

# 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 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

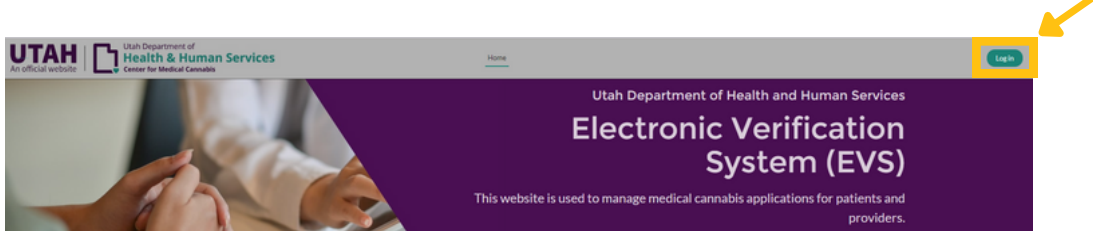
### What is a UtahID?

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.**

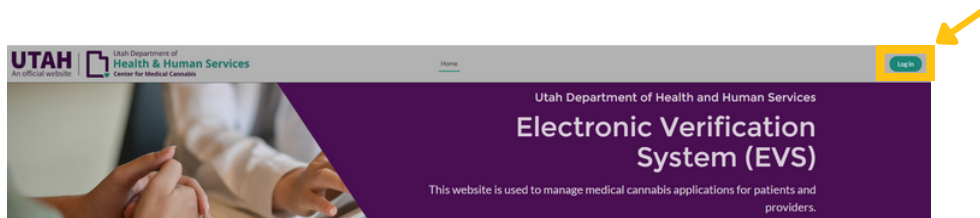
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.



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

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

1. Go to [evs.utah.gov](https://evs.utah.gov) 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.

**Complete Your Registration**

Complete Your Registration to the Electronic Verification System Before Applying for the Medical Cannabis Program

\* Register as

☐ Patient ☐ QMP ☐ QMP Proxy ☐ PMP ☒ Caregiver

\* First Name

CMC

\* Last Name

Patient

Suffix

\* Last 4 Digits of SSN

\* Date of Birth

\* Email Address

cmcsftesting+pt@gmail.com

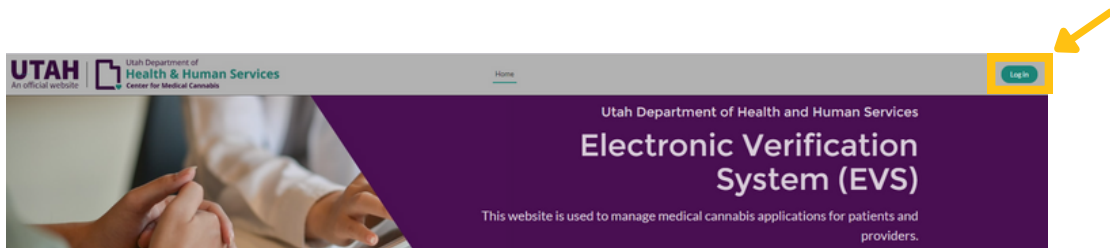
**Submit**

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

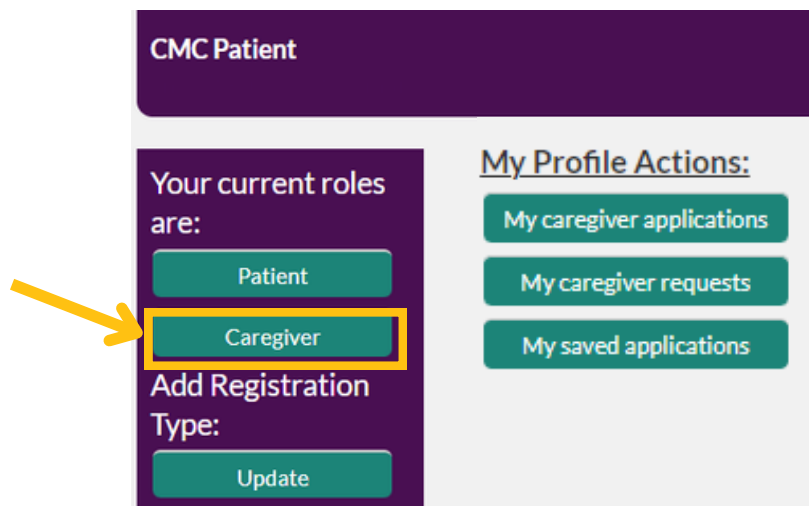
You'll get an email from the EVS when a patient requests you as their caregiver.

