



KENTUCKY CANNABIS INDUSTRY ALLIANCE

Out-of-State Medical Cannabis Card Verification Guide

A Dispensary Staff Reference for Verifying Visiting Patient Cards
in Accordance with Kentucky Law

Prepared by: Kentucky Cannabis Industry Alliance (KCIA)

Source: Kentucky Office of Medical Cannabis (OMC) Dispensary Guidance

Legal Authority: KRS 218B.055(5) and 915 KAR 1:070 §2(3)

IMPORTANT: Visiting qualified patients are limited to no more than a **10-day supply in any 8-day period**. Staff must **verbally inform** the patient of this limit at point of sale.

DISCLAIMER: This document is provided by KCIA for informational and reference purposes only, based on OMC guidance and publicly available state program information. KCIA makes no warranties regarding accuracy, completeness, or currency. This is not legal advice. State programs and regulations are subject to change. Dispensary operators are solely responsible for compliance with all applicable laws including KRS Chapter 218B and 915 KAR Chapter 1. KCIA shall not be liable for errors, omissions, or actions taken in reliance on this document. For current guidance, consult the OMC at kymedcan.ky.gov.

Verification Checklist

Who Qualifies as a Visiting Patient?

A visiting qualified patient may purchase medical cannabis in Kentucky in one of two ways:

Option A: KY Visiting Qualified Patient Card

- Issued by the Cabinet
- If valid and unexpired, **no out-of-state documents required**

Option B: Out-of-State Card + Medical Documentation

Patient must present **both**:

- A valid, **state-issued medical cannabis card**, and
- **Medical documentation** of a qualifying condition

3-Step Verification at Point of Sale

STEP 1 Review the Out-of-State Medical Cannabis Card

Confirm the card is:

- Issued by a state medical cannabis program
- Current (not expired)
- Appears legitimate and unaltered
- Lists the patient's legal name
- Includes a program registry number

Do NOT accept:

- Doctor recommendations or referral forms
- Telehealth-only "digital cards"
- Documents not issued by a state program

STEP 2 Verify Identity and Age

Check a **government-issued photo ID** to confirm:

- Patient is **18 or older**
- Photo matches the individual
- Name matches the medical cannabis card

Acceptable: driver's license, passport, state ID, military ID

STEP 3 Review Medical Documentation

Acceptable:

- Medical records • Visit notes/physician summaries
 - Written certification • History and physical reports
- Must include an **express diagnosis** of a KY-qualifying condition.

Not acceptable:

- Vague notes without a diagnosis
- Records lacking a qualifying condition
- Telehealth letters without diagnosis detail

Kentucky Qualifying Conditions: Any type or form of cancer (regardless of stage) • Chronic, severe, intractable, or debilitating pain • Epilepsy or any other intractable seizure disorder • Multiple sclerosis, muscle spasms, or spasticity • Chronic nausea or cyclical vomiting syndrome • Post-Traumatic Stress Disorder (PTSD)

State-by-State Card Reference

Card examples for each state with a medical cannabis program. Use as a visual reference when verifying out-of-state patient cards.

Alabama	NOT YET ACTIVE
Currently not issuing cards.	

Alaska	ACTIVE PROGRAM
Approximately half the size of a standard sheet of paper, printed on green security paper. Includes patient name (no photo), state ID, date of birth, full name, address, date issued, expiration date, and barcode. Features the Alaska state seal.	
Verify: https://health.alaska.gov/dph/VitalStats/Pages/marijuana.aspx	

Arizona	ACTIVE PROGRAM
Verify: https://www.azdhs.gov/licensing/medical-marijuana/	



Arkansas

ACTIVE PROGRAM

Verify: <https://healthy.arkansas.gov/programs-services/data-statistics-registries/medical-marijuana/>



California

ACTIVE PROGRAM

NOTE: California does have a registry ID card. Per Kentucky law, dispensaries must verify the actual state-issued registry ID card, not just a physician recommendation.

Verify: <https://www.cdph.ca.gov/Programs/CHSI/Pages/MMICP.aspx>



Colorado

ACTIVE PROGRAM

Verify: <https://cdphe.colorado.gov/medicalmarijuana>



This Colorado Medical Marijuana Registry Card must be presented by the patient, whose name is printed on this card, along with a valid Colorado ID or Driver's License. Any changes to the information displayed on this card should be reported to the Medical Marijuana Registry, by e-mailing medical.marijuana@state.co.us or mail to Colorado Department of Public Health and Environment, HSV-8630, 4300 Cherry Creek Drive South, Denver, CO 80246-1530.

Possession of this Colorado Medical Marijuana Registry Card, confers no right to purchase, possess, or cultivate medical marijuana, unless the patient name printed on the card matches that on the patient's Colorado ID or Driver's License. Do not laminate or alter this card in any way.

By possessing this card, the patient agrees to comply with all applicable provisions of the Colorado Constitution Article XVII, Section 14, Colorado Revised Statutes Section 25-1.5-106, C.R.S., and Colorado Code of Regulations 5 CCR 1006-2. Failure to comply may result in this card being revoked and/or the filing of drug related criminal charges.



Connecticut

ACTIVE PROGRAM

Verify: https://portal.ct.gov/dcp/medical-marijuana-program/medical-marijuana-program?language=en_US



Verify: <https://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html>

Medical Marijuana Patient

HDI-F7SW-HWWW

Joe Schmoie

Exp: 07/27/2018

Dup: 0

Gender: F

Eyes: BLU

Ht: 5' 10" Wt: 150 lbs

DOB: 01/04/1980

2106 Meredith Way

Bear, DE 19701



LAW ENFORCEMENT CHECK CJIS TO CONFIRM STATUS



DELAWARE HEALTH AND SOCIAL SERVICES

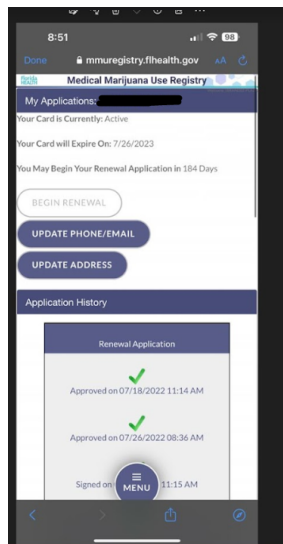
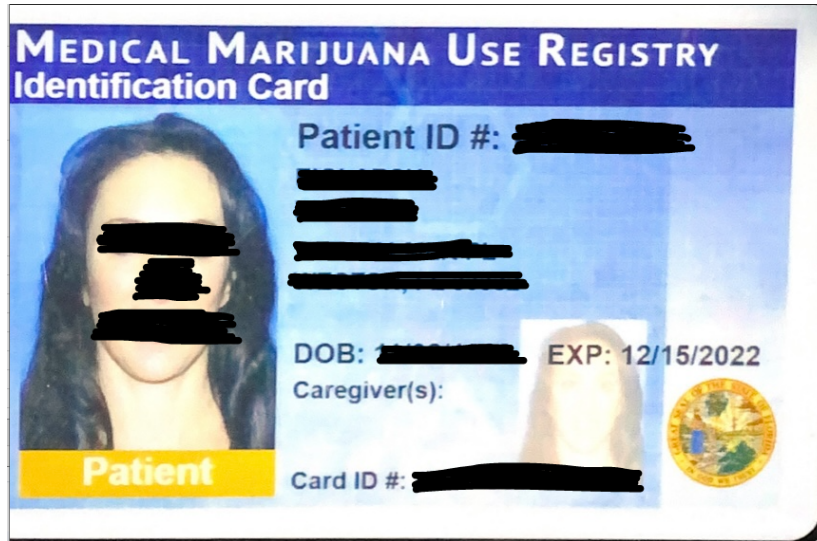
Division of Public Health

If found, please return to:
Medical Marijuana Program
417 Federal Street, Suite 130
Dover, DE 19901
(302) 744-4749

GEN32017

This badge is the property of Delaware Division of Public Health. Report loss or theft of this badge immediately to the Division of Public Health. Counterfeiting, alteration or misuse of this badge is prohibited. Use or possession by any other person is unlawful and will make the offender liable to penalty under Delaware Code.

