

Medical cannabis guardian/provisional patient electronic verification system (EVS) guide

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What is a medical cannabis provisional patient?

A medical cannabis provisional patient is a minor under the age of 18 who has a medical cannabis card.

Provisional patients must get their card applications approved by the Compassionate Use Board (CUB).

What is a medical cannabis guardian?

A medical cannabis guardian is the parent or legal guardian of a provisional patient (a medical cannabis patient who's younger than 18). Guardians buy medical cannabis for their child and manage their medical cannabis card.

What is the Compassionate Use Board (CUB)?

The Compassionate Use Board (CUB) is a group of medical providers who review card applications for all patients who are younger than 21 or who don't have a qualifying medical condition.

How do I get medical cannabis provisional patient and guardian cards?

You'll apply for your child's medical cannabis card on their behalf in the electronic verification system (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 must register in the EVS to apply for a medical cannabis card.

You'll meet in-person with your child's medical provider after you submit your application. You can find a list of medical providers who specialize in medical cannabis at <https://medicalcannabis.utah.gov/patients/locate-a-provider/>.

Your child's medical provider will submit a petition to the Compassionate Use Board (CUB) for you after you submit the medical cannabis application. The Utah Department of Health and Human Services (DHHS) will send you an email with the CUB's decision after they review your child's application.

You'll get your own medical cannabis guardian card when your child gets their provisional patient card. Use your guardian card to buy medical cannabis for your child.

What do I need when I apply for a card in the electronic verification system (EVS)?

- A UtahID account
- Your full name
- The last 4 digits of your social security number
- Your date of birth
- Your email address
- Your physical address
- Government issued photo identification like a driver's license or passport

You'll also need to provide information about your child, including:

- Their full name
- The last 4 digits of their social security number
- Their date of birth
- Their email address (this can be the same as yours)
- Their address (this can be the same as yours)

What is a UtahID?

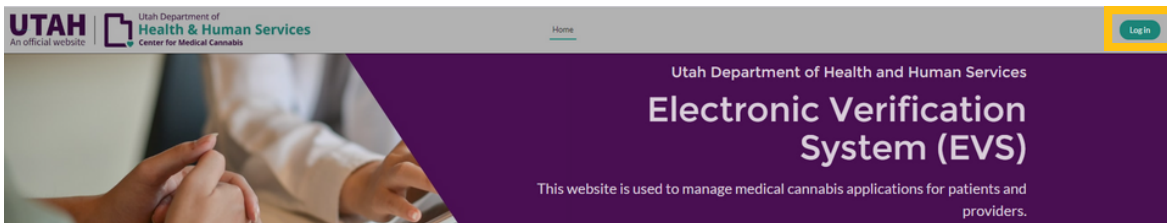
UtahID is a state-wide account that you'll use to verify your identity before you log into the EVS. **You only need a UtahID for yourself**—your child doesn't need one because you'll manage their medical cannabis card and account.

If you have a UtahID for other programs, use the same one when you apply for a medical cannabis card. 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**.

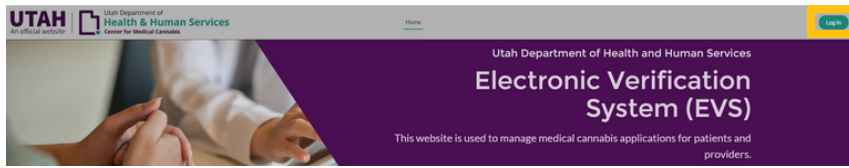
1. Go to evs.utah.gov and click the "Log in" button at the top right.



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 and click the “Log in” button at the top right.

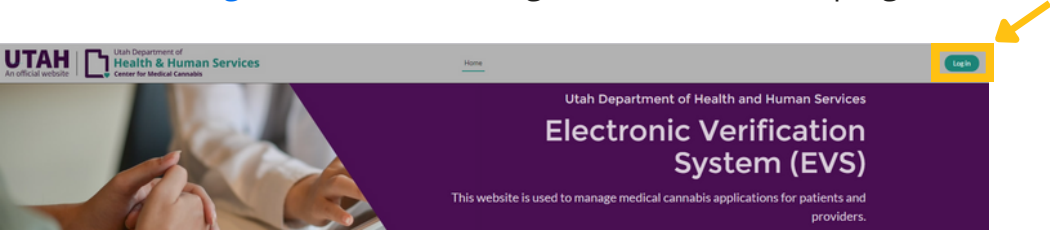


2. You'll be taken to the UtahID log in page. Log in with your UtahID.
3. You'll be taken to a screen with a “Complete your registration” header.
4. **Select “Patient” under the “Register as” heading** because you'll manage your child's medical cannabis account until they turn 18.
5. Enter all the required 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.
6. Click the “Submit” button.
7. You'll be redirected to the EVS home screen where you can see your account information.

