



SOUTH DAKOTA MEDICAL CANNABIS PROGRAM

600 EAST CAPITOL AVENUE
PIERRE, SD 57501-2536

Step-by-Step Guide for Patients

Before you start: Patients can NOT start the medical cannabis application process until their practitioner has created a patient certification via the portal. Once the practitioner creates a patient certification, the system will automatically create a patient account. The patient must activate the account at medcannabisapplication.sd.gov.

1. Once the practitioner completes the certification, the patient will receive an automated email from noreply@sd.airlift.app. **NOTE: the notification may go into your junk email folder, so be sure to check all folders if you do not receive an email in your inbox.**
2. Use your browser to access <https://medcannabisapplication.sd.gov> to start the patient application process.



Patient Account Created

Your Healthcare Provider has certified you for Medical Cannabis and a new Registry account has been created.

The application can be found at <https://medcannabisapplication.sd.gov/>

Please login to your new account for the South Dakota Medical Cannabis Registry using the following credentials:

Email Address: MCProgram@state.sd.us
Password: 409!ergiy8n!A2k6w7s9gh8x

You will need to change your password on first login.

Please direct any questions you have to MCQuestions@state.sd.us

Thank you,

South Dakota Medical Cannabis Program Team

3. Login using your email address and the temporary password provided. Once you successfully log in, the system will ask you to create a permanent password.

4. After your password is reset, you can continue the application process. Fill out all the fields with asterisks (*). Upload the required documentation. **NOTE: Please read the upload instructions carefully, if you do not upload the correct documents, your patient application will be delayed.** Hit “Next Step”.
- ID REQUIRED: A valid SD Driver’s license, passport, tribal identification card, or SD Student ID Card can be uploaded to the Identification Copy section.
 - PASSPORT PHOTO REQUIRED: A valid, high-quality photo of the patient is required to create the patient’s registration ID card. The patient photo must meet the following requirements:
 - A high-resolution color photo that is not blurry, grainy, pixelated, or digitally altered.
 - Uses a clear image of the individual’s face without filters.
 - Uses a plain white or off-white background.

Low-Income

- a) **NOTE: If you would like to apply as low-income, please select ‘Yes’ under the Low-Income heading. If you do not, choose ‘No’ and continue on.**
- b) If you are a low-income patient, another document upload section will appear, and you must submit one of the following documents to prove your status as a low-income patient:
- i. **If employed:** attach wage stubs or earning statements for the past 30 days.
 - ii. **If self-employed:** attach the most recent federal income tax return and self-employment ledgers.
 - iii. **If unemployed:** attach the most recent financial statement from checking accounts, savings accounts, certificates of deposit, credit union accounts, retirement accounts, stocks, bonds, and dividends.
 - iv. **If receiving benefits:** attach letter indicating benefit(s) amount.
(This includes Social Security, Supplemental Security Income, workers’ compensation, unemployment benefits, Bureau of Indian Affairs general assistance, child support, rental income, veterans’ benefits, pensions, and interest income for the previous 12 months.)

Applicant Information

Information

* First Name Middle Name * Last Name

Please fill out this field.

Please fill out this field.

* Date of Birth Telephone Number (555) 555-5555 Email

Address

* Address 1

Please fill out this field.

Address 2/PO Box

* City * State * Zipcode

Please fill out this field.

Please fill out this field.

Mailing address is different

Demographic Information

* Gender * Age

Male Female Other

* Race

White

Low Income Applicant

Low-income means having a gross monthly household income that is 130 percent or less of the federal poverty level as defined in the below table:

Household Size	130%
1	\$17,667
2	\$23,803
3	\$29,939
4	\$36,075
5	\$42,211
6	\$48,347
7	\$54,483
8	\$60,619
8 or more	\$66,136

Do you qualify as Low Income?

Yes No

Identification Copy

Attach a photocopy of a valid form of personal identification of the applicant (e.g., drivers license, passport, tribal identification card, SD student identification card)

Drop an image of your valid identification card here or click to browse.

Name

Upload a photo of your government-issued identification here.

Photograph

Upload a photo that clearly shows your face without any filters with a plain or off-white background. Refer to these examples of valid photos:



Drop an image of your photo here or click to browse.

Name

Upload a photo of your headshot here.

⇒ Next Step

- 5. Practitioner Information: The practitioner’s information will be automatically populated on this page. Hit “Next Step”.
- 6. Custodial or Legal Parent Attestation
This page will not appear if the patient is an adult.
IF A PATIENT IS MINOR: Custodial or Legal Parent Attestation will be required. A parent or custodial parent must attest to the page contents by filling out the fields with asterisks (*).

Custodial or Legal Parent Attestation

If the qualifying patient is under 18 years of age, the custodial parent or legal parent with responsibility for health care decisions for the qualifying patient must attest to the following:

1. I certify that the practitioner listed on this application explained the potential risks and benefits of the medical use of cannabis
2. I consent to allow the qualifying patient’s medical use of cannabis
3. I consent to serve as the qualifying patient’s designated caregiver
4. I consent to control the acquisition of the cannabis, the dosage, and the frequency of the medical use of cannabis by the qualifying patient

Information

* First Name Middle Name * Last Name

* Relationship to Patient

⇒ Attest and Proceed to Next Step

7. Designated Caregiver Information: If the practitioner certification requires a caregiver, fill out the fields with asterisks (*). **NOTE: if the patient decides later that they want a caregiver, they will be able to add them on the homepage, but it is a \$20 fee for adding a caregiver outside of the renewal cycle.**

Designated Caregiver Information

Any patient who is not legally capable of medical decisions must name at least one caregiver. All patients under 18 years of age must name their parents or legal guardians as designated caregivers. A patient 18 years of age or older may designate one caregiver, unless the physician's written certification specifies a greater number.

