



United States Virgin Islands Office of Cannabis Regulations Industry Portal User Guide

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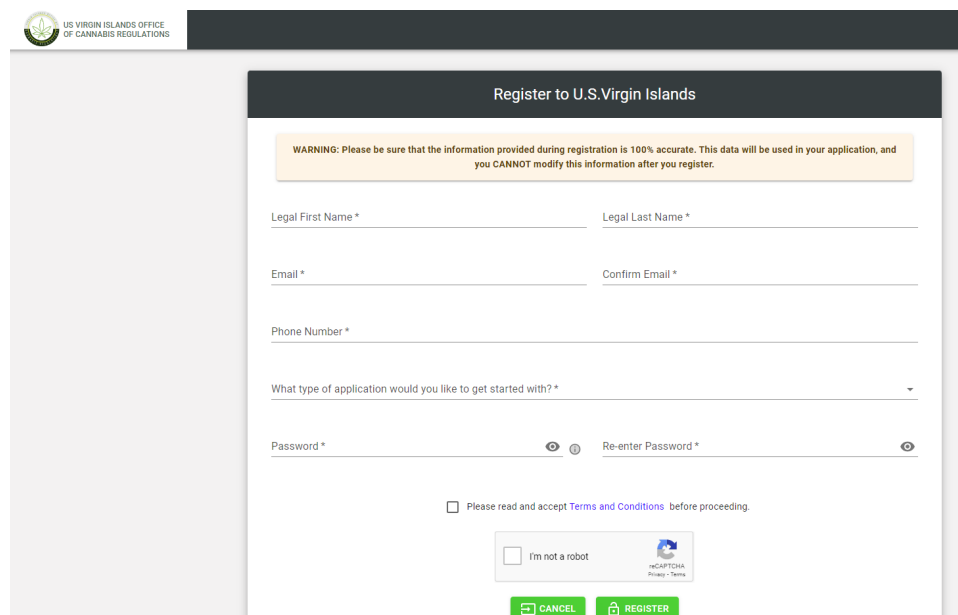
Overview

Cannabis Licensing Powered by Complia is the official web portal for the U.S. Virgin Islands Office of Cannabis Regulations.

Industry stakeholders can utilize Cannabis Licensing to manage the application process for:

- Provider registration, updates, renewals, and patient certifications
- Patient applications, updates and renewals
- Caregiver applications, updates and renewals
- Agent applications, updates and renewals
- New users must first register by navigating to the Registration page:

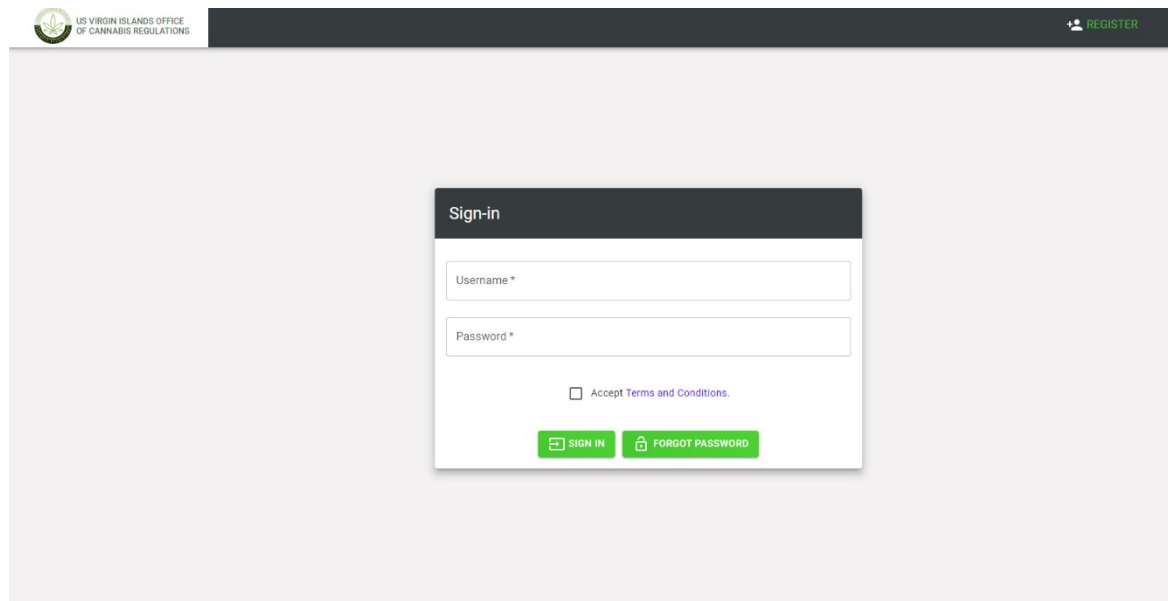
<https://usvi-ocr-public.nls.egov.com/register>