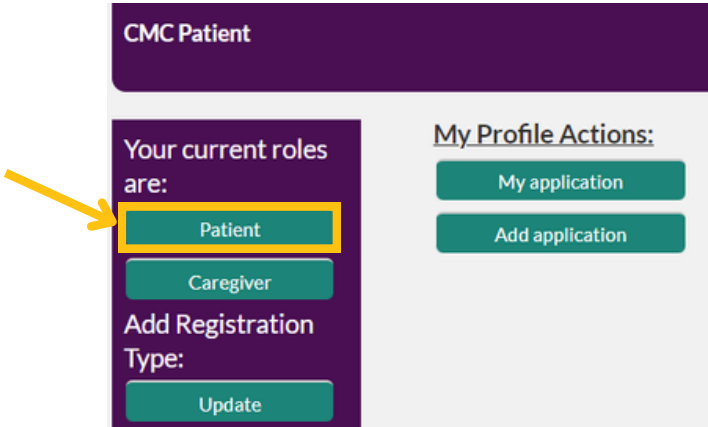
A screenshot of the 'Complete Your Registration' form. The title is 'Complete Your Registration' with a blue underline. Below the title is the subtitle 'Complete Your Registration to the Electronic Verification System Before Applying for the Medical Cannabis Program'. The form contains several fields: a 'Register as' section with radio buttons for 'Patient', 'QMP', 'QMP Proxy', 'PMP', and 'Caregiver'; a 'First Name' field with the value 'CMC'; a 'Last Name' field with the value 'Patient'; a 'Suffix' dropdown menu; a 'Last 4 Digits of SSN' field; a 'Date of Birth' field with a calendar icon; and an 'Email Address' field with the value 'cmcsftesting+pt@gmail.com'. At the bottom of the form is a large green 'Submit' button. Two yellow arrows point to the 'Patient' radio button and the 'Submit' button.

How do I submit a medical cannabis application in the electronic verification system (EVS)?

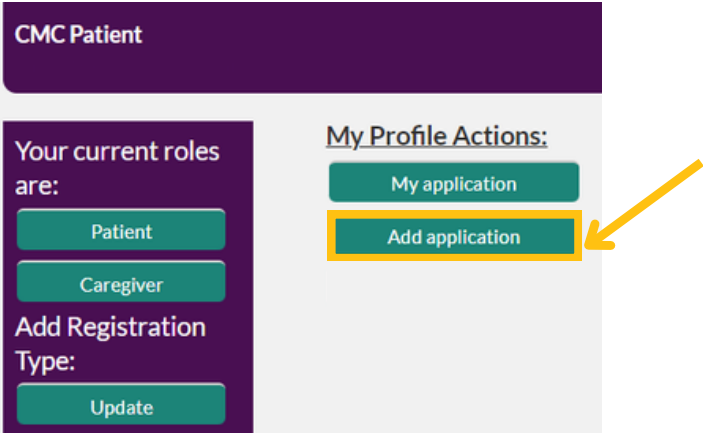
- 1. Go to evs.utah.gov and click the "Log in" button at the top right.



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



- 4. Click the "Add application" button under the "My profile actions" heading.



5. Choose "Utah resident" from the "Registration type" drop-down menu.
6. Choose "I am applying on behalf of my minor child" from the "Applicant type" drop-down menu. Click the "Next" button on the right side of the screen.

Application Type

*Registration Type
Utah Resident

*Applicant Type
I am applying on behalf of my minor child

Cancel Save

Next

Steps

- Application Type
- Patient Registration
- Guardian Information
- Caregiver & Health Facility Information
- Guardian Acknowledgement
- Confirmation

7. While working on your application, you can click the "Save" link on the left side of the page to save your application and finish it at another time. You can cancel your application completely by clicking the "Cancel link" on the left side of the page.
8. Enter your child's personal details. Required information is marked with a red star. Click the "Next" button on the right side of the screen.

Patient Registration

Patient Information

*First Name

*Last Name

Suffix

*Last 4 Digits of SSN

*Date of Birth

*Gender

*Email Address

Phone Number

*Address

Apt/Suite#

*City

*State
Utah

*Zip Code ⓘ
00000

Specify Rare Condition

Cancel Save

Previous **Next**

9. Enter your personal details in the “Guardian information” section. Make sure your name matches exactly what is on your identification. Click the “Next” button on the right side of the screen

