



Mississippi Medical Cannabis Program Industry Portal User Guide

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Overview

NIC Licensing Solutions (NLS) is the official web portal for the Mississippi Medical Cannabis Program. Industry stakeholders can utilize NLS to manage the application process for:

- New businesses (Cultivator Facilities, Disposal Entities, Processing Facilities, Research Facilities, Testing Facilities, Transportation Entities)
- New dispensary applications
- Practitioner registration and patient certifications
- Patient applications
- Caregiver applications
- Agent/Employee applications

Register

New users must first register by navigating to the Registration page: <u>https://ms-doh-public.nls.egov.com/</u>

WARNING: Please be sure that the	information provided during registr you CANNOT modify this inf	ation is 100% accurate. This data will be used in your application, and prmation after you register.
Legal First Name *		Legal Last Name *
Email *		Confirm Email *
	te to get started with? *	
Phone Number * What type of application would you lik Password *	te to get started with? *	Re-enter Password *
What type of application would you lik	۲	

Once the registration information is submitted, confirm your email address by clicking the link sent to your inbox. You will <u>not</u> be able to log in until you verify your email address. *(if you do not see the email link, please check all your inboxes (i.e., spam, junkmail, or quarantine).*

Log In

Once your new account email has been verified, you can log in:

San Danameter Talan		 Sign In Register
	Sign In	
	Username (email) * Username	
	Password * Password	
	Accept Terms and Conditions.	
	Fm not a robot	
	SIGN IN	

If you forget your password, click the Forgot Password button, provide your email address, and follow the instructions.

Managing Multiple Accounts

In order to keep your applications organized, separate accounts are required to submit applications for a specific individual or business. For example, if you want to apply for your patient license and a business license, you will be required to maintain those applications in two separate accounts: one for you and one for the business.

Adding multiple accounts is applicable in *very rare circumstances*, such as an adult patient who also helps to maintain the account of a minor patient or an attorney/consultant who manages the licensing for multiple businesses. Do **NOT** create a new business account for a separate location unless that location is operated by a different business.

To add a new account, expand the Account tab and select Add Individual or Add Business:

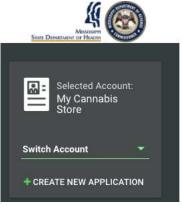
Account	-	Status	Application ID	Title	License Type	License Number	Expiry Date 🔨	Acti	ior
ATE NEW APPLICA	Create New Account	- Individual					*		11
SE DASHBOARD CATIONS INT THIGS INDIVIDUAL BUSINESS		your application. Th	he account you are currently working	In is displayed in the lef	cted Account: nplia, LLC EW APPLICATION			2 of 2 ·	
FROL PANEL	Adding multiple accounts is	applicable in <u>very rare circ</u>		for a separate location u	in the account of a minor patient or an attorney/consultant wi inless that location is operated by a different business.	io manages Compila for multiple b	isinesses, Do NU1 create		

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Next, click Continue to Account Creation:

nt 💌		Status	Application ID	Title	ы	cense Type	License Number	Expiry Date 🔨	
VAPPLICATION	Create	e New Account - Individu	al					×	
HBOARD S	Legal	First Name *			à	Legal Last Name *			1 - 2 of 2
	SSN					Confirm SSN *			
UAL	ē	Date of Birth * Date of Birth This field is required.		~		Confirm Date of Birth * Confirm Date of Birth This field is required.		¥	
SS	Phon	e Number *				Email *			
NEL		-	-	-			CANCEL	CREATE ACCOUNT	

The box in the upper left corner of the screen allows you to easily switch between accounts



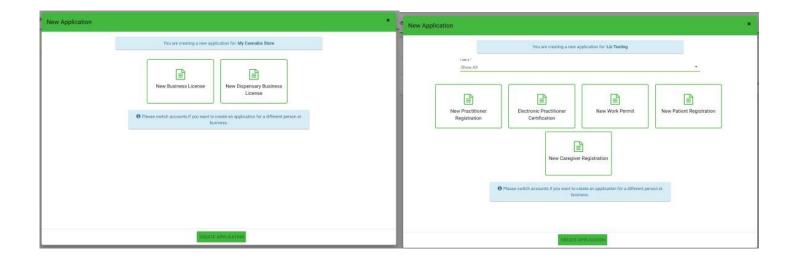
To switch between accounts, click the drop down and select the desired account.

