



## Medical Cannabis Program Forms & Information

### MEDICAL CANNABIS PROGRAM

#### Attention Medical Providers:

If your patient is applying to the program, fill out the "Medical Provider Certification for Patient Eligibility" form and attest that the patient has a debility resulting from the medical condition where the patient is likely to benefit from the use of medical cannabis.

Under current state law, the only qualifying conditions for the medical cannabis program are:

- Cancer
- Glaucoma
- Multiple Sclerosis
- Epilepsy
- Spinal Cord Damage with Intractable Spasticity
- HIV/AIDS

Also, any patient in hospice care could qualify.

If your patient does not have a qualifying condition and you feel they would benefit from the medical use of cannabis, your patient can petition the Medical Advisory Board to add their condition to the current list. Please contact the Medical Cannabis Program Coordinator at (505) 827-2321 or [melissa.milam@state.nm.us](mailto:melissa.milam@state.nm.us) for more information.

#### Attention Patients:

Below are links to application forms for the program. The following forms are required, along with a copy of your NM driver license or state ID card.

- Participant Application
- Medical Provider Certification
- Release of Information


Send the forms to:  
Department of Health  
1190 St. Francis Drive  
Suite S1203

Santa Fe, NM 87502

If you have questions, please contact the Medical Cannabis Program Coordinator at (505) 827-2321 or [melissa.milam@state.nm.us](mailto:melissa.milam@state.nm.us).

 [Frequently Asked Questions for the Medical Cannabis Program](#)  
 [en Español](#)


 [Medical Cannabis Program Brochure](#)  
 [en Español](#)

 [Medical Cannabis Program Participant Application](#)  
 [en Español](#)



 [Medical Cannabis Parental Consent form](#)  
 [en Español](#)

 [Medical Provider Certification](#)

 [Primary Caregiver Application](#)  
 [en Español](#)

 [Consent to Release Information to Primary Caregiver](#)  
Spanish version coming soon

 [Qualified Participant Application Checklist](#)  
 [en Español](#)

 [Release of Information](#)  
 [en Español](#)