

DOH 329 Registry Patient 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 Patient Initiated Applications

Introduction

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

Security Reminders

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

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.

The screenshot shows the homepage of the Medical Marijuana Registry for the Hawaii State Department of Health. The header includes the Hawaii.gov logo and navigation links for Home, Help Chat, and First-time Doctor Log In. The main content area is titled 'Medical Marijuana Registry Hawaii State Department of Health' and 'Create an Online Application in the Medical Marijuana Registry System'. It provides instructions for Patients and Doctors. The 'Doctors' section includes a link to 'First-time Doctor Login'. Below this is a 'Log in to begin:' section with fields for Email (julia@ehawaii.gov) and Password (masked with dots), and a 'Log In' button. At the bottom, there are links for 'Sign up for Free Account', 'View Sign Up Video', and 'Forgot password? Retrieve Password'.

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' login page for the Hawaii State Department of Health. The page has a green header with 'Medical Marijuana Registry' and links for 'Help Chat', 'Log In', and a user icon. The main content area is titled 'Access Records in the Medical Marijuana Registry System' and 'Doctor First-time Log In:'. It includes instructions for first-time login and a form with fields for 'Type' (a dropdown menu), 'PVL License #', 'Control Substance #', 'Email' (with a placeholder 'yourname@domain.com'), and 'Password' (with a masked input '*****'). A blue 'Log In' button is on the right. Below the form, there are links for 'Forgot your password?' and 'Need an account?'. The footer contains '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 header section with the Hawaii state seal and the title 'Medical Marijuana Registry Hawaii State Department of Health'. The main content area has a light blue background with a cloud image and contains the text 'Access Registrations in the Medical Marijuana Registry System' and 'Log in to begin:'. A link for 'Patients, first time logging in?' points to 'Go to the Patient Log In.'. The login form includes an 'Email: Required' field with a placeholder 'yourname@domain.com', a 'Password:' field with a masked password '*****', and a blue 'Log In' button. A link for 'Forgot password?' points to 'Retrieve Password.'. The footer section is light blue and contains contact information for the State of Hawaii Department of Health, including the address '4348 Waiialae Avenue, #648 Honolulu, Hawaii 96816', a phone number '808-695-4620', and a note about email contact. It also includes copyright information '© 2014. All rights reserved.', links for 'Accessibility', 'Feedback', 'Privacy', and 'Terms', and a note 'Powered by HIC'.

hawaii.gov Home Help Chat First-time Doctor Log In

 **Medical Marijuana Registry**
Hawaii State Department of Health

Access Registrations in the Medical Marijuana Registry System

Log in to begin:
Patients, first time logging in? [Go to the Patient Log In.](#)

Email: **Required** Password:

[Forgot password? Retrieve Password.](#) [Log In](#)

State of Hawaii Department of Health
Medical Marijuana Program
4348 Waiialae Avenue, #648 Honolulu, Hawaii 96816
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

© 2014. All rights reserved.
[Accessibility](#) [Feedback](#) [Privacy](#) [Terms](#)
Powered by [HIC](#)

Patient Initiated Application

The next steps focus on adding information to a record for a patient that has entered their own electronic application and requires that the certifying physician enter medical information only (*this is where the physician certify' s the patient's condition*) and may require the certifying physician to upload/attach required documents that the patient omitted.