A screenshot of the "Register to U.S. Virgin Islands" web form. The form is titled "Register to U.S. Virgin Islands" and includes a warning message: "WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register." The form fields include: "Legal First Name *", "Legal Last Name *", "Email *", "Confirm Email *", "Phone Number *", "What type of application would you like to get started with? *" (a dropdown menu), "Password *" (with an eye icon for visibility), and "Re-enter Password *" (with an eye icon for visibility). Below the fields is a checkbox for "Please read and accept Terms and Conditions before proceeding." and a reCAPTCHA widget with the text "I'm not a robot". At the bottom are two green buttons: "CANCEL" and "REGISTER". The top left corner of the page shows the "US VIRGIN ISLANDS OFFICE OF CANNABIS REGULATIONS" logo.

Once the registration information is submitted, confirm your email address by clicking the link sent to your inbox. **You will not be able to log in until you verify your email address.** (if you do not see the email link, please check all your inboxes (i.e., spam, junk mail, or quarantine).

Log In

Once your new account email has been verified, you can log in:

A screenshot of a web application's sign-in interface. At the top, there is a dark header bar. On the left of the header is a circular logo with a green leaf and the text "US VIRGIN ISLANDS OFFICE OF CANNABIS REGULATIONS". On the right of the header is a "REGISTER" link with a user icon. The main content area is light gray and contains a white "Sign-in" form. The form has a dark header with the text "Sign-in". It includes two input fields: "Username *" and "Password *". Below the password field is a checkbox labeled "Accept Terms and Conditions." At the bottom of the form are two green buttons: "SIGN IN" with a key icon and "FORGOT PASSWORD" with a padlock icon.

If you forget your password, click the Forgot Password button, provide your email address, and follow the instructions.

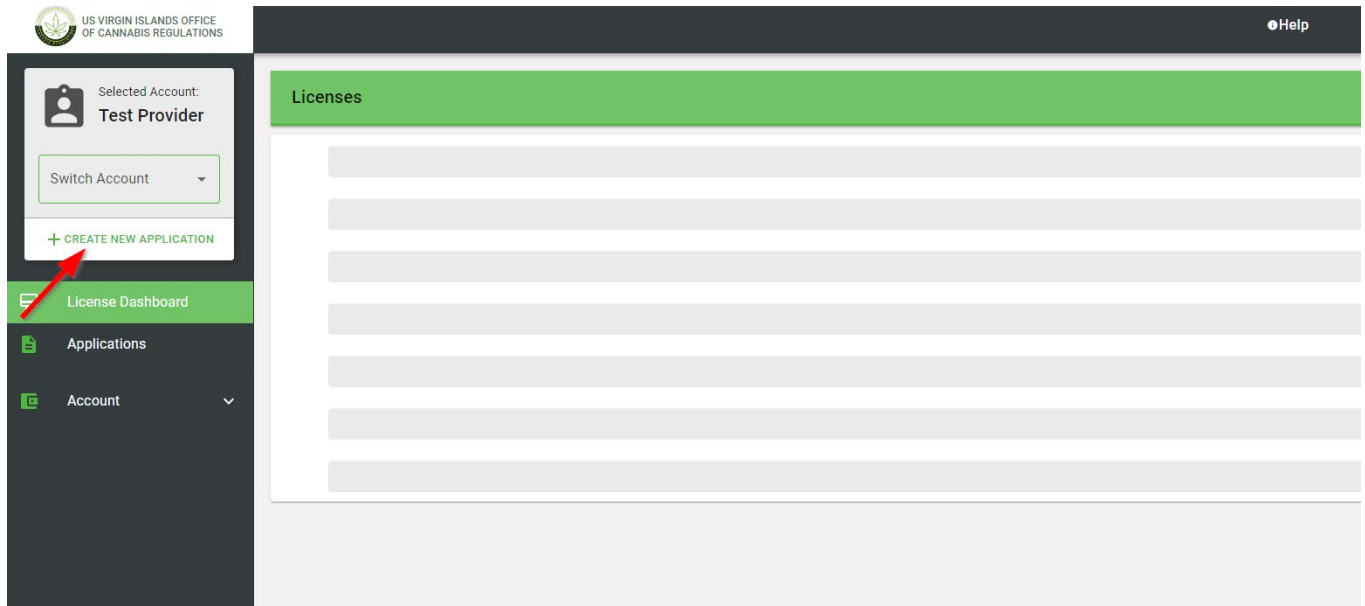
If you try to log in with an incorrect password multiple times, your account will get locked, and you will not be able to log in. Please contact technical support at nlssupport-usvi-ocr@tylertech.com to have your account unlocked.

