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Wellness You Can Feel.

Medical Marijuana Card Certification

First Name: _____ Last Name: _____ MI: _____

In order to receive your medical marijuana card, you must register in the Virginia Department of Health Professions system. Please select whether or not you would like this completed for you during today's visit.

- ✧ YES! I authorize Christian Joyner, PA-C to register me on the Virginia Department of Health Profession's system, submit an electronic payment on my behalf and email the required documents to them. No personal or financial information will but used outside of this transaction.

- ✧ NO, I prefer to register, pay and submit the documents on my own.

Signature: _____ Date: _____

If yes, here is the registered information, You may access this account at any time, as needed.

<https://www.license.dhp.virginia.gov/license/>

Log In Name: (First letter of the first name, last name and year of birth)

Password: (Capitalized first letter of the first name, capitalized last name and year of birth)

Security Question:

What is your favorite color? _____

You have been provided the receipts for the registered account, the fee transaction and the medical marijuana certification. The documents will be submitted via email on your behalf and you will be CC'd on the submission email. Once approved, you will receive your medical marijuana card in the mail from the Department of Health Professions.

The card will expire in one year and you must renew it at that time in order to maintain certification. Annual fees will need to be renewed at that time, as well.

Feel free to contact the office with any questions.

Christian Joyner, PA-C,
Owner, Collaborative Health Outreach of Virginia, LLC,