Guardian Information

* First Name * Last Name

Suffix * Last 4 Digits of SSN

* Date of Birth * Gender

* Email Address Phone Number

* Address Apt./Suite#

* City * State

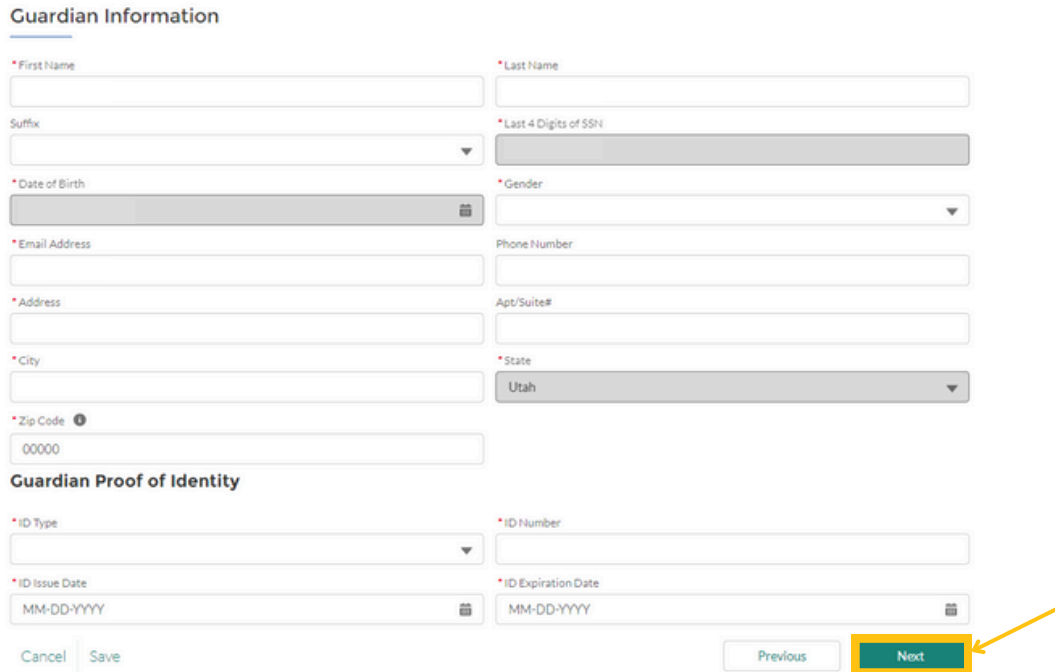
* Zip Code

Guardian Proof of Identity

* ID Type * ID Number

* ID Issue Date * ID Expiration Date

Cancel Save Previous **Next**



10. Only enter information for the “Caregiver and health facility information” section if you’ll need someone else to buy medical cannabis at a pharmacy on your behalf, or if you want to store medical cannabis at a health facility such as a nursing home or hospital. Click “Next” to skip this section if you don’t need these services.

Caregiver & Health Facility Information

(Not Required) Enter a Caregiver if you require a family member or friend to purchase product on your behalf at a pharmacy.

Add/Edit Caregiver

FIRST NAME	LAST NAME	DATE OF BIRTH	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Caregiver

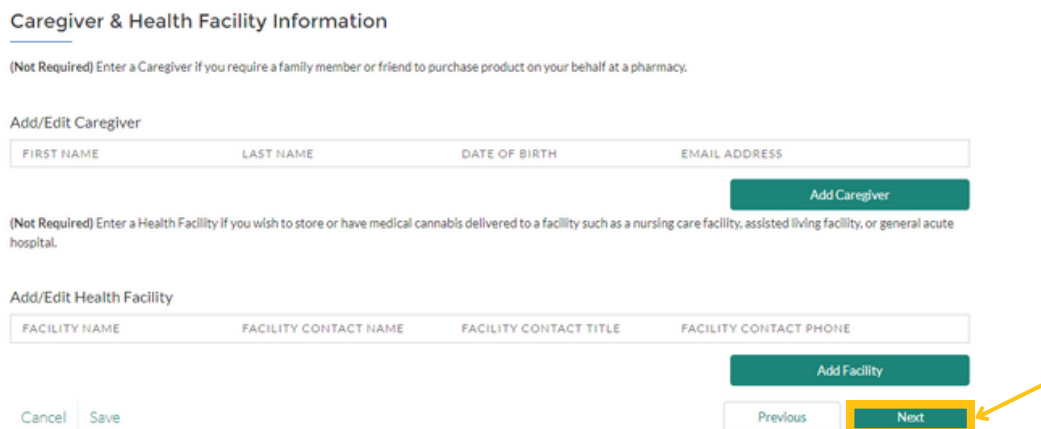
(Not Required) Enter a Health Facility if you wish to store or have medical cannabis delivered to a facility such as a nursing care facility, assisted living facility, or general acute hospital.

Add/Edit Health Facility

FACILITY NAME	FACILITY CONTACT NAME	FACILITY CONTACT TITLE	FACILITY CONTACT PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Facility

Cancel Save Previous **Next**



11. Read the guardian acknowledgement statement and click the “Acknowledge” box.
12. Read the medical research statement. If you want to opt out of medical research, click the “Opt out of medical research” box.
13. Click the the “Submit for certification” button to submit the application.

Guardian Acknowledgement

1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a medical cannabis guardian 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 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 DHHS 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 guardian 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):
 - o Cannabis is a prohibited Schedule I controlled substance under federal law;
 - o Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act; and
 - o 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 guardian/guardian proxy card and other administrative, civil or criminal penalties.

Acknowledge

I understand that by applying for a medical cannabis card, the Utah Department of Health and Human Services may use limited information about me for external medical research. In these rare cases, only very limited data about cardholders would be released and this would never include patient names or patient contact information. To opt-out of medical research, check this box.

Opt-out of Medical Research

Cancel Save

Previous

Submit For Certification

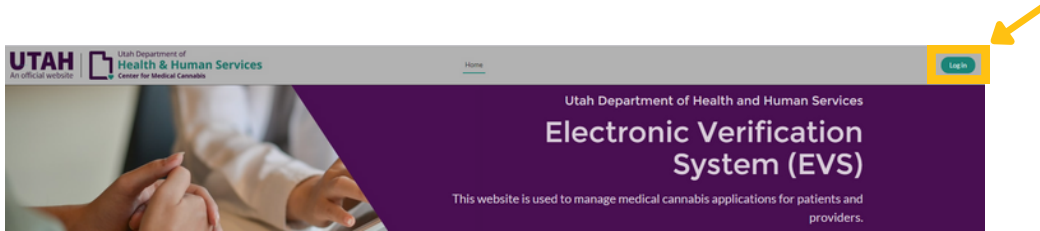
14. You'll be redirected to a confirmation screen when the application is submitted.

15. Meet with your child's medical provider in-person. They'll submit the medical cannabis certification and CUB petition in the EVS. You'll get an email from us with instructions to pay your medical cannabis card fee after these are submitted. **The CUB won't review your petition until you pay the application fee.**

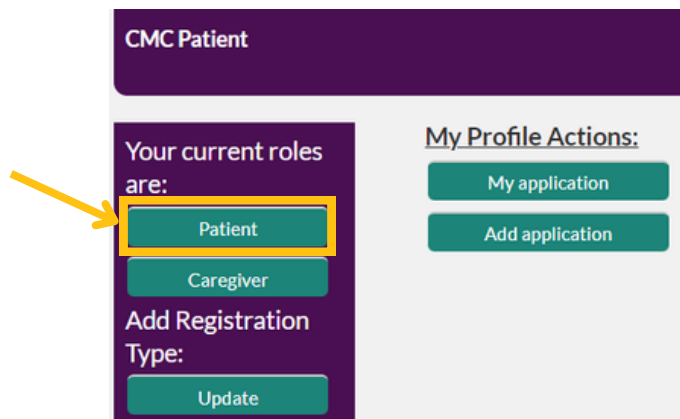
16. After you pay the application fee, you'll get an email from cubcmc@utah.gov with information on how to complete your fingerprint background check. Your cards won't become active until you complete the fingerprint background check, even if the CUB has already approved your petition.

