

Medical cannabis caregiver electronic verification system (EVS) guide

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What is a medical cannabis caregiver?

A medical cannabis caregiver is someone who can buy medical cannabis at a medical cannabis pharmacy for for patients who can't go themselves.

How do I become a medical cannabis caregiver?

A medical cannabis patient must request you as a caregiver in their Electronic Verification System account (EVS). The EVS is an online database that holds all of the medical cannabis cards, recommendations, and purchase data for patients and medical providers.

You'll get an email from the EVS after the patient requests you as their caregiver. Then you'll create your own EVS account and register as a medical cannabis caregiver. You do not need to create a new EVS account if you already have one.

What do I need when I register as a caregiver in the electronic verification system (EVS)?

- A UtahID account
- Full name
- The last 4 digits of your social security number
- Date of birth
- Email address
- Address
- Government issued photo identification like a driver's license or passport

What is a UtahID?

UtahID is a state-wide account that you'll use to verify your identity before you log into the EVS. If you have a UtahID for other programs, use the same one when you register as a medical cannabis caregiver. You don't need to make a new UtahID just for medical cannabis.

How do I sign up for a UtahID?

Follow these steps to sign up for a UtahID **if you don't already have one.**

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



2. Follow the steps at <u>https://dts.utah.gov/idhelp/account-creation/</u>to create your account.

How do I create an account in the electronic verification system (EVS)?

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You will be taken to a screen with a "Complete your registration" header.
- 3. Select "Caregiver" under the "Register as" heading.
- 4. Enter all the required details. Required information is marked with a red star. Make sure you enter this information correctly, because you won't be able to change it later.
- 5. Click the "Submit" button.
- 6. You'll be redirected to the EVS home screen where you can see your account information.

fo	omplete Your Registration to the Electronic Verification System Before A r the Medical Cannabis Program
• F	Register as) Patient QMP QMP Proxy PMP Caregiver
• P	First Name
	CMC
•1	.ast Name
	Patient
Su	ffix
•1	ast 4 Digits of SSN
• [Date of Birth
• 6	Email Address
	cmcsftesting+nt@gmail.com

What do I do when a patient requests me as a caregiver?

You'll get an email from the EVS when a patient requests you as their caregiver.

Follow these steps to complete the caregiver request in the EVS:

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver requests" button under the "My profile actions" heading.



If you don't see a request in the EVS, make sure the patient entered your birthday and email correctly. You can reach out to <u>medicalcannabis@utah.gov</u> if your information was entered wrong.

5. Click the "Start application" button under the "Action" heading.

Patient Id PAT-24- 0000000017	First Name DHHS Admin	Last Name Patient	Email cmcsftesting+ptda@gmail.com	Date Of Birth 1985-04-12	Action Start Application	
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6. You can click the "Save" link on the left side of the page to save the application and finish it later. You can cancel the application completely by clicking the "Cancel" link on the left side of the page.



7. Go to the "Relationship" drop down menu and choose the option that fits you and the patient. Then click the "Next" button.



8. Enter your personal information. Required information is marked with a red star. Make sure your name in the application matches what is on your identification. Click the "Next" button on the right side of the screen.

'First Name	*Las	Name
Carrie	Gh	ver .
uffix		magness ser
	▼ 29	70
Date of Birth	*Add	ress
02-09-1970		
.pt/Suite#	City	
State	*Zip	Code 0
Utah	Ψ	
Email Address	Phon	e Number
Caregiver Proof of Identity		
ID Type	*ID1	lumber
	· • • • • • • • • • • • • • • • • • • •	
ID Issue Date	"ID E	xpiration Date

