State of Illinois
Illinois Department of Public Health

Illinois Medical Cannabis Pilot Program

Petition to Add a Debilitating Medical Condition

INSTRUCTIONS

Illinois residents may petition the Illinois Department of Public Health ("Department") to add debilitating medical conditions or diseases to those listed in subsection (h) of Section 10 of the Compassionate Use of Medical Cannabis Pilot Program Act [410 ILCS 130].

- Each petition is limited to a single medical condition or disease.
- Petitions are accepted twice annually, from January 1 through January 31 and from July 1 through July 31. Petitions must be postmarked by the appropriate date. Petitions received outside of these open periods will not be reviewed and will be returned.
- The original petition, two (2) paper copies, and an electronic copy (CD/DVD or flash drive) must be sent by certified U.S. mail to:

  Illinois Department of Public Health
  Division of Medical Cannabis
  535 W. Jefferson St.
  Springfield, IL 62761-0001

Upon review of the petition, the Department will determine whether:

- The petition does not meet the standards for submission, and, if so, the petition will be denied. The Department will notify the petitioner who may correct any deficiencies and resubmit the petition during the next open period; or
- The petition meets the standards for submission and, if so, the Department will accept the petition for further review.

If the petition is accepted, the Department will refer the petition documents to the Medical Cannabis Advisory Board ("Advisory Board") for review.

The Advisory Board has a minimum of 30 days to review the petitions before convening a public hearing to review all eligible petitions. The Department shall provide notice of the public hearing on its website.

After the public hearing, the Advisory Board will provide the Department Director a written report of findings and a recommendation either for the approval or denial of the petitioner's request. The Department will approve or deny a petition within 180 days after its submission during the biannual petition period.

The petitioner may withdraw his or her petition by submitting a written statement to the Department indicating withdrawal, at any time prior to the date of the public hearing.

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PETITION

Date of Submission _____
(mm/dd/yyyy)

PETITIONER'S INFORMATION

Name (First, Middle, Last)		
Organization (if applicable)		
Mailing Address (including Apartment or Suite #)		
City	State IL	ZIP Code
Telephone Number (###-###-####)	E-mail Address	

Proposed medical condition

Provide the specific name and a brief description of the proposed debilitating medical condition or disease. Broad categories of conditions are not acceptable. You may only propose a single medical condition or disease. Please include any applicable diagnostic code(s), citing the associated ICD-9 or ICD-10 codes, in this section.

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Symptoms of the medical condition and/or its treatments

Describe the extent to which the debilitating medical condition or disease itself, and/or the treatments, cause severe suffering and impair a person's daily life. *Attach additional pages if needed.*

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Availability of conventional medical therapies

Describe conventional medical therapies, other than those that cause suffering, available to alleviate the suffering caused by the proposed debilitating medical condition or disease and/or its treatment. *Attach additional pages if needed.*

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Proposed benefits from medical cannabis

Describe the proposed benefits from the medical use of cannabis specific to the proposed debilitating medical condition or disease. *Attach additional pages if needed.*

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Evidence supporting the use of medical cannabis
Attach evidence generally accepted by the medical community and other experts that the use of medical cannabis alleviates suffering caused by the medical disease and/or treatment.

This includes but is not limited to peer-reviewed published journals or other completed medical studies.

Letters of support
Attach letters of support for the use of medical cannabis from physicians or other licensed health care providers knowledgeable about the condition or disease, including, if feasible, a letter from a physician with whom the petitioner has a bona-fide physician-patient relationship along with any additional medical, testimonial, or scientific documentation.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

_____ _____

SIGNATURE DATE (mm/dd/yyyy)

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