How do I pay for my medical cannabis cards?

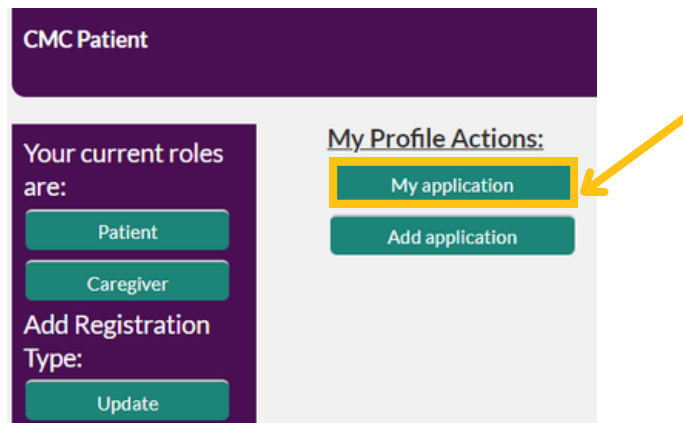
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “Patient” button on the left hand side.



4. Click the “My application” button under the “My profile actions” heading.



- Click on the application you're paying for under "Patient ID". You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Awaiting Payment

- You'll see which applications are ready to be paid for because they'll have an "Awaiting payment" status on the right side of the screen.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Awaiting Payment

- Click the "Add payment" button.

My Application Actions

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

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

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Credit Card Payment

Item	Quantity	Item Amount	Total
PAT-24-0000011848	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 submit a petition to the CUB.

Follow these steps to complete a fingerprint background check:

1. Open the email from cubcmc@utah.gov.
2. Print the attached "Live scan fingerprinting authorization form" and complete all sections.
3. 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.

4. Your medical cannabis cards won't be active until your background check clears.

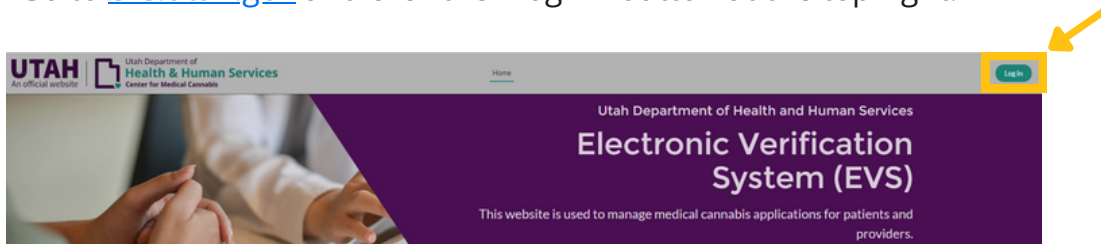
How do I renew my medical cannabis cards?

Renewing your card is very similar to applying for your first cards. You will use your same UtahID and EVS account.

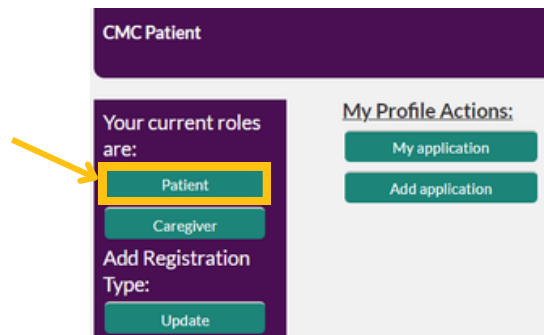
You'll receive an email from us 30 days before your cards expire with information on how to renew them. You can renew your cards before they expire, but you won't get new ones until the day after they expire.

Follow these steps to renew your cards:

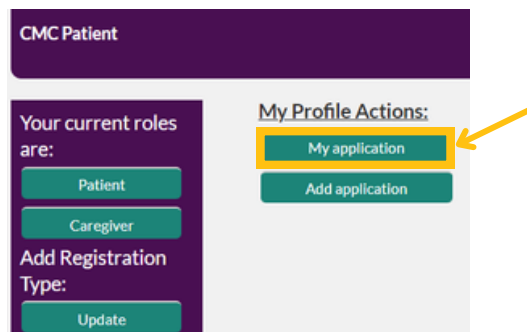
1. Go to evs.utah.gov and click the "Log in" button at the top right.



