COLORADO
Medical Marijuana Registry
Department of Public Health & Environment

PU

Provider Information Update

This form must be submitted with a copy of your Colorado driver's license or photo ID.

STAFF ONLY

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Evaluated

Physicians and caregivers may submit this form to update contact information in the Registry's database. Changes to provider information are reflected in patient records, but replacement cards are not issued.

This form must be submitted with a copy of your Colorado driver's license or photo ID.

Submit paperwork by mail or email:

Mail: Application Processing**,** CDPHE, HSV-8608, 4300 Cherry Creek Dr S, Denver, CO 80246-1530
Email: medical.marijuana@state.co.us

Processing time:

Please allow 3-5 weeks from the date the Registry receives your paperwork for standard processing.

This information update is for a:	
☐ Caregiver	☐ Physician (Physician license # _____)

Provider Information			
1. Last Name	2. First Name		
3. Middle Initial	4. Date of Birth		
5a. New Mailing Address			5b. Apt/Ste #
6. City	State **CO**	7. Zip Code	8. County
9. Telephone	10. Email		
I hereby certify that the above information is correct and complete.			
11a. Provider's Signature:			11b. Signature Date