Payment

Most applications in NLS require the payment of fees as detailed by the Mississippi Cannabis rules and regulations. Please contact the Mississippi Medical Cannabis Program if you have payment related questions.

Submit a New Application

To start a new application, click the Create New Application button in the center of the screen. If you are applying as an individual, click on the "I am a…" dropdown and select the option that best applies to you. You can also select "see all" to view all application types.



Next, choose the application type you'd like to create. Be sure to verify that you are working in the proper account by verifying the information in the blue box. Click Create Application to start the application.

New Applicati	on				New Application	
	lere"	You are creating a new ap	plantion for Liz Texting			You are creating a new application for Testing Business
L r	Show AT			e e		New Bislinets License License
	New Practitioner Registration	Electronic Practitioner Certification	New Work Permit	New Patient Registration		O Please south accounts if you want to result as application for a different press or Sectors.
		New Caregiver) Registration			
	o	Peace switch accounts if you want to on Busin	sate an application for a different p	ersen er		
0,		CREATE A	PPLICATION			CREATE APPLICATION

Once the application is created, complete all of the required information. Each application contains required data fields, question responses, and document uploads:

New Patient Registration: General Information:

Applications / New Patient Registration							<u> </u>	Fixtures 🗸
GENERAL INFORMATION CONTACT INFORMATION	CERTIFYING PRAC	TITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIO	NS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Legal First Name *	<u>ا</u>	Middle Name			Legal Last Name *			
Date of Birth * 01/01/2000	•	Social Security Number * 111-11-1111			Driver's License/State	ID Issuing State *		*
Driver's License/State ID Number *		Email * MCLicensing@msdh.ms.gov			Phone Number *			
Is the Patient 18 years or older? *								
O Yes								
O No								
Card Type								
Card Type I am applying for: *	*	Are you requesting a reduced or v	raived fee? *	*				
		SAVE	SAVE & NEXT CANCEL					

New Patient Registration: General Information, if minor patient:

Applications / New Patient Re								<u> </u>	
GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACT	TITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	DOCUMENTS	PAYMENTS	REVIEW		
Legal First Name * This is required.		ŧ	Middle Name			Legal Last Name *			
Date of Birth * 01/01/2000		Ŧ	Social Security Number * 111-11-1111			Driver's License/Stat	e ID Issuing State *		Ŧ
Driver's License/State ID Numbe	er *		Email * MCLicensing@msdh.ms.gov			Phone Number * () This field is required			
Is the Patient 18 years or older?	*								
⊖ Yes									
No									
Parent / Legal Guardian	Information								
First Name *			Middle Name			Last Name *			
Date of Birth * Date of Birth This field is required.		*	Social Security Number *			Phone Number *			
Email *									
Card Type									
Card Type I am applying for: *		•	Are you requesting a reduced or wa	aived fee? *	Ŧ				

New Patient Registration: Contact Information

Applications / New Patient Registration							🚹 🎢	Fixtures 🗸
GENERAL INFORMATION CONTACT INFORMATION	CERTIFYING PRACT	ITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIO	NS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Permanent Residence Address								
Street * PO Box not accepted		Unit No. / Apt No.			City *			
County *	.	State *		Ŧ	Zip Code *			
Address Verified? *		No	✓ VERIFY ADDRESS					
Mailing Address								
션] COPY FROM RESIDENCE ADDRESS								
Street *		Unit No. / Apt No.			City *			
County *	*	State *		•	Zip Code *			
Address Verified? *		No	✓ VERIFY ADDRESS					
		🖺 SAVE 🗿	SAVE & NEXT CANCEL					