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



4. Click the "My application" button under the "My profile actions" heading.



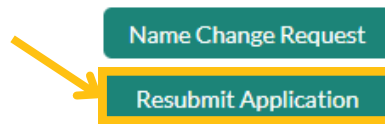
- Click on the application you need to renew under "Patient ID". Your application status will change to "Active pending renewal" 30 days before your card expires.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Active Pending Renewal

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

My Application Actions



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

Patient Registration

Registration Information (Official Use)

Patient Registration ID: PAT-24-000011939 | Status: Active Pending Renewal

Effective Date: 12-27-2023 | Expiration Date: []

Registration State: Renewal

Patient Information

Registration Type: Utah Resident | Applicant Type: I am applying on behalf of my minor child

First Name: Minor | Last Name: Patient

Suffix: [] | Last 4 Digits of SSN: 2222

Date of Birth: 11-12-2014 | Gender: Male

Email Address: minorpatient@utah.com | Phone Number: []

Address: 222 main street | Apt/Suite: []

City: SLC | State: Utah

Zip Code: 84188

Cancel Save **Next**

Guardian Information

First Name: Sarah | Last Name: Dash

Suffix: [] | Last 4 Digits of SSN: 1012

Date of Birth: 07-03-2000 | Gender: Female

Email Address: sdash@utah.gov | Phone Number: []

Address: 222 main st | Apt/Suite: []

City: SLC | State: Utah

Zip Code: 84188

Guardian Proof of Identity

ID Type: US Passport | ID Number: 2222222

ID Issue Date: 11-12-2015 | ID Expiration Date: 11-25-2019

Cancel Save Previous **Next**

8. Read the guardian acknowledgement statement and click the “Acknowledge” box.
9. Click the the “Submit for certification” button.

Guardian Acknowledgement

1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a medical cannabis guardian 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 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 DHHS 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 guardian 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):

- o Cannabis is a prohibited Schedule I controlled substance under federal law;
- o Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act; and
- o 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 guardian/guardian proxy card and other administrative, civil or criminal penalties.

Acknowledge

Cancel Save Previous **Submit for Certification**

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

Confirmation

Your patient application PAT-24-0000011939 was successfully submitted. The next step is for your medical provider to certify your application.

Cancel **View Application**

11. Your medical provider must enter a new certification for your child after you've resubmitted your application. Contact your medical provider and set up an appointment to renew your child's medical cannabis certification.
12. You'll get an email from us with instructions to pay the renewal fee after your provider submits a new medical cannabis certification in the EVS.

How do I manage my medical cannabis cards in the Electronic Verification System (EVS)?

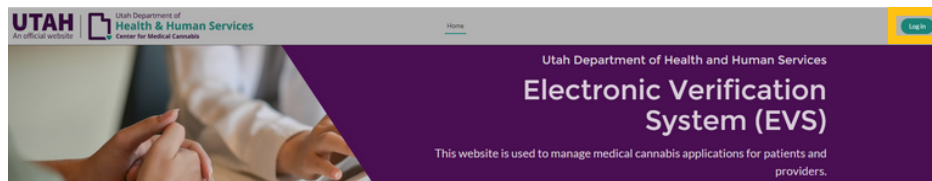
There are a lot of ways that you can manage your medical cannabis cards in the electronic verification system (EVS). You can see a copies of them, keep track of your medical cannabis purchases, and update your personal information.

How do I see a copy of my medical cannabis provisional patient card and guardian cards?

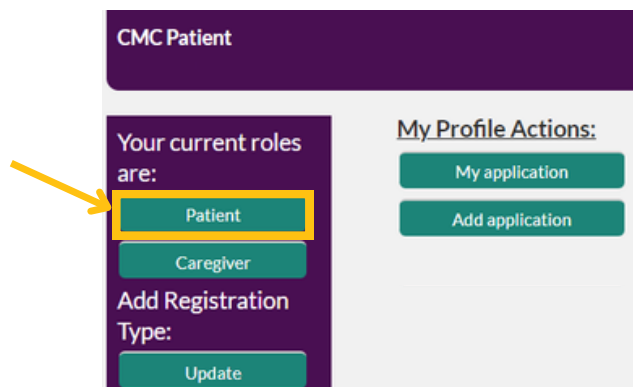
Your medical cannabis cards are saved in your electronic verification system (EVS) account. You can download them to a smartphone or tablet or you can print hard copies of them. We don't mail or email you copies of your cards.

Follow these instructions to see your medical cannabis provisional patient card and guardian card in the EVS:

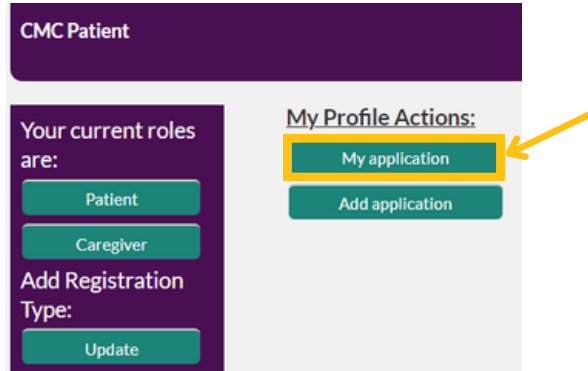
1. Go to evs.utah.gov and click the "Log in" button at the top right.



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



4. Click the "My application" button under the "My profile actions" heading.

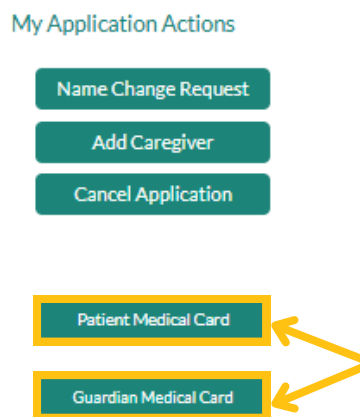


5. Click on your application under the "Patient ID" heading. You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Active

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



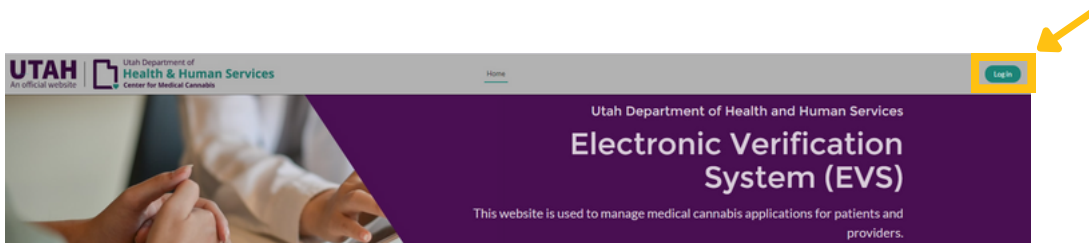
7. Print or save your cards to your smartphone or tablet. You must show your card every time you go to a medical cannabis pharmacy.

