COLORADO
Medical Marijuana Registry
Department of Public Health & Environment

PU

Provider Information Update

This form must be submitted with a copy of your Colorado driver's license or photo ID.

STAFF ONLY

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Evaluated

Physicians and caregivers may submit this form to update contact information in the Registry's database. Changes to provider information are reflected in patient records, but replacement cards are not issued.

This form must be submitted with a copy of your Colorado driver's license or photo ID.

Submit paperwork by mail or deliver to the Registry's drop-box:

Mail: Application Processing, CDPHE, HSV-8608, 4300 Cherry Creek Dr S, Denver, CO 80246-1530
Deliver to drop-box: 710 S Ash St, southeast entrance, Monday-Friday, 7:00 a.m. to 6:00 p.m. The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. If you wish to have a receipt, please mail in your paperwork by certified mail.

Processing time:

Please allow 3-5 weeks from the date the Registry receives your paperwork for standard processing.

This information update is for a:	
☐ Caregiver	☐ Physician (Physician license # _____)

Provider Information				
1. Last Name		2. First Name		
3. Middle Initial		4. Date of Birth		
5a. New Mailing Address				5b. Apt/Ste #
6. City		State CO	7. Zip Code	8. County
9. Telephone	10. Email			

I hereby certify that the above information is correct and complete.	
11a. Provider's Signature:	11b. Signature Date