

DOH 329 Registry Physician Initiated Application

Detailed Instructions
For Certifying Physicians

Background

- On January 1, 2015, the Department of Health began managing the State's Medical Marijuana Registry Program.
- As of January 1, 2015, the DOH Interim System was in place and applications were submitted partially online (entered by physicians or their staff) and partially via hard copies that were mailed to DOH.
- As of December 1, 2015, ALL applications will be handled electronically.
- Applications that were initiated and entered into the DOH Interim System prior to December 1, 2015, will continue to be accepted temporarily. All new applications must be submitted using the new Patient Application System in one of the following formats:
 - Patient Initiated Application
 - Physician Initiated Application

This training is for Physician Initiated Applications

Introduction

- This document will show physicians the steps involved in submitting an electronic application, on behalf of a qualifying patient, to the DOH.
- This process is similar to the **DOH Interim System** in that the physician enters ALL data however the physician does NOT submit hard copies. All required documents MUST be uploaded and Money Orders/Cashier's Checks are NOT accepted.
- Typically, patients should submit their portion of the online application to you electronically via the Patient Initiated Application.
- The option of submitting a Physician Initiated Application is intended to be a back up for those patients that, for what ever reason, are unable to submit their portion electronically.

Introduction (cont'd)

- Before you begin
 - Electronic Signature Agreement Form - *REQUIRED*
 - Link to MyPVL - *REQUIRED*
- First Time Access to medmj.ehawaii.gov
- Subsequent Access
- Required Documents
- Security Reminders
- Physician Initiated Application – step by step process

Electronic Signature Agreement Form

- Certifying Physicians MUST complete the Electronic Signature Agreement form at <http://health.hawaii.gov/medicalmarijuana/providers/application-procedure/> before using the new electronic system in order for DOH to accept their electronic signature.
- Please download the form, complete it on a computer (or type), print it out, sign it, date it, and return it to DOH. Electronic signatures on this form are NOT ACCEPTABLE. Mail completed form to: DOH, 4348 Waialae Avenue, #648, Honolulu, Hawaii 96816.

Link MyPVL

- Next, prior to accessing the Medical Marijuana Registry application system, you will need to link your Professional & Vocational Licensing (My PVL) account to the email address you plan to use for the Medical Marijuana Registry
- Follow the instructions here:
<http://health.hawaii.gov/medicalmarijuana/files/2014/11/Creating-a-MyPVL-Account-12-30-14-Revised-FINAL.pdf>

First Time Access

The first time you go to the Medical Marijuana Registry web site, <https://medmj.ehawaii.gov> you will see the screen to the right and you will need to click the **‘Doctors, first time logging in?’** link in the upper right corner.

You will be taken to a different screen.



First Time Access

You will need to login using the same email address and password you currently use to access the Professional & Vocational Licensing site (MyPVL Renewal site:

<https://pvl.ehawaii.gov/mypvl>) for your MD or DOS license. You will also need to input your PVL license # and your controlled substance #.

- Visit

<https://pvl.ehawaii.gov/mypvl/docs/MyPVL%20Instructions.pdf> for more information

If you have forgotten your PVL system password, you can use the 'Forgot Password' link to reset the password. A new password will be sent to the PVL email.



The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page is titled 'Doctor First-time Log In:' and includes instructions for doctors to enter their license information and email/password for the first time. The form contains the following fields and options:

- Type:** A dropdown menu with '-Select-' as the current selection.
- PVL License #:** A text input field.
- Control Substance #:** A text input field.
- Email:** A text input field with the placeholder 'yourname@domain.com'.
- Password:** A text input field with masked characters '*****'.

Below the form, there is a blue 'Log In' button. Additional text on the page includes: 'Forgot your password? Visit [MyPVL](#) and select *Forgot Password* to reset it.' and 'Need an account? [Create an account as MyPVL](#) and link your MD or DOS license to your new account.'

At the bottom of the page, it says 'Hawaii State Department of Health' and '© 2014. All rights reserved.'

Subsequent Logins

After you have logged in the first time successfully, you can then log in with just your email & password at the main landing page:

<https://medmj.ehawaii.gov>

The screenshot shows the login interface for the Medical Marijuana Registry. At the top, there is a green navigation bar with the 'hawaii.gov' logo and links for 'Home', 'Help Chat', and 'First-time Doctor Log In'. Below this is a blue header with the Hawaii State seal and the text 'Medical Marijuana Registry Hawaii State Department of Health'. The main content area has a light blue background and contains the text 'Access Registrations in the Medical Marijuana Registry System'. Below this is a 'Log in to begin:' section. A link for 'Patients, first time logging in?' points to 'Go to the Patient Log In.'. There are two input fields: 'Email: Required' with a placeholder 'yourname@domain.com' and 'Password:' with a placeholder '*****'. A blue 'Log In' button is to the right. A link for 'Forgot password? Retrieve Password.' is below the email field. The footer contains contact information for the State of Hawaii Department of Health, including the address '4348 Waialae Avenue, #648 Honolulu, Hawaii 96816', a copyright notice '© 2014. All rights reserved.', and links for 'Accessibility', 'Feedback', 'Privacy', and 'Terms'. It also states 'Powered by HIC' and provides contact instructions: 'To reach the program directly by: Email OR to contact the eHawaii.gov help desk for questions specific to this site call 808-695-4620'.

Required Documents to UPLOAD

- Patient - NO CAREGIVER, you need a minimum of a valid ID to upload (everything else can be done electronically)
- Patient - WITH a Caregiver, you need a minimum of (the above plus):
 - Caregiver's valid ID
 - Caregiver Certification Form - *you will be prompted to print this during the application process, if applicable. It must be (downloaded) printed, signed, and uploaded before your application can be submitted to DOH*
- IF your Caregiver is associated with your grow site, you also need:
 - Grow Site Certification Form – *you will be prompted during the application process, as noted above.*

Security Reminder

- Treat the uploaded files (photocopies of IDs, signed documents) with same care used for ALL medical records.
- Always protect your username and password.