Verify: <https://mmuregistry.flhealth.gov/>

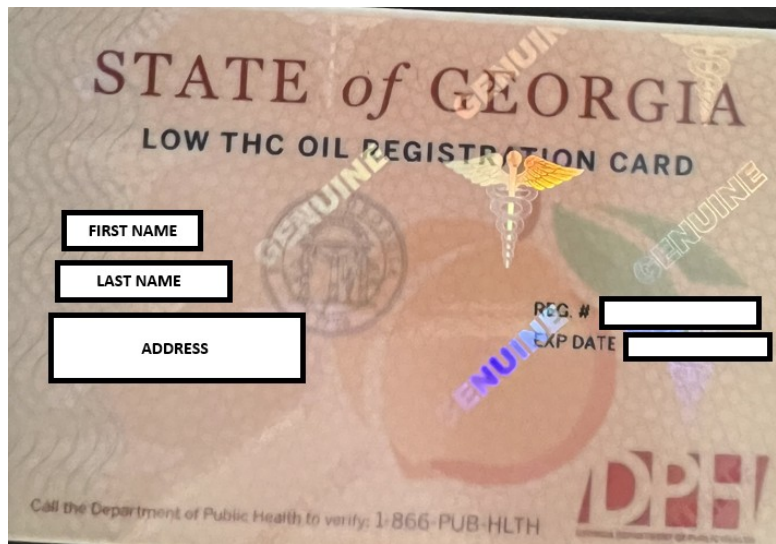


Verify: <https://www.gmcc.ga.gov/patients/patient-resources>

Additional: <https://dph.georgia.gov/low-thc-oil-registry/patients-and-caregivers>

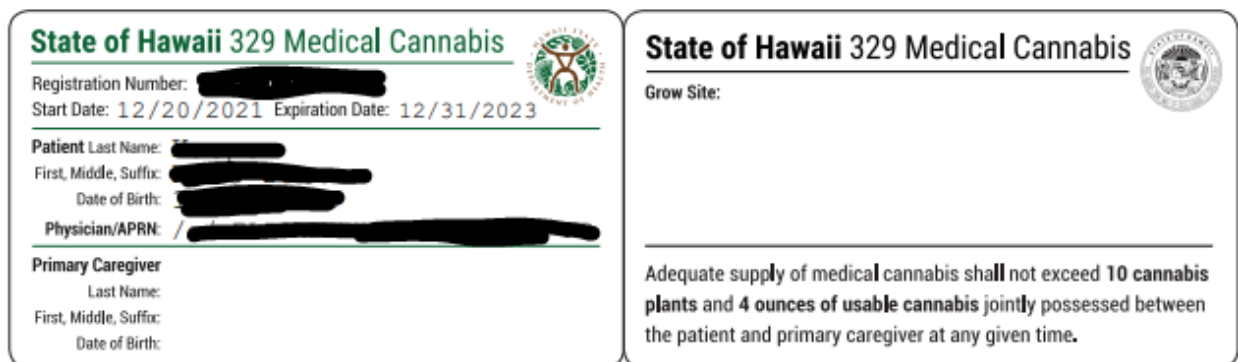
How long is the Low THC Oil card valid?

The Low THC Oil card is valid for five years from the date your payment is processed. The expiration date is printed on the front of the card. After that time, you must consult your physician to renew your card.



NOTE: Patients may attempt to present only a doctor's note. They must have the 329 Registry ID card to qualify.

Verify: <https://health.hawaii.gov/medicalcannabisregistry/>



Idaho

NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

Illinois

ACTIVE PROGRAM

Provisional letters are only valid for 90 days.

Verify: <https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis.html>

Illinois Department of Public Health
Medical Cannabis Registered Qualifying Patient



Patient Name: [REDACTED]
Patient ID #: [REDACTED]
Address: [REDACTED]
DOB: [REDACTED]

Issued: 08/20/2021
Expires: 08/20/2024

Max Allowed:
2.5



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Provisional Access to Medical Cannabis Patient Program

Thank you for your application to the Illinois Medical Cannabis Patient Program. You are receiving this letter because you have been approved for provisional access to a medical cannabis dispensary while your application is being processed. This provisional access is valid for 90 days. You must show your provisional access letter along with a valid photo ID (Illinois Driver's License or Illinois State ID) each time you visit your dispensary to make a purchase of medical cannabis. Until your application has been approved and you receive your registry card, you must carry this letter anytime you are transporting medical cannabis.

Provisional Registered Patient:

First Name	[REDACTED]
Last Name	[REDACTED]
Date of Birth	[REDACTED]
Address	[REDACTED] Alamance Dr
City, State, Zip	West Chicago, IL, 60185
Registration ID	QP.0000IQHHT

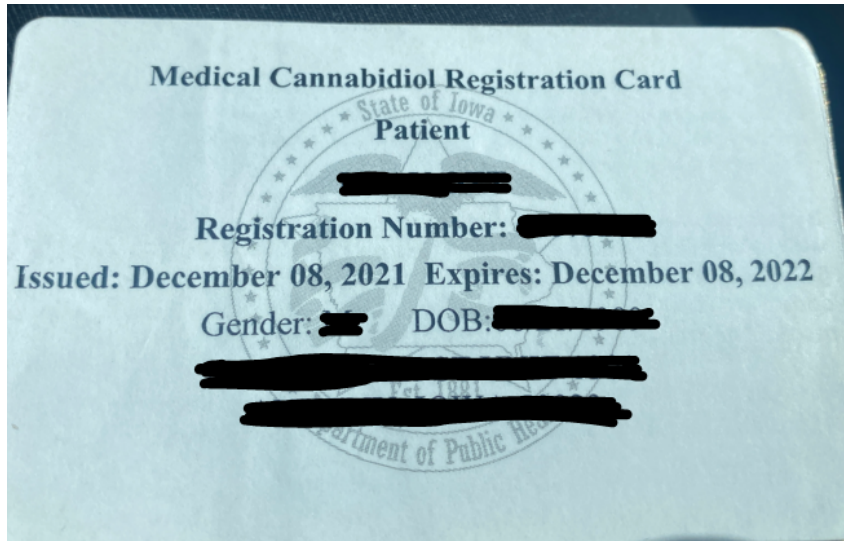
Provisional Access Effective Date: 05/12/2025
Provisional Access Expiration Date: 08/10/2025
Allotment Amount: 2.5 ounces

Indiana

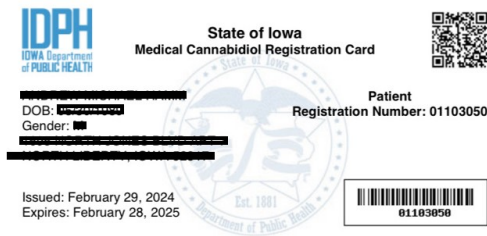
NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

Verify: <https://hhs.iowa.gov/programs/programs-and-services/medical-cannabis/patients-caregivers>



Front



Back

This Iowa Medical Cannabidiol Registration Card must be presented by the patient or caregiver, whose name is printed on the card, along with a valid photo ID. This registration card is not valid for identification purposes.

