Medical Marijuana Program
Participant Registration –
Physician Training

Department of Health
State of Hawaii
Introduction

• As of January 1, 2015, the Department of Health is managing the State’s Medical Marijuana Program
• One major change being instituted with this transition is an online application process
• This training will walk you through the steps required to submit an online application, on behalf of a qualifying patient, to the DOH.
Outline

I. How to Login to the Medical Marijuana System
II. Entering Data from the Application Worksheet – by Section
III. Accepting Payment
IV. Printing the Application and Preparing the Application Packet
V. Mailing the Application Packet
I. How to Login

Medical Marijuana Registry
Hawaii State Department of Health

Access Records in the Medical Marijuana Registry System

Log in to begin:
Doctors, first time logging in? Go to the Doctor First-time Log In.

Email: yourname@domain.com
Password: ********

Forgot password? Retrieve Password.

Hawaii State Department of Health
1250 Punchbowl Street, Room 326, Honolulu, HI 96813
Contact by: Email or (808) 586-4539

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How to Login to the Medical Marijuana System

When you go to the Medical Marijuana Registry web site, https://medmj.ehawaii.gov you will see the screen to the right.

The FIRST time, you will need to click the ‘Doctors, first time logging in?’ link.

You will be taken to a different screen.
How to Login to the Medical Marijuana System

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.
How to Login to the Medical Marijuana System

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.iahawaii.gov
How to Login to the Medical Marijuana System

The site is not LIVE – so don’t go there now. Plan’s to go live are still set for January 2, 2015.
II. Entering Data
Step 1 – Click Create Record

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

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 – Section A of the Application Worksheet: Patient Information

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/Minor Qualifying Patients, if none of the previous forms of valid ID are available, the applicant may use a certified birth certificate. Enter the identification number from the certificate in the space provided and enter any future date for expiration date of the birth certificate. A copy of the certificate must be submitted in the Application Packet.
Step 2 – Section A Continued: Patient Information

Continue entering information from Section A of the Application Worksheet.

Enter gender of patient, residence and mailing address (use Address Line 2 for Apt#/Unit#/Boat Slip#, etc.), valid ID information (i.e. state issued, expiration date), and contact information (phone & email). All fields are required unless noted otherwise.

Reminder: the Section A Certification is REQUIRED and must be completed and signed by the qualifying patient.

Until we get a designated field, use Address Line 2 for Apt#, Unit#, Boat Slip# or any other clarifying that may be required – be as specific as possible.
Step 2 – Section A Continued: Patient Information Continued

1. Address: If the Mailing address is the same as the residence address, click the ‘Same as Residence Address’ box for the Mailing address.

2. Valid ID:
   • The preferred ID type is a drivers license, followed by state ID and then passport (you may have already entered this on the first screen).
   • For all forms of ID, enter the state or country of Issue and the expiration date.

3. Contact Information:
   • Enter a valid phone number for the patient.
   • An alternate phone and email address are requested but not required.
Step 2 – Section A - Note for Minor Applicants / Minor Qualifying Patients

As previously mentioned, using a Birth Certificate is one of the ID options for minor applicants/qualifying patients. You MUST enter an expiration date (sorry – we will fix this glitch next go round). For now, use any future date as the expiration date for a Birth Certificate.

Reminder: **Section A requires a Certification** that is completed and signed by the qualifying patient. For minor applicants, the Section A Certification must be completed and signed by a parent, guardian or legal custodian AND the Section B – Minor Applicant/Minor Qualifying Patient Certification must be completed and signed by the parent, guardian or legal custodian. If there is joint legal authority, both individuals with joint legal authority must initial and sign the Section B Certification.
Step 3 – Section D of the Application Worksheet: Caregiver Information

If a caregiver is not named in Section A of the Application Worksheet, there should be no information to enter into Section D. If this is the case, click Next.

If a caregiver is named in Section A of the Application Worksheet, enter the information from Section D of the Application Worksheet here.