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

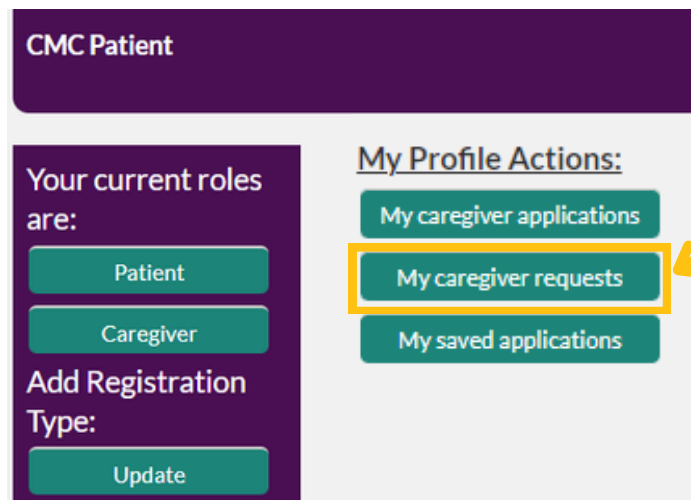
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.



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 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 [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov) if your information was entered wrong.

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

Patient Id	First Name	Last Name	Email	Date Of Birth	Action
PAT-24-0000000017	DHHS Admin	Patient	cmcsftesting+ptda@gmail.com	1985-04-12	<a href="#">Start Application</a>

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.

#### Patient Information

Patient: PAT-24-0000000017

\* Relationship:

Cancel Save

Next

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.

#### Caregiver Information

\* First Name: Carrie

\* Last Name: Giver

Suffix:

\* Date of Birth: 02-09-1970

\* Address:

Apt/Suite#:

\* City:

\* State: Utah

\* Zip Code: 2970

\* Email Address:

Phone Number:

#### Caregiver Proof of Identity

\* ID Type:

\* ID Number:

\* ID Issue Date:

\* ID Expiration Date:

Cancel Save

Previous

Next

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

The screenshot shows the 'Acknowledgement' page of a medical cannabis caregiver application. The page contains a long list of 11 numbered statements regarding the application process, privacy, and legal responsibilities. At the bottom of the list is a checkbox labeled 'Caregiver Acknowledgement'. Below the statements are links for 'FBI Privacy Statement', 'Cancel', and 'Save'. At the bottom right are 'Previous' and 'Submit' buttons. A 'Steps' sidebar on the right indicates the progress: 'Registration Information' (completed), 'Caregiver Information' (completed), 'Acknowledgement' (current step, highlighted with a blue circle), and 'Confirmation' (next step). Two yellow arrows are present: one pointing to the 'Caregiver Acknowledgement' checkbox and another pointing to the 'Submit' button.

**Acknowledgement**

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.

2. 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.

3. I 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 latent 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. I understand that I may request any results of this inquiry and understand that UCA 55-10-106 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 DCH 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. I 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. I acknowledge that I have received and read the Cannabis Information Document provided by the DHHS.

8. I additionally certify that I have 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 criminal 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 criminal penalties.

☐ Caregiver Acknowledgement

[FBI Privacy Statement](#)

[Cancel](#) [Save](#) [Previous](#) [Submit](#)

**Steps**

- Registration Information
- Caregiver Information
- Acknowledgement**
- Confirmation

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-24-0000000334 was successfully submitted. Please click on [View Application](#) to make payment.

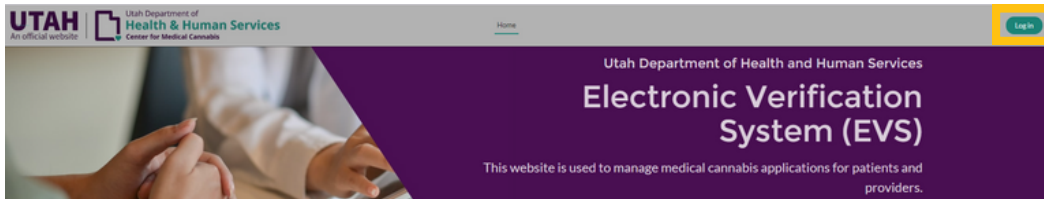
[Cancel](#)

[View Application](#)

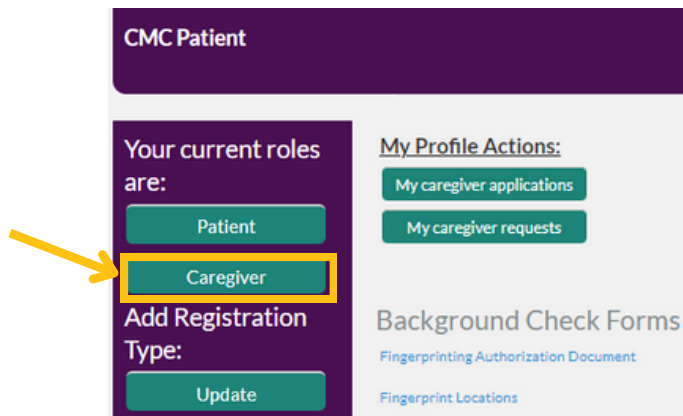


# How do I pay for my medical cannabis caregiver card?

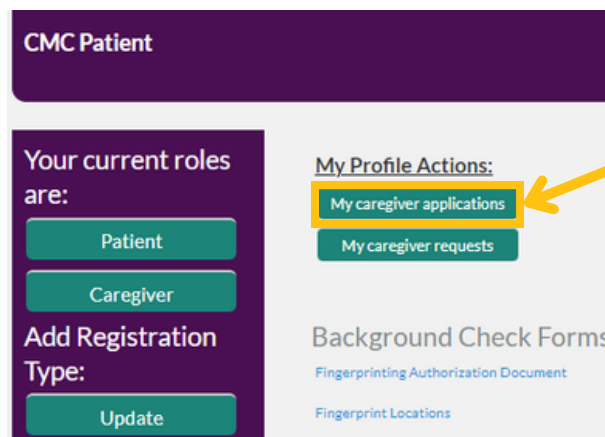
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the “Log in” button at the top right.