By possessing this card, the patient or caregiver agrees to comply with all applicable provisions of the Iowa Medical Cannabidiol Act, §124E and the associated administrative rules, Iowa administrative code 641-154. Failure to comply may result in this card being revoked and/or the filing of drug related criminal charges.

For any questions in relation to this card, please contact the Office of Medical Cannabidiol at medical.cannabidiol@idph.iowa.gov or 515-725-2076.

No medical cannabis program. Do not accept cards from this state.

Louisiana

CAUTION

WARNING: Louisiana does not issue registry ID cards. Patients may present a practitioner referral, but this does not qualify as a state registry card accepted in Kentucky.

Verify: <https://ldh.la.gov/page/medical-marijuana>

Verify NP: <https://www.lsbm.state.la.us/license-lookup/> | MD/DO/PA: <https://online.lasbme.org/#/verifylicense> | Pharmacy: <https://hoperxla.com/>

Medical Marijuana Physician Referral Form (Fax or Electronic Submission Only)

Patient Information			
First Name	MI	Last Name	Suffix
[REDACTED]			
Street Number and Street Name (or PO Box)			
[REDACTED]			
Unit Number	Phone		
[REDACTED]	[REDACTED]		
City	State	Zip Code	
[REDACTED]	LA	70003	
Date of Birth (MM/DD/YYYY)	Under the age of 18?	Physically Disabled?	
[REDACTED]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ICD-10 Code or Description of Condition			
[REDACTED]			
(Louisiana law allows for any condition considered debilitating to an individual patient.)			
Therapeutic Marijuana Treatment Requested			
Recommend patient for medical cannabis treatment			
[REDACTED]			
(Request shall expire one year after date of issue unless a shorter period of time is indicated by the physician. Product form and dosage are not required.)			
Physician Information			
First Name	MI	Last Name	Suffix
[REDACTED]			
Address			
[REDACTED]			
City, State, ZIP			
[REDACTED]			
Phone Number	Fax Number	NPI Number	
[REDACTED]	[REDACTED]	[REDACTED]	
Signature			Date
[REDACTED]			11/12/2021

Note: This form contains the basic data elements defined by the Louisiana Board of Pharmacy in LAC 48:101.2417

Maine

ACTIVE PROGRAM

Verify: <https://www.maine.gov/dafs/ocp/medical-use>



Verify: https://cannabis.maryland.gov/Pages/Medical_Cannabis.aspx



Maryland OneStop

Patient Registration for

Actions

MCA ID:

Registration Type **Adult Patient**

Registration Status **Registered**

Expiration Date

Patient Information Caregiver

Patient Information

Name

Date of Birth

Award Date

Race

onestop.md.gov

Michigan

ACTIVE PROGRAM

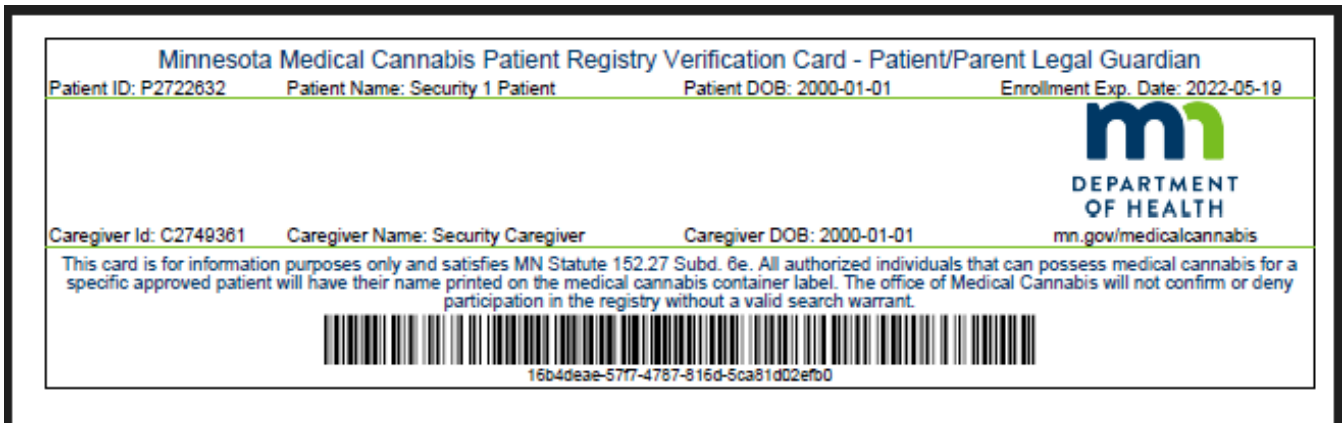
Verify: <https://www.michigan.gov/cra/sections/mmp>



Minnesota

ACTIVE PROGRAM

Verify: <https://mn.gov/ocm/dmc/>

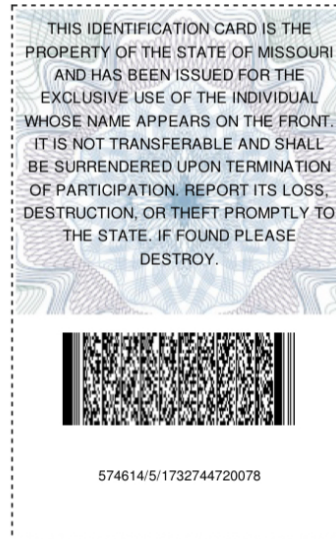
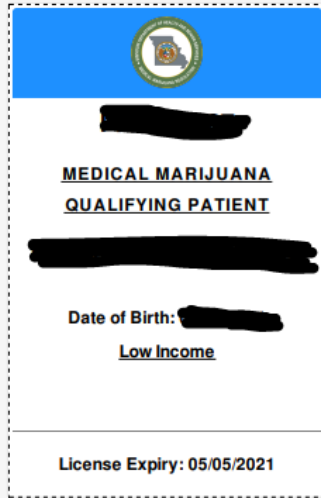