Two Reminders:
1. If the Applicant/Qualifying Patient is a Minor, Section D is REQUIRED.
2. If a caregiver is named, the Section D Certification is REQUIRED and must be completed and signed by the individual designated as the Primary Caregiver in the Section A Certification.
Step 3 – Section D Continued: Caregiver Information

Using the caregiver’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.

This section mirrors the patient’s section.

Enter gender of patient, residence and mailing address, valid ID information (i.e. state issued, expiration date), and contact information (phone & email). All fields are required unless noted otherwise.
Step 4 – Section C of the Application Worksheet: Physician Certification

In this section, you will enter your personal data the FIRST time. Thereafter, you will not need to fill your personal data, the form will prefill after you enter your License type and PVL License number.

Start by identifying the debilitating medical condition(s) that makes the patient eligible for the medical use of marijuana. Select as many as apply for the patient. Click “ADD” for each one.

Then:
- 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

NOTE: If either of your licenses are not “Current and Valid” you will not be able to pass this screen.
Step 4 – Section C Continued: Physician Certification

Continue entering information from Section C of the Application Worksheet

- Enter your business address
- Enter your mailing address if not the same as business address
- Enter your phone number
- An alternate phone and an email are also requested

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 prefill.

Reminder: the Section C Certification is REQUIRED and must be completed and signed by you, the certifying physician. The certifying physician must also be named in the Section A Certification.
Step 5 – Section E of the Application Worksheet: Grow Site Designation

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 Section E Certification is REQUIRED regardless of intent to grow and must be completed and signed by the patient. In addition, if a caregiver is either identified to grow OR identified as owning or controlling the property on which the medical marijuana will be grown, they are also REQUIRED to complete and sign the Section E Certification.
Step 5 – Section E Continued: Grow Site Designation

Indicate if the grow site address is the:

- Patient’s address
- Caregiver’s address
- Another address
- A TMK location

Indicating Patient’s or Caregiver’s Residence Address leads to the next step in the process.

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

Reminder: It is in the patient/caregiver’s best interest to be as accurate as possible. A specific house number and street address is PREFERRED. Be sure to include the Apt #, Unit #, Boat Slip #, etc. in Address Line 2.
Step 5 – Section E Continued: Grow Site Designation

If you select ‘I’ll enter an address’, or “I’ll enter a TMK”, you will also 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 pops.

It is in the patient’s and/or caregiver’s best interest to be as specific as possible with the grow site address. A specific house number and street address is PREFERRED, however, if no street address is available, a Tax Map Key and a description/directions of/to the address is required. Inclusion of city and zip for TMK may also be helpful.

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

Until we get a designated field, use Address Line 2 for Apt#, Unit#, Boat Slip# or any other clarifying that may be required – be as specific as possible.
Step 6 – Review Data & Select Payment Type

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.

You will need to use your browser’s back button to fix errors at this time.
Step 6 – Review Data & Select Payment Type

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

Read through each section to see how to handle the payments.

Note that ALL submissions then are handled similarly after payment is made so be sure to read the section on Printing the Application and Preparing the Application Packet near the end of this document.
III. Accepting Payment

- The next slides focus on Debit/Credit Card payments
- After that, slides focus on eCheck payment
- The final payment option reviewed is Money Order or Cashier Check Payment
- Irrespective of payment type, final slides focus on last steps to correctly send in documents to DOH
Payment Options

Payment options are:

• **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.

• **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.

• **Cashier’s Check or Money Order** (mailed in) – has the longest turnaround time, with this option the card will be issued after a minimum of 10 days from receipt and verification of the signed application by DOH.
Step 6 – Review Data & Select Payment Type

Select the payment type from the dropdown near the bottom of the screen.

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

If the payment type is credit card, Mastercard or VISA debit card, or regular check, select the correct option. You will be shown how to accept payment on screens that follow.