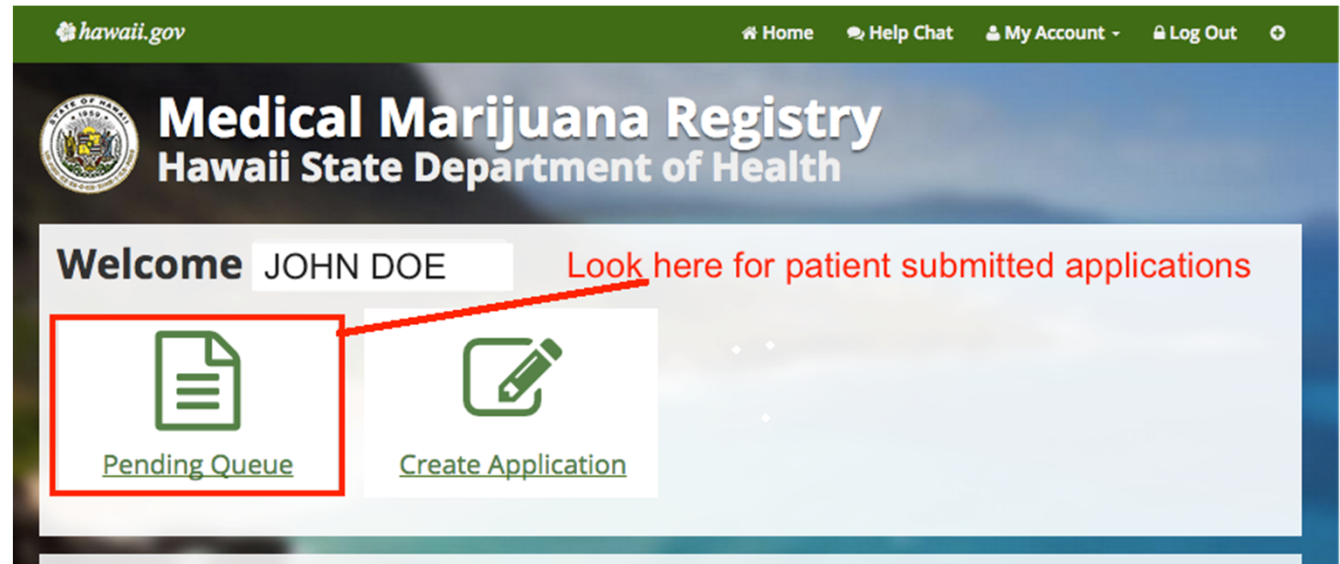
Note: If you opened an application that was in your **Pending Queue** with a status of 'Submitted by Patient', follow these steps to finish the application and submit to DOH correctly.

Steps

1. Login and click on Pending Queue
2. Review Patient Data
3. Review Caregiver Data
4. Add Debilitating Medical Condition – this is where you indicate the condition that is being certified
5. Review Grow Site Data
6. If there are data entry errors, RETRUN to patient
7. Once all corrections are made and IF patient has not already done this:
 - a) Download Required Documents – handwritten signatures required
 - b) Upload Required Documents (certifications & ID)
8. Final Review before Submitting to DOH
9. Certify the Application – this is the equivalent of the physician's signature page.
10. Review your Pending Queue daily for returns from DOH or new applications from patients

Step 1 – Click Pending Queue

Once you have logged into the Medical Marijuana System, click on the Pending Queue icon to review and complete a new patient application prior to submitting it to DOH.



Step 2 – Review Patient Data

Review the Patient information screen and check that information is correct.

The patient name should exactly match their **valid** identification.

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

The box should be checked if the patient is an adult lacking legal capacity.

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

NOTE: When reviewing the patient's data, ***make sure they did not:***

- 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

11/12/2015

The screenshot shows the 'Create Application' form for the Hawaii Medical Marijuana Registry. The header includes the Hawaii.gov logo and navigation links: Home, Help Chat, My Account, and Log Out. The main title is 'Medical Marijuana Registry' by the 'Hawaii State Department of Health'. Below this is a breadcrumb trail: Home / Create Application. The form is titled 'Create Application' with a 'Form progress' indicator. The 'Patient Information' section is highlighted in red. It contains a 'Patient' summary box with fields for Name (testfirst testlast), ID # (h123), and Birth Date (10/10/1990). Below this, a red instruction states: 'Enter additional Patient information. All fields are required unless otherwise noted.' The form includes input fields for First Name (testfirst), Middle Name (OPTIONAL), Last Name (testlast), and Suffix (OPTIONAL). There is a Birth Date field (10/10/1990) with a format note 'Format: mm/dd/yyyy'. A Gender dropdown menu is set to '-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 'Residential Address' section is partially visible at the bottom.

Step 3 – Review Caregiver Data

If there is NO CAREGIVER, click Next.

