

# Medical Use of Marijuana Program: Renewing Your Registration Online

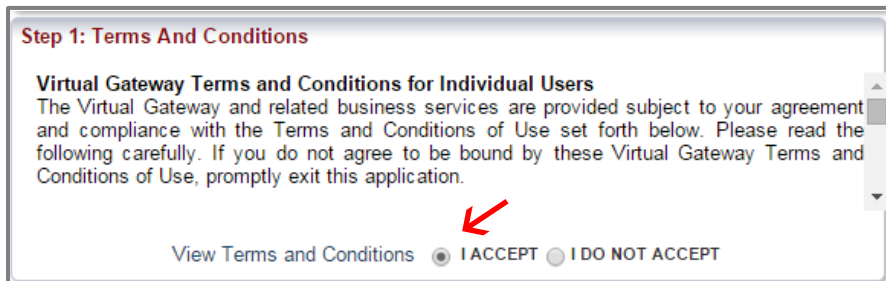
This document was issued originally by the Department of Public Health (DPH). As part of the transfer of the Medical use of Marijuana Program on or before December 31, 2018, the Commission adopted this document. We suggest that before you rely on the contents of this document, you check the applicable medical-use marijuana laws, which include G.L. c. 94I and 935 CMR 501.000, as they may provide or clarify the legal requirements related to this document. We also suggest that you periodically check for revisions to this document. Questions with regards to this document may be directed to [CannabisCommission@Mass.Gov](mailto:CannabisCommission@Mass.Gov).

It is strongly encouraged that you register online with the Medical Use of Marijuana Program (Program). Doing so will allow you to have immediate, online access to your profile and receive notices from the Program through your email. As a patient, you can gain access to your online account at any time by self-registering with the Program's Virtual Gateway portal at [https://SSO.HHS.State.MA.US/VGPortal/Faces/SelfReg.Jsp?\\_Adf.Ctrl-State=Afasaleds\\_3](https://SSO.HHS.State.MA.US/VGPortal/Faces/SelfReg.Jsp?_Adf.Ctrl-State=Afasaleds_3).

Please follow these steps:

**Step 1:** Go to the Program's online system at [https://SSO.HHS.State.MA.US/VGPortal/Faces/SelfReg.Jsp?\\_Adf.Ctrl-State=Afasaleds\\_3](https://SSO.HHS.State.MA.US/VGPortal/Faces/SelfReg.Jsp?_Adf.Ctrl-State=Afasaleds_3)

- Accept the "Terms and Conditions" by clicking "I ACCEPT"



- Enter your information in the "Personal Information" section
  - Under "Service Name" select "Medical Use of Marijuana System."
  - Type in your personal information for each section.
  - Answer the security question.
  - Click "Submit."



**Step 2: Personal Information**

Please highlight the service to which you would like access and **complete all** of the sections below. When you are finished, click the **'Submit'** button.

Service Name:  ←

First Name:

Middle Initial:  (Optional)

Last Name:

4 Digit PIN:  Please choose any four digit number that you will be able to remember. You may be asked to give this number for identification reasons in the future.

Birth Date (Month/Day):

Email Address:

Confirm Email Address:

**Security Question**

Answers that are numbers should be typed as numbers not words (for example, enter 8 rather than 'eight' or 3 rather than 'three')

What number comes before 8?

→

- You will be taken to a page explaining that you will receive an email at the email address you provided. The email will be from [VirtualGateway@State.MA.US](mailto:VirtualGateway@State.MA.US) and it will contain a link to complete your self-registration.
- After clicking the link in the email, review your information to ensure it is correct. If it is not, you may edit it by clicking the “Edit” button.

**Step 4: New User Confirmation**

Please review your information below. If this information **IS** correct, continue to Step 5. If this information **IS NOT** correct, click **"Edit"** to change the information and then continue to Step5.