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.

**My Caregiver Applications**

☒ Active  
☐ Inactive

Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Awaiting Payment	

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

**My Caregiver Applications**

☒ Active  
☐ Inactive

Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Awaiting Payment	

7. Click the "Add payment" button.

**My Application Actions**

[Cancel Application](#)

[Name Change Request](#)

[Add Payment](#)

[Caregiver Medical Card](#)

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."

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utah.gov GOVPAY

### Credit Card Payment

Item	Quantity	Item Amount	Total
CAR-24-0000000042	1	\$68.25	\$68.25
Total Amount:			\$68.25

**Credit Card Information**

Card Number:\*

CVV Number:\*

Expiration Date:\* 01 - January / 2024

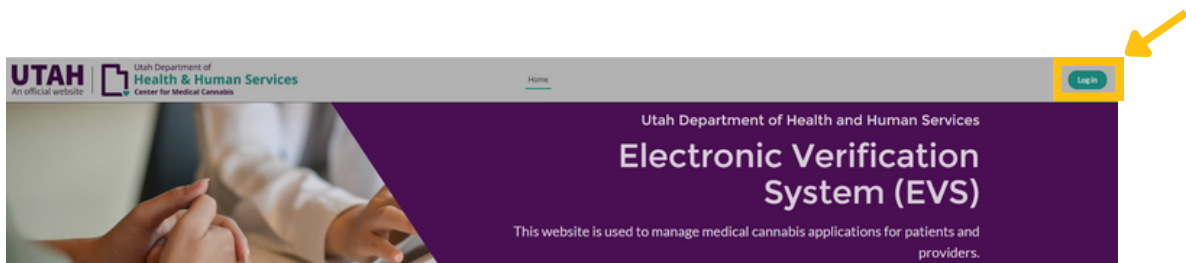
# How do I complete a background check?

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

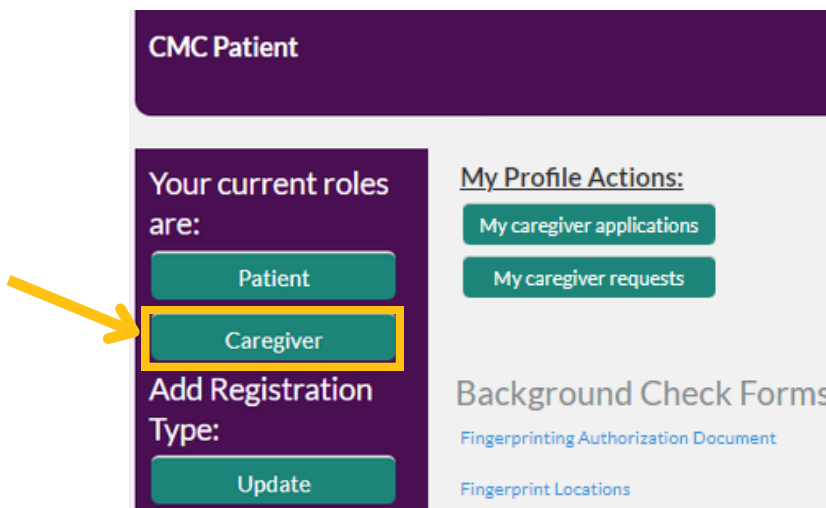
Note: You must complete a fingerprint background check within 60 days of getting this email if you're a caregiver for a patient with a terminal illness. Your card will be active as soon as you pay for your card.

Follow these steps to complete a fingerprint background check:

1. Go to [evs.utah.gov](https://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.



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

**CMC Patient**

**Your current roles are:**

- Patient
- Caregiver

**Add Registration Type:**

- Update


**My Profile Actions:**

- My caregiver applications
- My caregiver requests

**Background Check Forms**

- Fingerprinting Authorization Document**
- Fingerprint Locations

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

 **UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Medical Cannabis Guardian/Caregiver**  
**Live Scan Fingerprinting Authorization Form**

You must present this form and a current, valid government issued photo identification (i.e. driver's license, State ID, military ID, etc.) to be fingerprinted.

**Applicant Information**

First Name		Eye Color	
Middle Name		Hair Color	
Last Name		Height	
Address		Weight	
City		State	
		Zip	
County		Gender	
Place of Birth		Race	
U.S. Citizen		Date of Birth	
		SSN	

The above information has been reviewed by me and is true and correct.

