



Renewal or Update That is the question.

I have my Patient Card, and I don't know if I need an Update or a Renewal.

When you obtain your Patient Card from the Mississippi Department of Health, your license fee is for one year. However, your practitioner may give you a shorter time for your certification. In that case, after you revisit your practitioner and they issue a new certification, you will need to “create a Patient Update” to extend the timeframe on your license. There is no charge for a Patient Update.

At the end of the annual license, you will need to “create a Patient Renewal” and pay the fee again.

Review the following scenarios to determine the action that should be taken.

Scenario	Action to be Taken
I got married and I need to update my name on my Patient Card.	Create a Patient Update
I need to update my email address on my Patient Card.	Create a Patient Update
I need to update my phone number on my Patient Card.	Create a Patient Update
I need to update my residence address on my Patient Card.	Create a Patient Update
I need to update my mailing address on my Patient Card	Create a Patient Update
I went back to see my Practitioner and received a new Certification.	Create a Patient Update
I need to update my caregiver information.	Create a Patient Update
I need to submit an additional document.	Create a Patient Update
I have had my card for 1 year and it is about to expire.	Create a Patient Renewal
My practitioner only gives me 3 months at a time.	Create a Patient Update
My license has expired.	Call our office for assistance at 601.206.1540

Mississippi Medical **CANNABIS** Program

How to know if you need an Update or a Renewal:

Login to the licensing portal and click on your license number.

If the Month (Date Issued) and the Month (Expiry Date) **are the same**, you need a **Patient Renewal** application.

LICENSE NUMBER PATSC [REDACTED]	EFFECTIVE DATE 08/15/2024	EXPIRY DATE 08/15/2026
DATE ISSUED : 08/15/2024	DATE UPDATED : 08/06/2025	

Login to the licensing portal and click on your license number.

If the Month (Date Issued) and the Month (Expiry Date) **are different**, you need a **Patient Update** application.

LICENSE NUMBER PATSC [REDACTED]	EFFECTIVE DATE 03/10/2025	EXPIRY DATE 09/10/2026
DATE ISSUED : 03/10/2025	DATE UPDATED : 03/11/2026	

How to create a Patient Update:

- 1) Login to the portal
- 2) Choose “Create New Application”

The screenshot displays the user interface of the Mississippi Medical Cannabis Program portal. On the left is a dark sidebar with navigation options: 'License Dashboard' (highlighted in green), 'Applications', and 'Invoices'. The top of the sidebar shows the user's profile with a 'Selected Account' field and a 'Switch Account' dropdown menu. Below this, a red-bordered button labeled '+ CREATE NEW APPLICATION' is visible. The main content area is titled 'Licensing' and contains a table with the following data:

	Status	Application ID
!	Expired	177826
✓	Approved	278671


Mississippi Medical **CANNABIS** Program

3) Click “I am a Patient” → “Patient Update” → “Create Application”


New Application ×

You are creating a new application for [REDACTED]


I am a *
Patient ▾



New Patient
Registration



Patient Update



Patient Renewal

i Please switch accounts if you want to create an application for a different person or business.

CREATE APPLICATION

Mississippi Medical **CANNABIS** Program

4) Next you will need to select the license number (your PATS number on your card) that you want to update.

License Number *
PATS0 [REDACTED]

Please select the license number associated with the registration you wish to update.

Do you want to update your name? No

Do you want to update your email address or phone number? No

Do you have a change to your residence or mailing address? No

Do you need to update your Practitioner Certification? Yes

Do you want to update your caregiver information? No

Do you want to submit an additional document? No

Mississippi Medical **CANNABIS** Program

5) Next, you will need to answer “Yes” to all items you want to update:

- a. Name (if you are changing your name, supporting documents will be required. i.e. marriage license, divorce papers, new driver’s license).
- b. Email address or phone number.
- c. Change residence or mailing address.
- d. Update your Practitioner Certification.
- e. Update your Caregiver Information.
- f. Submit an additional document.
- g. After you answer yes to all applicable changes, click Save at the bottom.

License Number *
PATS [REDACTED] [v]

Please select the license number associated with the registration you wish to update.