The following section is only applicable to qualifying patients who require designated caregivers. If inapplicable, please move to the next step.







Caregiver applications cannot use the same email as the patient application.

The screenshot shows a web form for adding a caregiver. At the top left is a green button with a plus sign and the text '+ Add Caregiver'. Below this is the title 'Caregiver 1 - New Caregiver' and a red close button with an 'x' icon. The form contains several input fields: a single-line field for '* Email', three single-line fields for '* First Name', 'Middle Name', and '* Last Name', two single-line fields for 'Address 1' and 'Address 2', and three single-line fields for 'City', 'State', and 'Zipcode'. At the bottom left is a blue button with a checkmark and the text 'Next Step'.

8. Cultivation Information: To cultivate cannabis at home, indicate who will be cultivating (patient, caregiver, or both) and provide the following pieces of evidence: a floor plan/diagram of the home indicating where you plan to cultivate, a photo of the lock on the door of the room/area you plan to cultivate in, and a photo of the room/area you plan to cultivate in. **NOTE: an additional \$20 fee will be added to your payment for home cultivation registration.**

NOTE: Patients are able to add home cultivation outside of their renewal cycle by logging into their portal and choosing "Add Cultivation" under the Home Cultivation tab.

If you are not planning to cultivate, select "Neither patient nor designated caregiver will cultivate cannabis". Hit "Next Step".

-  Caregivers
-  Applications
-  Certifications
-  Home Cultivation
-  Information Release
-  Account Settings

Home Cultivation

Your Cultivation Information

Type	Names of Cultivators
Neither patient nor designated caregiver will cultivate cannabis	

[Add Cultivation](#)

Manage Facility Photo and Diagram

Name

Upload New Photo and Diagram

Please upload the following:

- A photograph of the enclosed, locked facility in which the cannabis will be cultivated.
- A diagram of the enclosed, locked facility in which the cannabis will be cultivated.

Drop your files here or click to browse.

Name

Cultivation Information

Please indicate whether the patient or designated caregiver will cultivate cannabis. A \$20 dollar fee will be added if home cultivation is selected.

- Neither patient nor designated caregiver will cultivate cannabis
- Adult patient will cultivate cannabis
- One designated caregiver will cultivate cannabis.
- Adult patient and designated caregiver in same household will cultivate cannabis in a single enclosed, locked facility.
- Two parents or legal guardians will cultivate cannabis in a single enclosed, locked facility.

Please select the names of the caregiver(s) who will cultivate cannabis:

- Caregiver Test

Please upload the following:

- A photograph of the enclosed, locked facility in which the cannabis will be cultivated.
- A diagram of the enclosed, locked facility in which the cannabis will be cultivated.

Drop your files here or click to browse.

Name

[Next Step](#)

9. Dispensary Designation: ****Only applies to Non-Resident Applications.** All non-resident cardholders must designate at least one, and up to two, dispensaries that they wish to go to. Non-resident cardholders are only able to purchase products from the dispensaries designated on their medical cannabis card.

Dispensaries

[+ Add Dispensary](#)

Dispensary 1 ✕

* Dispensary Name	* Dispensary Phone Number (555) 555-5555	
Address 1		
Address 2		
City	State	Zipcode

10. Applicant Certification: Read the certification and hit “Certify and Continue”.

Applicant Certification

As a condition of patient registration, I understand that I as the qualifying patient or parent or legal guardian responsible for making health care decisions and applying on behalf of the qualifying patient must:

- Certify that all information provided in this application and the required attachments is true and correct
- Acknowledge that designated caregivers must be registered by the department
- Provide any updates to this registration to the department within ten days of the change

[✓ Certify and Continue](#)

11. Application Fee: Review the application fees for your account and hit the PayPal button to complete the payment. **NOTE: a convenience fee of 3.49% will be applicable for payments through PayPal, in addition to a 0.49 cent transaction fee which will be added to your payment.** Application fee types and amounts are shown below.

- A nonrefundable fee of \$75 for an initial and renewal card, or
- A nonrefundable fee of \$20 for low-income applicants, and
- A nonrefundable fee of \$20 for a home cultivation 2-part registration card (required if cultivation is elected), and
- A nonrefundable fee of \$20 for any designated caregiver registry identification card, except for the designation of a designated caregiver at the time of the initial or renewal application.

Application Fee

Fee Breakdown

Application Fee	\$75.00
	Total: \$75.00

Payment

[Pay by Credit or Debit Card](#)

12. Once the patient application is complete, the patient’s caregiver(s), if applicable, will receive an automatic email with a temporary password to create a caregiver account and application.

NOTE: the patient application must be completed before the caregiver can begin the application process. All caregivers must complete a state-only background check through the SD Division of Criminal Investigation before their application can be approved and every two years thereafter.

Dashboard: Once the patient application has been submitted, patients can access the following information on their dashboard:

- Status of your application
- Caregiver application status, if applicable
- Copy of your physician’s certification
- Copy of your patient application

My Information

Name
PATIENT TEST

Email
MCProgram@state.sd.us

Last Application Status
Pending

Phone
(605) 773-2702

Report my Card Lost or Stolen

Address

Address 1	Address 2/PO Box	City	State	Zip
600 E. Capitol Avenue		Pierre	SD	57501

Caregivers

Applications

Application Date	Status	Update	Message	Download
10/21/2024	New			
11/18/2024	Pending			

Certifications

Home Cultivation

Information Release

Account Settings