Applicant Signature  Date

**Billing Information**

Billing Code	Reason Fingerprinted	Agency	WIN/FBI
B-2632	NCPA/VCA	DHHS	NFUF

Agency Authorization

**Fingerprint Vendor Use**

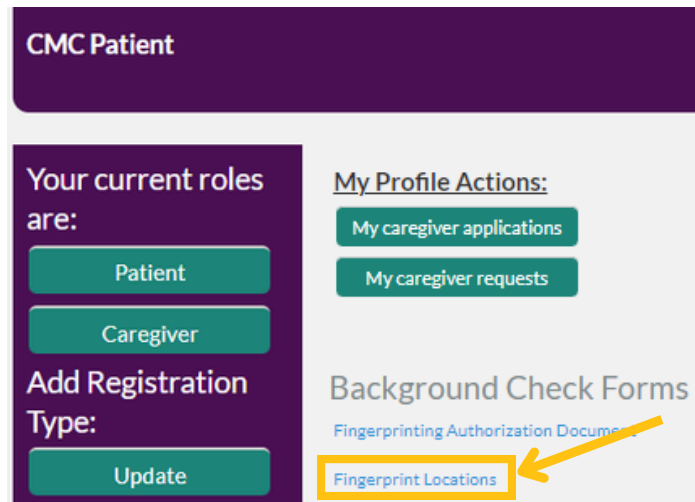
The fingerprint technician must sign, date and fill in the Applicant TCN.

Employee TCN

Technician Signature  Date

6. Take the completed authorization form and a valid government-issued ID to a LiveScan vendor. Find a LiveScan location near you. 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.

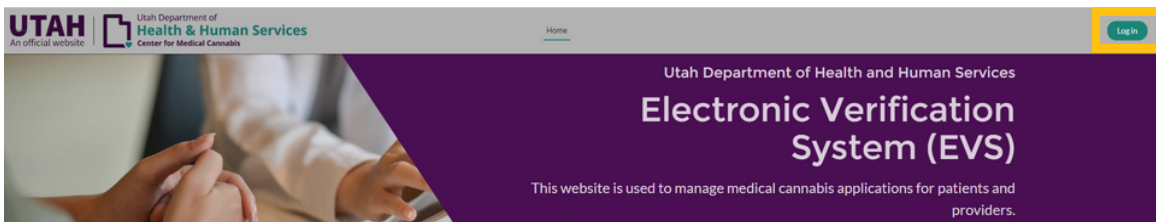
# How do I renew my medical cannabis caregiver card?

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.

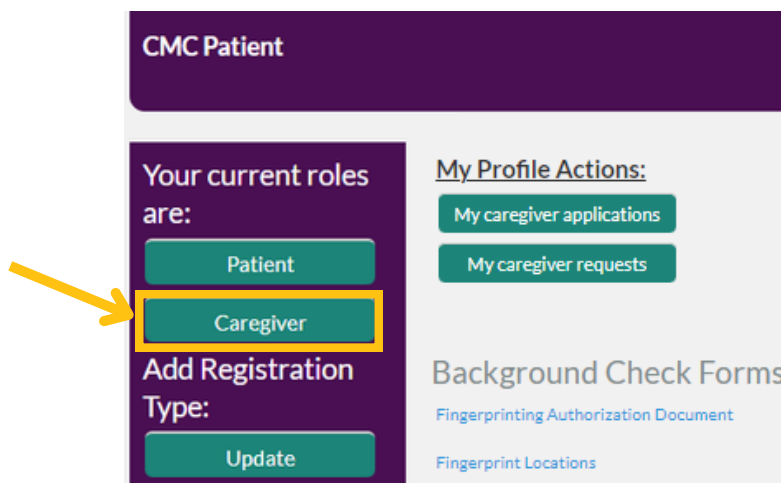
Follow these steps to renew your card:

1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.

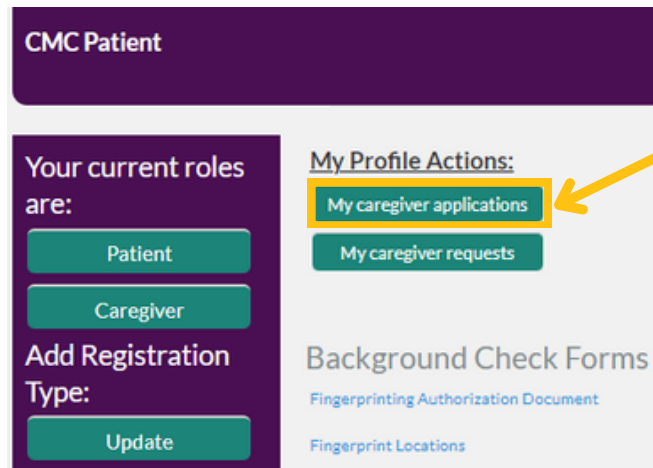


2. You'll be taken to the UtahID log in page. Log in with your UtahID.

3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



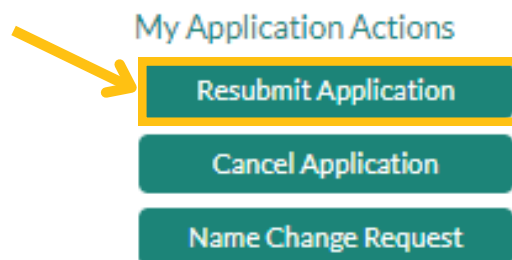
- Click the "My caregiver applications" button under the "My profile actions" heading.