Payment

Most applications in Cannabis Licensing require the payment of fees as detailed by the U.S. Virgin Islands Office of Cannabis Regulations. Please contact the U.S. Virgin Islands Office of Cannabis Regulations if you have payment-related questions.

Submit a New Application

To start a new application, click the Create New Application button in the center of the screen.



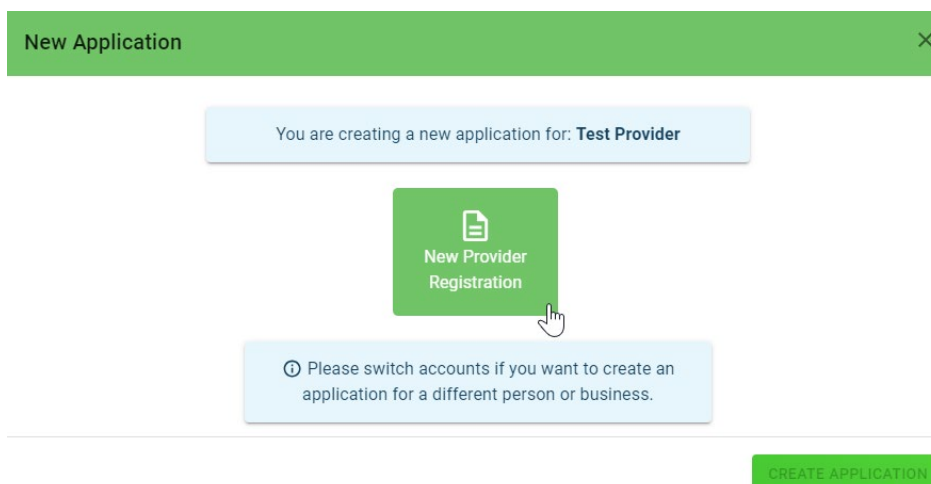
Next, choose the application type you'd like to create. Be sure to verify that you are working in the proper account by verifying the information in the blue box. Click Create Application to start the application.

Once the application is created, complete all required information.

Provider Registration-Practitioners and Religious Organizations

To start a new Provider application, click the Create New Application button in the center of the screen and select the New Provider Registration option.

Provider Registration:





Select the provider type from the dropdown menu, then enter your Provider legal name or Religious Organization name.

Once the application is created, complete all required information.

For Practitioners:

Applications / New Provider Registration

PROVIDER REGISTRATION

CONTACT INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Provider Type

Practitioner

Practitioner

Religious Organization

Legal Provider Name (Full Legal Name or Religious Organization Name) *

This is required

Legal First Name *

Legal Middle Name

Legal Last Name *

Practice Type *

Speciality *

Practitioner Email *

Practitioner Phone Number *

Virgin Islands Medical License Number *

Virgin Islands Medical License Number Expiration Date *

Do you have a Federal Drug Enforcement Agency Number? *

Are you operating under a different name? *

☐ Yes

☐ No

☐ Yes

☐ No

SAVE

SAVE & NEXT

CANCEL

For Religious Organizations:

Applications / New Provider Registration

PROVIDER REGISTRATION

CONTACT INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Provider Type

Religious Organization

Legal Provider Name (Full Legal Name or Religious Organization Name) *

This is required

Religious Organization Information

Organization Name *

Do you operate under a Trade Name? *

☐ Yes
 ☐ No

Description of Spiritual or Religious Beliefs *

Membership Deactivation Process *

Cannabis Use in Religious Practice, including youth engagement, if any *

Applicant Information

Applicant Full Name *

For Practitioners: Electronic Practitioner Certification

Practitioners must complete an Electronic Practitioner Certification application for patients on file. An approved Electronic Practitioner Certification application is required for patients to claim a certification on their account. Religious Organizations are not required to submit an Electronic Practitioner Certification.

To start a new Electronic Practitioner Certification application, click the Create New Application button in the center of the screen and select the Electronic Practitioner Certification option.

New Application



You are creating a new application for



New Provider
Registration



Electronic
Practitioner
Certification



New Patient
Registration



New Caregiver
Registration

⚠ Religious Organizations are not required to submit an Electronic Practitioner Certification.

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

CREATE APPLICATION

Select your Practitioner Registration number from the Registration Number dropdown. Complete all the required information. Each application contains required data fields, question responses, and document uploads. The Electronic Practitioner Certification Application may only be submitted by a licensed Practitioner with an approved Provider license in the system.

Applications / Electronic Practitioner Certification

PRACTITIONER LICENSE NUMBER

PATIENT INFORMATION

PRACTITIONER INFORMATION

ATTESTATIONS

REVIEW

Patient First Name *

Patient Middle Name

Patient Last Name *

Patient Date of Birth *

Patient Social Security Number *

Patient Email Address *

Is this Patient 21 years or older? *

Date of In-Person Patient Examination *

Debilitating Medical Condition *

☐ Yes

04/10/2024

☐ No

Is the patient homebound? *

☐ Yes

☐ No

Recommendations and Limitations

Recommended Flower 7 Day Amount *

Flower Amount *

Standard Amount

4oz

Recommended Cannabis Product 7 Day Amount *

Cannabis Product Amount *

Standard Amount

2oz

Recommended Concentrate 7 Day Amount *

Concentrate Amount *

Standard Amount

28g

Review

This is the final page, which will indicate if there are required fields missing data.

The “red X” indicates where there is a missing requirement. Click on the tab to complete the missing information or document.

Applications / New Provider Registration

PROVIDER REGISTRATIONCONTACT INFORMATIONQUESTIONS AND ATTESTATIONSDOCUMENTSPAYMENTSREVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

Provider Registration

✓ Provider Type: Practitioner

✗ Legal Provider Name (Full Legal Name or Religious Organization Name):

Practitioner Information

✗ Legal First Name:

Legal Middle Name:

✗ Legal Last Name:

✗ Practice Type:

✗ Speciality:

✗ Practitioner Email:

✗ Practitioner Phone Number:

✗ Virgin Islands Medical License Number:

✗ Virgin Islands Medical License Number Expiration Date:

✗ Do you have a Federal Drug Enforcement Agency Number?:

✗ Are you operating under a different name?:

Contact Information

Provider Office Address

✓ Primary Office Location: No

✗ Provider Office Street Address:

Unit No. / Apt No.:

✗ Provider Office City:

You are welcome to save the application and return to it later if you need more time. Simply click save and log off.


Once your application is submitted, it will be available for review by U.S. Virgin Islands Office of Cannabis Regulations personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be returned for correction. You will receive an email notification when this occurs. Returned applications must be corrected and resubmitted through Cannabis Licensing.

Patient and Sacramental Use Registrations


To start a new Patient application, click the Create New Application button in the center of the screen and select the New Patient Registration option.

New Application
✕


You are creating a new application for:




**New Provider
Registration**



**Electronic
Practitioner
Certification**



**New Patient
Registration**



**New Caregiver
Registration**

ⓘ Please switch application for

This application includes forms OCR-0110, OCR-0120, OCR-0143, OCR-0150, OCR-0160, and OCR-0161 OCR-0222, and OCR-0223.