Physician Initiated Application

- The next steps focus on creating a record for a patient that is unable to enter their own electronic application and requires that the certifying physician enter all data fields required for a patient application.
- This process is *similar* to the **Interim Application System** but allows for the uploading of applicable supporting documents (*i.e. no need to mail hard copies*)

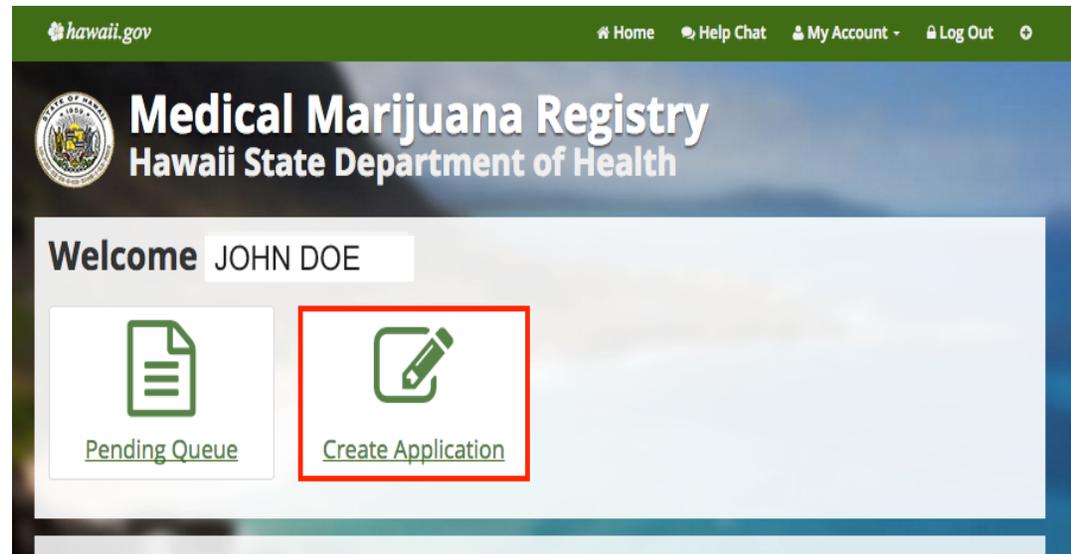
Steps

1. Login and click on **Create Application**
2. Enter Patient Data
3. Enter Caregiver Data, if applicable
4. Enter Debilitating Medical Condition & Physician Data
5. Enter Grow Site Data
6. Download Required Documents – handwritten signatures required
7. Upload Required Documents (certifications & ID)
8. Final Review before Submitting to DOH - corrections requested after DOH issues the 329 Card will require a \$16.50 payment (for a replacement 329 Card) and appropriate forms
9. Certify the Application – this is the equivalent of the physician's signature page.
10. Pay \$38.50 using credit card, MasterCard or VISA Debit card, or Check (no Money orders/Cashier Checks)
11. Review your Pending Queue daily for returns from DOH or new applications from patients

Step 1 – Login & Click Create Application

Once you have logged into the Medical Marijuana System, click on the Create Application icon to create a new patient record.

WARNING: Please be aware that the record will not be saved unless it is complete, so it is necessary to enter all the patient data at one time.



Step 2 – Enter Patient Data

Using the qualifying patient's **valid** identification (ID) carefully fill out the patient's full name exactly as it appears on their valid ID.

Valid ID, in order of preference is driver's license, state ID or passport.

Note: For minor applicants, state ID is required if age 10 or older. If under 10, Birth Certificate is acceptable.

The screenshot shows the 'Create Application' page on the Hawaii State Department of Health's Medical Marijuana Registry website. The page has a green header with the 'hawaii.gov' logo and navigation links for Home, Help Chat, My Account, and Log Out. Below the header is a blue banner with the registry title and department name. A breadcrumb trail shows 'Home / Create Application'. The main content area is titled 'Create Application' and contains several input fields: 'First Name', 'Middle Name' (marked as optional), 'Last Name', and 'Suffix' (marked as optional). Below these are fields for 'ID #' and 'Birth Date' (with a format instruction of mm/dd/yyyy). At the bottom of the form area are two buttons: 'Start New Registration' and 'Home'. The footer contains contact information for the Medical Marijuana Program, copyright notice for 2014, and links for Accessibility, Feedback, Privacy, and Terms. It also mentions the site is powered by HIC.

Step 2 – Enter Patient Data

Continue entering patient information as prompted.

Check the box provided if the patient is an adult lacking legal capacity.

Enter gender of Patient and then move on to Address, ID, and Contact Information.

NOTE: When entering the patient's data, **be careful** NOT to:

- Misspell the patients name,
- Omit last name suffix (i.e. Jr., I, II, III)
- Transpose the first name for the last name, and vice versa
- Omit any part of the address (i.e., house number, street suffix, apartment number)
- Enter the WRONG Date of Birth (DOB)
- Enter the WRONG ID# or ID Expiration Date
- Enter the WRONG City or Zip Code

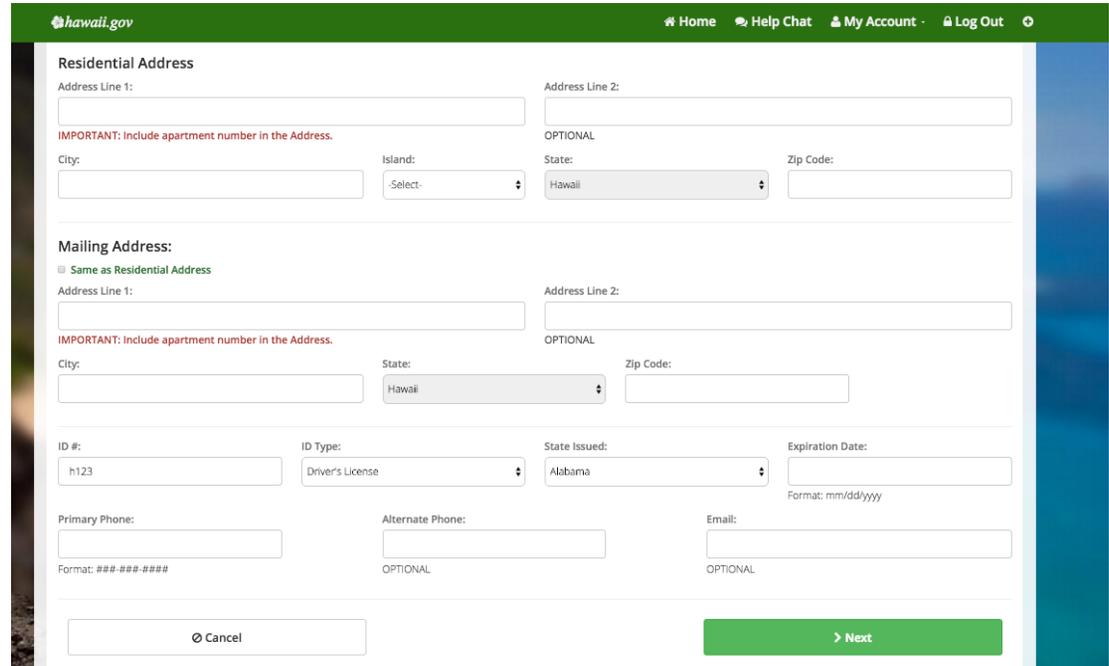
The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page is titled 'Create Application' and features a progress bar. The main section is 'Patient Information'. It contains a table with patient details: Name (testfirst testlast), ID # (h123), and Birth Date (10/10/1990). Below the table, there are input fields for 'Enter additional Patient information'. These include First Name (testfirst), Middle Name (OPTIONAL), Last Name (testlast), and Suffix (OPTIONAL). There is also a Birth Date field (10/10/1990) and a Gender dropdown menu (-Select-). A checkbox is checked for 'Is the patient an adult lacking legal capacity?' with the label 'Yes, the patient is an adult lacking legal capacity'. The form also has a section for Residential Address.