Verify: <https://www.mmcp.ms.gov/>

Verify license: https://www.mmcp.ms.gov/verify_license



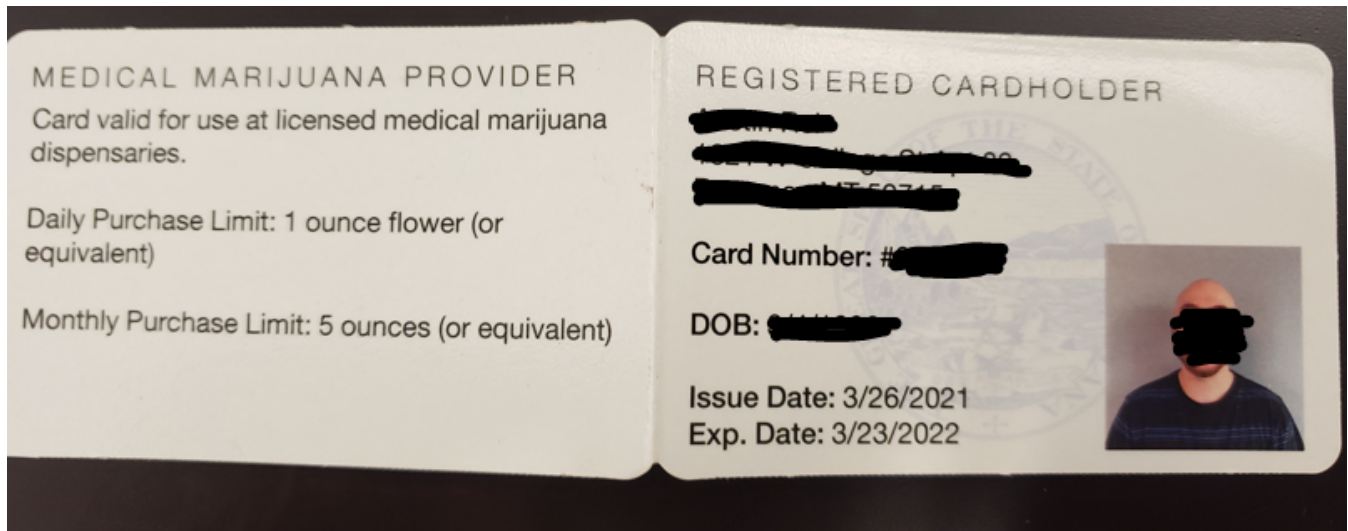
Verify: <https://health.mo.gov/safety/cannabis/patient-services.php>



Montana

ACTIVE PROGRAM

Verify: <https://boards.bsd.dli.mt.gov/medical-examiners/board-information/medical-marijuana>



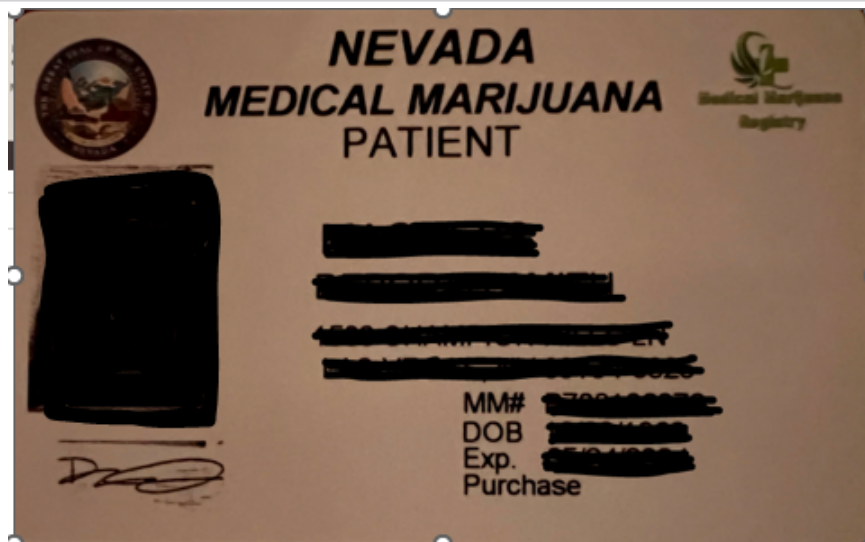
Nebraska

NOT YET ACTIVE

Nevada

ACTIVE PROGRAM

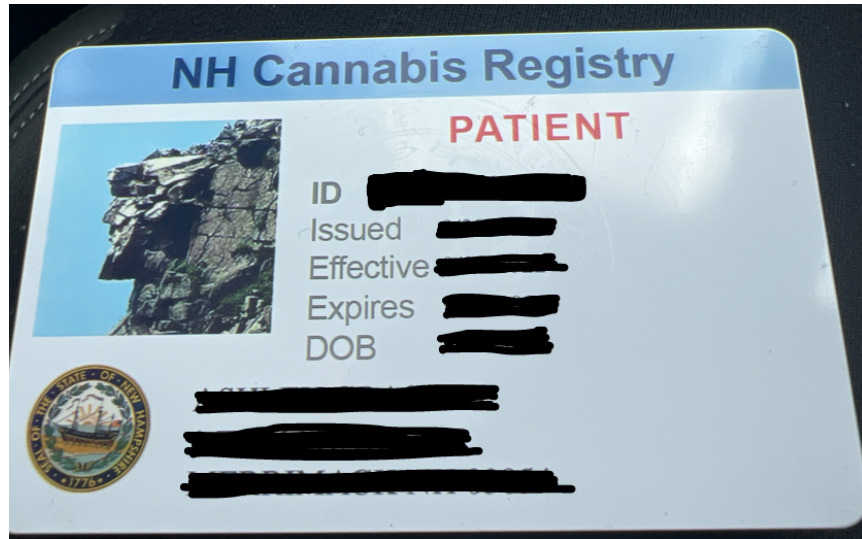
Verify: https://dpbh.nv.gov/Reg/MM-Patient-Cardholder-Registry/MM_Patient_Cardholder_Registry_-_Home/



New Hampshire

ACTIVE PROGRAM

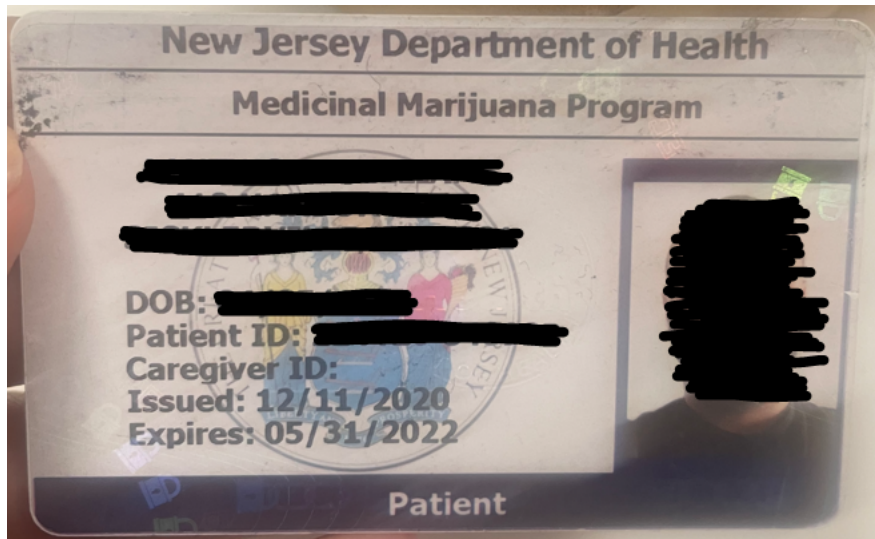
Verify: <https://www.dhhs.nh.gov/programs-services/population-health/therapeutic-cannabis/therapeutic-cannabis-applications-and>