Two Reminders:

1. If a caregiver **is** named, **review** the information required AND a completed, signed, Caregiver Certification **MUST** be uploaded by either the patient or the physician before the applications is submitted to DOH.
2. If the Applicant/Qualifying Patient is a Minor or an Adult Lacking Legal Capacity, the CAREGIVER information is **REQUIRED** and the Caregiver Certification and Minor Certification are **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 is active. It includes a 'Patient' summary box with fields for Name, ID #, and Birth Date. Below this, a question asks 'Does the patient have a caregiver?' with a radio button selected for 'Yes'. A red instruction states 'Enter additional Caregiver information. All fields are required unless otherwise noted.' The form contains several input fields: First Name, Middle Name (marked as optional), Last Name, and Suffix (marked as optional). There are also fields for Birth Date, Gender (a dropdown menu), ID #, ID Type (a dropdown menu with 'Driver's License' selected), State Issued (a dropdown menu with 'Alabama' selected), and Expiration Date. At the bottom, there are fields for Residential Address (Address Line 1 and Address Line 2, with Address Line 2 marked as optional) and an important note: 'IMPORTANT: Include apartment number in the Address.'

Step 4 – Physician Certification

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 for the Hawaii State Department of Health. The page is titled 'Create Application' and includes a progress bar. The 'Medical Information' section contains a 'Patient' form 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' with a dropdown for 'Patient's Medical Condition(s)' and an '+ Add' button. A 'List of Medical Conditions' section is also present. The 'Physician's Information' section includes fields for Title (MD), Medical License #, Expiration (01/31/2016), Controlled Substance License #, Expiration (08/31/2020), First Name, Middle Name (OPTIONAL), Last Name, and Suffix (OPTIONAL).

Step 4 – Physician cont'd

- 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 the 'Business Address' and 'Mailing Address' sections of a form on the Hawaii.gov website. The 'Business Address' section includes fields for 'Address Line 1', 'Address Line 2', 'City', 'Island' (a dropdown menu with '-Select-' selected), 'State' (a dropdown menu with 'Hawaii' selected), and 'Zip Code'. Below these is the 'Mailing Address' section, which has a checkbox labeled 'Same as Business Address' that is checked. It includes fields for 'Address Line 1', 'Address Line 2', 'City', 'State' (a dropdown menu with 'Hawaii' selected), and 'Zip Code'. At the bottom, there are fields for 'Primary Phone' (with a format hint '###-###-####'), 'Alternate Phone' (marked as 'OPTIONAL'), and 'Email' (marked as 'OPTIONAL'). Navigation buttons at the bottom include '< Previous' and '> Next'.

Step 5 –Review 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 **reviewed**.

Reminder: The Grow Site Certification will not display as a document if there is no caregiver involvement in the grow site. In this case, Grow Site certification was included in their electronic Patient Certification.

If there is a caregiver involved - if a caregiver either is identified to grow OR owns or controls the property on which the medical marijuana will be grown, there is a Grow Site Certification document and they are also REQUIRED to complete and sign the Certification.

The Grow Site Certification must be scanned, signed, and attached/uploaded later in the process.

The screenshot shows the 'Medical Marijuana Registry' website for the Hawaii State Department of Health. The user is on the 'Create Application' page, specifically the 'Grow Site' section. The form includes a patient information table with fields for Name, ID #, and Birth Date. Below this, there are questions about the Grow Site, including whether there is an active site and if the address is the same as the patient's or caregiver's. There are radio button options for these questions. At the bottom of the form, there are 'Previous' and 'Next' buttons. The footer contains contact information for the State of Hawaii Department of Health and links for Accessibility, Feedback, Privacy, and Terms.