First Name:

Middle Initial:

Last Name:

4 Digit PIN:

Birth Date (Month/Day):

Service Name:

←

- Create a password by following the instruction on the screen.

**Step 5: Create Password**

To log in to the Virtual Gateway, you will need to create a password. Passwords must be 8 to 16 characters long. Passwords must contain the following:

- Between 8 and 16 characters
- Atleast one uppercase character(A,B,C,...)
- Atleast one lowercase character(a,b,c,...)
- Atleast one number(1,2,3,...)

Passwords **cannot** contain:

- The words 'test','password' or 'pass'
- Your first name, your last name, or your full name
- Your Virtual Gateway Username
- Your Email Address

**Important:** Keep your information safe and secure. Do not share your Virtual Gateway password with anyone.

Password

Confirm Password

- Next select two secret questions and provide answers to them. These questions will be used to reset your account if you forget your password. Once complete click “Submit.”

**Step 6: Secret Questions**


Two secret questions must be selected and answered. These questions will be used if you forget your password or need to change it. Once you have selected and answered your questions, click the "**Submit**" button and your Virtual Gateway username will be displayed.

Secret Question 1

Answer to Secret Question 1

Secret Question 2

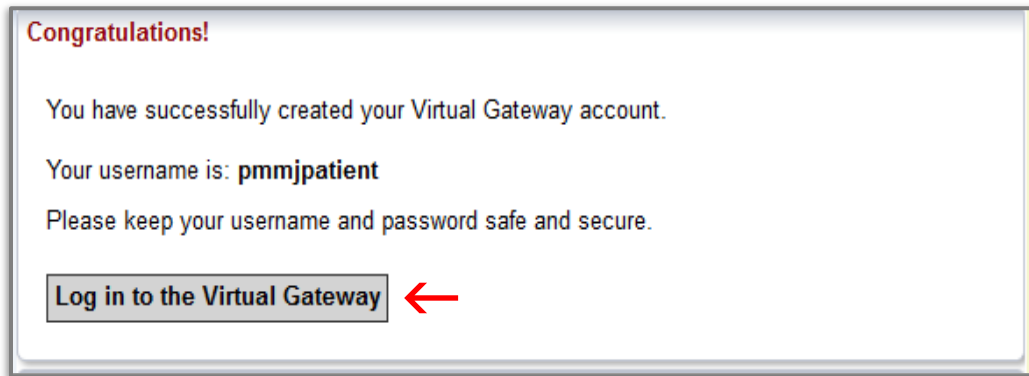
Answer to Secret Question 2



- You will then see a confirmation page with your new user name and a link to log in to the Virtual Gateway.

The Virtual Gateway log in page can also be reached at <https://SSO.HHS.State.MA.US/>.

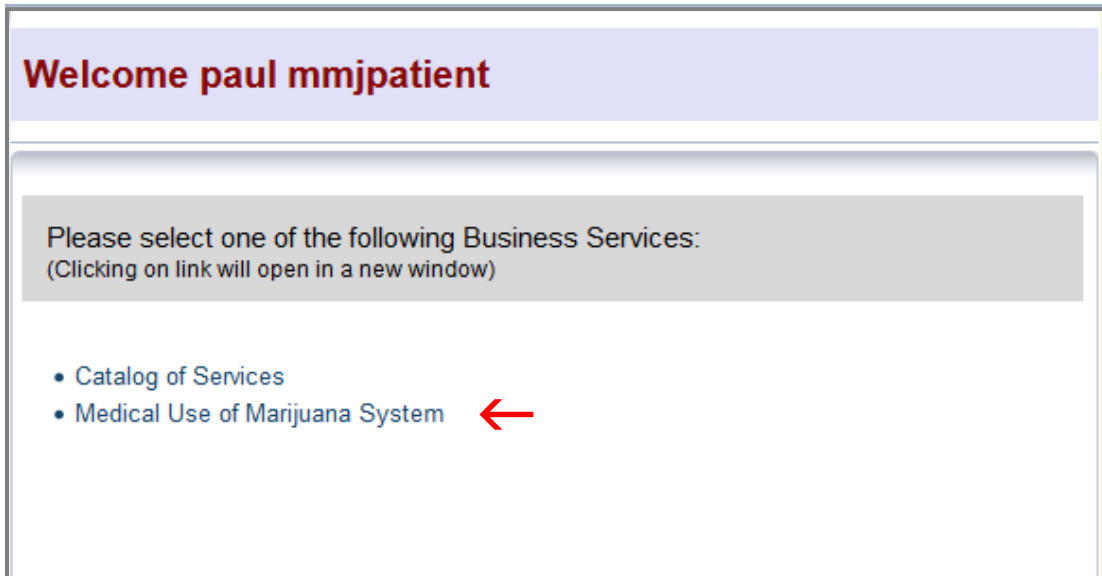
You will also receive an email from [VirtualGateway@State.MA.US](mailto:VirtualGateway@State.MA.US) with your user name and a link to the log in page.