9. Read the acknowledgement statement and click the "Caregiver acknowledgement" box. Then click the the "Submit" button.

	O Regis
1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a medical cannabis caregiver cardholder who fails to	O Care
maintain compliance with the requirements of the Utan Medical Cannabis Act.	 Ackr
 In connection with my application, I am consenting to a criminal background check. I understand that the DHHS has and will periodically review the updated records obtained through the criminal background check system. 	e Conf
3.1 understand that my personal information including name, DOB, SSN and fingerprints will be used for the purpose of conducting a criminal history records search	
through any applicable state and federal databases. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and issent fingerprint inquiries. The DHHS will establish procedures to ensure removal of my fingerprints from applicable state and fideral databases when I am o longer under their puriow.	
4.1 understand that I may request any results of this inquiry and understand that UCA 53-10-108 does not allow the DHHS to provide a copy of those results to me.	
Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by the DOH as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Board	
(SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). I have read this Privacy Statement and understand my rights according to this statement.	
5. I acknowledge that I have received and read the FBI Privacy Act Statement.	
6.1 will notify the DHHS in the event that I am convicted of a misdemeanor or felony drug distribution offense. I understand that the DHHS may revoke my medical	
cannabls caregiver card if I am convicted of a misdemeanor or felony drug distribution offense under either state or federal law.	
7. Lacknowledge that I have necelved and read the Cannabis Information Document provided by the DHHS.	
8. Fadditionally certify that Thave been given actual Notice, and understand that notwithstanding the Utah Medical Cannabis Act (Act):	
Cannabis is a prohibited Schedule I controlled substance under federal law;	
 Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act; and 	
 Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration. 	
9. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.	
10. I understand that it is the continuing responsibility of applicants and registrants to read, understand, and apply the requirements contained in all statutes and rules pertaining to the registration for which I am applying, and that failure to do so may result in civil, administrative, or oriminal sanctions.	
11. I certify the above information to be true and complete and no one other than me is submitting this request. I authorize the DHHS to contact me using the telephone number and email address I provided. I understand incomplete applications will not be accepted. Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my medical cannabis caregiver card and other administrative, civil or oriminal penalties.	
* Caregiver Acknowledgement	
I Privacy Statement	

- 10. You will be redirected to a confirmation screen once you've submitted your application.
- 11. You will need to pay a registration fee and complete a background check before you get your caregiver card and buy medical cannabis for your patient.

Confirmation

Your caregiver application CAR-24-000000334 was successfully submitted. Please click on View Application to make payment.

View Application

How do I pay for my medical cannabis caregiver card?

1. Go to evs.utah.gov and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on the application you're paying for under "Caregiver ID". You may see more than 1 application if you're a caregiver to more than 1 person.



6. The applications that need to be paid for will have an "Awaiting payment" status.

My Caregiver Applications			
Active			
O Inactive			
Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Awaiting Payment	

7. Click the "Add payment" button.



8. You will be redirected to a payment screen. Pay your registration fee with a credit or debit card. Your application status in the EVS will change to "Awaiting state review."

utah GOVPAY			
-501			
Credit Card Payme	nt		
Item	Quantity	Item Amount	Total
CAR-24-000000042	1	\$68.25	\$68.2
Total Amount:			\$68.2
Credit Card Information			
Card Number:*		VSA 📷 😂 👓	
CVV Number:*			
Expiration Date:*	01 - January	2024	

How do I complete a background check?

You'll get an email from us with instructions to complete a fingerprint background check after you pay for your medical cannabis caregiver card.

Note: You must complete a fingerprint background check within 60 days of getting this email if you're a caregiver for a patient with a terminal illness. Your card will be active as soon as you pay for your card.

Follow these steps to complete a fingerprint background check:

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "Fingerprinting Authorization Document" link under the "Background check forms" heading.

CMC Patient	
Your current roles are:	My Profile Actions: My caregiver applications
Patient	My caregiver requests
Caregiver	
Add Registration Type:	Background Check Forms
Update	Fingerprint Locations

5. Print the "Live scan fingerprinting authorization form" and complete all sections.

	his farmend a	e Scan F	ingerprin	ting	Authorizatio	n Form	Conc. 10
o be fingerprinted	nis form and a curre	ent, valid go	Applicar	ed pho	mation	e. anvers license,	state ID, military ID
First Name						Eye Color	
Middle Name						Hair Color	
Last Name						Height	
Address						Weight	
City		State		Zip		Gender	
County						Race	
Place of Birth						Date of Birth	
U.S. Citizen						SSN	
The above informa	tion has been review	wed by me a	and is true and	l correc	at.		
Applicant Signatur	e					Date	
			Billing	Inform	nation		
	Billing Code	Reaso	n Fingerprinte	d	Agency	W	N/FBI
	B-2632	,	NCPA/VCA		DHHS	N	IFUF
Agency Authorizat	ion						
			Fingerpr	int Ver	ndor Use		

6. Take the completed authorization form and a valid government-issued ID to a LiveScan vendor. <u>Find a LiveScan location near you</u>. Call them before you go to check if you need to schedule an appointment.

You must pay for your fingerprint background check. DHHS doesn't pay or reimburse for them.



7. You'll get an email from us when your background check has cleared and your card is active in the EVS. You can print or save your card to your smartphone or tablet.

How do I renew my medical cannabis caregiver card?

Renewing your caregiver card is very similar to applying for your first caregiver card. You will use your same UtahID and EVS account. You do not need to get another background check for a caregiver card renewal. You can renew your caregiver card if the patient that you are a caregiver to has an active card.

You'll get an email about renewing your caregiver card 30 days and 7 days before it expires. You can renew your card before it expires, but you won't get a new card until the day after your current one expires.