How do I track my medical cannabis purchases in the electronic verification system (EVS)?

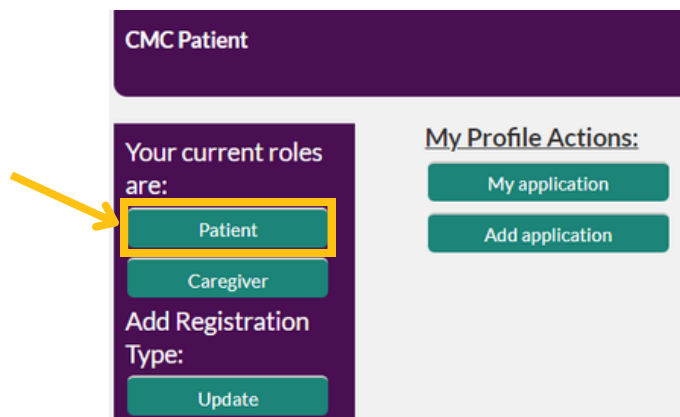
When you get your medical cannabis provisional patient and guardian cards, your medical provider or a medical cannabis pharmacist will work with you to figure out how much cannabis your child should use each day. This will be your monthly purchase limit. You can see your monthly purchase limit in your electronic verification system (EVS) account.

Follow these instructions to check your monthly purchase limit in the EVS:

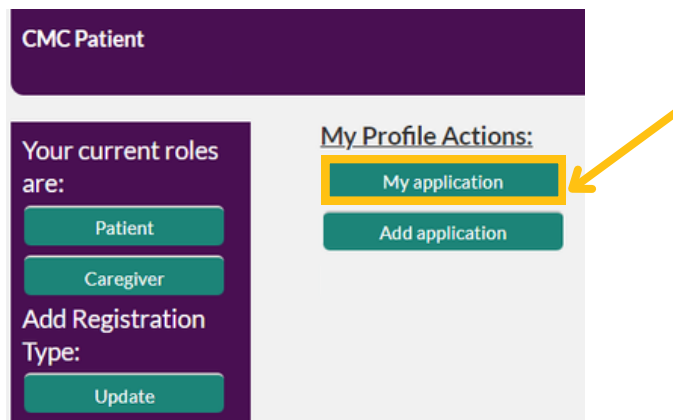
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
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My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf on my minor child	2222	Active

6. You can find your total purchase limits and remaining purchase limits under the "Registration information" header on the "Patient details" page.

Patient
PAT-24-0000011939 + Follow

First Name: Minor, Last Name: Patient, Status: Active

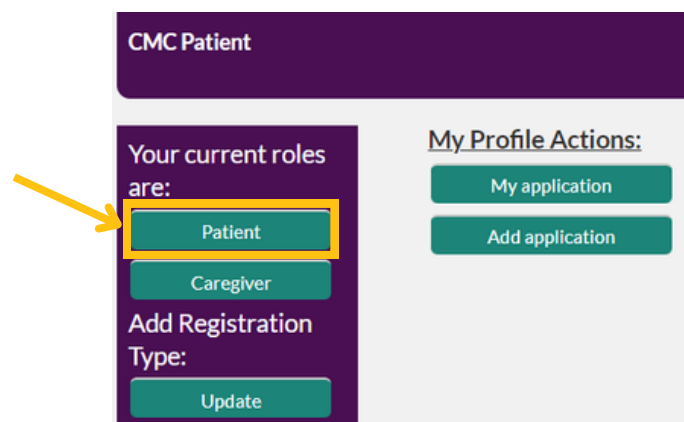
Patient Details | Caregivers | Health Facilities | Payment Information | Notes | Recommendations | Files | Purchase History | More

Registration Information

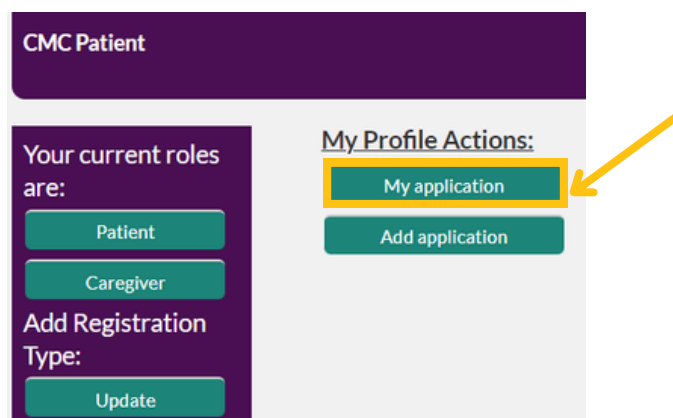
Patient ID: PAT-24-0000011939	Status: Active
Effective Date: 12/10/2024	Expiration Date: 12/31/2025
Total Composite Dosage Quantity: 20.00000	Total Flower Dosage Quantity: 113.00000
Remaining Composite Dosage Quantity: 20.00000	Remaining Flower Dosage Quantity: 113.00000

You can also check your past purchases in the EVS:

1. Go to evs.utah.gov and click the “Log in” button at the top right.
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “Patient” button on the left hand side.



