close the side window and continue to print the card.



# Compliant Products

	High THC Compliant	High CBD Compliant	General Use Compliant	Any Product Available for Sale in a Retail Store with a Medical Endorsement
Patients and Designated Providers with Recognition Card*	✓	✓	✓	✓
Any Adult Consumer		✓+	✓	✓

\*All purchases made by a recognition cardholder are sales tax free.

+Any adult may purchase High CBD Compliant sales tax-free.



General use compliant products are any marijuana product allowed by the WSLCB, including edibles, flowers and concentrates.

**Packaged Servings:**

- May be packaged in servings or applications that contain up to 10 mg of active THC.
- A unit must not contain more than 10 servings or applications and must not exceed 100 mg total of active THC.

**Who can purchase:**

- Adults age 21 or older. Purchase subject to sales tax.
- Qualifying patients age 18 and over or designated providers who are entered into the medical marijuana authorization database and hold a valid medical marijuana recognition card. Purchase sales tax-free.

**Where to buy:**

- At any licensed marijuana store.



High THC compliant marijuana products containing more than 10 mg but not more than 50 mg of active THC per serving or application. Only the following types of marijuana products qualify for High THC classification: capsules, tablets, tinctures, transdermal patches, and suppositories.

**Packaged Servings:**

- High THC compliant products may be packaged in servings or applications containing up to 50 mg of active THC.
- A unit must not contain more than 10 servings or applications and must not exceed 500 mg total of active THC.

**Who can purchase:**

- Only qualifying patients age 18 and over or designated providers who are entered into the medical marijuana authorization database and hold a valid medical marijuana recognition card. Purchase sales tax-free.

**Where to buy:**

- Only at a licensed and medically endorsed marijuana store.



High CBD compliant marijuana product allowed by the WSLCB, including edibles - except marijuana intended for smoking.

**Packaged Servings:**

- Concentrates containing not more than 2% THC concentration and at least 25 times more CBD concentration by weight.
- Marijuana-infused edible products that contain not more than 2 mg of active THC and at least 5 times more CBD per serving by weight for solids or volume for liquids.
- Marijuana-infused topical products containing at least 5 times more CBD concentration than THC concentration.

**Who can purchase:**

- Adults age 21 or older. Purchase sales tax-free. Purchase sales tax-free.
- Qualifying patients age 18 and over or designated providers who are entered into the medical marijuana authorization database and hold a valid medical marijuana recognition card. Purchase sales tax-free.

**Where to buy:**

- At any licensed marijuana store.

# Need Help?

Monday – Friday, 8 am – 5 pm

360-236-4819, Option 1

[medicalmarijuana@doh.wa.gov](mailto:medicalmarijuana@doh.wa.gov)

[www.doh.wa.gov/medicalmarijuana](http://www.doh.wa.gov/medicalmarijuana)