New Jersey

ACTIVE PROGRAM

Verify: <https://www.nj.gov/cannabis/medicinalcannabis/medicinal/>



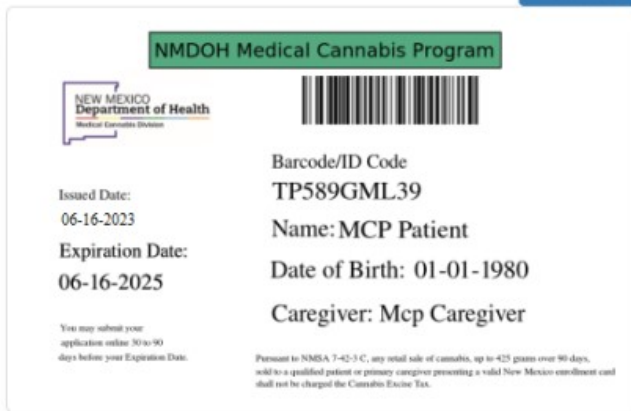
Verify: <https://mcp-patient-tracking.nmhealth.org/>

Card sample: <https://www.nmhealth.org/publication/view/general/8332/>



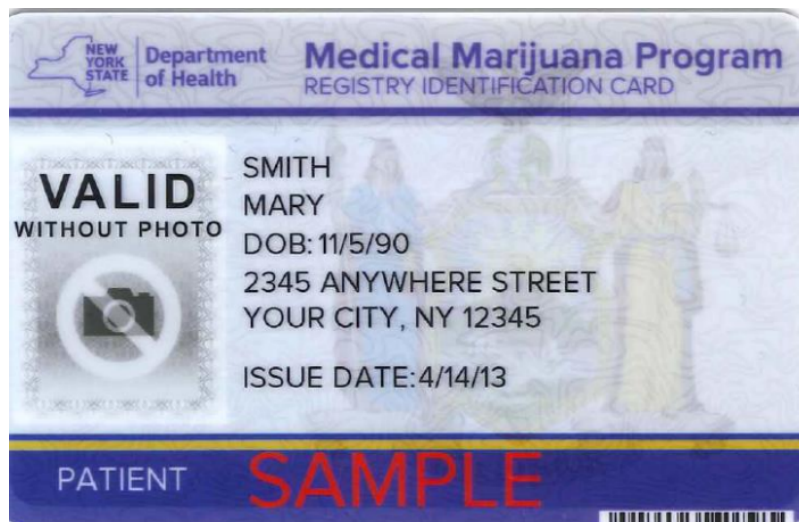
Front Side

Back Side



Cards are valid for one year from the date of issue. Staff should request the patient's certification, which indicates validity period. The certification is a signed document (paper or electronic) containing the registry number and provider's name.

Verify: <https://cannabis.ny.gov/medical-cannabis>



Office of Cannabis Management **Medical Cannabis Program**

OFFICIAL NEW YORK STATE MEDICAL CANNABIS PATIENT CERTIFICATION

Certification Number PC-88466977	Issue Date: Expiration Date:
Registry ID:	Please present this document and your government issued photo ID when visiting a dispensing site to purchase medical cannabis product(s).
Practitioner Information	
Other Info: 41 Flatbush Ave Suite 1 Brooklyn, NY 11217 718.407.4702 OIA Registration: 19727206	
Patient Information	
First Name: _____ Last Name: _____ DOB: _____ Address: _____ Phone: _____ Email: _____	
Dosing Recommendations	
Per Pharmacist Consultation	Recommendations/limitations: Per Pharmacist Consultation

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

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

Electronically signed by: _____ on: _____

FALSE STATEMENTS MADE WHEN ANY PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO PENAL LAW § 220.46. ISSUANCE OF A CERTIFICATION WHEN (i) THE RECIPIENT HAS NO MEDICAL NEED FOR IT, OR (ii) IT IS FOR A PURPOSE OTHER THAN A CERTIFIED MEDICAL USE AS DEFINED IN THE CANNABIS LAW IS PUNISHABLE AS A CLASS E FELONY PURSUANT TO PENAL LAW § 175.16.

This certification must be provided to the patient, or their caregiver where appropriate. The certified patient and their designated caregiver(s) will need this certification when purchasing medical cannabis products from a registered organization's dispensing site.

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

Questions? Contact the Medical Cannabis Program by emailing medical@cannabis.ny.gov or calling 1-844-863-9312.

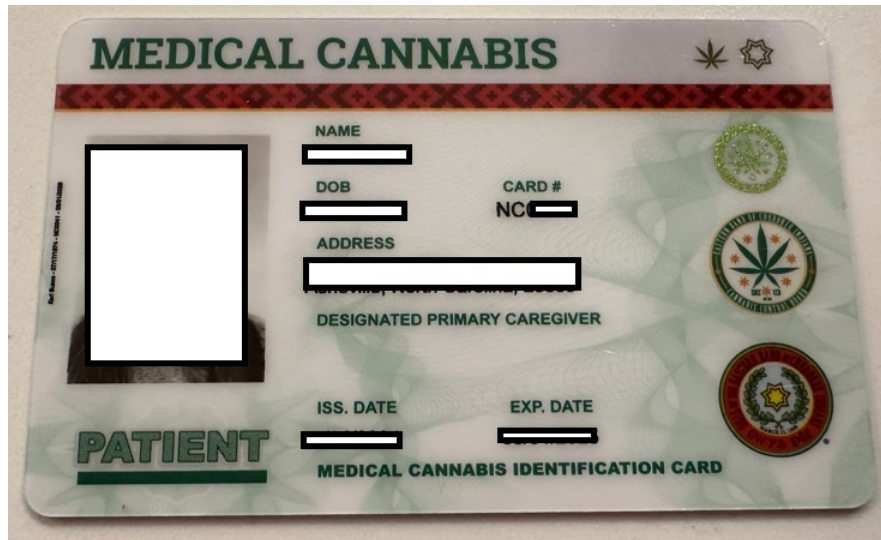
Page 1 of 1

North Carolina

ACTIVE PROGRAM

NC residents must have this type of medical cannabis card. The Cannabis Control Board (CCB) is the office of the EBCI tribal government.