If payment is by Money Order or Cashier’s check, select this option from the dropdown and remember to include this form of payment with the application.
Step 6 – Review & Payment

At this point, you have selected via the dropdown that the form of payment is either a credit card, MasterCard debit card, VISA debit card, echeck, Money Order, or Cashiers Check. Click the Submit button at the bottom of the screen.

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

All payments are NON-REFUNDABLE.
Accepting Credit or Debit Payment for Registration

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.
Confirm Payment Information

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.
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.

Note: This is NOT the Thank You Screen
This is the Thank You Screen!

Be sure to click Show/Hide All (you want it to “show” all) and click the PRINT button
Accepting Payment by Electronic Debit

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.

NOTE: If Electronic debit is returned, there will be a $25 fee and the application will not be fulfilled.
Confirm Payment Information

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.
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.

Note: This is NOT the Thank You Screen
This is the Thank You Screen!

Be sure to click Show/Hide All (you want it to “show” all) and click the PRINT button.
Accepting Money Order/Cashier’s Check Payment

- Please be advised that this form of payment results in the longest turnaround time.
- The total amount required is $38.50 payable to The Department of Health.
- After clicking Submit you will see the Thank You screen. You must still PRINT the application via the Thank You screen and submit the Application Packet to DOH.
IV. Printing The Application and Preparing the Application Packet

The Application Packet Includes:

1. Print out of the information/application that was submitted online. **This is the Printout of the Thank You page.**

2. Completed & Signed Certification for each section of the application that is applicable:
   - Required Certifications include:
     a) qualifying patient,
     b) physician, and
     c) grow site attestation;
   - Additional Certifications, as applicable, include:
     a) parent, guardian or legal custodian of a minor,
     b) caregiver (for minor applicants, the caregiver certification is REQUIRED)

3. A copy of the valid ID used for all individuals identified on the application (for minors, a certified birth certificate is acceptable if no other valid ID is available) clearly showing both the individuals photo AND the ID number.
Item #1 in Application Packet: Print Application from Thank You Screen

When you view the Thank you screen, it is very important that you print at least 2 copies of the screen with all sections displayed. You can do this by selecting the ‘Show/Hide All’ button on the upper right side of the screen so that all sections display, and then clicking the Print button at the top center of the screen.

This screen displays the application number that the DOH will match when reviewing the submission, as well as all the data submitted (signed attestations, copies of IDs, and if applicable, Money Order /Cashiers Check).

Once you leave this screen you will not be able to access it again and your application will be INCOMPLETE.
Item #2 in Application Packet: Signed Certifications

Print the complete set of Certifications for the Patient’s application and include the completed signed originals in the Application Packet submission to the DOH.

The appropriate individual must complete and sign a Certification for each section to include at a minimum: Patient, Physician and Grow Site. As applicable, the Minor and Caregiver Certifications may also be required.
Item #3 in Application
Packet: Copy of Valid ID(s)

Make a copy of Valid ID for patient, caregiver, minor, as applicable, clearly showing their photo and ID number.

If applicable, include the cashier’s check or money order with your Application Packet.

Incomplete applications will not be accepted.
V. Mailing Your Completed Application

ALL APPLICATION PACKET ITEMS MUST BE INCLUDED IN THE SUBMISSION TO DOH:

1. Print out of the information/application that was submitted online.
2. Completed & Signed Certification for each section of the application that is applicable:
   - Required Certifications include:
     a) qualifying patient,
     b) physician, and
     c) grow site attestation;
   - Additional Certifications, as applicable, include:
     a) parent, guardian or legal custodian of a minor,
     b) caregiver (for minor applicants, the caregiver certification is REQUIRED)
3. A copy of the valid ID used for all individuals identified on the application (for minors, a certified birth certificate is acceptable if no other valid ID is available) clearly showing both the individuals photo AND the ID number.
4. Cashier’s Check or Money Order, if applicable.

Mail to:

Department of Health
Medical Marijuana Program
4348 Waialae Avenue, #648
Honolulu, HI 96816
Thank you for participating in the Medical Marijuana Program Participant Registration – Physician Training