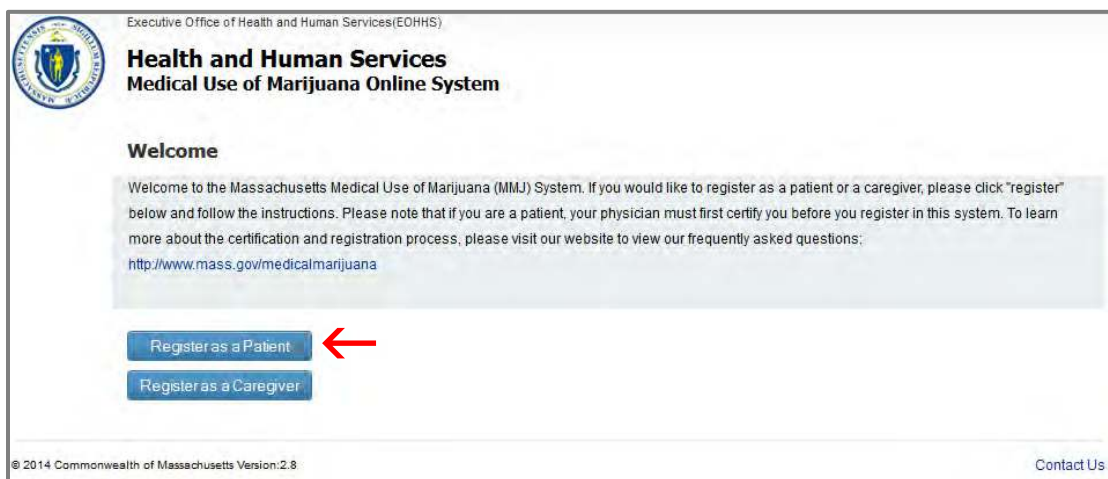
**Step 2:** Enter your user name and password, and click “Login” to enter Virtual Gateway.