- 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.



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



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	Carrie	* Last Name	Giver
Suffix		* Last 4 Digits of SSN	2970
* Date of Birth	01-01-1985	* Address	123 Main Street
Apt/Suite#		* City	Salt Lake City
* State	Utah	* Zip Code	84111
* Email Address	cmcsftesting+pt@gmail.com	Phone Number	

### Caregiver Proof of Identity

* ID Type	US Passport	* ID Number	123564
* ID Issue Date	06-14-2024	* ID Expiration Date	06-14-2027
Cancel	Save	Previous	Next

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

### Acknowledgement

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.

2. 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.

3. I 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 latent 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. I understand that I may request any results of this inquiry and understand that UCA 55-10-108 does not allow the DHHS to provide a copy of these 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. I 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. I acknowledge that I have received and read the Cannabis Information Document provided by the DHHS.

8. I additionally certify that I have 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 criminal 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 criminal penalties.

☐ Caregiver Acknowledgement

FBI Privacy Statement

Cancel Save

### Steps

- Registration Information
- Caregiver Information
- Acknowledgement
- Confirmation

Previous Submit



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

#### Confirmation

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.

#### My Application Actions

Cancel Application

Name Change Request

Add Payment



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)?

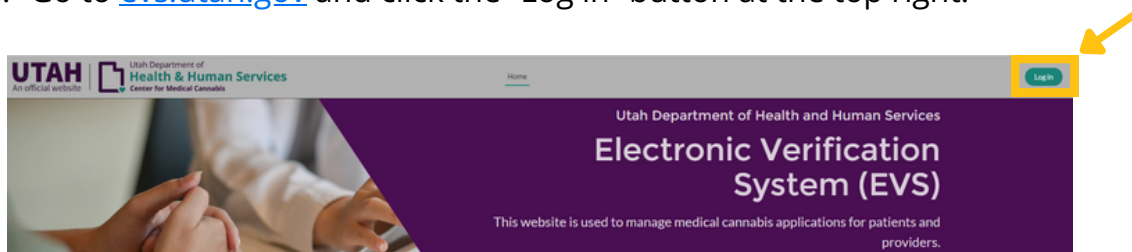
You can see a copy of your caregiver card and update your personal information in your EVS account.

## How do I see a copy of my caregiver card?

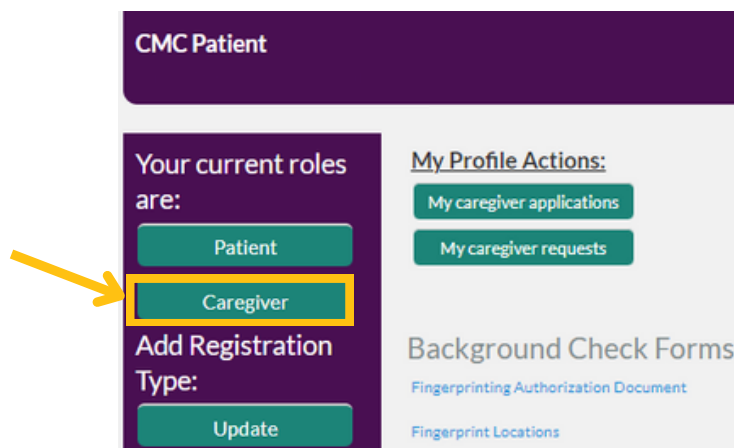
Your caregiver card is saved in your electronic verification system (EVS) account. You'll have a separate caregiver card for each person that you are a caregiver to. You can download your cards to a smartphone or tablet, or you can print a hard copy of it. We don't mail or email you a copy of your card.

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

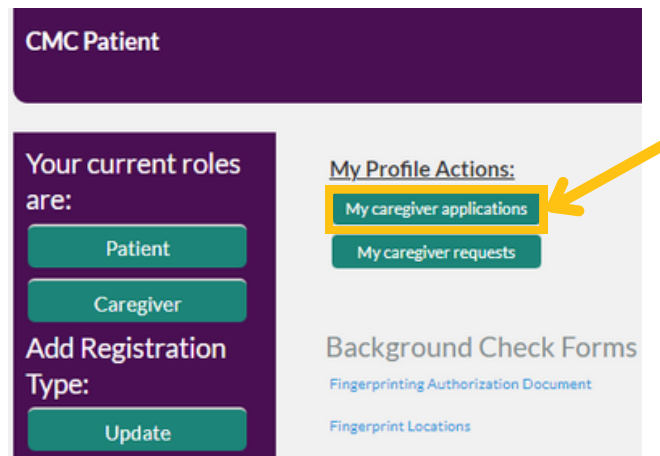
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.



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.



- Click the “My caregiver applications” button under the “My profile actions” heading.