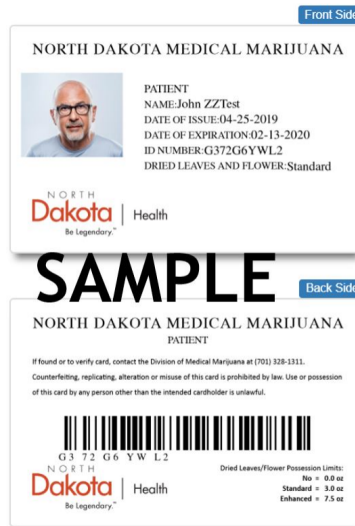
Verify: <https://ebci-ccb.org/>



North Dakota

ACTIVE PROGRAM

Verify: <https://mmregistration.health.nd.gov/>



Verify: <https://com.ohio.gov/divisions-and-programs/cannabis-control>



Ohio Medical Marijuana Registry

Toll-Free Helpline: 1-833-464-6627
MMCPRegistry@com.ohio.gov

D [REDACTED]
DOB: [REDACTED]
Issued: 07/23/2024

Patient

Reg expires: 07/31/2025
Rec expires: 07/18/2025

0020-0000-0406-9172-2278



Ohio Medical Marijuana Registry

Toll-Free Helpline: 1-833-464-6627
MMCPRegistry@pharmacy.ohio.gov



D [REDACTED]
DOB: [REDACTED]
Issued: 09/03/2019

Patient

Reg expires: 09/30/2022
Rec expires: 09/05/2022

0030-1090-3065-2326-8497



Oklahoma

ACTIVE PROGRAM

Verify: <https://oklahoma.gov/omma.html>

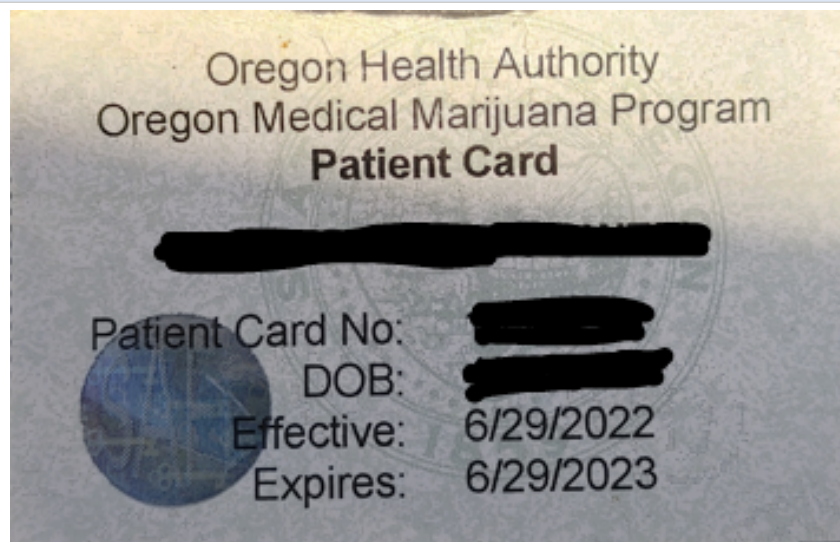
Verify patient license: <https://medportal.omma.ok.gov/s/verify-license-number>



Oregon

ACTIVE PROGRAM

Verify: <https://www.oregon.gov/oha/ph/diseasesconditions/chronicdisease/medicalmarijuanaprogram/pages/index.aspx>



Verify: <https://www.pa.gov/en/agencies/health/programs/medical-marijuana.html>



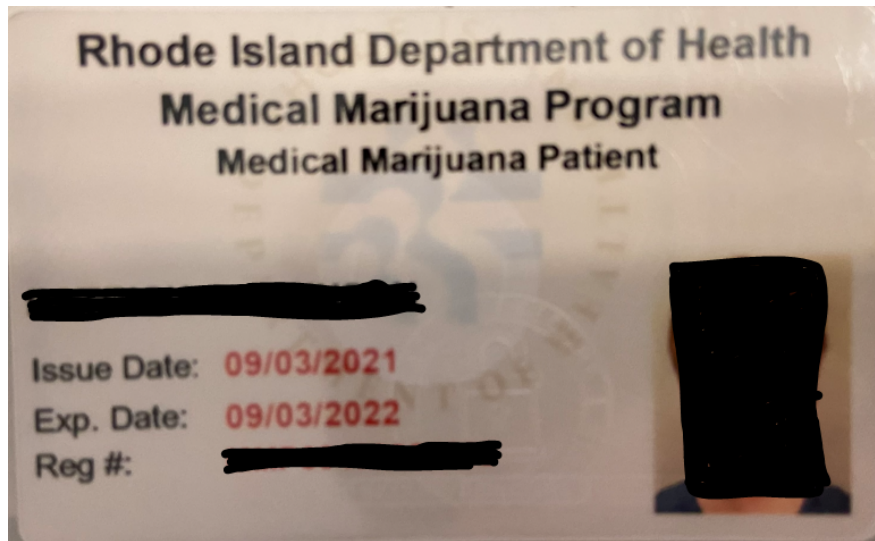
Cards issued after January 1, 2023



Rhode Island

ACTIVE PROGRAM

Verify: https://health.ri.gov/programs/detail.php?pgm_id=150



South Carolina

NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

South Dakota

ACTIVE PROGRAM

Verify patient cards through SD's state system at: <https://medcannabisverify.sd.gov/>

Verify: <https://doh.sd.gov/programs/medical-cannabis-program/>



Tennessee

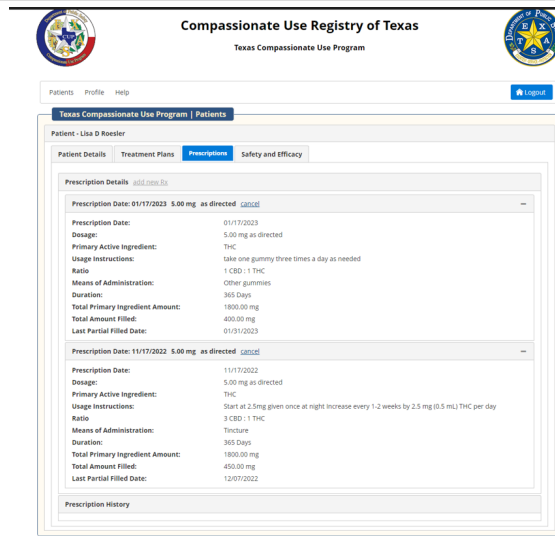
NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

Texas

CAUTION

WARNING: Texas does not currently issue registry cards. Only the Compassionate Use Registry of Texas (CURT) exists. Documentation from Texas does not qualify.



Utah

ACTIVE PROGRAM

Cards for Utah residents are valid for up to one year. Non-resident patient cards are valid for 21 days.

Verify: <https://medicalcannabis.utah.gov/>



Medical Cannabis Card PAT-24-0000035748



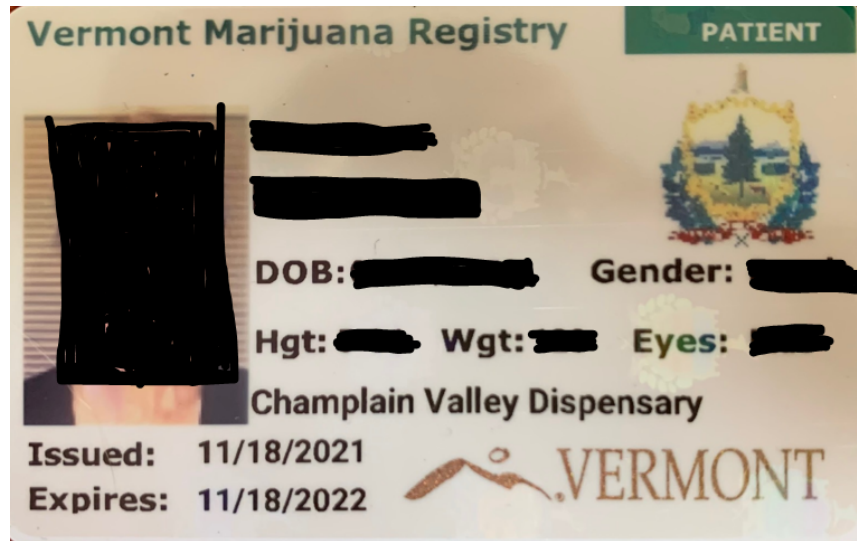
Name: CMC Patient
DOB: 01/01/1985
Issued: 11/03/2025
Expiration: 11/02/2026
Provider: CMC QMP