**Step 3:** Click on the link for the “Medical Use of Marijuana System.”

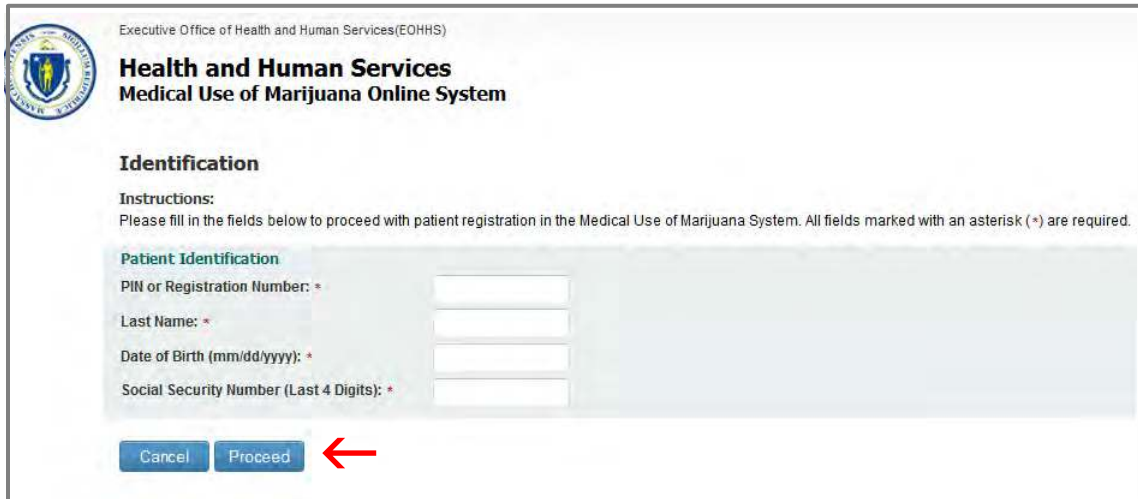


**Step 4:** Click the “Register as a Patient” button.



**Step 5:** Enter all four identification fields and click the “Proceed” button.

- Your Registration Number is located on your Program ID card.



Executive Office of Health and Human Services (EOHHS)

## Health and Human Services Medical Use of Marijuana Online System

### Identification

**Instructions:**  
Please fill in the fields below to proceed with patient registration in the Medical Use of Marijuana System. All fields marked with an asterisk (\*) are required.