CREATE APPLICATION

Then, select the type of Patient License you are applying for:

Applications / New Patient Registration

GENERAL INFORMATION

CONTACT INFORMATION

CERTIFYING PRACTITIONER/ CONDITION INFORMATION

CAREGIVER INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Please note: Once your application has been submitted and is pending approval, you are unable to make changes to the information provided. This application encompasses forms OCR-0110, OCR-0120, OCR-0143, OCR-0150, OCR-0160, and OCR-0161 OCR-0222, and OCR-0223.

License Type *

Patient
Sacramental User

Legal Last Name * _____

Date of Birth *

Social Security Number *

XXX-XX-XXXX

Driver's License/State ID Issuing State *

Driver's License/State ID Number *

Email Address *

Phone Number *

Is the individual 21 years or older? *

☐ Yes

☐ No

SAVE

→ SAVE & NEXT

CANCEL

Once the application is created, complete all required information.

New Patients:

An Electronic Practitioner Certification must be claimed to complete a Patient application. Electronic Practitioner Certifications are not required for Sacramental Use Applicants.

Certifying Practitioner/Condition Information: Select View Available Certifications to view available Practitioner Certifications. If there are none available, please contact your Practitioner.

Applications / New Patient Registration

GENERAL INFORMATIONCONTACT INFORMATIONCERTIFYING PRACTITIONER/CONDITION INFORMATIONCAREGIVER INFORMATIONQUESTIONS AND ATTESTATIONSDOCUMENTSPAYMENTSREVIEW

Recommendation

VIEW AVAILABLE CERTIFICATIONS

Patient Information

Date of In-Person Patient Examination *
Debilitating Medical Condition *
Is the patient homebound? *
☐ Yes
☒ No

Recommendations and Limitations

Recommended Flower 7 Day Amount *	Flower Amount *
Standard Amount	4oz
Recommended Cannabis Product 7 Day Amount *	Cannabis Product Amount *
Standard Amount	2oz
Recommended Concentrate 7 Day Amount *	Concentrate Amount *
Standard Amount	28g

Limitations

Do you have a limitation on the allowable time periods and/or form? *
☐ Yes

Provider Certification Selection

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

Physician Name:

Recommendation ID:
Examination Date:

CANCELUPDATE



Sacramental Use Applicants: Enter all required information and upload all necessary supporting documentation.

Applications / New Patient Registration

GENERAL INFORMATION

CONTACT INFORMATION

CERTIFYING PRACTITIONER/ CONDITION INFORMATION

CAREGIVER INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Please note: Once your application has been submitted and is pending approval, you are unable to make changes to the information provided. This application encompasses forms OCR-0110, OCR-0120, OCR-0143, OCR-0150, OCR-0160, and OCR-0161 OCR-0222, and OCR-0223.

License Type *
Sacramental User

Legal First Name *
Middle Name
Legal Last Name *

Date of Birth *
Social Security Number *
XXX-XX-XXXX
Driver's License/State ID Issuing State *

Driver's License/State ID Number *
Email Address *
Phone Number *

Is the individual 21 years or older? *
☐ Yes
☐ No

Sacramental Use

Religious Organization Information

Organization Name *
Description of Spiritual or Religious Beliefs *
Would you like your religious organization to grow cannabis on your behalf? *

Review

This is the final page, which will indicate if there are required fields missing data.

The “red X” indicates where there is a missing requirement. Click on the tab to complete the missing information or document.

Applications / New Caregiver Registration

GENERAL INFORMATION
CONTACT INFORMATION
QUESTION AND ATTESTATIONS
DOCUMENTS
PAYMENTS
REVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✗ Caregiver First Name:	Caregiver Middle Name:	✗ Caregiver Last Name:
✗ Are you associated with a Facility or Company?:		
✓ Caregiver Date of Birth: 01/01/1990	✓ Caregiver Social Security Number: XXX-XX-XXXX	✗ Driver's License/State ID Issuing State:
✗ Driver's License/State ID Number :	✗ Email Address:	✗ Phone Number:

Patient Information

✗ Associated Patient License Identification Card Number:	✗ Associated Patient First Name:	✗ Associated Patient Last Name:
✗ Is this patient a minor?:		
✗ Are you a full-time Resident of the Virgin Islands?:		

Contact Information

Physical Street Address

You are welcome to save the application and return to it later if you need more time. Simply click save and log off.


