Registering with DCR as a certifying physician or nurse practitioner

The steps below provide how-to guidance for physicians and nurse practitioners that wish to certify patients with a qualifying medical condition (QMC) for a medical marijuana ID card in Missouri.

A registration application does not have an application fee but is required for physicians and nurse practitioners to gain access to the required form within the Online Registry Portal.

The online registry portal works best when using Google Chrome as your internet browser to help minimize possible errors within the system.

How-to Create and Submit a Physician/Nurse Practitioner Registration Application

1. Navigate to the **Online Registry Portal website** at: https://mo-public.mycomplia.com

2. Enter your **Username (email)** and **Password**.

3. Check the **Accept Terms and Conditions** box if it is not already checked.

4. Click **I'm not a robot.** Click **Sign In**.

5. Click **'Create New Application'**.
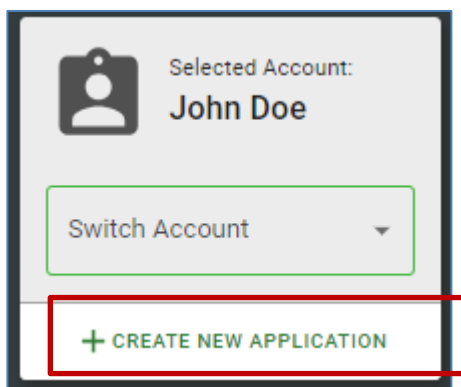
6. For the Application Type, click the **'I am a'** drop down box, and select **'Physician/Nurse Practitioner'**.
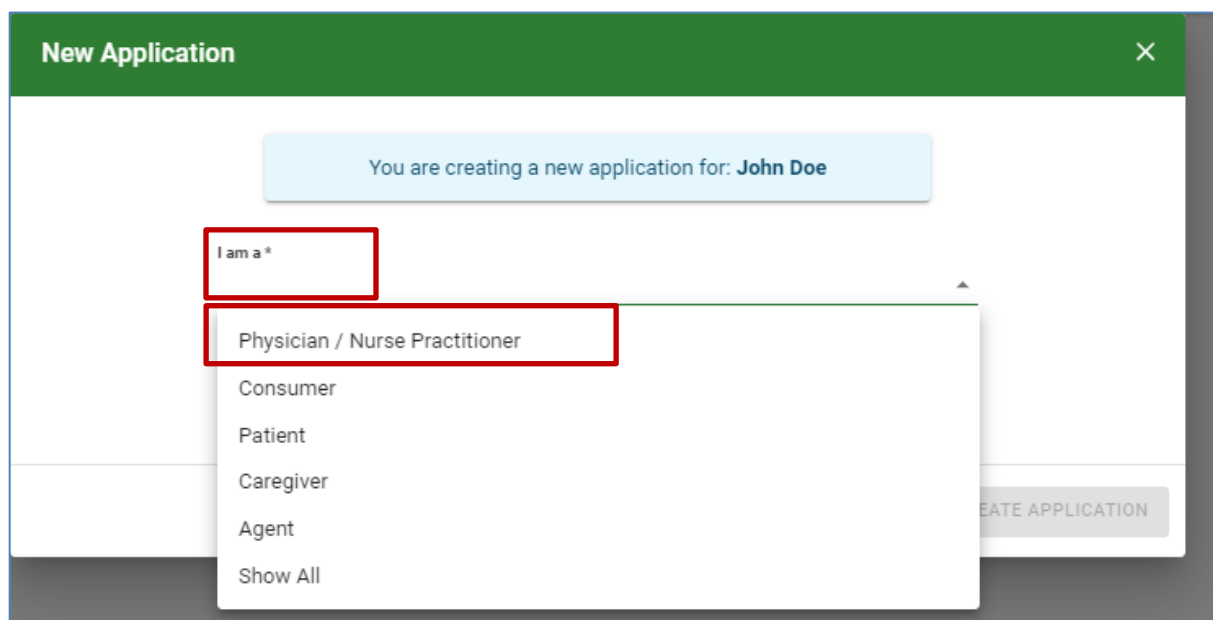
7. Click **'Physician Registration'**.

8. Click **'Create Application'**.

9. Fill in the details on the **Physician Information** tab by entering the **Physician's**:
   1. First Name, Last Name, MO License Number, License Type, Email, Phone Number.

   2. Physician's Office Street Address, City, State, and Zip Code.

   3. The address must be verified before submitting the application. To do so, click 'Verify Address'.

Note: Items denoted with an * are required fields that must be completed to save and move to the next page.

Applications / Physician Registration

| PHYSICIAN INFORMATION | QUESTIONS | DOCUMENTS | REVIEW |

Physician First Name *

Physician Last Name *

Physician License Type *

Physician Email *

Physician Phone Number *

Physician MO License Number*

Street Address

Physician Office Address *
PO Boxes are not acceptable

Physician Office Unit
PO Boxes are not acceptable

Physician Office City *

Physician Office State *

Physician Office Zip Code *

Address Verified? *   No   ✓ VERIFY ADDRESS
This is required.

💾 SAVE   → SAVE & NEXT   CANCEL

10. Choose one of the two options: **'Entered Address'** or **'Verified Address'**.

11. Click **'Done'**.

Address Selection

Please select the address you wish to update in the application by clicking on the respective sections below.