- 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  
☐ Inactive

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

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

#### My Application Actions

Cancel Application

Name Change Request

Add Payment

Caregiver Medical Card

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

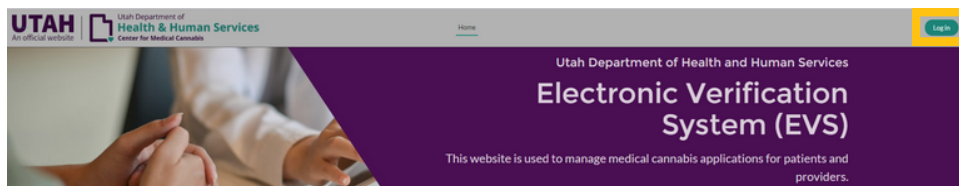
## How do I change my personal information?

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

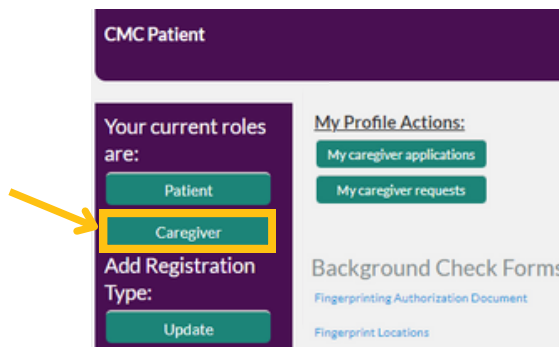
## How do I change my name in the electronic verification system (EVS)?

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

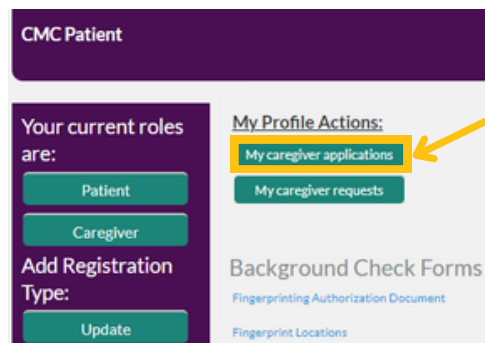
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the “Log in” button at the top right.



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.



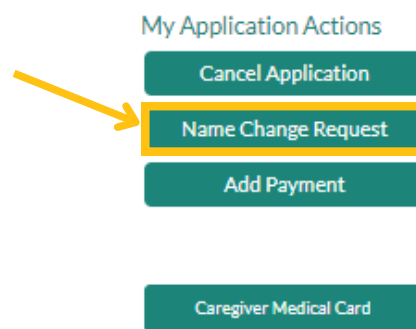
- Click on your application under “Caregiver ID”. You can click on any application if you have more than 1. Your name will be changed for all of your caregiver cards.



The screenshot shows a table titled "My Caregiver Applications". At the top left, there are radio buttons for "Active" (selected) and "Inactive". The table has four columns: "Caregiver Id", "Patient Name", "Status", and "Expiration Date". The first row contains the value "CAR-24-0000000042" under "Caregiver Id", "DHHS Admin Patient" under "Patient Name", "Active" under "Status", and "2025-06-13" under "Expiration Date". A yellow box highlights the "Caregiver Id" cell, and a yellow arrow points to it from the left.

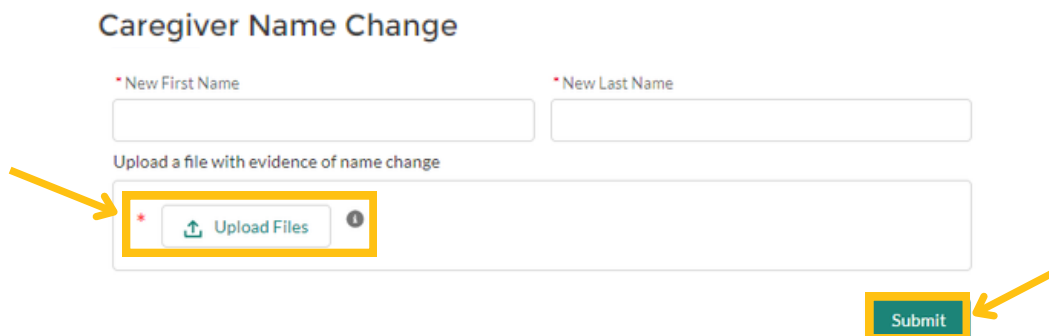
Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Active	2025-06-13

- Click on the “Name change request” button on the left side of the screen.



The screenshot shows a section titled "My Application Actions". It contains three buttons: "Cancel Application", "Name Change Request", and "Add Payment". Below these is a button labeled "Caregiver Medical Card". A yellow box highlights the "Name Change Request" button, and a yellow arrow points to it from the left.

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



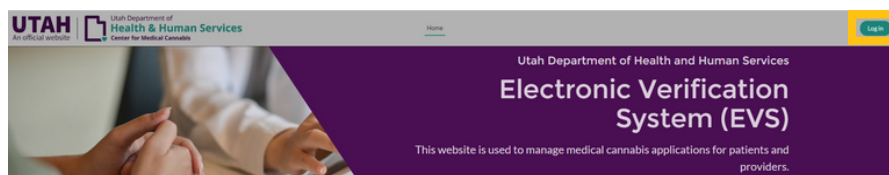
The screenshot shows a form titled "Caregiver Name Change". It has two input fields: "\* New First Name" and "\* New Last Name". Below these is a section labeled "Upload a file with evidence of name change" which contains a file upload area with a red asterisk, an "Upload Files" button, and an information icon. A yellow box highlights the "Upload Files" button, and a yellow arrow points to it from the left. At the bottom right of the form is a "Submit" button, which is also highlighted with a yellow box and a yellow arrow points to it from the right.