Once your application is submitted, it will be available for review by U.S. Virgin Islands Office of Cannabis Regulations personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be returned for correction. You will receive an email notification when this occurs. Returned applications must be corrected and resubmitted through Cannabis Licensing.


Caregiver Registrations


To start a new Caregiver Registration, click the Create New Application button in the center of the screen and select the New Caregiver Registration option.


New Application
×


You are creating a new application for:


 New Provider
Registration


 Electronic
Practitioner
Certification


 New Patient
Registration


 New Caregiver
Registration


 New Agent
Registration

The application includes forms OCR-0140 and OCR-0160

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

CREATE APPLICATION

New Caregivers: You must be designated as a caregiver to claim an associated patient. The Patient License ID card number, First and Last Name must be entered correctly to proceed with the application.

Applications / New Caregiver Registration

GENERAL INFORMATION

CONTACT INFORMATION

QUESTION AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

This application encompasses forms OCR-0140 and OCR-0160.

Caregiver First Name * ...

Caregiver Middle Name

Caregiver Last Name *

Are you associated with a Facility or Company? * ⓘ

☐ Yes
 ☐ No

Caregiver Date of Birth *
 01/01/1990

Caregiver Social Security Number *
 XXX-XX-XXXX

Driver's License/State ID Issuing State *

Driver's License/State ID Number * ...

Email Address *

Phone Number *

Patient Information

Associated Patient License Identification Card Number * ...

Associated Patient First Name *

Associated Patient Last Name *

Review

This is the final page, which will indicate if there are required fields missing data.

The “red X” indicates where there is a missing requirement. Click on the tab to complete the missing information or document.

Applications / New Caregiver Registration

GENERAL INFORMATIONCONTACT INFORMATIONQUESTION AND ATTESTATIONSDOCUMENTSPAYMENTSREVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

X

Caregiver First Name:

Caregiver Middle Name:

X

Caregiver Last Name:

X

Are you associated with a Facility or Company?:

✓

Caregiver Date of Birth: 01/01/1990

✓

Caregiver Social Security Number: XXX-XX-XXXX

X

Driver's License/State ID Issuing State:

X

Driver's License/State ID Number :

X

Email Address:

X

Phone Number:

Patient Information

X

Associated Patient License Identification Card Number:

X

Associated Patient First Name:

X

Associated Patient Last Name:

X

Is this patient a minor?:

X

Are you a full-time Resident of the Virgin Islands?:

Contact Information

Physical Street Address

You are welcome to save the application and return to it later if you need more time. Simply click save and log off.

Once your application is submitted, it will be available for review by U.S. Virgin Islands Office of Cannabis Regulations personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be returned for correction. You will receive an email notification when this occurs. Returned applications must be corrected and resubmitted through Cannabis Licensing.

Agent Registrations

To start a new Agent Registration, click the Create New Application button in the center of the screen and select the New Agent Registration option.

New Application

You are creating a new application for:

New Provider Registration

Electronic Practitioner Certification

New Patient Registration

New Caregiver Registration

New Agent Registration

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

CREATE APPLICATION

Once the application is created, complete all required information.

Applications / New Agent Registration

GENERAL INFORMATION

CONTACT INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

This application includes form OCR-0310.

Legal First Name *

Middle Name

Legal Last Name *

Date of Birth *

Social Security Number *

Driver's License/State ID Issuing State *

Driver's License/State ID Number *

Gender *

Email *

Phone Number *

Primary Agent Role *

SAVE

SAVE & NEXT

CANCEL

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✗ Legal First Name:	✗ Middle Name:	✗ Legal Last Name:
✓ Date of Birth: 01/01/1990	✓ Social Security Number: 111111111	✗ Driver's License/State ID Issuing State:
✗ Driver's License/State ID Number:	✗ Gender:	✗ Email:
✗ Phone Number:	✗ Primary Agent Role:	

Contact Information

Residence Address

✗ Street:	Unit No. / Apt No.:	✗ City:
✗ District:	✗ State:	✗ Zip Code:
✗ Address Verified?: No		

