

Application Instructions

Wyoming Hemp Extract Registry

6101 Yellowstone Road, Suite 510, Cheyenne, WY 82002

Phone: (307) 777-3744

Application Instructions (Initial or Renewal)

To apply for a Hemp Extract Registration Card, you must complete the application packet as described below. You must be over the age of 18 and suffer from intractable epilepsy or be a parent or legal guardian of a patient who is under the age of 18 and suffers from intractable epilepsy. You must be a Wyoming resident. If you make a mistake, please complete a new form. **Do not write over, white-out or cross-out information. This will void the form.**

A complete application packet includes:

1. An application form completed and signed by the applicant or parent/legal guardian.
2. A written certification statement signed by your neurologist or the minor/child's neurologist.
3. A patient evaluation record that must be submitted to the Department by the neurologist within five (5) business days of signing the certification.
4. If you are the legal guardian of the applicant, a copy of the documents authorizing the guardianship.
5. A copy of the applicant's photographic identification showing proof of Wyoming residency. For applicants under the age of 18, please provide a photographic identification showing proof of Wyoming residency for the signing parent/legal guardian.
6. A \$150.00 non-refundable application fee.

1. Hemp Extract Registration Card Application

- a. Please complete the entire application. Write or type clearly and neatly. Do not use pencil.
- b. Ensure the mailing address is complete, including apartment or lot number. Mail returned to the Registry by the Post Office is retained for 90 days then shredded.
- c. If the patient is under the age of 18, the parent or legal guardian for the patient must complete the application. The parent or legal guardian must attest that s/he is responsible for making healthcare decisions for the patient's medical care.
- d. If you are the legal guardian of the patient, provide a copy of the documents authorizing guardianship.

2. Neurologist's Written Certification Statement

- a. The written certification form is completed by a Board Certified Neurologist licensed, without restrictions, to practice in Wyoming.
- b. Your neurologist may either:
 - i. Complete the Neurologist Written Certification form included in this packet; or
 - ii. Provide you with a signed, written statement on the neurologist's letterhead stating that you or your minor child suffer from intractable epilepsy and that you or your minor child may benefit from the use of Hemp Extract.

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3. Patient Evaluation Form

- a. The neurologist who signs the certification shall provide a copy of the evaluation and observation record of the patient to the Department within five (5) business days after signing a written certification.
- b. The evaluation must include the following: qualifying patient's name and date of birth; date of clinic office visit; the neurologist's name, professional license number and expiration date; and a diagnosis of intractable epilepsy.
- c. If the record is being submitted for a renewal, the patient's response to hemp extract as to the effect on seizure control and adverse effects attributable must be included.

4. Proof of Identity and Residency

- a. You must be a Wyoming resident to obtain a Hemp Extract Registration Card. You must provide proof of your identity and residency. Please see page 3 for acceptable Proof of Identity and Wyoming residency requirements. Damaged, expired, or tampered IDs are not valid.
- b. The name on your application must match the name on your ID. If you have had a change of name, provide a copy of the certified documents proving name change (such as marriage license, divorce decree, or legal name change documents).
- c. **Please do not include the original identification document.** Send a clear, readable and complete copy. To ensure your ID is readable, please enlarge it on a copier at 150% to 200% of normal size and lighten the background slightly.

5. Processing—Completed applications will be accepted **in-person** at the Wyoming Department of Health, Public Health Division:

Wyoming Department Health, Public Health Division
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

You may also **mail** your completed application to the Office using the address listed below:

Wyoming Department of Health, Public Health Division
Hemp Extract Registry
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002

Applications shall be processed within 21 business day of receipt. The Hemp Extract Registration Card is mailed to the address indicated on the application unless other arrangements are completed. A Hemp Extract Registration Card will **not** be mailed to an out-of-state address.

6. **Do NOT include** any additional documents or paperwork to support your application unless requested by the Registry. Any non-required paperwork is shredded.
7. **Application Fee**—\$150.00 **non-refundable** application fee may be paid by money order or cashier check (personal checks will not be accepted) made payable to the Wyoming Department of Health. Please include the applicant's name on the money order or cashier check.

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8. Acceptable Proofs of Identity and Residency

PROOF OF IDENTITY AND WYOMING RESIDENCY

Please do not send original documents. Send a clear, readable copy

One (1) of the following:

- Wyoming Driver's License
- Wyoming ID
- Temporary Wyoming Driver's License
- Temporary Wyoming ID

- a. All documents must be currently valid when received at the Registry.
- b. Damaged, **expired**, or tampered IDs are not valid.
- c. The address on the ID does not have to match the mailing address on the application.
- d. All IDs must be verifiable and have specific issue and expiration dates.
- e. ID must show the patient's date of birth.

Certification documents must include the patient's Wyoming address, be issued by a Wyoming state agency and be dated within the last year.

9. Application Denial and Revocation – An application can be denied for the following reasons:

- a. Contains false information, including but not limited to a false name, address, written certification, date of birth, or photo identification.
- b. Fails to provide an evaluation record or any of the information/forms required.

Or revoked for the following reasons:

Upon findings that a registrant or neurologist submitted false information.

Denied applications shall be returned to the registrant accompanied by an explanation of the reason for its return. A card that has been revoked must be returned to the Hemp Registry immediately upon notification that the card has been revoked.

10. Changes

- a. Registrant must notify the Wyoming Department of Health, Hemp Extract Registry within ten business days by submitting a change of information form to the department when there has been a change in the qualifying patient's name, address, or neurologist.
- b. A registrant shall report to the Wyoming Department of Health, Hemp Registry upon discovery that the registrant's hemp extract registration card is lost, stolen, or damaged. The registrant may request a replacement card with a \$25.00 replacement fee.
 - i. Replacement cards or updates to application information shall receive the same expiration date as the hemp extract card being replaced or updated.
- c. A written certification statement signed by your neurologist or the minor/child's neurologist.

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11. Renewal

- a. Hemp extract registration cards are valid for one year and can be renewed annually.
- b. A Registrant shall submit at least thirty (30) days prior to the expiration date: a renewal application; a new written certification; an evaluation record that includes the patient's response to hemp extract as to the effect on seizure control and adverse effects attributable; and a \$150.00 **non-refundable** application fee.

12. For additional assistance or questions, please contact the Wyoming Hemp Extract Registry at 307-777-3744, or at 6101 Yellowstone Road, Suite 510, Cheyenne, WY 82002.