Follow these steps to renew your card:

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on the application you need to renew under "Caregiver ID". You may see more than 1 application if you're a caregiver for more than 1 person.

	My Caregiver Applications			
	Active Inactive			
	Caregiver Id	Patient Name	Status	Expiration Date
2	CAR-24-000000042	DHHS Admin Patient	Active Pending Renewal	2025-06-13

6. Click the "Resubmit my application" button on the left hand side.

4



7. Check your contact information and make sure it's correct. Update any new information. Click the "Next" button on the right side of the screen.

Caregiver Information

* First Name	* Last Name	
Carrie	Giver	
Suffix	Last 4 Digits of SSN	
•	2970	
" Date of Birth	* Address	
01-01-1985	123 Main Street	
Apt/Suite#	• City	
	Salt Lake City	
*State	*Zip Code 🕚	
Utah 👻	84111	
* Email Address	Phone Number	
cmcsftesting+pt@gmail.com		
Caregiver Proof of Identity		
*ID Type	*ID Number	
US Passport 💌	123564	
*ID Issue Date	*ID Expiration Date	
05-14-2024	06-14-2027	
Cancel Save	Previous Next	K

8. Read the acknowledgement statement and click the "Caregiver acknowledgement" box. Then click the the "Submit" button.

Acknowledgement	
	 Registratio
1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a medical cannabis caregiver cardholder who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.	Caregiver1
 In connection with my application, I am consenting to a criminal background check. I understand that the DHHS has and will periodically review the updated records obtained through the criminal background check instem. 	Acknowle
3. Understand that my personal information including name, DOB, SNI and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and fideral databases. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submittations to the state, engloal or fideral databases and isent fingerprint inquiries. The DHHS will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview.	
4.1 understand that I may request any results of this inquiry and understand that UCA 33-10-108 does not allow the DHHS to provide a copy of those results to me. Before a determination is made, Lunderstand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the results for Bund processives established by the DH at wells a constanting the UtaB buses of Criminal Jesuary of Chinal Jesuary I the Institute Heating that the Institute of Chinal Jesuary of Chinal Jesuary of Chinal Jesuary I the Institute of the Institute Heating Hubble Chinal Jesuary of Chinal Jesuary of Chinal Jesuary I the Institute I the Institute of Chinal Jesuary of Chinal Jesuary I the Institute I the Institute of Chinal Jesuary of Chinal Jesuary I the Institute I the Institute of Chinal Jesuary of Chinal Jesuary I the Institute I the Instit	
(SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). I have read this Privacy Statement and understand my rights according to this statement.	
5. Lacknowledge that I have received and read the FBI Privacy Act Statement.	
6.1 will notify the DHHS in the event that I am convicted of a misdemeanor or felony drug distribution offense. I understand that the DHHS may revoke my medical	
cannabis caregiver card if I am convicted of a misdemeanor or felony drug distribution offense under either state or federal law.	
7.1 acknowledge that I have received and read the Cannabis Information Document provided by the DHHS.	
8.1 additionally certify that I have been given actual Notice, and understand that notwithstanding the Utah Medical Cannabia Act (Act):	
 Cannabis is a prohibited Schedule I controlled substance under federal law; 	
 Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act and Any striking and strateging and an advecting strateging and advecting and extend require its strateging and advecting and experiments 	
 Any accordy net sampleme by the Accord of a measure or scale or receive receive result in an except result, or intercent, or intercented. 	
9. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.	
10. I understand that it is the continuing responsibility of applicants and registrants to read, understand, and apply the requirements contained in all statutes and rules pertaining to the registration for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.	
11.1 certify the above information to be true and complete and no one other than me is submitting this request. I authorize the DHHS to contact me using the telephone number and email address I provided. I understand incomplete applications will not be accepted. Submission of faise, misleading or inaccurste information in connection with this application is grounds for revocation of my medical cannable caregiver card and other administrative, civil or climinal penalties.	
Caregiver Acknowledgement	
FBI Privacy Statement	
Cancel Seven	

9. You'll be redirected to a confirmation screen once you've submitted your application. Click the "View application" button.

Your caregiver application was successfully submitted. Please click on View Application to make payment.	
Cancel View Application	

10. Click "Add payment" under the "My application actions" heading to pay the \$24 renewal fee.



11. You'll be redirected to a payment screen. Pay the renewal fee with a credit or debit card. You will get an email from us the day after your current card expires with instructions on how to print or download your card.

How do I manage my caregiver card in the Electronic Verification System (EVS)?

You can see a copy of your caregiver card and update your personal information in your EVS account.

How do I see a copy of my caregiver card?

