

Office Use Only

Approved By: _____

Date Of Approval: _____



State of Rhode Island and Providence Plantations
Department of Health – Medical Marijuana Program
Office of Health Professionals Regulation
Room 104
3 Capitol Hill, Providence, RI 02908-5097
(401) 222-3752
www.health.ri.gov/hsr/mmp

ADD COMPASSION CENTER(S) AS A CAREGIVER FORM

Patient Name (First, M.I., Last)

Medical Marijuana Registration Number

Date of Birth- MM/DD/YYYY - -

***THIS FORM IS ONLY TO BE USED TO ADD A COMPASSION CENTER AS A CAREGIVER, NOT TO ADD A NATURAL PERSON AS A CAREGIVER**

1.	Compassion Center Name:	<input type="text"/>
2.	Compassion Center Name:	<input type="text"/>

Available Centers:

License Number - MCC00001
THOMAS C SLATER COMPASSION CENTER INC
1 CORLISS STREET
PROVIDENCE, RI 02904
(401) 274-1000

License Number - MCC00002
GREENLEAF COMPASSION CENTER
1637 WEST MAIN ROAD
PORTSMOUTH, RI 02871
(401) 293-5987

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge.

If I am incapable of completing or signing my name on this form, I have authorized my proxy to complete the form; attest to; and sign this statement.

Patient's Signature: _____ Date of Signature _____

Proxy's Signature (if applicable): _____ Date of Signature _____
(Or Parent if Patient is a Minor)



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****WE NO LONGER ACCEPT APPLICATIONS OR
ANY FORMS IN PERSON
YOU MUST MAIL IN ALL FORMS****

Information for Adding Compassion Center(s) As Caregiver(s)

- Submit a **non-refundable** Application Fee (**Check or Money Order, Payable to RI General Treasurer**) Twenty-five dollars (\$25.00).
- If you already have two (2) registered caregivers, you must drop one in order to add a compassion center as a caregiver. Complete a Change of Information Form to drop a caregiver and submit the change of information fee of twenty-five dollars (\$25.00).

Definition of Primary Caregiver: Caregiver means either a natural person who is at least twenty-one (21) years old or a compassion center.