

## **INSTRUCTION FOR COMPLETING THE MEDICAL MARIHUANA REVIEW PANEL PETITION**

Michigan citizens, under the Michigan Medical Marihuana Act, have the right to submit a request to the Michigan Medical Marihuana Review Panel to add conditions or treatments to the list of debilitating medical conditions that qualify for the use of medical marihuana. All Michigan citizens making such a request must use this petition form. Only one condition or treatment may be identified per petition form. For additional conditions or treatments, a new petition form must be submitted.

This completed petition must be sent to:

**Steve Creamer, Manager  
Health Care Information & Training Unit  
Medical Marihuana Review Panel  
Bureau of Health Care Services  
Department of Licensing and Regulatory Affairs  
P.O. Box 30670  
Lansing, MI 48909**

**NOTE: DO NOT SEND MEDICAL MARIHUANA APPLICATIONS, RENEWALS, OR CHANGE FORMS TO THIS ADDRESS. GO TO [www.michigan.gov/mmp](http://www.michigan.gov/mmp) FOR INFORMATION REGARDING APPLICATIONS.**

Upon receipt of this completed petition, the Michigan Department of Licensing and Regulatory Affairs (the "Department") shall submit this and other accumulated petitions to the Medical Marihuana Review Panel (Review Panel) for consideration. Within 60 days of receipt of this completed petition, the Review Panel will make a recommendation to the Department regarding the approval or denial of the petition. Upon receipt of the Review Panel decision regarding this petition, the Department will do all of the following:

1. Post the Review Panel decision regarding the petition on the Department website for public comment for a period of 60 days.
2. Give notice of a public hearing not less than 10 days before the date of the hearing.
3. Hold a public hearing within the 60-day time period that the recommendation from the Review Panel is posted on the Department website.
4. Forward comments made during the hearing to the Review Panel for review.
5. Upon final consideration by the Review Panel of public comments and a final Review Panel decision regarding this petition, the Department will file the petition for final consideration by the Director of the Department. A final decision by the Department will be made within 180 days from the date the petition was received.

The approval or denial of the petition shall be considered a final Department action subject to judicial review under this Act. If the petition is approved, the Department shall amend Michigan Administrative Rule 333.101 to include the condition identified on this petition as a qualifying debilitating medical condition for the use of medical marihuana under this Act.

The Review Panel and the Department will use the information submitted on this petition to render a decision. The Review Panel and the Department will rely on the content of the completed petition (along with any supportive documentation that is attached) to reach its decision, and is under no obligation to conduct its own research regarding any submitted petition. The petitioner must provide evidence in item #5 of the petition in order for the petition to be considered.

## MEDICAL MARIHUANA REVIEW PANEL PETITION

Please complete **each section** of this petition. If there are any supportive documents attached to this petition, you must reference these documents in the text of your petition. Any petitions that are not fully or properly completed will be returned within 30 days for proper completion and resubmission. If you need additional space for any item, please use an attached sheet of paper and properly number the item.

### 1. **Petition Applicant Information**

Name: \_\_\_\_\_

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

Phone Number: (H)\_\_\_\_\_ (W)\_\_\_\_\_ (C)\_\_\_\_\_

Email: \_\_\_\_\_ Additional Email: \_\_\_\_\_

2. **Medical Condition Proposed.** Please be specific. Do not submit broad categories (such as “mental illness”) or ones that contradict the Medical Marihuana Act (such as “conditions resulting in hospitalization” or “all hospice patients”).

3. **Provide justification for why this medical condition should be included as a qualifying debilitating medical condition for the use of medical marihuana.** Specifically, why doesn't this condition adequately fall under one of the already approved qualifying medical conditions for the use of medical marihuana in Michigan?

4. **Provide the reason(s) why you believe medical marihuana should be included as a viable treatment alternative for this condition:**

5. **Provide any scientific evidence that marihuana is an effective treatment alternative for this condition.** This should include articles published in reputable scientific and/or medical journals. Attach a copy of all articles that are discussed in this section. Please do not attach articles that are not discussed in this section.

**6. Signature**

Your signature below attests that the information provided in this petition is true and that the attached documents are authentic.

\_\_\_\_\_  
Signature of Person Completing This Petition

\_\_\_\_\_  
Date