4. Click the “My application” button under the “My profile actions” heading.



- Click on your application under the "Patient ID" heading. You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf on my minor child	2222	Active

- Click the "Purchase history" tab.

Patient Details Caregivers Health Facilities Payment Information Notes Recommendations Files **Purchase History** More

Purchase Histories (0)

- Click on the purchase name to see the details for that specific purchase. This includes the date, product name, and the amount of cannabis that went towards your monthly limit.

Purchase Histories (6+)

Purchase History Name	Total Flower Dosage Purchased	Total Composite Dosage Purcha...	Date of Purchase	
000007	5.00000	3.00000	3/4/2024	▼
009707		1.00000	5/14/2024	▼
009708		1.00000	5/16/2024	▼
009709		1.00000	3/7/2024	▼
009710	3.00000		5/17/2024	▼
009711	2.00000		5/13/2024	▼

View All

How do I change my personal information?

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

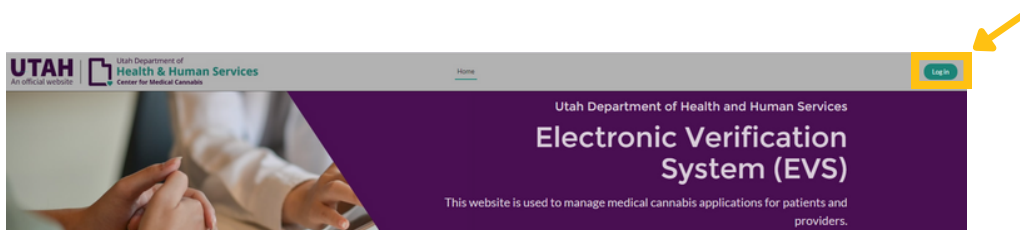
How do I change my name in the electronic verification system (EVS)?

You can submit a name change request for your child directly in the EVS.

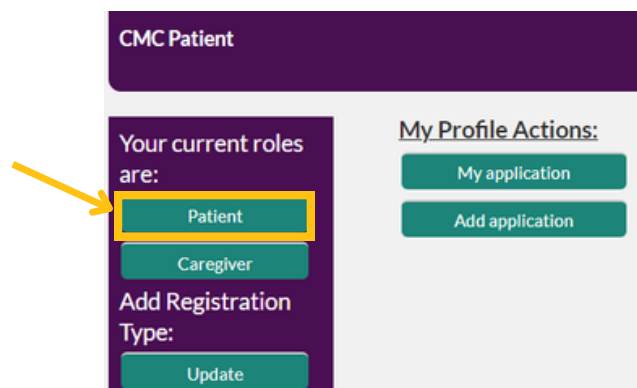
If you need to change your name in the EVS, email medicalcannabis@utah.gov with your changed name and a scanned file of your identification, passport, or legal document that shows your name change.

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

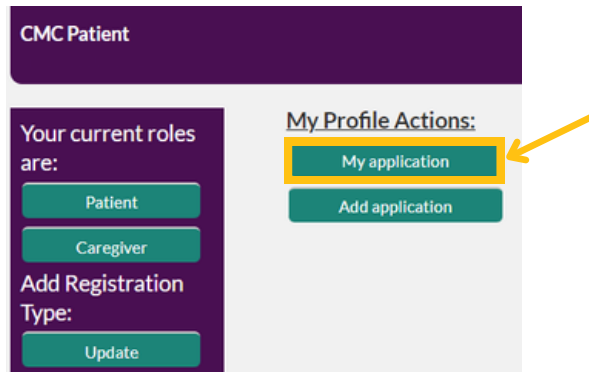
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “Patient” button on the left hand side.



4. Click the “My application” button under the “My profile actions” heading.

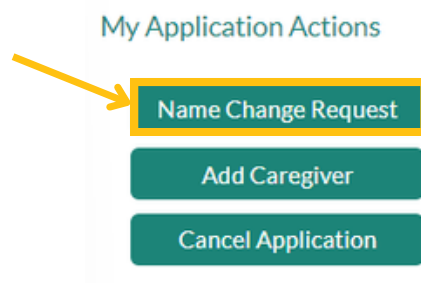


5. Click on your application under the “Patient ID” heading. You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-0000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf on my minor child	2222	Active

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



7. Enter your child’s changed name as it appears on their legal documents.

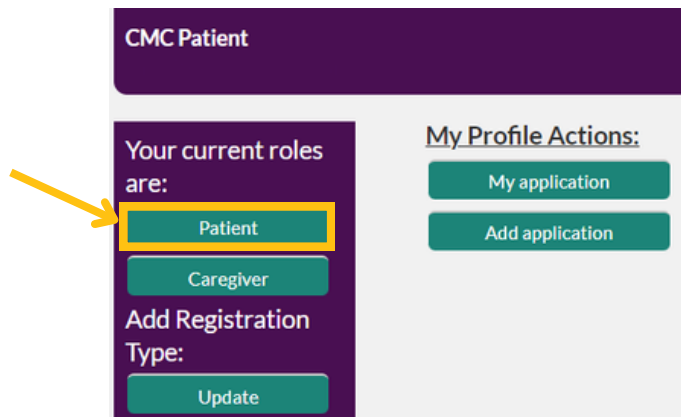
8. Click on the "Upload files" button and upload a scanned file of their identification, passport, or a legal document that shows the name change.
9. Click the "Submit" button on the right hand side.