Do you want to update your name? Yes

Do you want to update your email address or phone number? No

Do you have a change to your residence or mailing address? Yes

Do you need to update your Practitioner Certification? ⓘ Yes

Do you want to update your caregiver information? ⓘ No

Do you want to submit an additional document? ⓘ No

Mississippi Medical **CANNABIS** Program

LICENSE INFORMATION

GENERAL INFORMATION

CONTACT INFORMATION

**CERTIFYING
PRACTITIONER/ CONDITION
INFORMATION**

CAREGIVER INFORMATION

QUESTIONS AND
ATTESTATIONS

Recommendation ⓘ

 VIEW AVAILABLE CERTIFICATIONS

Condition Information

Date of Patient Examination *

03/05/2026



Recommended Amount *

Standard Amount Allowed by Law

- 6) If you are updating your Practitioner Certification, you must answer Yes to that question. On the “Certifying Practitioner / Condition Information tab”, you must click “View Available Certification”, then choose the most recent date of your visit, click “Update” and save at the bottom.

Practitioner Certification Selection

Please select the Practitioner Certification by clicking on respective sections below.

Physician Name: [REDACTED]

Recommendation ID: 456283

Examination Date: 03/09/2026

Physician Name: [REDACTED]

Recommendation ID: 441151

Examination Date: 02/09/2026

Physician Name: [REDACTED]

Recommendation ID: 426589

Examination Date: 01/08/2026

- 7) Proceed thru the rest of the application. Submit at the end.

If you need help, please call our office 601-206-1540

How to create a Renewal:

- 1) Login to the portal
- 2) Choose “Create New Application”

The screenshot displays the user interface of the Mississippi Medical Cannabis Program portal. On the left is a dark sidebar with navigation options: 'License Dashboard' (highlighted in green), 'Applications', and 'Invoices'. The top of the sidebar shows the user's profile with a 'Selected Account' field and a 'Switch Account' dropdown menu. A red rectangular box highlights the '+ CREATE NEW APPLICATION' button in the sidebar. The main content area is titled 'Licenses' and contains a table with two columns: 'Status' and 'Application ID'. The table lists two applications: one with an 'Expired' status (marked with a red exclamation point icon) and Application ID 177826, and another with an 'Approved' status (marked with a green checkmark icon) and Application ID 278671.

Status	Application ID
Expired	177826
Approved	278671

Mississippi Medical **CANNABIS** Program

3) I am a Patient → Patient Renewal → Create Application

New Application

You are creating a new application for [REDACTED]

I am a*
Patient



New Patient
Registration



Patient Update



Patient Renewal



⚠ Please only proceed with a renewal application if it is time for your annual renewal. If you are still within a licensing period, but your practitioner has issued your certification for an abbreviated time frame, please complete a patient update application instead. You will have the option to upload a new photo "headshot" as part of your patient renewal, but it is not required. For help or questions, call **601-206-1540**.

ⓘ Please switch accounts if you want to create an application for a different person or business.


CREATE APPLICATION


Mississippi Medical **CANNABIS** Program

- 4) Next you will need to select the license number (your PATS number on your card) that you want to renew and click Save, Save and Next.

Applications / Patient Renewal

LICENSE INFORMATION GENERAL INFORMATION CONTACT INFORMATION CERTIFYING PRACTITIONER/CONDITION INFORMATION CAREGIVER INFORMATION

License Number *
PATS [REDACTED] 

 SAVE CANCEL

LICENSE INFORMATION GENERAL INFORMATION CONTACT INFORMATION **CERTIFYING PRACTITIONER/ CONDITION INFORMATION** CAREGIVER INFORMATION QUESTIONS AND ATTESTATIONS

Recommendation ⓘ

VIEW AVAILABLE CERTIFICATIONS

Condition Information

Date of Patient Examination *
03/05/2026

Recommended Amount *
Standard Amount Allowed by Law

- 5) Next you will choose your most recent certification. Note: If the certification is more than 180 days old, you will not be able to submit a renewal.

Practitioner Certification Selection

Please select the Practitioner Certification by clicking on respective sections below.

Physician Name: [REDACTED]	Examination Date: 03/09/2026
Recommendation ID: 456283	
Physician Name: [REDACTED]	Examination Date: 02/09/2026
Recommendation ID: 441151	
Physician Name: [REDACTED]	Examination Date: 01/08/2026
Recommendation ID: 426589	

- 6) The photo can be changed at renewal. This is optional and can be skipped. Be sure if you want to change your photo, you submit a “headshot” taken recently with a phone. Do not submit a picture that has been altered with retouching or filters. Do not submit a picture of a picture.
- 7) Continue thru the application, “save and next” at the bottom of each screen, and submit.

If you need help, please call our office at 601-206-1540