WARNING: Data entry errors will be returned as INCOMPLETE.

Step 2 – Enter Patient Data

Continue entering information as prompted

- If the Mailing address is the same as the residence address, click the 'Same as Residence Address' box for the Mailing address
- The preferred ID type is a Driver's License, followed by state ID and then passport
- For Minor patients only: Birth Certificate is one of the ID options if under age 10.
- For all forms of ID, enter the state or country of Issue and the expiration date
- Enter a minimum of one phone number for the patient
- An alternate phone and a patient email address are requested but not required



The screenshot shows a web form titled "Residential Address" on the Hawaii.gov website. The form is divided into several sections: "Residential Address", "Mailing Address", and "ID Information".

Residential Address: Includes fields for "Address Line 1", "Address Line 2", "City", "Island" (dropdown menu), "State" (dropdown menu), and "Zip Code". A red note says "IMPORTANT: Include apartment number in the Address." and "OPTIONAL" is noted for the "Address Line 2" field.

Mailing Address: Includes a checkbox "Same as Residential Address", "Address Line 1", "Address Line 2", "City", "State" (dropdown menu), and "Zip Code". A red note says "IMPORTANT: Include apartment number in the Address." and "OPTIONAL" is noted for the "Address Line 2" field.

ID Information: Includes "ID #:" (text input with "h123" entered), "ID Type:" (dropdown menu with "Driver's License" selected), "State Issued:" (dropdown menu with "Alabama" selected), and "Expiration Date:" (text input with "Format: mm/dd/yyyy" below it). There are also "Primary Phone:" and "Alternate Phone:" fields (both with "OPTIONAL" labels) and an "Email:" field (with "OPTIONAL" label).

At the bottom, there are "Cancel" and "Next" buttons.

Warning: Residence address can NOT be a P.O. Box or Application will be returned as INCOMPLETE.

Step 3 – Enter Caregiver Data

If there is NO CAREGIVER, click Next.

Two Reminders:

1. If a caregiver is named, enter the information required AND a completed, signed, caregiver Certification MUST be signed & uploaded.
2. If the Applicant/Qualifying Patient is a Minor or an Adult lacking legal capacity, the CAREGIVER information is REQUIRED.

The screenshot shows the 'Medical Marijuana Registry Hawaii State Department of Health' website. The page title is 'Create Application' and the form progress is indicated by a blue bar. The 'Caregiver Information' section is active. It includes a 'Patient' summary table with fields for Name, ID #, and Birth Date. Below this is a question: 'Does the patient have a caregiver? If not, continue to the Next section.' with a radio button selected for 'Yes, the patient has a caregiver.' The form then asks for 'additional Caregiver information' with fields for First Name, Middle Name (OPTIONAL), Last Name, and Suffix (OPTIONAL). It also includes fields for Birth Date (Format: mm/dd/yyyy), Gender (dropdown menu), ID #, ID Type (dropdown menu with 'Driver's License' selected), State Issued (dropdown menu with 'Alabama' selected), and Expiration Date (Format: mm/dd/yyyy). At the bottom, there are fields for Residential Address (Address Line 1 and Address Line 2, with Address Line 2 being OPTIONAL) and an important note: 'IMPORTANT: Include apartment number in the Address.'

WARNING: A caregiver is someone other than the patient. DO NOT enter patient as their own caregiver.

Step 3 – Enter Caregiver Data

Continue entering information as prompted.

- Full Name
- Date of Birth
- Gender
- If the Mailing address is the same as the residence address, click the 'Same as Residence Address' box for the Mailing address.
- The preferred ID type is a Driver's License, followed by state ID and then passport
- For all forms of ID, enter the state or country of Issue and the expiration date
- Enter a minimum of one phone number for the caregiver
- An alternate phone and an email address are requested but not required

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page is titled 'Create Application' and shows a progress bar. The 'Caregiver Information' section includes a 'Patient' summary table with fields for Name, ID #, and Birth Date. Below this is a question about whether the patient has a caregiver, with a radio button selected for 'Yes'. The form then prompts for additional caregiver information, including First Name, Middle Name (optional), Last Name, and Suffix (optional). It also includes fields for Birth Date, Gender (dropdown), ID #, ID Type (dropdown with 'Driver's License' selected), State Issued (dropdown with 'Alabama' selected), and Expiration Date. The 'Residential Address' section has two lines for address entry, with a note to include apartment numbers. The page footer includes 'hawaii.gov', 'Home', 'Help Chat', 'My Account', and 'Log Out' links.

Warning: Residence address can NOT be a P.O. Box or Application will be returned as INCOMPLETE.

Step 4 – Enter Medical Condition

In this section, you will identify the debilitating medical condition(s) for which you are certifying the applicant/qualifying patient.

You will need to enter your personal data (name, address, license numbers, etc.) the FIRST time you enter a patient's application.

Once your personal data is entered the FIRST time, you will not need to fill all of it in for each patient that you certify. The form will automatically fill in your information.

On this screen, you will need to:

- Identify the debilitating medical condition(s) that makes the patient eligible for the medical use of marijuana. Select as many as apply for the patient and click 'Add' after each one.
- Enter the type of doctor you are
- Enter your PVL license number and expiration date
- Enter your Controlled Substance license number and expiration date
- Enter the name you use for Professional & Vocational Licensing

The screenshot shows the 'Medical Marijuana Registry' website interface. At the top, there is a navigation bar with 'hawaii.gov', 'Home', 'Help Chat', 'My Account', and 'Log Out'. The main header reads 'Medical Marijuana Registry Hawaii State Department of Health'. Below this is a breadcrumb trail: 'Home / Create Application'. The main content area is titled 'Create Application' with a 'Form progress' indicator. The 'Medical Information' section is highlighted in red. It contains a 'Patient' information box with fields for Name (testfirst testlast), ID # (h123), and Birth Date (10/10/1990). Below this is a section for 'Enter the patient's medical information. All fields are required unless otherwise noted.' It features a dropdown menu for 'Patient's Medical Condition(s)' with '-Select-' and a '+ Add' button. A 'List of Medical Conditions:' box is empty. The 'Physician's Information' section includes fields for Title (MD), Medical License #, Expiration (01/31/2016), Controlled Substance License #, and Expiration (08/31/2020). It also has fields for First Name, Middle Name (OPTIONAL), Last Name, and Suffix (OPTIONAL).