- 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.

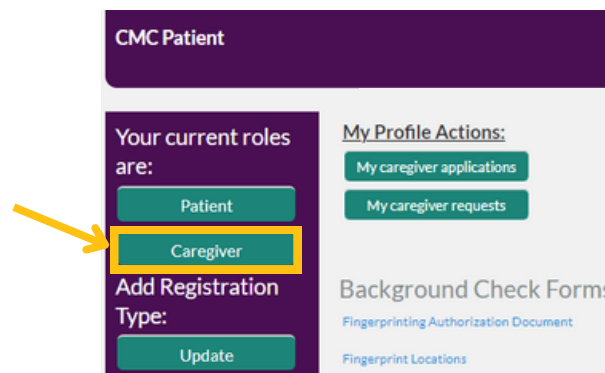
## How do I update my address in the electronic verification system (EVS)?

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.

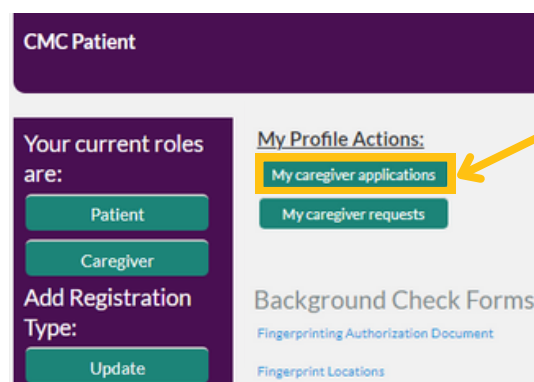
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.



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 an application under “Caregiver ID”.

My Caregiver Applications

☒ Active  
☐ Inactive

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

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

▼ Caregiver Proof of Identity

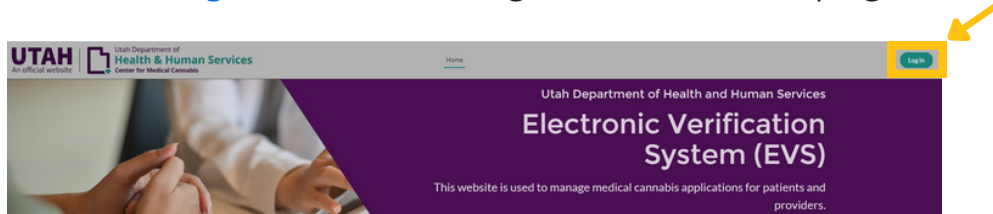
ID Type

Cancel Save

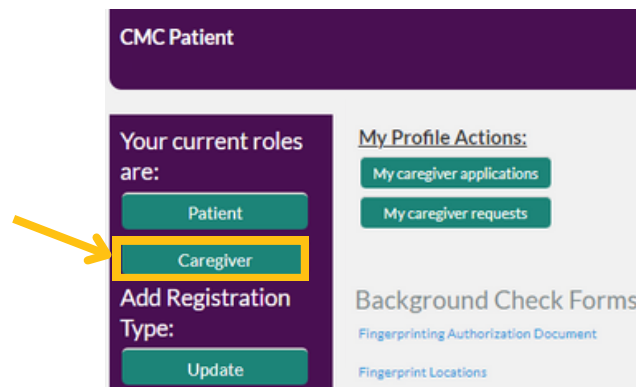
## How do I update my identification in the electronic verification system (EVS)?

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

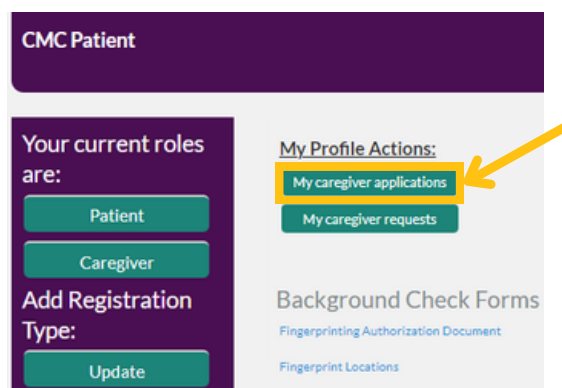
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2. You'll be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "Caregiver" button on the left hand side.



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





- Click on an application under “Caregiver ID”.