New Patient Registration: Physician/Condition Information

optications / New Patient Registration							- 📤 🖉 Dataras
CONEDAL INFORMATION	CONTACT INFORMATION	сертиту выс знастипанием сонсото и энгрематион	CARECIVER INFORMATION	QUESTIONS AND ATTESTATIONS	оссуманта	21/dW/WF	REVEW
commendation							
CAREW AVAILABLE CERTIFICATIONS							
andition Information							
Dele et Patter Coardenio: *		* 0	Recommended Amount 1				
This fact are placed							
1 week Flower *		* 1 week Concentrate *		* 1 week inface	d Product -		
30 days Flower *		* 30 stays Concentrate *		≈ 30 Days infas	ed Product *		
Debilitating Medical Condition							
ertifying Provider Information							
Provider First Name		Provider Last Name		Provider Type			
Folleral Drug Enforcement Agency Number		Provider Phone		Provider Emai	0		
Table of Provider Styratore Core of Provider Signature							
Provider Office Address							
Siner		Unit No. /Apt. No.		Спу			
Sate		+ Zip Code					
Address Venified?		ID No.					
		B :	WAVE O SAVE & HEXT CAMOEL				

New Patient Registration: Caregiver Information

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Applications / New Patient Registra	lion								🖌 🗡 Fixtures 🗸
GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTI	TIONER/ CONDITION INFORMATION	CAREGIVES INFORMATION	QUESTIONS AND ATT	ESTATIONS	DOCUMENTS	PAYMENT'S	REVIEW
Do you plan to use a caregiver? *									
(iii) Yes									
() No									
Caregiver Information									
ta your caragiver an individual or an entity? "									
Individual									
Individual Information									
First Name *			Middle Name			Last Nome *			
Pitişa Madille			HILLING MAININ			Cast Hame			
101.221									
Suffix		*	Social Security Number *			Phone *			
Email *			Confirm Email *			Is your caregiver yo	our parent? *		*
								SAVE RECORD	+ ADD NEW RECORD
									- THE TELEVISION
			ELSAVE	SAVE & NEXT CANCEL					

Applications / New Patient Registr	ration							C	🎽 🎢 Fixtures 🗸
GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTITI	IONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIONS AND A	TTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Do you plan to use a caregiver? *									
Yes									
○ No									
Caregiver Information									
Is your caregiver an individual or an entity? "									
Entity									*
Entity Information									
Facility Name *			Facility Street Name *			Facility City Name *			
Facility State *		.	Facility Zip Code *			Facility Phone Num	h *		
			Facility Zip Code			Facility Filone Hum	Dei		
Facility Email *									
								✓ SAVE RECORD	+ ADD NEW RECORD
			🖺 SAVE	SAVE & NEXT CANCEL					