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

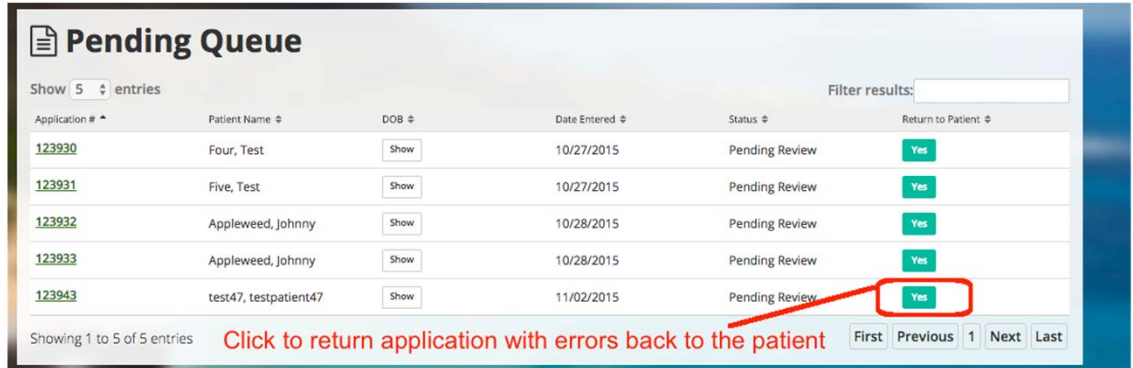
Navigation: < Previous | Next >

State of Hawaii Department of Health
Medical Marijuana Program
4348 Wai'aleae Avenue, #648 Honolulu, Hawaii 96816
To reach the program directly by Email OR to contact the eHawaii.gov help desk for questions

© 2014. All rights reserved.
[Accessibility](#) [Feedback](#) [Privacy](#) [Terms](#)
Powered by [HIC](#)

Step 6 – IF there are errors, Return to Patient

- If a patient submits an online application to a doctor and the doctor finds errors in patient, caregiver, or grow site information, the doctor can return the application to the patient by clicking the 'Return to Patient' button next to the application in the doctor's Pending queue.
- The doctor will need to notify the patient of the required changes.
- **Once the application is returned to a patient, it no longer displays in the Pending queue. It will redisplay when the patient resubmits it.**
- There is no charge to the patient to resubmit to the doctor.



Pending Queue

Show 5 entries Filter results:

Application #	Patient Name	DOB	Date Entered	Status	Return to Patient
123930	Four, Test	Show	10/27/2015	Pending Review	Yes
123931	Five, Test	Show	10/27/2015	Pending Review	Yes
123932	Appleweed, Johnny	Show	10/28/2015	Pending Review	Yes
123933	Appleweed, Johnny	Show	10/28/2015	Pending Review	Yes
123943	test47, testpatient47	Show	11/02/2015	Pending Review	Yes

Showing 1 to 5 of 5 entries Click to return application with errors back to the patient First Previous 1 Next Last

Step 7.a. – Download Documents

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

RECOMMENDED

- If forms have not already been uploaded by the patient, 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 reviewed 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/attached.

If needed, 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](#)

< 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.b. – Upload Documents

You can download the Patient's documents that are attached to the application to ensure that they are correct. Remember, the system will prefill the forms to match what was entered in the system.

When the application is ready to be submitted to DOH, you then need to upload patient documents that are missing

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.

The screenshot shows the 'Medical Marijuana Registry' interface. At the top, there's a navigation bar with 'Home', 'Help Chat', 'My Account', and 'Log Out'. Below this is the 'Medical Marijuana Registry' header. The main section is titled 'Create Application' with a 'Form progress' indicator. Underneath, there's a section 'Upload Supporting Documents'. It displays patient information: Name: testjon testsmith, ID #: h123, Birth Date: 10/10/1990. A list of documents to be uploaded is provided: 1. Patient ID card, 2. Signed Patient Certification, 3. Caregiver ID Card, 4. Signed Caregiver Certification, 5. Signed Grow Site Certification. A red box highlights the 'Select File' button for the 'Patient ID Card' document, with a red arrow pointing to it and the text 'Document to be uploaded' and '1 Select the file'.

WARNING:

DO NOT UPLOAD any documents if the patient needs to make any corrections. You must return the application to the patient for corrections and be sure it is correct and complete before doing any uploads. Your uploads will not be saved to the application until you submit it to DOH, and if you overwrite a patient's document it will not be attached and the application will be INCOMPLETE.

Step 7.b. – Upload Documents (cont'd.)