Step 4 – Enter Physician Data

- Continue entering information as prompted
- Enter your business address
- Enter your mailing address if not the same as business address
- Enter your phone number
- An alternate phone is also requested
- Email address is pre-filled

Remember, once your personal data is entered the FIRST time, you will not need to fill it in for each patient that you certify, the form will fill it in automatically.

The screenshot shows a web form titled "Business Address:" and "Mailing Address:" on the Hawaii.gov website. The form includes fields for Address Line 1 and 2, City, Island (dropdown), State (dropdown), and Zip Code. There is a checkbox for "Same as Business Address" under the Mailing Address section. Below the address fields are fields for Primary Phone, Alternate Phone, and Email. The form has a "Previous" button and a "Next" button.

hawaii.gov Home Help Chat My Account Log Out

Business Address:

Address Line 1: Address Line 2:

OPTIONAL

City: Island: State: Zip Code:

Mailing Address:

Same as Business Address

Address Line 1: Address Line 2:

OPTIONAL

City: State: Zip Code:

Primary Phone: Alternate Phone: Email:

Format: ###-###-#### OPTIONAL OPTIONAL

< Previous > Next

Step 5 – Enter Grow Site Data

If the qualifying patient **is not** planning to grow their medical marijuana, click **Next** on the Grow Site screen.

If the qualifying patient **is** planning to grow or is planning to have their caregiver grow their medical marijuana, this section must be completed.

Reminder: The Grow Site Certification **MUST BE** completed and signed by the patient – this is **REQUIRED** regardless of intent to grow when the doctor is creating the application. In addition, if a caregiver either is identified to grow **OR** owns or controls the property on which the medical marijuana will be grown, they are also **REQUIRED** to complete and sign the Certification.

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page is titled 'Create Application' and is currently on the 'Grow Site' step. A progress bar indicates the form is partially completed. The patient information is displayed as follows:

Patient		
Name:	ID #:	Birth Date:
testjon testsmith	h123	10/10/1990

Below the patient information, there is a question: 'Is there a Grow Site to enter? If not, continue to the Next section.' The 'Yes' option is selected, indicating there is an active Grow Site for this record.

Next, there is a section for 'Enter additional Grow Site information. All fields are required unless otherwise noted.' The question is 'Is the Grow Site address same as the patient's or caregiver's address?' with four radio button options: 'Yes. Same as Patient's residential address.' (selected), 'Yes. Same as Caregiver's residential address.', 'No. I'll enter an address.', and 'No. I'll enter a TMK.' Below this, there is a question 'This grow site is controlled by the:' with two radio button options: 'Patient' (selected) and 'Caregiver'.

At the bottom of the form, there are two buttons: a grey 'Previous' button and a green 'Next' button.

The footer of the page includes the State of Hawaii Department of Health contact information, a copyright notice for 2014, and links for Accessibility, Feedback, Privacy, and Terms. It also mentions 'Powered by HIC'.

Step 5 – Enter Grow Site Data

Indicate if the grow site address is the :

- Patient's address
- Caregiver's address
- Another address
- A TMK location (**NOT recommended**)

Once you have indicated the address, select who controls the grow site, patient or caregiver. Typically, the individual that resides at the location is said to control the grow site.

If the address is another address or at a TMK location, you will need to fill out additional information.

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The page is titled 'Create Application' and shows a progress bar. The 'Grow Site' section contains a patient information table and several questions.

Patient		
Name:	ID #:	Birth Date:
testjon testsmith	h123	10/10/1990

Is there a Grow Site to enter? If not, continue to the Next section.
 Yes, there is an active Grow Site for this record.

Enter additional Grow Site information. All fields are required unless otherwise noted.

Is the Grow Site address same as the patient's or caregiver's address?
 Yes. Same as Patient's residential address.
 Yes. Same as Caregiver's residential address.
 No, I'll enter an address.
 No, I'll enter a TMK.

This grow site is controlled by the:
 Patient
 Caregiver

Navigation buttons: < Previous (disabled), Next > (active).

Footer: State of Hawaii Department of Health, Medical Marijuana Program, 4348 Wai'alea Avenue, #648 Honolulu, Hawaii 96816. © 2014. All rights reserved. Accessibility Feedback Privacy Terms. Powered by HIC.

Step 5 – Enter Grow Site Data

If you select ‘I’ll enter an address’, or “I’ll enter a TMK”, you will need to indicate if this site is under the control of the patient or the caregiver AND you will need to fill out the address in the section that displays.

It is in the patient’s best interest to be as specific as possible. **A COMPLETE street address is preferred**, however, if no street address is available, a Tax Map Key (TMK) and a description/directions of/to the address is required.

You MUST indicate whether the grow site is under the control of the patient or the caregiver AND they must attest to this, in writing, on the required Certification.

The screenshot shows the 'Create Application' form for a 'Grow Site' on the Hawaii State Department of Health website. The form is titled 'Create Application' and includes a progress bar. The patient information section shows: Name: testjon testsmith, ID #: h123, and Birth Date: 10/10/1990. A question asks 'Is there a Grow Site to enter?' with the option 'Yes, there is an active Grow Site for this record.' selected. Below, it asks 'Is the Grow Site address same as the patient's or caregiver's address?' with options: 'Yes, Same as Patient's residential address.', 'Yes, Same as Caregiver's residential address.', 'No, I'll enter an address.' (selected), and 'No, I'll enter a TMK.'. It also asks 'This grow site is controlled by the:' with options 'Patient' and 'Caregiver' (selected). The address section includes 'Address Line 1' and 'Address Line 2' text boxes, a note 'IMPORTANT: Include apartment number in the Address.', and optional fields for 'City', 'Island' (dropdown), 'State' (dropdown), and 'Zip Code'. The 'Island' dropdown is set to '-Select-' and the 'State' dropdown is set to 'Hawaii'. Navigation buttons for '< Previous' and 'Next >' are at the bottom.

Step 6 – Download Required Documents

On this screen, a list of required documents displays BASED ON WHAT WAS ENTERED.

RECOMMENDED

- It is recommended that you download the certification forms from this screen. They will be pre-filled with the application number, patient name, and should correlate to information that you have entered thus far.
- The patient (and, if applicable, caregiver) must check the correct boxes on the forms and sign (wet signatures required) and date the documents before they are scanned in and uploaded.

You should check to ensure you have all the required documents ready to upload in the next step, including copies of ID.

hawaii.gov Home Help Chat My Account Log Out

Medical Marijuana Registry

Hawaii State Department of Health

Home / Create Application

Create Application

Form progress:

Required Documents

Patient		
Name:	ID #:	Birth Date:
testjon testsmith	h123	10/10/1990

The Patient will need to have a government-issued photo ID (minors may instead provide a photocopy of their birth certificate). A photocopy of the ID/birth certificate will need to be uploaded in the next step.