**My Caregiver Applications**

☒ Active  
☐ Inactive

Caregiver Id	Patient Name	Status	Expiration Date
CAR-24-00000000042	DHHS Admin Patient	Active	2025-06-13

- Scroll down to the “Caregiver proof of identity” section under the “Details” tab.
- 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	State of ID
ID Number	111111111	
ID Issue Date	10/6/2016	ID Expiration Date
		10/14/2038

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

▼ Caregiver Proof of Identity

ID Type	US Passport	State of ID	--None--
ID Number	111111111		
ID Issue Date	10/6/2016	ID Expiration Date	10/14/2038

▼ Acknowledgement

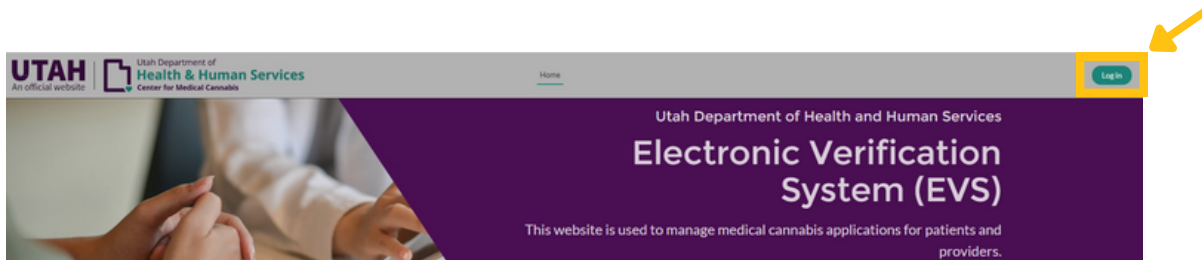
Caregiver Acknowledgement

Cancel Save Complete

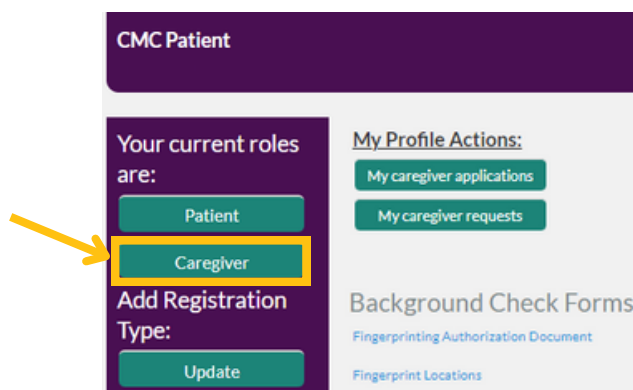
## How do I cancel my caregiver card?

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.

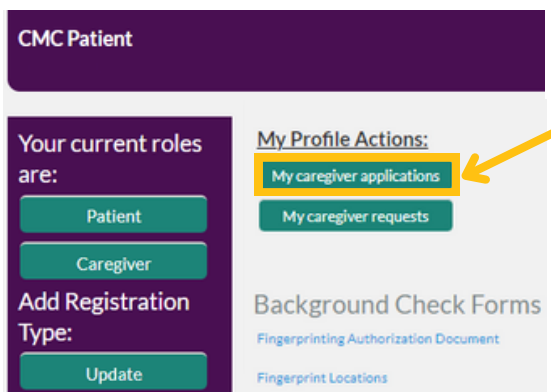
1. Go to [evs.utah.gov](https://evs.utah.gov) and click the "Log in" button at the top right.




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.



- 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.

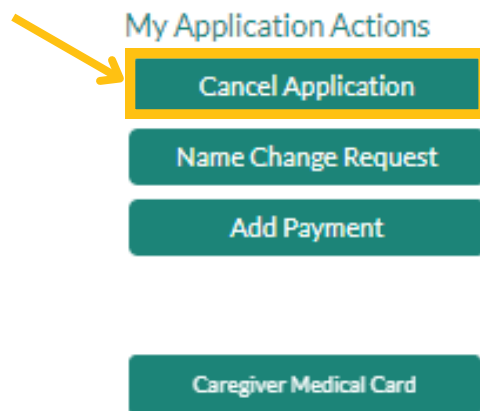


**My Caregiver Applications**

● Active  
○ Inactive

Caregiver ID	Patient Name	Status	Expiration Date
CAR-24-0000000042	DHHS Admin Patient	Active	2025-06-13

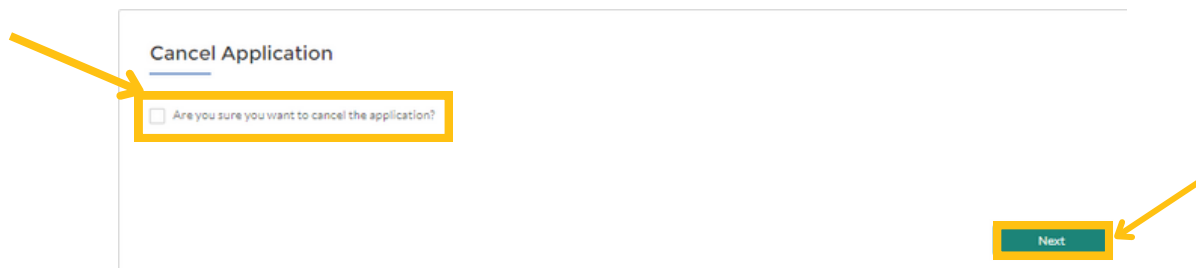
- Click on the “Cancel application” button on the left side of the screen.



**My Application Actions**

- Cancel Application
- Name Change Request
- Add Payment
- Caregiver Medical Card

- Check the box to confirm you’d like to cancel your caregiver card. Then click the “Next” button.



**Cancel Application**

☐ Are you sure you want to cancel the application?

Next

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