



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance
Abuse Services**

3008 Mail Service Center
Raleigh, NC 27699-3008
Telephone: 919-733-1765

**North Carolina Epilepsy Alternative Treatment Act
Caregiver Registration Application**

Section A. Caregiver Attestation
Please Print or Type & Use Full Name, not Initials

I, _____ possess a written statement dated and signed by the
neurologist listed in section D of this form that states all of the following:

1. The patient has been examined and is under the care of the neurologist.
2. The patient suffers from intractable epilepsy.
3. The patient may benefit from treatment with hemp extract.

I attest that the information I provided on and with this application is true and correct.

Caregiver's Signature

Date

[Click here to enter a date.](#)

Section B. Caregiver Information
Please Print or Type & Use Full Name, not Initials

Caregiver Name (First, Middle, Last, Suffix (Jr., Sr, III))

Relationship to Patient

- Parent
 Legal guardian
 Custodian

Caregiver ID number (NCDL, NC State Issue ID or Military ID) *(must be a NC resident)*

Caregiver Date of Birth *(must be at least 18)*

Street Address

City, State, Zip Code

Area Code & Telephone Number (optional)

Email Address (optional)

Section C. Patient Information Please Print or Type & Use Full Name, not Initials	
Patient Name (First, Middle, Last, Suffix (Jr., Sr, III))	
Street Address	City, State, Zip Code

Section D Neurologist Information Please Print or Type & Use Full Name, not Initials	
Neurologist Name (First, Middle, Last, Suffix (Jr., Sr, III))	Neurologist Hospital Affiliation
Street Address	City, State, Zip Code

FOR DEPARTMENT USE ONLY		
<input type="checkbox"/> Registered <input type="checkbox"/> Not Registered	Staff Initials	Date of Action

Instructions for Completing the Intractable Epilepsy Caregiver Registry Application

- Complete this form, sign and submit it by mail along with a copy of the caregiver's ID (NCDL, NC State Issue ID or Military ID) to:
NC Epilepsy Alternative Treatment Registration
3008 Mail Service Center
Raleigh, NC 27699-3008.
- Information on this form must be legible.
- To be eligible, the caregiver must be at least 18 years of age and a resident of North Carolina.