The application states that there is a guardian/caregiver and that the caregiver controls the grow site for this patient. Please download the forms displayed below. Then the forms must be completed, signed, and uploaded as part of the application process. Patient and Caregiver will also need to provide a photocopy of a government-issued photo ID. The signed forms and photocopies of ID(s) need to be uploaded in the next step. They must be part of the application submitted to the Department of Health.

1. Patient ID card
2. Patient Certification [Get it here](#)
3. Caregiver ID Card
4. Signed Caregiver Certification [Get it here](#)
5. Signed Grow Site Certification [Get it here](#)

List of Required Documents

Click 'Get it here' to download

< Previous Next >

NOT RECOMMENDED

- If the patient brings signed certification(s) that match the information you are submitting online, you do not need to download the certifications. Just be sure the information MATCHES what was entered online or it will be considered INCOMPLETE.

Step 7 – Upload Required Documents

On this screen, you will be able to browse your computer or electronic device and upload the scanned documents.

You should save your scanned documents in a way that makes them easily identifiable

Select the first file to upload

Your document NAME will be displayed.

WARNING: If you upload the same type of document (e.g., Patient ID), the system will overwrite the previous upload of the same type.

hawaii.gov Home Help Chat My Account Log Out

Medical Marijuana Registry Hawaii State Department of Health

Home / Create Application

Create Application

Form progress:

Upload Supporting Documents

Patient		
Name:	ID #:	Birth Date:
testjion testsmith	h123	10/10/1990

Photocopies of identification and certain signed documents must be included when your doctor submits your application to the Department of Health. You can upload some or all photocopies now if they are ready.
If they are not ready, you can attach them later, OR the doctor's office must upload photocopies of the IDs and the signed forms when you bring them to your appointment.

1. Patient ID card
2. Signed Patient Certification
3. Caregiver ID Card
4. Signed Caregiver Certification
5. Signed Grow Site Certification

Document to be uploaded

Patient ID Card : Upload a photocopy of the Patient's government issued photo ID or for a minor, a birth certificate

Select File **1** Select the file Upload Cancel

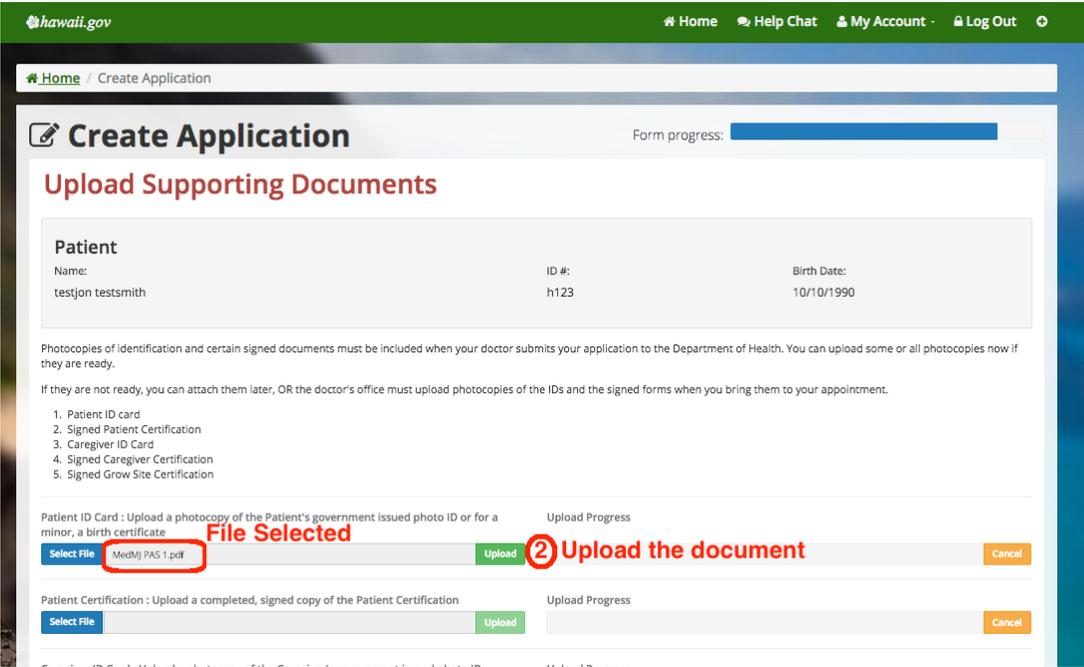
Patient Certification : Upload a completed, signed copy of the Patient Certification

Select File Upload Cancel

Step 7 – Upload Documents

Once the file is selected, click 'Upload' to upload the document

WARNING: If you upload the same type of document (i.e. Patient ID), the system will overwrite the previous upload of the same type.



Step 7 – Upload Documents

After you have clicked 'Upload', the document will display and the 'Remove' button is available in case you need to remove the document.

WARNING: If you upload the same type of document (i.e. Patient ID), the system will overwrite the previous upload of the same type.

The screenshot shows the 'Create Application' page on Hawaii.gov. The page title is 'Create Application' and the breadcrumb is 'Home / Create Application'. The main heading is 'Upload Supporting Documents'. Below this, there is a 'Patient' information box with the following details:

Name:	ID #:	Birth Date:
testjon testsmith	h123	10/10/1990

Below the patient information, there is a list of required documents:

1. Patient ID card
2. Signed Patient Certification
3. Caregiver ID Card
4. Signed Caregiver Certification
5. Signed Grow Site Certification

The 'Patient ID Card' section shows an upload progress bar and a 'Remove' button. The file 'MedMJ PAS 1.pdf' is listed with a checkmark and the text 'File was uploaded!'. The 'Patient Certification' section shows an upload progress bar and a 'Cancel' button. A red annotation 'If necessary, can remove it' points to the 'Remove' button.

Step 7 – Upload Documents

Repeat this step for all of the documents that must be uploaded.

There is an ‘Other Documents’ option for documents that are not required.

hawaii.gov Home Help Chat My Account Log Out

they are ready.

If they are not ready, you can attach them later, OR the doctor's office must upload photocopies of the IDs and the signed forms when you bring them to your appointment.