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

hawaii.gov Home Help Chat My Account Log Out

Home / Create Application

Create Application

Form progress:

Upload Supporting Documents

Patient

Name: testjon testsmith	ID #: h123	Birth Date: 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

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 MediHIS PAS 1.pdf File Selected Upload 2 Upload the document Cancel

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

Upload Progress

Select File Upload Cancel

WARNING:

DO NOT UPLOAD any documents if the patient needs to make any corrections. You must return the application to the patient for corrections and be sure it is correct and complete before doing any uploads. Your uploads will not be saved to the application until you submit it to DOH, and if you overwrite a patient's document it will not be attached and the application will be INCOMPLETE.

Step 7.b. – Upload Documents (cont'd.)

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

WARNING:

Remember to only upload documents if the application if it is **COMPLETE** and ready for submittal to DOH.

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 'hawaii.gov' website with a green header bar containing links for Home, Help Chat, My Account, and Log Out. Below the header, the page title is 'Create Application' with a progress bar. The main section is 'Upload Supporting Documents'. It displays patient information: Name: testjon testsmith, ID #: h123, Birth Date: 10/10/1990. A list of required documents is shown: 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' button and a progress bar. The 'Patient Certification' section shows an 'Upload' button and a progress bar. The 'Upload Progress' section shows a list of uploaded files: 'MedMJ PAS 1.pdf' with a green checkmark and a 'Remove' button. Red annotations highlight the 'MedMJ PAS 1.pdf' file with the text 'File was uploaded!' and the 'Remove' button with the text 'If necessary, can remove it'.

hawaii.gov Home Help Chat My Account Log Out

Home / Create Application

Create Application

Form progress:

Upload Supporting Documents

Patient

Name: testjon testsmith ID #: h123 Birth Date: 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

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

Select File Upload

Upload Progress **File was uploaded!**

✓ MedMJ PAS 1.pdf Remove

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

Select File Upload

Upload Progress Cancel

Step 7.b. – Upload Documents (cont'd.)

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

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

WARNING:

Remember to only upload documents if the application is **COMPLETE** and ready for submittal to DOH.

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 displays the 'hawaii.gov' website interface for the Patient Initiated Application Instructions. At the top, a green navigation bar includes links for Home, Help Chat, My Account, and Log Out. Below the header, a list of required documents is shown, each with a 'Select File' button, an 'Upload' button, and a 'Remove' button. The documents are: 1. Patient ID card, 2. Signed Patient Certification, 3. Caregiver ID Card, 4. Signed Caregiver Certification, and 5. Signed Grow Site Certification. A red box highlights the first five items, with a red text overlay stating 'Repeat for all required documents'. Below these, there is an 'Other Documents : (if desired)' section with a 'Select File' button, an 'Upload' button, and a 'Cancel' button. A red text overlay 'Additional documents optional' is placed above the 'Other Documents' section. At the bottom, there are 'Previous' and 'Next' navigation buttons.

hawaii.gov

Home Help Chat My Account Log Out

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

Select File Upload Upload Progress ✓ MedMJ PAS 1.pdf Remove

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

Select File Upload Upload Progress ✓ MedMJ PAS 1.pdf Remove

Caregiver ID Card : Upload a photocopy of the Caregiver's government issued photo ID

Select File Upload Upload Progress ✓ MedMJ PAS 1.pdf Remove

Caregiver Certification : Upload a completed, signed copy of the Caregiver's Certification

Select File Upload Upload Progress ✓ 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

Select File Upload Upload Progress ✓ MedMJ PAS 1.pdf Remove

Other Documents : (if desired) **Additional documents optional**

Select File Upload Upload Progress Cancel

Previous Next

Step 8 – Review Data

This screen displays all the data that has been 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 - filled in for applications initiated by Patient

The screenshot shows the 'hawaii.gov' website with the 'Create Application' page in 'Review' mode. The application number is 121747. The 'Registration Details' section is expanded, showing 'Patient Information'. The following fields are highlighted with red boxes and numbered:

- 1**: Minor (Based on Today's Date): No
- 2**: Adult Lacking Legal Capacity: No
- 3**: Patient Certification Electronic Signature: (signature)

A 'Show/Hide All' button is highlighted with a red box and an arrow pointing to it from the text 'Show/Hide All' in red. The 'Caregiver Information' section is partially visible below.

Step 8 – Review Data (cont'd.)

