



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

Tyler Technologies, Industry Portal User Guide, 2024



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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
- New users must first register by navigating to the Registration page:

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

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

US VIRGIN ISLANDS OFFICE OF CANNABIS REGULATIONS		+2 REGISTER
	Sign-in	
	Username *	
	Password *	
	Accept Terms and Conditions.	
	E SIGN IN	

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

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 <u>nlssupport-usvi-ocr@tylertech.com</u> 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.

US VIRGIN ISLANDS OF OF CANNABIS REGULAT	FICE TIONS		●Help
Selected Account Test Provide	t: er	Licenses	
Switch Account	•		
+ CREATE NEW APPLICAT	ION		
License Dashboard			
Applications			
Account	~		

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:

New Application		×
	You are creating a new application for: Test Provider]
	New Provider Registration	
	③ Please switch accounts if you want to create an application for a different person or business.	
		CREATE APPLICATION

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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.

PROVIDER REGISTRATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW	
Provider Type Practitioner			l egal Provider Name (Full Legal I	Name or Religious Organization Nam	e) *	
Practitioner			This is required		.,	
Religous Organization						
Legal First Name *		Legal Middle Name		Legal Last Name *		
Practice Type *		Speciality *		Practitioner Email *		
Practitioner Phone Number*		Virgin Islands Medical License N	umber*	Virgin Islands Medical License Nu	mber Expiration Date *	Ē
Do you have a Federal Drug Enforcem	nent Agency Number? *	Are you operating under a different na	ime?*			
O Yes		⊖ Yes				
O No		O No				
0 No		O No No SAVE → SA	IVE & NEXT CANCEL			



For Religious Organizations:

Applications / New Provider Reg	gistration				
PROVIDER REGISTRATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Provider Type Religous Organization Religious Organization Info	rmation		Legal Provider Name (Full Legal N This is required	lame or Religious Organization Name	2) *
Organization Name *			Do you operate under a Trade Name? Ves No		
Description of Spiritual or Religio	ous Beliefs *	٦	Membership Deactivation Proces	s*	0
Cannabis Use in Religious Practi	ce, including youth engagement, if an	y**			
Applicant Information					
Applicant Full 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 Provider Reg	istration							
PROVIDER REGISTRATION	CONTACT INFORMATION	QUESTIONS 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.								
Provider Registration								
✓ Provider Type: Practitioner			🗙 Legal Provider Name (Full Lega	l Name or Religious Organization Name)	:			
Practitioner Information								
🗙 Legal First Name:		Legal Middle Name:		🗙 Legal Last Name:				
× Practice Type:		× Speciality:		× Practitioner Email:				
X Practitioner Phone Number:		✗ Virgin Islands Medical License	Number:	🗙 Virgin Islands Medical License N	umber Expiration Date:			
🗙 Do you have a Federal Drug B	inforcement Agency Number?:	🗙 Are you operating under a diffe	rent name?:					
Contact Information								
Provider Office Address								
Primary Office Location: No								
× Provider Office Street Addre	\$\$:	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.



Digital Cards and Business Licenses

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

	US VIRGIN ISLANDS OFFICE OF CANNABIS REGULATIONS						●Help		
	Selected Account: Test Provider	Licen	ises					± P	RINT DIGITAL CARD
	Switch Account 👻								Ŧ
			Status	Application ID	Title	License Type	License Number	Expiry Date 🛧	Actions
	SILEALE ILEA AT LIGATION	•	Approved	1035	Religious Organization Test	New Provider Registration		Dec 22, 2025	=
Ŧ	License Dashboard							Rows per page: 10 👻	1-1 of 1 < >
B	Applications								
e	Account 🗸								

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 <u>nlssupport-usvi-ocr@tylertech.com</u>.