1. Patient ID card
2. Signed Patient Certification
3. Caregiver ID Card
4. Signed Caregiver Certification
5. Signed Grow Site Certification

Repeat for all required documents

Patient ID Card : Upload a photocopy of the Patient's government issued photo ID or for a minor, a birth certificate	Upload Progress
Select File Upload	✓ MedMJ PAS 1.pdf Remove
Patient Certification : Upload a completed, signed copy of the Patient Certification	Upload Progress
Select File Upload	✓ MedMJ PAS 1.pdf Remove
Caregiver ID Card : Upload a photocopy of the Caregiver's government issued photo ID	Upload Progress
Select File Upload	✓ MedMJ PAS 1.pdf Remove
Caregiver Certification : Upload a completed, signed copy of the Caregiver's Certification	Upload Progress
Select File Upload	✓ MedMJ PAS 1.pdf Remove
Grow Site Certification : Upload a copy of the Grow Site Certification that has been completed and signed by both Patient and Caregiver	Upload Progress
Select File Upload	✓ MedMJ PAS 1.pdf Remove
Other Documents : (if desired)	Additional documents optional Upload Progress
Select File Upload	Cancel

← Previous Next →

Step 8 – Review Data

This screen displays all the data you have entered.

- Click the 'Show/Hide All' button on the upper right of the screen, or click arrows on the right side to display or hide section data.
- Review all the data carefully to ensure it is correct.
- Note the highlighted fields:
- '1' – Minor Patient - Displays 'No' unless patient is a minor
- '2' –Adult lacking legal capacity - Displays 'No' unless you indicated that patient is an adult lacking legal capability
- '3' – Patient electronic signature - not filled in for applications initiated by Doctor

The screenshot shows the 'Review' page of the 'Create Application' process on Hawaii.gov. The application number is 121747. The patient information section includes: Name: testjon testsmith, Date of Birth: 10/10/1990, Gender: Male, ID #: h123, State Issued: ALABAMA, ID Type: Driver's License, Expiration: 11/11/2016, Residential Address: 1 test ave, Honolulu, HI 96813, Island: Oahu, Mailing Address: SAME, Phone: 7897989879, Alt. Phone: 7899797979, Email: testa@test.com. Three fields are highlighted with red boxes and numbered: 'Minor (Based on Today's Date): No' (1), 'Adult Lacking Legal Capacity: No' (2), and 'Patient Certification Electronic Signature:' (3). A 'Show/Hide All' button is also highlighted with a red box and an arrow.

Step 8 – Review Data

- Note that in the Medical Information Section, the Physician Certification Electronic Signature is blank until you electronically certify the application in the next step.

[hawaii.gov](#) Home Help Chat My Account

Caregiver Information

Name:	terry caregiver	Date of Birth:	10/10/1990	Gender:	Male		
ID #:	h321	State Issued:	ALABAMA	ID Type:	State Identification	Expiration:	11/11/2016
Residential Address:	2 test ave, Honolulu, HI 96813		Island:	Oahu	Mailing Address:	SAME	
Phone:	4564564654	Alt. Phone:	5465564456	Email:	test@test.com		

Medical Information

Medical Conditions:
Severe Pain

Physician's Name:
DoctorFirst DoctorLast

Title:
MD

Medical License #:
12345

Expiration Date:
01/31/2016

Controlled Substance #:
67890

Expiration Date:
08/31/2020

Business Address:
123 Test Street, Honolulu, HI 96813

Island:
Hawaii

Mailing Address:
SAME

Phone:
(808) 000-0000

Alt. Phone:
(879) 878-9798

Email:
doctor@doctor.com

BLANK UNTIL DOCTOR CERTIFIES ONLINE

Physician Certification Electronic Signature:

Step 8 – Review Data

All uploaded documents are listed

Payment Options display in the dropdown

Electronic payment by credit/debit card or direct withdrawal from a savings or checking account are accepted

NO MONEY ORDERS or CASHIER CHECKS will be accepted

Continue reading for slides relating to payment options

The screenshot displays a web application interface for reviewing data. At the top, there is a navigation bar with the logo "hawaii.gov" and links for Home, Help Chat, My Account, and Log Out. Below the navigation bar, the page shows a form for reviewing data. The form includes a section for "Uploaded Supporting Documents" with a list of documents: Patient Id Card: MedMJ PAS 2.pdf, Patient Certification: MedMJ PAS 3.pdf, Caregiver Id Card: MedMJ PAS 4.pdf, Caregiver Certification: MedMJ PAS 5.pdf, and Grow Site Certification: MedMJ PAS 1.pdf. Below this, there is a section for "Payments are non-refundable" and a table with the following data:

Line	Description	Amount
1	New Application for Testiest, Testfirst	\$38.50

Below the table, there is a "Payment Method:" dropdown menu with the following options: -Select-, Credit Card, MasterCard Debit Card, VISA Debit Card, and eCheck. At the bottom of the form, there are two buttons: "Previous" and "Submit".

Step 9 – Physician’s Certification

- Electronic signature – the doctor will view a screen with the certification text shown to the right.
- Read the information and check the box certifying that you agree with the above statements
- Then click ‘Continue’
- The Continue button becomes active, payment can be accepted, and once payment is made, the application moves into the queue for DOH approval
- There is no need to submit paper documents
- Print a copy of the Thank you screen for your records and for the patient.

PHYSICIAN'S CERTIFICATION

I CERTIFY that in my professional opinion, my patient Test first Testlast, so named above as the Applicant, has a debilitating medical condition as listed below or is suffering from the treatment of these conditions

1. Post-traumatic stress disorder
2. A chronic or debilitating disease or condition that produces one or more of the following:
 1. Severe pain

Furthermore, I certify that:

1. I maintain a bona fide physician-patient relationship with the Applicant; and
2. It is my professional opinion that the potential benefits of the medical use of marijuana would likely outweigh the health risks for this patient; and
3. I have explained the potential risks and benefits of the medical use of marijuana to this patient and, in the case of a patient who is a minor, to the minor's parent(s), guardian(s), or person(s) having legal custody of the minor.

Under penalty of perjury, I attest that all information submitted is true to the best of my understanding and that I have not intentionally furnished false or fraudulent information or omitted any information from this application. By signing this document I acknowledge that I am subject to part IX, chapter 329, HRS, and all other applicable laws for the medical use of marijuana in the State of Hawaii. I understand that even though I am following Hawaii state laws regarding certifying my patient to use medical marijuana, I may not be protected against arrest, prosecution, or conviction under Federal law.

I agree

Signature: **NOTE: Electronic signature provided below must exactly match doctor name on application.**

Testdocfirst Testdoclast

WARNING

- You must have a Signature Agreement on File with DOH BEFORE you can utilize this feature **or the application will not be processed.**
- Your name will appear on the 329 Card.

Step 10 – Payment

In this next phase of the process, payment, the steps are different based on the type of payment by the patient.