- 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	
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 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'
- Then 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
- The application will disappear from your queue but the patient will be able to view it
- You will only see it again if it is returned to you from DOH due to an error with medical information or uploads (see next slide)

The screenshot shows a web browser window with the title "PHYSICIAN'S CERTIFICATION". The form contains the following text:

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

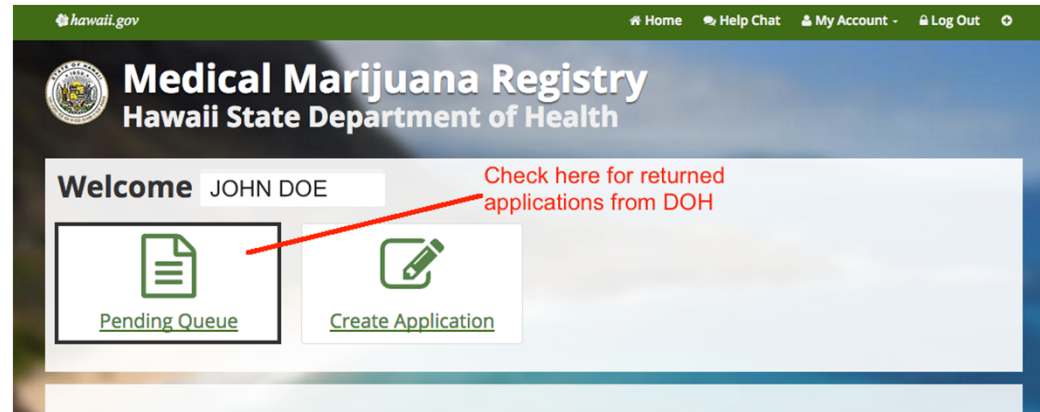
Buttons: Continue, Cancel

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.

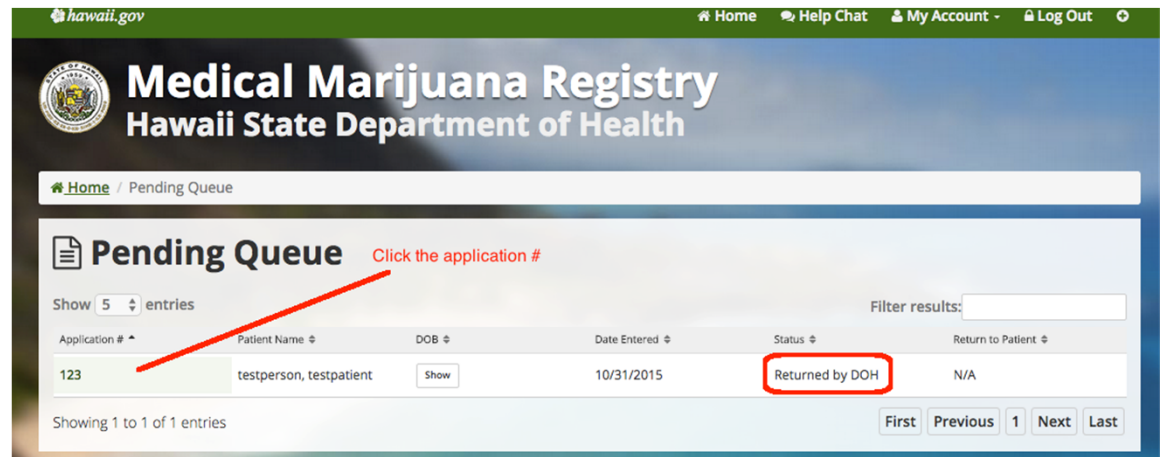
Step 10 - Check your Pending Queue Daily for Returned Applications

- If you have submitted an application to DOH and there was an error relating to **medical information or uploads**, DOH will return the application to you and it will display in your Pending Queue as 'Returned by DOH'. DOH will notify you via email of the reason for the return. Check your Pending Queue daily in case this occurs.
- DOH will return the application to the patient directly if there are other (i.e. visible data entry) errors.
- Cards will be mailed directly to the patient and physicians will receive a copy of the letter for their file records.



Step 10 - Check your Pending Queue Daily for Returned Applications (cont'd.)

- 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



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