New Patient Registration: Questions and Attestations

Applications / New Patient Registrati	on						🍋 🎢 Fixtures 🗸
GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Do you attest that the information provi	ded in the application is true and correct?	(*)					
⊖ Yes							
() No							
I understand that the information conta	ined on my identification card may be ma	ide available through a publicly accessible verification system. *					
O Yes							
○ No							
		certifying practitioner's recommendations, *					
	or marijuana that is consistent with my o	erunying practitioner's recommendations, "					
Yes							
O No							
I attest that I will not engage in the dive	rsion of marijuana to any individual or en	tity that is not allowed to possess it pursuant to the MS Medical Cann	nabis Act. *				
⊖ Yes							
O No							
I understand that I must carry my progr	am identification card, complete with pho	oto ID, with me at all times while in the possession of marijuana for us	se under the MS Medical Cannabis Act. *				
⊖ Yes							
0 No							
Lunderstand that Lam responsible for n	otifying the MS State Department of Hea	ith within 20 days of any change in my name, address, or qualifying m	nadical condition surguent to the MS Mad	ical Cannahie Act *			
O Yes	ani jing na ma anna a spanninn ar ma						
O No							
	am to release to licensed medical cannat	bis dispensaries, via the state's automated system, my registration inf	formation, including: my program identific	ation number, the term of my certification, the rea	commended allowable amount	of medical marijuana for my u	se, and my dispensing
a series and a series of the s							
Yes							
O No							
I understand that I must notify the MS S	tate Department of Health if I wish to cha	ange my caregiver and my caregiver must first be licensed and registe	ered to particpate in the program. *				
⊖ Yes							
O No							
I understand that it is my responsibility	to notify the MS State Department of Hea	alth within 10 days of becoming aware of my program identification ca	ard being lost or out of my possession. *				
⊖ Yes							
○ No							
I understand that my program identifica certification is terminated or length of d	tion card may be suspended or revoked fo certification is decreased from the initial p	or one or more of the following: a) false information has been provided period of certification. *	d to the MS State Department of Health; b) I divert marijuana to entities or individuals; c) I u	e my card to obtain marijuana	for another individual; and d) m	ny practitioner
⊖ Yes							
O No							
I attest that the certifying practitioner e	xplained the potential risks and benefits o	of the medical use of cannabis. *					
⊖ Yes							
○ No							
I understand that as the legal guardian	for the minor patient, I must serve as the	patient's designated caregiver. *					
⊖ Yes							
() No							
I understand that it is my responsibility	to control the acquisition of the medical o	cannabis, the dosage and frequency of the use of medical cannabis by	y the qualifying minor patient. *				
○ Yes							
() No							
1977 X. 200			Signature Date *				
Signature *		0	This field is required.			•	
			ting mode to you until.				
		E) SAVE	SAVE & NEXT CANCEL				

New Patient Registration: Documents

GENERAL I	INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTITIONER/ CONDITION INFORMATION	CARESHVER INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS PM	YMENTS REVIEW
	🗞 Digital Photo	*			A UPLOAD		1.44
•	Proof of State	Residency *			Q UPLOAD		14
•	🐐 Proof of Ident	ity - Govt issued photo identification card	• G		Q UPLOAD		
0	🗞 Caregiver Aut	horization *			Q UPLOAD		
	N Parent/Legal	Guardian Consent Form *			C UPLOAD		
•	🔏 Proof of Lega	l Guardianship *			O UPLOAD		
			E) SAVE	O SAVE & NEXT CANCEL			

New Patient Registration: Payment

CONTACT INFORMATION	CERTIFYING PRACTITIONER/ CONDITION INFORMATION					
		CAREGIVER INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
	E CAVE					
		E SAVE	E SAVE & NEXT CANCEL	SAVE SAVE & NEXT CANCEL	SAVE & NEXT CANCEL	SAVE & NEXT CANCEL

Patient Registration: Review

This is the final page, which will indicate if there are required fields missing data.

The "red X" indicates where there is a missing requirement. Click on the tab to complete the missing information or document.

pplications / New Patien	t Registration		🚯 🎽 Fixtures
GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTITIONER/ CONDITION INFORMATION	ATION QUESTIONS AND ATTESTATIONS DOCUMENTS PAYMENTS REVIE
) for accuracy and completeness. If you have any items marked with a red X, your appl ING: Once your application is submitted, it cannot be modified. Please make sure your	
General Informat	ion		
🗙 Legal First Name	a:	Middle Name:	🗶 Legal Last Name:
✓ Date of Birth: 01	/01/2000	Social Security Number: 11111111	Driver's License/State ID Issuing State:
X Driver's License/	State ID Number:	Y Email: MCLicensing@msdh.ms.gov	¥ Phone Number:
Is the Patient 18	years or older?: No		
Parent / Legal Gua	rdian Information		
🗙 First Name:		Middle Name:	🗶 Last Name:
🗙 Date of Birth:		X Social Security Number:	× Phone Number:
🗙 Email:			
Card Type			
🗙 Card Type I am a	pplying for::	Are you requesting a reduced or waived fee? :	

All the license types follow the same format, where information is collected on each tab, and documents are uploaded.