The amount that must be paid is \$38.50 – **regardless of payment type. All payments are nonrefundable.**

The next slides focus on:

- a) Credit/Debit Card payments
- b) eCheck payment (direct debit from checking or savings account)

Medical Marijuana Registry | Help Chat | My Account | Log Out

Record Details

Show/Hide All

▲ Patient Information

Name: a a	Date of Birth: 10/27/1111	ID #: 123	State Issued: Arizona	Expiration: 11/04/1111
Residential Address: 1 test ave, Honolulu, Oahu HI 11111	Mailing Address: SAME			
Phone: 1111111111	Alt. Phone:	Email:		

▼ Caregiver Information

▼ Medical Information

▼ Grow Site

Line	Description	Amount
1	New Record for a, a	\$38.50

Payment Method:

10 - Payment Options

Payment options are:

- a) Credit/Debit Card – has the fastest turnaround time and/or no delay for the issue of the card once the signed application is received and verified by DOH.
- b) Electronic Debit from Checking/Savings Account – there may be some delay as DOH will not issue the card until the payment has had time to clear your account or a minimum of 10 business days from the electronic submittal & verification of the signed application by DOH.

Step 10a – Credit/Debit Card Payment

At this point, you have selected via the dropdown that the form of payment is either a Credit Card or Debit Card.

Click the Submit button at the bottom of the screen.

You will be collecting payment as described on the pages that follow.

The screenshot shows a web browser window with the URL <https://test-medmj.ehawaii.gov/medmj/doctor/create-review.html>. The page title is "Medical Marijuana Registry" and the main heading is "Create New Record". Below this is a "Review" section with a "Form progress" indicator. The form is divided into several sections: "Record Details", "Patient Information", "Caregiver Information", "Medical Information", and "Line Item". The "Patient Information" section contains the following data:

Patient Information			
Name: Maria Wong	Sex: F	Date of Birth: 11/11/1998	Gender: Female
SSN: 234234	ID Type: BIRTH_CARD	State issued: Hawaii	Expiration: 11/11/2015
Residential Address: 7001 Aiea, Honolulu, Hawaii HI 96813	Phone: 808.555.1212	Working Address: SAAB	Email: maria.wong@example.com

The "Line Item" section shows a single entry:

Line	Description	Amount
1	State Record for Marijuana	638.50

Below the line item is a "Payment Method" dropdown menu set to "Bank" and a green "Submit" button at the bottom.

Warning: All payments are non-refundable, even if a card is NOT issued.

Step 10 a – Credit/Debit Card Payment

If payment is via Debit or Credit Card, you will need to follow the directions below for accepting payment.

The screen to the right displays after you click 'Submit'.

In the Contact Information Section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the Credit Card Information Section, Enter the name on the credit or debit card (note that only MasterCard and VISA debit cards are accepted), the type of card, the number, and the expiration month and year.

In the Billing Address section, enter the billing address of the card holder.

Click Continue.

The screenshot shows a web form titled "Credit Card Payment" on the Hawaii.gov website. The form is divided into three main sections: Contact Information, Credit Card Information, and Billing Address. At the top, it states "All fields are required unless otherwise noted." and shows a total payment of \$38.50 with a "View Details" link. The Contact Information section includes fields for Name, Email Address, and Phone Number (with a note that area code is required). The Credit Card Information section includes fields for Cardholder Name (with a 50-character limit), Card Type (with radio buttons for VISA, MasterCard, and Discover), Card Number, and Expiration Date (with dropdown menus for Month and Year). The Billing Address section includes fields for Address Line 1, Address Line 2, City, State (with a dropdown menu showing Hawaii), Zip Code, and Country (with a dropdown menu showing United States). A "Continue" button is located at the bottom right of the form.

Step 10a – Credit/Debit Card Payment Confirmation

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.

Confirm Payment 

Total Payment: \$38.50 [View Details](#)

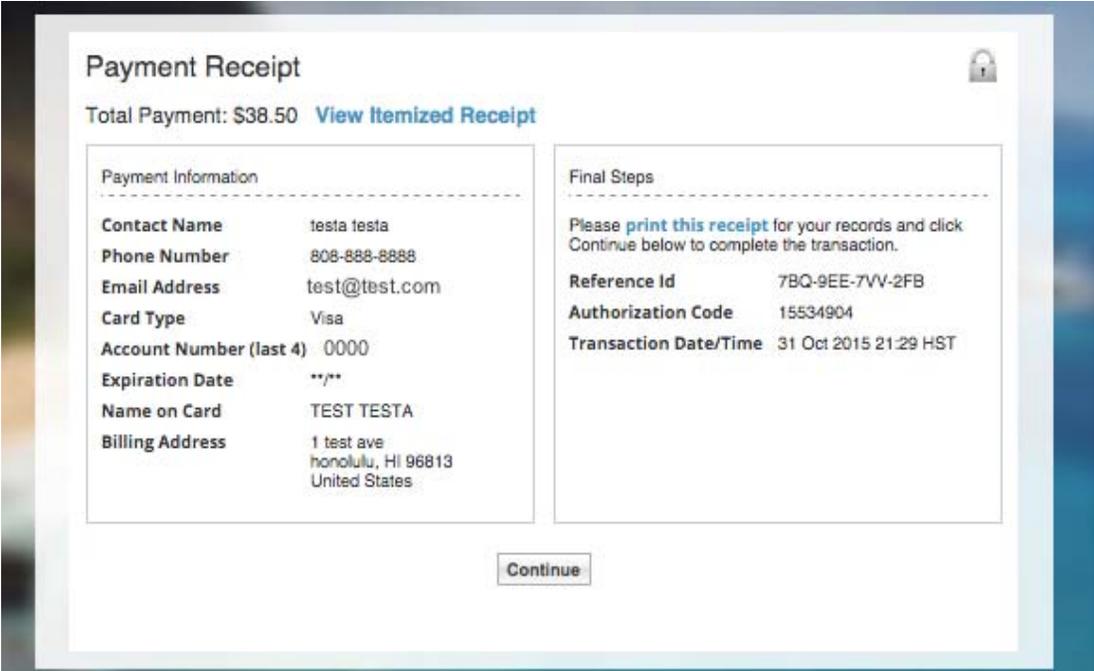
Payment Information	
Contact Name	testa testa
Phone Number	808-888-8888
Email Address	test@test.com
Card Type	Visa
Account Number (last 4)	0000
Expiration Date	**/**
Name on Card	TEST TESTA
Billing Address	1 test ave honolulu, HI 96813 United States

Please Confirm	
By clicking Pay Now below, I certify that I am authorized to make this payment and I authorize the Hawaii Information Consortium to charge this account in the amount of \$38.50 .	

Step 10 a – Credit/Debit Card Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

VERY IMPORTANT: Click Continue to return to the **Final Version** of the Application (Thank You screen) and to **PRINT THE THANK YOU SCREEN**.



The screenshot shows a "Payment Receipt" interface. At the top, it displays "Total Payment: \$38.50" and a link to "View Itemized Receipt". The receipt is divided into two main sections: "Payment Information" and "Final Steps".