- Always work closely with a medical provider and a pharmacist when using medical cannabis.
- Start low and go slow.
- Only use medical cannabis you've bought from a Utah medical cannabis pharmacy.
- Do not smoke cannabis (it's legal to vape).
- Do not share, sell, or give away your medical cannabis.
- Call the Utah Poison Control Center 1-800-222-1222 if you think you took too much medical cannabis, you have serious side effects, or a child or pet takes it accidentally.
- Call 911 if it is an emergency.

evs.utah.gov
medicalcannabis@utah.gov
801-538-6504

Verify: <https://ccb.vermont.gov/med-forms>



Verify: <https://cca.virginia.gov/medicalcannabis/patients>



CERTIFICATION FOR THE USE OF MEDICAL CANNABIS PRODUCTS

This form is required to be completed in its entirety. Any alteration of this form will render it void.

Pursuant to Virginia Code § 54.1-3408.3, certification for the use of medical cannabis products is hereby given, in the course of professional practice, by a practitioner of medicine or osteopathy licensed by the Board of Medicine, a physician assistant licensed by the Board of Medicine, or a nurse practitioner jointly licensed by the Board of Medicine and the Board of Nursing, to

_____ for treatment or to alleviate the symptoms of such patient's diagnosed condition or disease determined by the practitioner to benefit from such use.

OR

_____ who is the parent or legal guardian of a minor, _____ or _____ who is the parent or legal guardian of a vulnerable adult as defined in Virginia Code § 18.2-369,

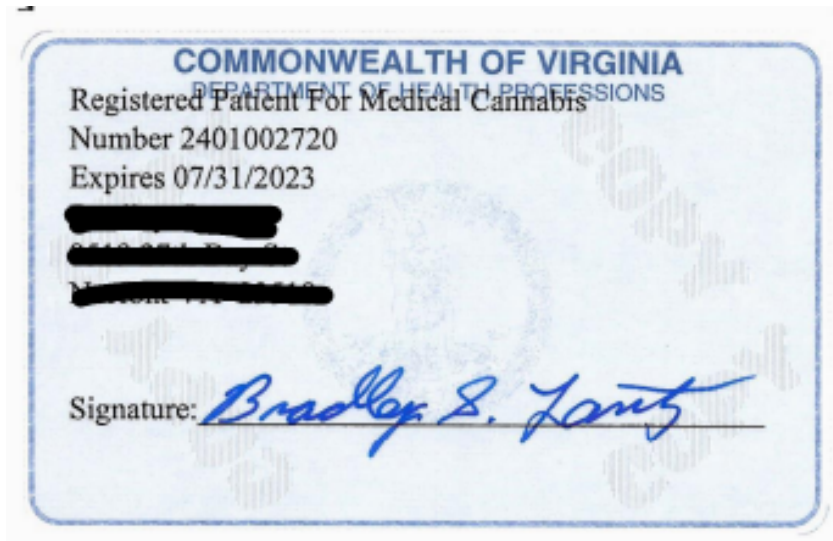
_____ for treatment or to alleviate the symptoms of such minor's or such vulnerable adult's diagnosed condition or disease determined by the practitioner to benefit from such use.

Having determined that it is consistent with the standard of care, authorization to dispense botanical cannabis to a minor is hereby given.

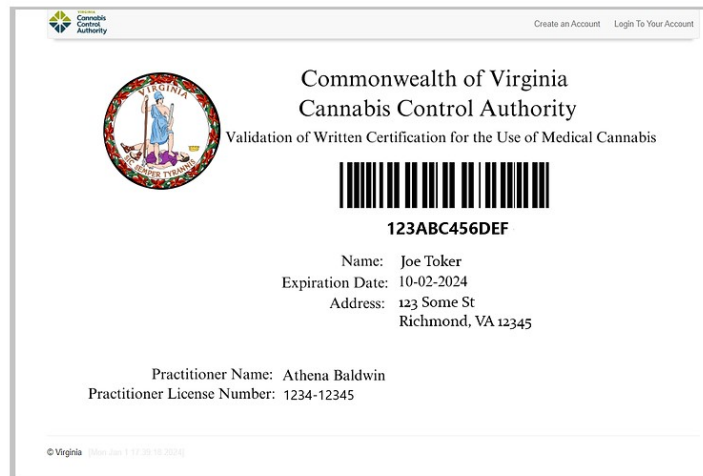
This certification shall expire one year from the date of this certification.

_____, a date which is earlier than one year from the date of this certification.

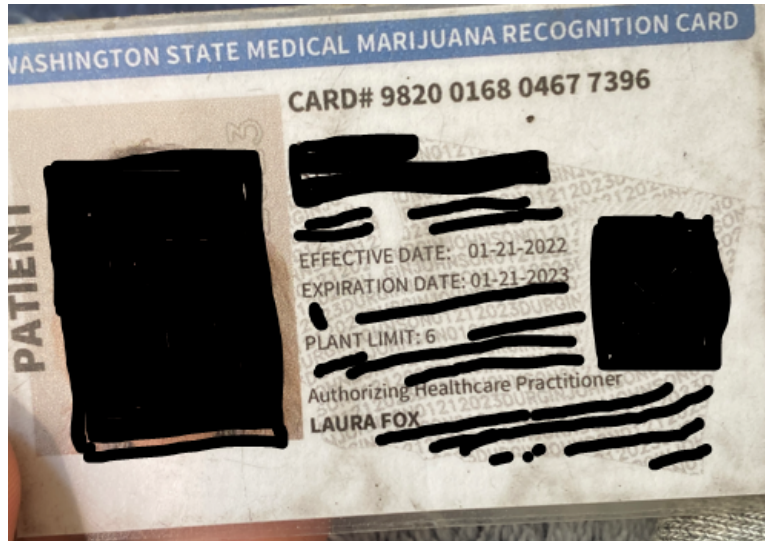
VIRGINIA Address of patient: _____
falls church _____ 22043 _____
CITY VIRGINIA STATE ZIP CODE DRIVER'S LICENSE OR STATE ID NUMBER
Kent Natapraya PA-C *Kent Natapraya*



Registration is a voluntary process for patients and not necessary to obtain medical cannabis. Registration is **only** required for parents/legal guardians and registered agents of a patient if the practitioner did not include their name on the written certification. Up to two parents/legal guardians and one registered agent can be on a written certification.