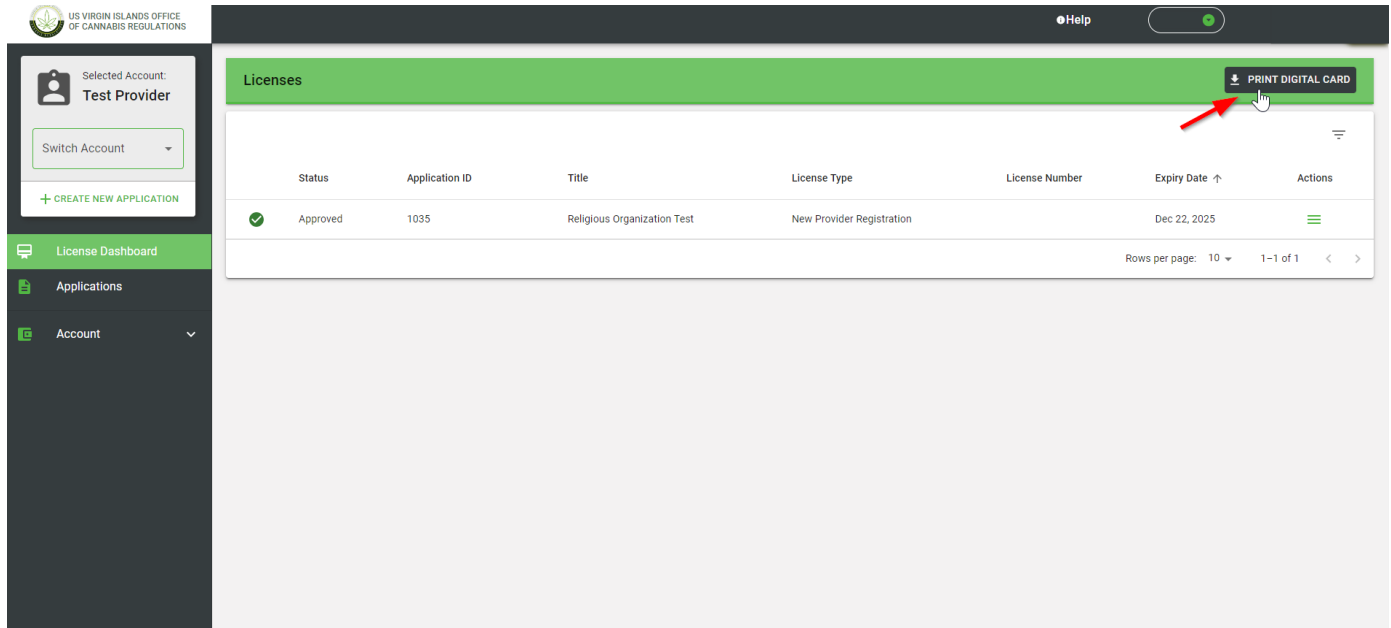
Mailing Address

You are welcome to save the application and return to it later if you need more time. Simply click save and log off.

Once your application is submitted, it will be available for review by U.S. Virgin Islands Office of Cannabis Regulations personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be returned for correction. You will receive an email notification when this occurs. Returned applications must be corrected and resubmitted through Cannabis Licensing.

Digital Cards and Provider Certificates

To view and download and/or print your card or certificate, simply login to your License Dashboard. Go to the far right and click on the green “Print Digital Card” button.



The screenshot shows the 'Licenses' section of the dashboard. The table contains one license entry:

Status	Application ID	Title	License Type	License Number	Expiry Date	Actions
Approved	1035	Religious Organization Test	New Provider Registration		Dec 22, 2025	[Menu Icon]

The 'PRINT DIGITAL CARD' button is located in the top right corner of the table, indicated by a red arrow.

Then select download license. This will create a pdf file that you may print like any other pdf file. It will not open within the page for privacy reasons. It will download a pdf file that you can save, print, or open.

Support

For questions regarding application requirements, acceptable documentation, the status of your application, payments, rules, regulations, policy, or other program specific questions, please contact the U.S. Virgin Islands Office of Cannabis Regulation:

Email Address: info.ocr@ocr.vi.gov

Phone Number: (340)-714-9755

You can quickly find answers to Frequently Asked Questions (FAQS) [here](#).

For technical support and payment questions, please contact Cannabis Licensing U.S. Virgin Islands at nlssupport-usvi-ocr@tylertech.com.