Payment Information	
Contact Name	testa testa
Phone Number	808-888-8888
Email Address	test@test.com
Card Type	Visa
Account Number (last 4)	0000
Expiration Date	**/**
Name on Card	TEST TESTA
Billing Address	1 test ave honolulu, HI 96813 United States

Final Steps	
Please print this receipt for your records and click Continue below to complete the transaction.	
Reference Id	7BQ-9EE-7VV-2FB
Authorization Code	15534904
Transaction Date/Time	31 Oct 2015 21:29 HST

At the bottom center of the receipt area, there is a "Continue" button.

Step 10 b – eCheck (Electronic Debit from Checking or Savings)

For electronic debits from checking or savings accounts, you will need to follow the directions below for accepting payment.

In the Contact Information Section, enter the Patient name, email and phone number, unless the patient is a minor. If the patient is a minor, enter caregiver name, email, and phone.

In the Notice Section, confirm that the bank the check is written on is a U.S. Bank by checking the box. **Payment is only accepted from U.S. banks.**

In the Account Information Section, select Business or Personal account. If Personal, select Checking or Savings account. Enter the name of the bank, the routing number (twice) - the screen provides help on this, and the name of the Account Holder. Enter the Account Number twice – again, the screen provides help for this.

In the Billing Address section, enter the address of the account holder..

Click Continue.

The screenshot shows the 'Check Payment' form on the Hawaii.gov website. The form is titled 'Check Payment' and includes a 'Total Payment: \$38.50' and a 'View Details' link. The form is divided into several sections: 'Contact Information', 'Notice', 'Account Information', and 'Billing Address'. The 'Contact Information' section includes fields for Name, Email Address, Phone Number, and Area code required. The 'Notice' section contains a warning about international ACH payments and a checkbox to confirm the payment is from a U.S. financial institution. The 'Account Information' section includes dropdown menus for Bank Customer Type and Bank Account Type, a Bank Name field (Maximum 50 characters), Routing Number and Re-enter Routing Number fields (Always 9 digits), and Account Number and Re-enter Account Number fields (Up to 17 digits). The 'Billing Address' section includes Address Line 1 and Address Line 2 fields (Street address, P.O. box, company name, c/o), City and State dropdown menus (State is set to Hawaii), and a Zip Code field. A 'Continue' button is located at the bottom right of the form.

Step 10b – eCheck Payment Confirmation

Confirm that the information provided is correct.

If it is not, click the Back button at the bottom of the screen.

If it is, click the Pay Now button.

WARNING : If Electronic debit is returned , there will be a \$25 fee and the application will not be approved.

Confirm Payment 

Total Payment: \$38.50 [View Details](#)

Payment Information	
Contact Name	testa testa
Phone Number	808-888-8888
Email Address	test@test.com
Account Type	Personal
Account Type	Checking
Bank Name	testbank
Routing Number	*****0000
Name on Account	testa testa
Account Number (last 4)	****4321
Billing Address	1 test ave honolulu, HI 96813 United States

Please Confirm

Please be careful to enter the correct information for your check. Insufficient funds or incorrect routing and account numbers will result in a bounced check fee.

By clicking **Pay Now** below, I certify that I am authorized to make this payment and I authorize the Hawaii Information Consortium to charge this account in the amount of **\$38.50**.

Step 10b – eCheck Payment Receipt

A payment receipt displays and can be printed, but is also sent to the email address provided on the previous payment screen.

VERY IMPORTANT: Click Continue to return to the **Final Version** of the Application (Thank You screen) and to **PRINT THE THANK YOU SCREEN**.

Hawaii State Department of Health

Payment Receipt

Total Payment: \$38.50 [View Itemized Receipt](#)

Payment Information	
Contact Name	testa testa
Phone Number	808-888-8888
Email Address	test@test.com
Account Type	Personal
Account Type	Checking
Bank Name	testbank
Routing Number	*****000
Name on Account	testa testa
Account Number (last 4)	****4321
Billing Address	1 test ave honolulu, HI 96813 United States

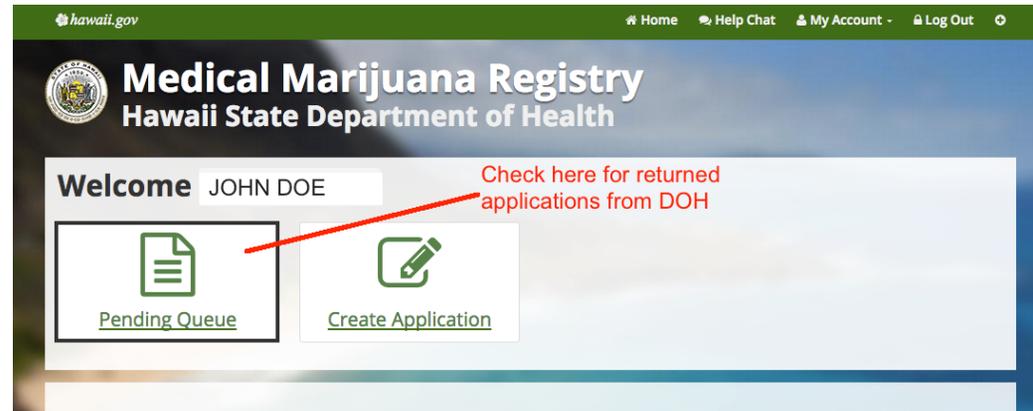
Final Steps	
Please print this receipt for your records and click Continue below to complete the transaction.	
Reference Id	6AB-6TB-3NM-6EM
Authorization Code	15534996
Transaction Date/Time	31 Oct 2015 22:06 HST
This receipt is a record that you have submitted your check payment. Please note that your payment may take several days to clear your bank. If your check fails to clear for any reason, including incorrect routing or account numbers, you will be responsible for a bounced check fee.	

[Continue](#)

WARNING : If Electronic debit is returned , there will be a \$25 fee and the application will not be approved.

11 - Check your Pending Queue Daily for Returned Applications

If you have submitted an application to DOH and there was an error, DOH will return the application to you and it will display in your Pending Queue as 'Returned by DOH'. DOH will notify you of the reason for the return. Check your Pending Queue daily in case this occurs.



11 - Check your Pending Queue Daily for Returned Applications

Open the application, make the change(s) and then re-submit to DOH.

There is no additional fee for this during the application submittal process

The screenshot displays the 'Medical Marijuana Registry' interface for the Hawaii State Department of Health. The page title is 'Pending Queue' and it shows a table with one entry. A red arrow points to the application number '123' with the text 'Click the application #'. The status 'Returned by DOH' is highlighted with a red box. The table columns are Application #, Patient Name, DOB, Date Entered, Status, and Return to Patient.

Application #	Patient Name	DOB	Date Entered	Status	Return to Patient
123	testperson, testpatient	Show	10/31/2015	Returned by DOH	N/A

Thank you for participating in the
DOH 329 Registry
Patient Application System Training