Verify: <https://doh.wa.gov/you-and-your-family/cannabis/medical-cannabis>



Washington State Medical Marijuana Authorization

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

I. Patient and Designated Provider Information

Issue Type (check one): Initial Renewal

1. Patient's Full Name: [Redacted] Date of Birth: [Redacted]
Home or Designated C: [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]

2. Street address (No P.O. Box): [Redacted] City: [Redacted] State: [Redacted] Zip: [Redacted]

3. Does the patient have a designated provider (DP)? (check one below):
 Yes, patient's name is below, unless they are a minor (under age 18) No, continue to Section II

4. DP or Patient's Legal Guardian's Name: N/A Date of Birth: [Redacted]

5. Street address (No P.O. Box): N/A City: N/A State: WA Zip: [Redacted]

6. I am an adult patient (18 and older) and agree the person named above will serve as my designated provider.
Patient Signature: [Redacted] Date: [Redacted] (RCW 69.51A.010(4))

II. Healthcare Practitioner Information

7. Healthcare Practitioner's Name (as it appears on license): [Redacted] WA License Number (Example: M2000011110): 470001390

8. Office/Clinic Address (No P.O. Box) (City, State, Zip, Phone): 4720 250th ST SW #105, LYNNWOOD, WA, 98026, (800) 895-5042

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

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

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

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical marijuana authorization database per RCW 69.51A.030 (check one):
 Yes, is eligible (Patient's DP may renew database registration on the their behalf) No, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants (check one below):
 Yes, I recommend _____ number of plants (enter 6-18) No recommendations

12. This authorization was issued on 01/21/22 (today's date) and needs to be renewed before 03/31/23 (expiration date). *Adult patient authorizations may be valid for up to one year from issue date, up to six months for minor patients.

13. Practitioner's Signature: [Redacted] Date signed: 1/21/22

D0H 603-123 November 2019

Verify: <https://dchealth.dc.gov/service/medical-cannabis-program>

Approved

Your application for a medical cannabis patient registration is **APPROVED**. Registrations are valid for two (2) years.

Effective immediately, you may purchase up to 8-ounces of medical cannabis within a 30-day rolling period from any combination of DC-registered dispensaries. A list of currently operational dispensaries is available at abra.dc.gov/page/dispensaries.

A physical registration card will be mailed to your attention at the address included in your application. Please allow 14-days for your card to arrive.

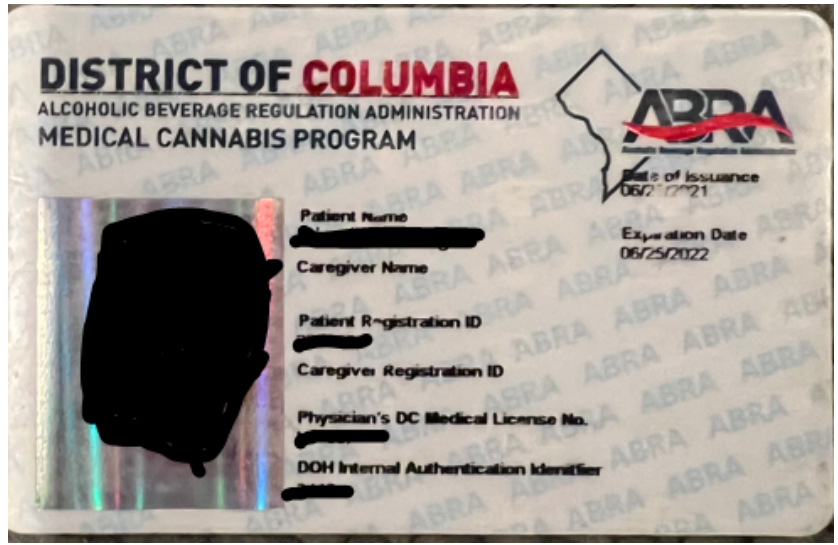
Additional guidance will be detailed in the letter accompanying your physical registration card, including renewal instructions. Please read the letter in its entirety.

To protect patient privacy, you must contact ABRA directly regarding any registration matters. Facilities may not act on your behalf even with your express permission nor can ABRA divulge information to any facility representative.

If you have any questions, you may email medicalcannabis@dc.gov or call (202) 442-4423. Phone and email inquiries are responded to Monday-Friday from 8:30 a.m.-4:00 p.m.


Medical Cannabis Program Team

Registration ID: 9007308
Expiration Date: 10-18-2024



Verify: <https://omc.wv.gov/Pages/default.aspx>

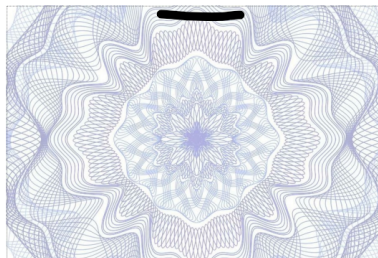
Medical Cannabis Patient



[Patient Name]
[DOB]
Issued: [Date of Issuance]
Expires: [Date of Expiration]

Patient ID:[Patient Identification Number]
[Barcode/QR]

Physician Prescribed Requirements or Limitations: (if any)
Quantity:
Form:
Duration:



Wisconsin

NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

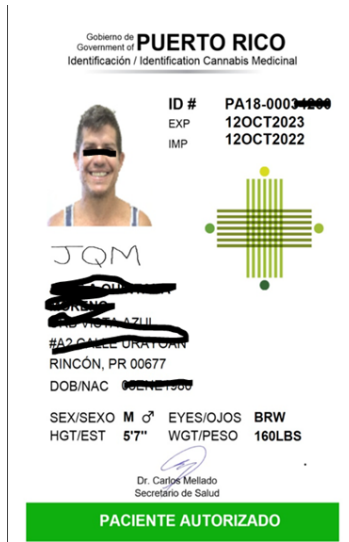
Wyoming

NO MEDICAL PROGRAM

No medical cannabis program. Do not accept cards from this state.

U.S. Territories

Puerto Rico	ACTIVE PROGRAM
Verify: https://www.salud.pr.gov/CMS/364	



Northern Mariana Islands	ACTIVE PROGRAM
Verify: https://www.cnmicc.com/	

US Virgin Islands	ACTIVE PROGRAM
Verify: https://ocr.vi.gov/	

Guam	ACTIVE PROGRAM
Verify: https://dphss.guam.gov/dph/ Additional: https://dphss.guam.gov/wp-content/uploads/2019/01/Form-11-Marijuana-Handout.pdf	

American Samoa	NO MEDICAL PROGRAM
<i>No medical cannabis program. Do not accept cards from this state.</i>	

Disclaimer and Legal Notice

This document is published by the **Kentucky Cannabis Industry Alliance (KCIA)** for informational and reference purposes only. It is intended to assist Kentucky dispensary staff in verifying out-of-state medical cannabis cards and associated documentation in accordance with guidance provided by the Kentucky Office of Medical Cannabis (OMC).

No Warranty. KCIA makes no representations or warranties, express or implied, regarding the accuracy, completeness, reliability, or currency of the information contained in this guide. State medical cannabis programs, card designs, verification procedures, and regulations are subject to change at any time without notice.

Not Legal Advice. This guide does not constitute legal advice. Dispensary operators and staff are solely responsible for ensuring compliance with all applicable federal, state, and local laws and regulations, including but not limited to KRS Chapter 218B, 915 KAR Chapter 1, and any subsequent amendments or regulatory updates.

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Current Information. For the most current regulations and guidance regarding visiting qualified patients and out-of-state card verification, consult the Kentucky Office of Medical Cannabis directly at kymedcan.ky.gov or contact the KCIA at info@kycanna.org.



Kentucky Cannabis Industry Alliance
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