Your caregiver card is saved in your electronic verification system (EVS) account. You'll have a separate caregiver card for each person that you are a caregiver to. You can download your cards to a smartphone or tablet, or you can print a hard copy of it. We don't mail or email you a copy of your card.

Follow these instructions to see your medical cannabis card in the EVS:

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on the application under the "Caregiver ID" heading for the card you want to see. You may see more than 1 application if you're a caregiver to more than 1 person.

My Caregiver Applications					
Active					
Caractive	Datient Name	Status	Evolution Data		
Caregiveritu	Pauline	Status	Expiration Date		
CAR-24-0000000042	DHHS Admin Patient	Active	2025-06-13		

6. Click the "Caregiver medical card" button on the left hand side. Your card will open as a PDF in a new window.



7. Print or save your card to your smartphone or tablet. You must show your card every time you go to a medical cannabis pharmacy.

How do I change my personal information?

You can change your name, your identification type, and your address in the electronic verification system (EVS).

How do I change my name in the electronic verification system (EVS)?

Note: It can take up to 2 business days to process name changes.

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on your application under "Caregiver ID". You can click on any application if you have more than 1. Your name will be changed for all of your caregiver cards.

My Caregiver Applications			
Active			
O Inactive			
Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Active	2025-06-13

6. Click on the "Name change request" button on the left side of the screen.



- 7. Enter your changed name as it appears on your legal documents.
- 8. Click on the "Upload files" button and upload a scanned file of your identification, passport, or a legal document that shows your name change.
- 9. Click the "Submit" button on the right hand side.

• New First Name	• New Last Name
Upload a file with evidence of name change	
* 🔥 Upload Files	

10. You will receive an email from us within 2 business days to confirm your name change. We will email or call you if we have additional questions about the name change request.

How do I update my address in the electronic verification system (EVS)?

You need to manually change your address on every caregiver application you have. Complete these steps for each patient that you're a caregiver to.

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on an application under "Caregiver ID".



- 6. Scroll down to the "Caregiver information" section under the "Details" tab.
- 7. Click on the pencil on the right side of the address field.

 Caregiver Information 			
First Name		Last Name	
CMC		Patient	
Suffix		Last 4 Digits of SSN	
		1234	
Date of Birth			
1/1/1985			
Address		Apt/Suite#	
123 Main Street	/		/
City		State	
Salt Lake City	/	Utah	
Zip Code		Phone Number	
84111	/		/
Email Address			
cmcsftesting+pt@gmail.com	/		

- 8. Type in your new address.
- 9. Click the "Save" button. Your address is now updated. Repeat these steps for every patient that you're a caregiver to.

Address		Apt/Suite#
123 Main Street		
	11	
City		State
Salt Lake City		Utah
Zip Code		Phone Number
84111		
Email Address		
cmcsftesting+pt@gmail.com		
Caregiver Proof of Identity		
	Cancel	Save

How do I update my identification in the electronic verification system (EVS)?

You need to manually change your identification on every caregiver application you have. Complete these steps for each patient you're a caregiver to.

1. Go to <u>evs.utah.gov</u> and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on an application under "Caregiver ID".



- 6. Scroll down to the "Caregiver proof of identity" section under the "Details" tab.
- 7. Click on the pencil on the right side of the "Caregiver proof of identity" field to update your identification type, the identification number, the date it was issued, or when it expires.

✓ Caregiver Proof of Identity			
ID Type US Passport	1	State of ID	/
ID Number 11111111	/		
ID Issue Date 10/6/2016	1	ID Expiration Date 10/14/2038	/

- 8. Type in the information you'd like to update.
- 9. Click the "Save" button. Your identification information is now updated. Repeat these steps for every patient that you're a caregiver to.

D Type		State of ID	
US Passport	-	None	*
D Number			
11111111			
D Issue Date		ID Expiration Date	
10/6/2016		10/14/2038	首

How do I cancel my caregiver card?

You can cancel your caregiver card at any time in the electronic verification system (EVS). You can't legally buy or possess medical cannabis after your card is canceled.

1. Go to evs.utah.gov and click the "Log in" button at the top right.



- 2. You'll be taken to the UtahID log in page. Log in with your UtahID.
- 3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



4. Click the "My caregiver applications" button under the "My profile actions" heading.



5. Click on the application you want to cancel under "Caregiver ID". You will have to manually cancel each application if you're a caregiver to more than 1 person.

My Caregiver Applications			
Active Inactive			
Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Active	2025-06-13

6. Click on the "Cancel application" button on the left side of the screen.



7. Check the box to confirm you'd like to cancel your caregiver card. Then click the "Next" button.



8. You'll get an email from us that confirms your card is canceled and you can't legally buy or possess medical cannabis.