

APPLICATION TO REQUEST THAT AN ADDITIONAL MEDICAL CONDITION QUALIFY FOR MEDICAL CANNABIS USAGE IN WEST VIRGINIA

Pursuant to W. Va. Code R. §64-109-2.55, the following serious medical conditions qualify for medical cannabis usage in West Virginia: cancer; positive status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome; amyotrophic lateral sclerosis; Parkinson’s disease; multiple sclerosis; damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; epilepsy; neuropathies; Huntington’s disease; Crohn’s disease; post-traumatic stress disorder; intractable seizures; sickle cell anemia; severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain; and terminally ill.

To request that an additional medical condition qualify for medical cannabis usage in West Virginia, please complete this application in its entirety and submit to:

West Virginia Office of Medical Cannabis
350 Capitol Street, Room 523
Charleston, West Virginia 25301
medcanwv@wv.gov

The Board may request additional information after initial evaluation of this submission.

Contact Information

Full Name: _____
First Middle Last Suffix

Mailing Address: _____

City State Zip

Phone: _____ Email: _____

Additional Medical Condition

Provide the name and a brief description of the additional medical condition that you request qualify for medical cannabis usage in West Virginia.

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Does this medical condition qualify for medical cannabis usage in any other state? Yes No
 Unsure

If this medical condition qualifies for medical cannabis usage in any other state(s), please list the state(s) where it has been approved: _____

Physician Information

Are you a licensed physician? Yes No

If you are a licensed physician, please provide your West Virginia medical license number and your primary specialty.

License Number: _____ Specialty: _____

If you are not a licensed, you must provide the contact information of a licensed physician who supports your request that an additional medical condition qualify for medical cannabis usage in West Virginia. The Office of Medical Cannabis will contact the licensed physician identified below to confirm that they support your request. If the physician does not support your request for that an additional medical condition to qualify for medical cannabis usage in West Virginia, your request will be denied.

Name of Supporting Physician: _____
First Middle Last Suffix

Mailing Address: _____

City State Zip

Phone: _____ Email (if known): _____

Supporting Medical Evidence

If applicable, provide medical evidence (clinical, medical, or scientific data) which demonstrates that the additional medical condition that you are requesting qualify for medical cannabis usage in West Virginia is effective for therapeutic or palliative care. Additional information may be submitted on a separate sheet of paper and should follow the format identified below.

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IN WEST VIRGINIA**

Citation: _____

University/Publisher: _____

Summary: _____

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Summary: _____

Certification

By signing this application, I hereby certify that the information provided is true and correct to the best of my knowledge.

Signature: _____

Date: _____