**Patient Identification**

PIN or Registration Number: \*

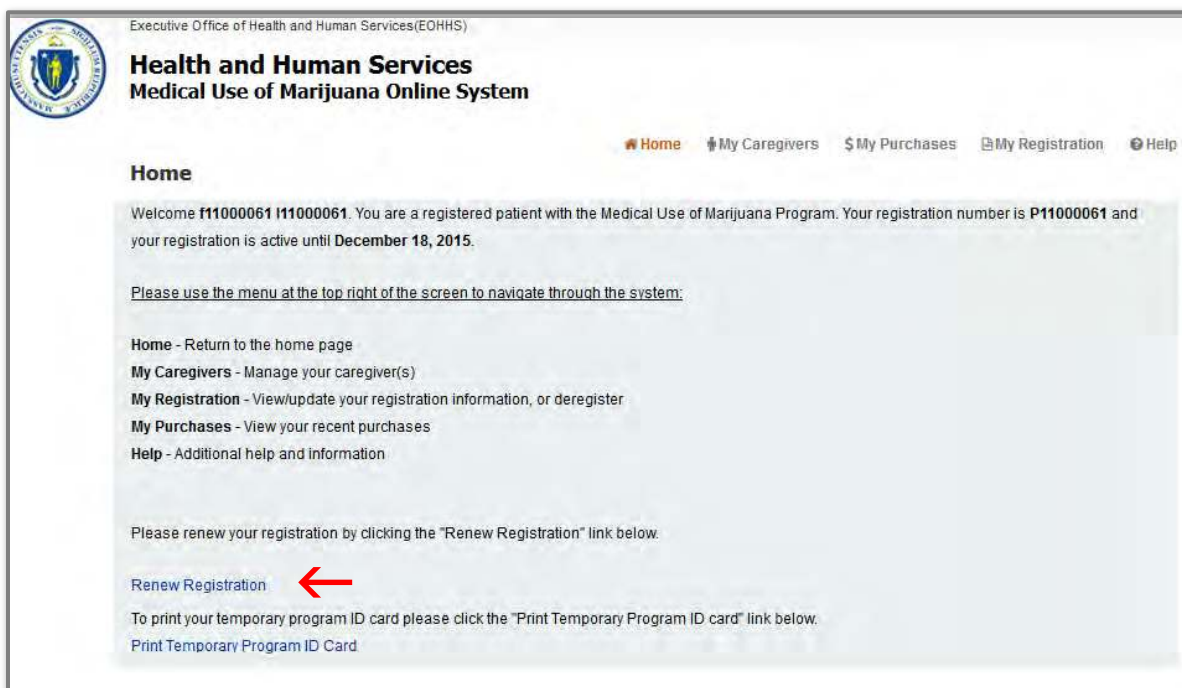
Last Name: \*

Date of Birth (mm/dd/yyyy): \*

Social Security Number (Last 4 Digits): \*

[Cancel](#) [Proceed](#) ←

**Step 6:** If you successfully enter all of the identification fields you will be taken to the home page for your patient profile. If it is within 60 days of your registration’s expiration date you will see a “Renew Registration” link near the bottom of the page. Click this link to begin the registration renewal process.



Executive Office of Health and Human Services (EOHHS)

## Health and Human Services Medical Use of Marijuana Online System

[Home](#) [My Caregivers](#) [My Purchases](#) [My Registration](#) [Help](#)

### Home

Welcome **f11000061 111000061**. You are a registered patient with the Medical Use of Marijuana Program. Your registration number is **P11000061** and your registration is active until **December 18, 2015**.

Please use the menu at the top right of the screen to navigate through the system:

- Home** - Return to the home page
- My Caregivers** - Manage your caregiver(s)
- My Registration** - View/update your registration information, or deregister
- My Purchases** - View your recent purchases
- Help** - Additional help and information

Please renew your registration by clicking the “Renew Registration” link below.

[Renew Registration](#) ←

To print your temporary program ID card please click the “Print Temporary Program ID card” link below.

[Print Temporary Program ID Card](#)

**Step 7:** Proceed through the registration renewal application following the instructions provided on the screen. The registration renewal application will be prepopulated with the information from your existing patient record.

**Step 8:** Form of Payment

- There is a \$50 fee to complete a patient registration
- Acceptable forms of payment include:
  - Credit card; or
  - Debit card;

The diagram shows a check form with the following fields and labels:

- YOUR NAME:** 1234 Main Street, Anywhere, OH 00000
- DATE:** 123
- PAY TO THE ORDER OF:** \_\_\_\_\_
- Amount:** \$ \_\_\_\_\_ DOLLARS
- ROUTING NUMBER:** 044072324
- ACCOUNT NUMBER:** 000123456789
- CHECK NUMBER:** 123

**Fee waiver:** If you have a verified financial hardship, you may be qualified for a registration fee waiver. You are considered to have a verified financial hardship if you are a current recipient of MassHealth, or Supplemental Security Income, or your income does not exceed 300% of the federal poverty level. In order to apply for a registration fee waiver, you must submit proof of verified financial hardship.

*Proof of verified financial hardship includes the following:*

- MassHealth card;
  - Supplemental Security Income (SSI) benefit verification letter;
  - State or federal tax return from this year or last year; *or*
  - SNAP Electronic Benefit Transfer (EBT) statement from the current year.
- To apply for a fee waiver check the “Apply for Registration Fee Waiver” box, and then click the “Proceed” button.

**Registration Fee Waiver**  
Apply for Registration Fee  ←  
Waiver:  
Back Proceed ←

- You will be taken to the “Fee Waiver Application” page, which will ask a series of questions. Answer the questions and upload the requested documents. Once this information is submitted, the information will be reviewed by the Program to determine your eligibility for a registration fee waiver. Please note, this request may take several weeks to process.

**Step 9:** Once you have completed your payment or submitted your proof of financial hardship, you will then be brought to the “Review and Submit Renewal” page to review and confirm your registration information.

- If you need to correct any information, you may click the associated field on the right side of the screen and edit your information, or you may click the “Back” button until you reach the correct screen and edit your information.
- After you have verified that the information is correct, click the “Proceed” button until you return to the Review and Submit Application screen.
- Once you have verified that the information is correct, click on the “Submit” button.

**Step 10:** You will then be taken to the Home screen with a message stating that you have submitted an application. Your application will then be reviewed by the Program.