



MISSISSIPPI STATE DEPARTMENT OF HEALTH

As a result of the Mississippi Medical Cannabis Act, S.B. 2095, the Mississippi State Department of Health is required to conduct criminal history background checks on every person seeking to become a caregiver, principal officer, board member, agent, volunteer, or employee before the person begins working at or for a medical cannabis establishment.

Please follow the below steps to request a **Medical Cannabis Caregiver** background check:

- 1) The cost to process a background check is \$37.00 per caregiver (extra cards and reprints on the same applicant do not require additional payment). This fee is paid when caregivers submit their caregiver application on the application licensing portal. This fee is in addition to the \$25 caregiver application fee.
- 2) On your fingerprint card, there is a space to enter "Reason Fingerprinted". Caregivers should enter **MC4200015** in this space.
- 3) Please visit a local sheriff's office, police station, or other entity to request fingerprinting on a fingerprint card. If a fingerprint card is needed, please contact Brittany Orr at 601-364-5062 or email brittany.orr@msdh.ms.gov.
- 4) Please mail the completed fingerprint card, contact information and payment confirmation to:
Mississippi State Department of Health
Criminal History Record Check Unit
Attn: Brittany Orr
143B LeFleur's Square
Jackson, MS. 39211
- 5) Ensure the [Noncriminal Justice Applicant's Privacy Rights form](#) is signed and dated and placed in the caregiver personnel file-**DO NOT SEND TO MSDH.**

If mailing a card via USPS, please obtain a tracking number to monitor the location of the card(s).

NOTE: The Mississippi State Department of Health does not conduct name-based background searches. Please submit a physical fingerprint card to complete the Mississippi background check.

For questions regarding the above process, contact Brittany Orr at brittany.orr@msdh.ms.gov.

Per MS Regulations 15.22.2, Rule 2.6.1, patients must receive a card before designating a caregiver. Therefore, the patient will need to apply, be approved, and receive their medical cannabis card for the MS Medical Cannabis Program before the caregiver can complete and submit a caregiver application. The application registration portal can be found here: <https://ms-doh-public.nls.egov.com/#!/signin>. Upon registration, you will receive a link prompting you to verify this account. Once registered for an account, caregivers should complete a caregiver application via the licensing portal. The Caregiver Authorization form and Caregiver Affidavit below must be completed and uploaded with caregiver application

Mississippi State Department of Health

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification ¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The Mississippi State Department of Health will provide you with a copy of your Mississippi and FBI criminal history record for review and possible challenge. Should you lose or misplace the provided record, you may obtain a copy from MSDH by submitting a request for the duplicate record which includes appropriate identifying information and a \$15 fee.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the state agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the state agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Your signature on the fingerprint card and/or this document indicates that you have been informed of your privacy rights and understand that your fingerprints are being run through the criminal history records of the FBI.

Date _____ **Applicant's Signature** _____

¹ Written notification includes electronic notification but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV (c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



AFFIDAVIT

STATE OF _____

COUNTY OF _____

Personally came and appeared before me, the undersigned Notary, the within named _____, who is a resident of _____ County, State of _____, who having been duly sworn, stated upon oath and under penalty of perjury, the following:

I am an applicant as defined under the Mississippi Medical Cannabis Act. I declare under penalty of perjury that I have not been the subject of a conviction for a disqualifying felony offense.

Disqualifying felony offense means:

- (i) A conviction for a crime of violence as defined by Miss. Code Ann. §97-3-2. (97-3-2 is attached.)
- (ii) A conviction for a crime that was defined as a violent crime in the law of the jurisdiction in which the offense was committed, and that was classified as a felony in the jurisdiction where the person was convicted; or
- (iii) A conviction for a violation of a state or federal controlled substances law that was classified as a felony in the jurisdiction where the person was convicted, including the service of any term of probation, incarceration or supervised release within the previous five (5) years and the offender has not committed another similar offense since the conviction. Under this subparagraph (iii), a **disqualifying felony** offense shall not include a conviction that consisted of conduct for which this chapter would likely have prevented the conviction but for the fact that the conduct occurred before the effective date of this act.

I understand and acknowledge that I am not eligible to receive a medical cannabis work permit if I have been convicted of a disqualifying felony offense.

Choose one [1]:

- I further certify that I **have not** been the subject of: (i) a warrant for arrest; (ii) an arrest; or (iii) a pending diversion agreement for a disqualifying felony offense.
- I further certify that I **have been** the subject of: (i) a warrant for arrest; (ii) an arrest or (iii) a pending diversion agreement for a disqualifying felony offense, as follows [please explain in the space below]:

I understand and acknowledge that the State of Mississippi will be conducting a background check to determine whether I have been convicted of a disqualifying felony. To complete a background check, I understand and acknowledge that my information, including fingerprints, will be transmitted through the applicable federal and state databases. I understand and agree that results of my background check showing that I have been convicted of a disqualifying felony will constitute a basis for revocation or denial of any applicable medical cannabis work permit.

I understand that a license issued under the Mississippi Medical Cannabis Act is not a property right, and as such is revocable.

I agree, to the fullest extent allowed by law, to indemnify, defend, save and hold harmless, protect, and exonerate the Governor of the State of Mississippi, the Mississippi Department of Public Safety, the Mississippi Department of Health, the Mississippi Department of Revenue, their commissioners, executive directors, board members, officers, employees, agents, and

representatives, and the State of Mississippi, from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, legal costs, investigative fees and expenses, and attorney's fees, arising out of the denial or revocation of a medical cannabis business license based on any disqualifying felony of which I may have been convicted.

