

Utah Department of Health  
Office of Vital Records and Statistics

Renewal Application for Hemp Extract Registration Card

Applicant Information

Full Legal Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State/Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Email Address: \_\_\_\_\_

Parent/Guardian 1 Information

Parent responsible for minor's medical care  Legal guardian responsible for patient's medical care

Full Legal Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State/Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian 2 Information

Parent responsible for minor's medical care  Legal guardian responsible for patient's medical care

Full Legal Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/PO Box City State/Zip

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that information and documentation submitted with this application may be released to a higher education institution for the purpose of studying hemp extract. I certify that to the best of my knowledge, the information in this application and all supporting documents is true and correct.

\_\_\_\_\_  
Print Name of Applicant or Legal Representative Date

\_\_\_\_\_  
Signature of Applicant or Legal Representative





## Patient Medical History

Utah Admin. Code R436-55-5 (3) recommends that neurologists provide UDOH the information requested in this section. The information may be released to a higher education institution for the purpose of studying hemp extract.

Date of Onset of Epilepsy: \_\_\_\_\_

Seizure Type and Average Frequency (per month):

Type 1 and Frequency: \_\_\_\_\_

Type 2 and Frequency: \_\_\_\_\_

Type 3 and Frequency: \_\_\_\_\_

Antiepileptic Medications	Dose/Frequency	Reported Side Effects	Currently Used? (Y/N)

Vagal Nerve Stimulator? \_\_\_\_\_

Ketogenic Diet? \_\_\_\_\_

Other Modalities (Describe): \_\_\_\_\_

\_\_\_\_\_

Frequency of Seizures Before Hemp Extract Use: \_\_\_\_\_ After: \_\_\_\_\_

Hemp Extract Supplier and Product Description: \_\_\_\_\_

\_\_\_\_\_

Hemp Extract Dosage: \_\_\_\_\_

Hemp Extract Use Frequency: \_\_\_\_\_

Hemp Extract Use Duration: \_\_\_\_\_

## Renewal Application Checklist and Instructions

This checklist is for your convenience. You do not need to include it with your application.

**NOTE: Incomplete applications will be denied.**

Applicants are required to submit the following items to complete the application:

- A renewal application form completed and signed by you.
  - A copy of your Utah ID and proof of residence if there have been any changes within the past year.
  - A Renewal Neurologist's Certification Form statement signed by your or your minor child's neurologist.
  - A completed Renewal Patient Evaluation Record Form.
  - Payment of \$50. Payment includes cash, check, money order, or credit/debit card.
  - Do not pay with cash if mailing the application. Make checks and money orders payable to "Utah Office of Vital Records and Statistics."
1. If the patient is under the age of 18, the parent or legal guardian of the patient must complete the application. The parent or legal guardian must attest that s/he is responsible for the patient's medical care.
  2. If you are the legal guardian of the patient and there is not a copy of the court order authorizing guardianship on file in this office, you will need to provide a copy of the court order.
  3. You must be a Utah resident to renew your Hemp Extract Registration Card. You must provide proof of your identity and residency.
  4. Submit the application in person or by mail to the Office of Vital Records and Statistics. A Hemp Extract Registration Card cannot be mailed to an out-of-state address.

### **Mailing Address:**

Office of Vital Records and Statistics  
Attn: Hemp Extract Registry  
PO Box 141012  
Salt Lake City, UT 84114-1012

### **Street Address:**

Office of Vital Records and Statistics  
Cannon Health Building  
288 N 1460 W  
Salt Lake City, UT 84114-1012

If you have questions, please contact the Registry at [hempregistry@utah.gov](mailto:hempregistry@utah.gov) or (801) 538-6264.

## Proof of Identity and Utah Residency

**Please do not send original documents. Send a clear, readable copy.**

Primary Documents	Secondary Documents
<p><b><u>One (1) of the following:</u></b></p> <ul style="list-style-type: none"> <li>-Utah Driver's License</li> <li>-Utah ID</li> <li>-Temporary Utah Driver's License</li> <li>-Temporary Utah ID</li> <li>-US Passport or Passport Card</li> <li>-US Military ID</li> <li>-Tribal ID</li> <li>-Out of State ID or Driver's License</li> </ul>	<p><b>AND</b></p>
	<p><b><u>One (1) proof of residency</u></b></p> <ul style="list-style-type: none"> <li>-Proof of Utah employment (paycheck stub/W-2/certified Utah tax return)</li> <li>-Copy of a utility bill, rental agreement, property tax assessment.</li> <li>-Copy of an entire government issued benefit letter (PERA, SSI, Disability, etc.)</li> </ul>

- If you cannot provide one (1) primary document and one (1) secondary document, please contact the Registry at (801) 538-6264 to discuss other options.
- All documents must be valid when received at the Registry.
- Damaged, expired, or tampered IDs are not valid.
- The address on the ID does not have to match the mailing address on the application.
- All IDs must be verifiable and have specific issue and expiration dates.
- At least one (1) document must show the patient's date of birth.
- Passports must include full photo page and the signed signature page. Passport cards must include copy of front and back.
- Proof of residency materials must be dated with 60 days of date the Registry receives them, unless otherwise noted.
- As proof of Utah employment, the W-2 or certified Utah tax return must be for the most recent tax year and have a Utah mailing address.
- Bills from telephone, electricity, water, gas, trash, cable or internet providers are considered valid and verifiable utility bills. Bills must include the organization name, logo, and contact information.
- All government benefit letters must include the issuing agency's logo and contact information, the patient's name and address, and an account or case number. Examples of acceptable benefit letters include PERA, Medicaid/Medicare, SNAP/Food Stamps, TANF and Social Security.