New Business License:

Applications / New Busine	ess License						6 7	Fixtures 🗸
GENERAL INFORMATION	LICENSE INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT PERSON	OWNERSHIP INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW
New Dispensa	ary License:							
Applications / New Dispe	ensary Business License						<u> </u>	🖉 Fixtures 🗸
GENERAL INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT	INFORMATION	IIP INFORMATION QUI	ESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW

New Practitioner Registration:

Applications / New Practitioner Registration				🚹 🏼 🎢 Fixtures 🗸
PRACTITIONER INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	REVIEW

New Agent/Work Permit:

Applications / New Work Permit					🚹 🥓 Fixtures 🗸
GENERAL INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW

New Caregiver Registration:

Applications / New Caregiver Registration	on				🚹 🎢 Fixtures
GENERAL INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW

You are welcome to save the application and return to it at a later time if you need more time. Simply click save and log off.

As your application is nearing completion, navigate to the Review tab to verify all required items are completed. If you see any red X's, you'll need to go back to the applicable tab to complete the missing items.

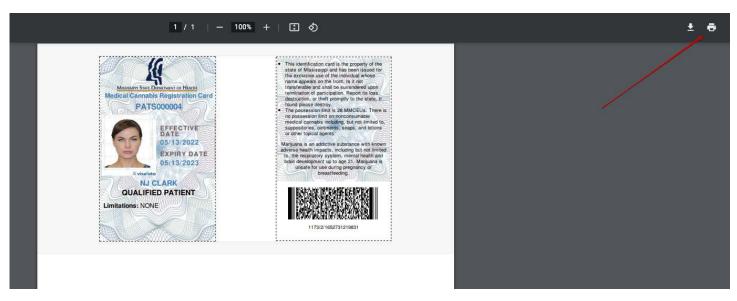
Once your application is submitted, it will be available for review by Mississippi Medical Cannabis Program personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be rejected. You will receive an email notification when this occurs. Rejected applications must be corrected and resubmitted through NLS.

Digital Cards and Business Licenses

In order to view and download and/or print your card, simply login to your License Dashboard. Go to the far right and click on the green "Print Digital Card" button.

icense	s						🛓 PRINT DIGITAL CARD	٦
	Status	Application ID	Title	License Type	License Number	Expiry Date 个	Action	IS
Appr	Approved	1173	NJ Clark	New Patient Registration	PATS000004	05/13/2023	View License	
					Page: 1	 Rows per page: 	📩 Download License	

Then download license, will create a pdf file. You just print like any other pdf file. It does not open in the screen, for privacy reasons. It will download a pdf file that you can save/print/open.



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Support

For questions regarding application requirements, acceptable documentation, the status of your application, payments, rules, regulations, policy, or other program specific questions, please contact the Mississippi Medical Cannabis Program:

You can quickly find answers to Frequently Asked Questions (FAQS) here.

If you are a dispensary and have a policy or procedural question, please contact the Mississippi Department of Revenue (MS DOR) at Email Address: abcpermitdepartment@dor.ms.gov^{SMP}Phone Number: 601-923-7690

If you are an Individual (Patient, Practitioner, Caregiver, Agent) or a business other than dispensary and have a policy or procedural question, please contact the Mississippi Department of Health(MSDH) at Email Address: MCLicensing@msdh.ms.gov^M Phone Number: 601-206-1540

For technical support and payment questions, please contact NIC Mississippi at Email Address: nlssupport-ms@egov.com^{SMP} Phone Number: 601-351-5023