DATED this the _____ day of _____, 20__.

Signature of Affiant

SWORN to and subscribed before me, this the _____ day of _____, 20__.

NOTARY PUBLIC

Miss. Code Ann. § 97-3-2

Copy Citation

Current through the 2021 Regular Session including changes and corrections made by the Joint Legislative Committee on Compilation, Revision and Publication of Legislation.

- [Mississippi Code 1972 Annotated](#)
- [Title 97. Crimes \(Chs. 1 — 47\)](#)
- [Chapter 3. Crimes Against the Person \(§§ 97-3-1 — 97-3-117\)](#)

§ 97-3-2. Crimes of violence defined.

(1) The following shall be classified as crimes of violence:

- (a) Driving under the influence as provided in Sections 63-11-30(5) and 63-11-30(12)(d);
- (b) Murder and attempted murder as provided in Sections 97-1-7(2), 97-3-19, 97-3-23 and 97-3-25;
- (c) Aggravated assault as provided in Sections 97-3-7(2)(a) and (b) and 97-3-7(4)(a);
- (d) Manslaughter as provided in Sections 97-3-27, 97-3-29, 97-3-31, 97-3-33, 97-3-35, 97-3-39, 97-3-41, 97-3-43, 97-3-45 and 97-3-47;
- (e) Killing of an unborn child as provided in Sections 97-3-37(2)(a) and 97-3-37(2)(b);
- (f) Kidnapping as provided in Section 97-3-53;
- (g) Human trafficking as provided in Section 97-3-54.1;
- (h) Poisoning as provided in Section 97-3-61;
- (i) Rape as provided in Sections 97-3-65 and 97-3-71;
- (j) Robbery as provided in Sections 97-3-73 and 97-3-79;
- (k) Sexual battery as provided in Section 97-3-95;
- (l) Drive-by shooting or bombing as provided in Section 97-3-109;
- (m) Carjacking as provided in Section 97-3-117;
- (n) Felonious neglect, abuse or battery of a child as provided in Section 97-5-39;
- (o) Burglary of a dwelling as provided in Sections 97-17-23 and 97-17-37;
- (p) Use of explosives or weapons of mass destruction as provided in Section 97-37-25;
- (q) Statutory rape as provided in Section 97-3-65(1), but this classification is rebuttable on hearing by a judge;
- (r) Exploitation of a child as provided in Section 97-5-33;
- (s) Gratification of lust as provided in Section 97-5-23; and
- (t) Shooting into a dwelling as provided in Section 97-37-29.

(2) In any felony offense with a maximum sentence of no less than five (5) years, upon conviction, the judge may find and place in the sentencing order, on the record in open court, that the offense, while not listed in subsection (1) of this section, shall be classified as a crime of violence if the facts show that the defendant used physical force, or made a credible attempt or threat of physical force against another person as part of the criminal act. No person convicted of a crime of violence listed in this section is eligible for parole or for early release from the custody of the Department of Corrections until the person has served at least fifty percent (50%) of the sentence imposed by the court.

History

Laws, 2014, ch. 457, § 39, eff from and after July 1, 2014.

Mississippi Code 1972 Annotated

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Mississippi Medical Cannabis Program Designation of Caregiver

SWORN to and subscribed before me, this the _____ day of _____, 20____.

NOTARY PUBLIC _____

Please stamp below

1. This form is to be completed by the parent or legal guardian of the minor patient (under age 18); or by an adult patient (age 18 or older) who wishes to designate a licensed caregiver.
2. Patients must already be registered and approved for participation in the MS Medical Cannabis Program.
3. This form is required to complete a caregiver license application and be approved for a caregiver license.

Patient Information

The patient is (select one):

Minor Patient

Adult Patient

Temporary Minor Patient

Temporary Adult Patient

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yyyy)

Current Physical Street Address APT# City State ZIP

County Medical Cannabis Patient Number

Caregiver Information

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yyyy)

Current Physical Street Address APT# City State ZIP

County Phone # Email Address

Relationship with Patient (select one):

Caregiver of adult patient who is a family member or assistant who regularly looks after the adult patient

Custodial parent of minor patient

Legal guardian of minor patient (must include documentation in application)

SECOND CAREGIVER (OPTIONAL FOR MINOR PATIENTS)

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yyyy)

Current Physical Street Address APT# City State ZIP

County Phone # Email Address

Relationship with Patient (select one):

Custodial parent of minor patient

Legal Guardian of minor patient (must include documentation in application)

ATTESTATION By my signature below, I attest to the following:

FOR ADULT PATIENTS

- I understand I am designating the individual identified above as my caregiver;
- I understand this individual cannot possess or purchase medical cannabis on my behalf until he or she has been approved for and received a caregiver identification card issued by MSDH; and
- I understand I can only have one designated caregiver at any given time.



Adult Patient Signature (If applicable)

Date (mm/dd/yyyy)

ATTESTATION By my signature below, I attest to the following:

FOR MINOR PATIENTS

- I am a custodial parent or legal guardian of the minor patient.
- I understand that if I am a legal guardian, I will need to provide official documentation proving my legal guardianship in my online application.
- I understand I will not receive a caregiver's identification card until I complete a caregiver application and am approved for an identification card.



Parent/Legal Guardian Signature (If applicable)

Date (mm/dd/yyyy)



Parent/Legal Guardian Signature (If applicable)

Date (mm/dd/yyyy)