The screenshot shows a web form titled "Patient Name Change". It contains two input fields: "New First Name" and "New Last Name". Below these is a section for file upload with the text "Upload a file with evidence of name change". A yellow box highlights the "Upload Files" button, which has a red asterisk to its left. A yellow arrow points to this button from the left. To the right of the upload section is a green "Submit" button, also highlighted with a yellow box and a yellow arrow pointing to it from the right.

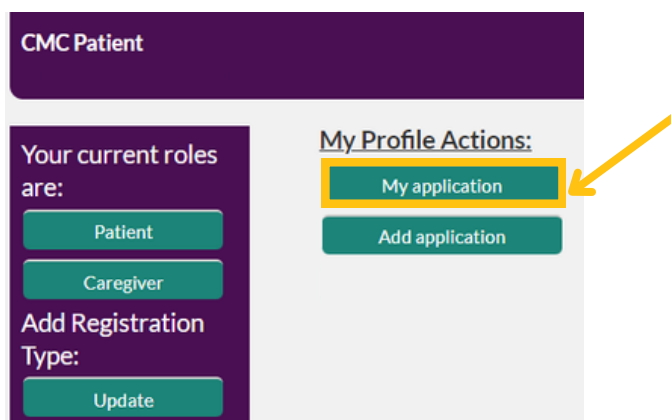
10. You will receive an email from us within 2 business days about your name change.

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

1. Go to evs.utah.gov and click the “Log in” button at the top right.
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “Patient” button on the left hand side.



4. Click the “My application” button under the “My profile actions” heading.



5. Click on your application under the "Patient ID" heading. You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.


My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
 DAT-24-000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Active

6. Scroll down to the "Patient information" section under the "Patient details" tab.
7. Click on the pencil on the right side of the address field to edit your address.

▼ Patient information


Registration Type Utah Resident	Applicant Type I am applying on behalf of my minor child
First Name Minor	Last Name Patient
Suffix	Last 4 Digits of SSN 2222
Date of Birth 11/12/2014	Gender Male
Phone Number	Email Address minorpatient@utah.com
Address 222 main street	Apt/Suite#
City SLC	State Utah
Zip Code 88888	Patient Application Fee \$15.00



8. Type in your new address. Your new address will be highlighted in yellow until you save your application.
9. Click the "Save" button. Your address is now updated.

Phone Number	Email Address minorpatient@utah.com
Address 1234 main street	Apt/Suite#
City SLC	State Utah
Zip Code 88888	Patient Application Fee \$15.00

▼ Patient Proof of Identity



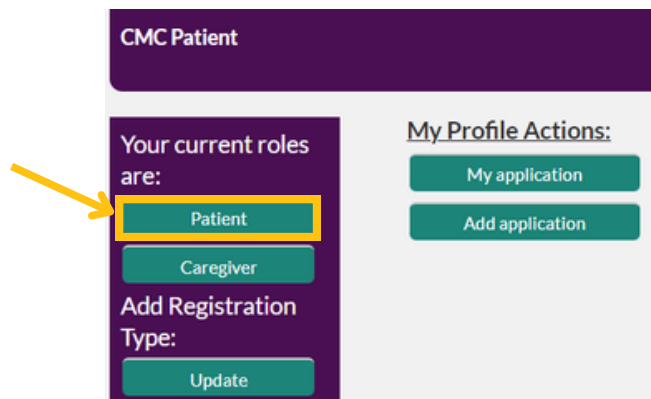
How do I update my identification in the electronic verification system (EVS)?

Email medicalcannabis@utah.gov or call 801-538-6504 to make any changes to your guardian identification.

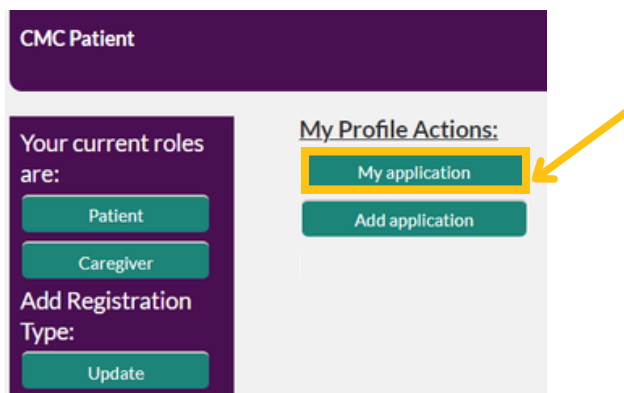
How do I cancel my medical cannabis card?

You can cancel your medical cannabis cards at any time in the electronic verification system (EVS). You can't legally buy, possess or use medical cannabis after your cards are canceled.

1. Go to evs.utah.gov and click the "Log in" button at the top right.
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "Patient" button on the left hand side.



4. Click the "My application" button under the "My profile actions" heading.



5. Click on your application under the “Patient ID” heading. You may see more than 1 application if you are a guardian for multiple kids or if you have a medical cannabis card.

My applications

Patient Id	First Name	Last Name	Email	Applicant Type	Last 4 Digits SSN	Status
PAT-24-000011939	Minor	Patient	minorpatient@utah.com	I am applying on behalf of my minor child	2222	Active

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

My Application Actions

Name Change Request

Add Caregiver

Cancel Application

7. Check the box to confirm you’d like to cancel your card.
8. Click the “Submit” button on the right hand side.

Cancel Application

Are you sure you want to cancel the application?

Submit

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