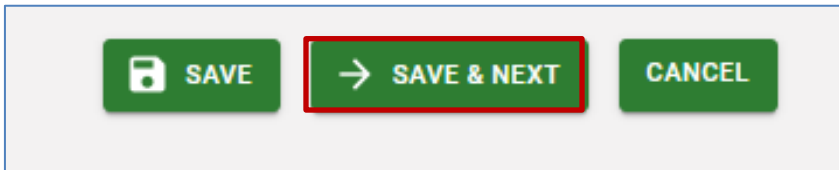| Entered Address ✓ | Verified Address |
| 1000 Doctors Blvd
Here
MO
12345 | Invalid City. |

CANCEL   DONE

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- Click "**Save**" to save the edited field data.

- Click "**Cancel**" to close out of the application without saving the information.

- Click "**Save & Next**" to save the information and move to the next page.

On the **Questions** Tab, you will answer **'Yes'** or **'No'** to some general questions about you as the registering Physician.

12. For the question, **"Do you authorize other individuals to access this account?"**. Select **'Yes'** if you want to allow multiple users, such as office staff and other designated individuals to access your account to submit Physician Certification forms on your behalf.

> **Note:** Selecting **'Yes'** to this question requires follow-up information regarding the list of authorized users that you are designating to have access to your account.
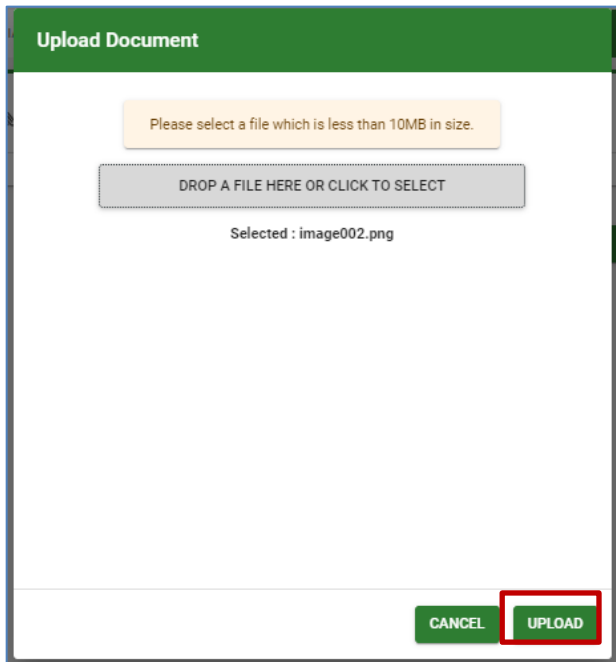
- Click "**Save**" to save the edited field data.

- Click **"Cancel"** to close out of the application without saving the information.

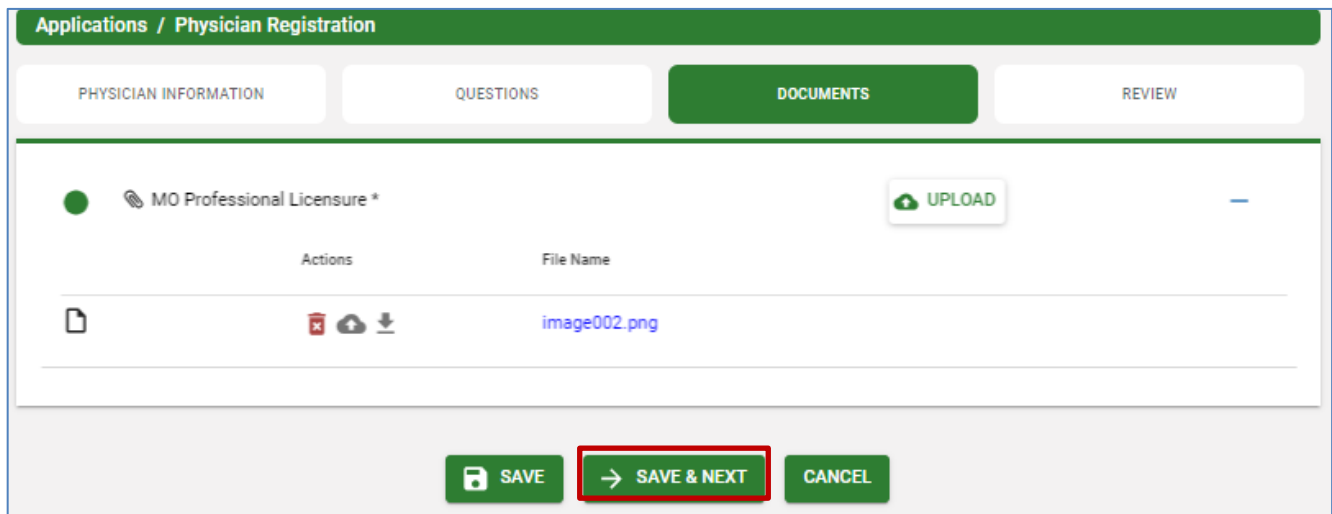- Click "**Save & Next**" to save the information and move to the next page.

13. On the **Documents** Tab, you will upload a copy of your **Missouri Physician License**. To do so, click **'Upload'**.

14. Click **'DROP A FILE HERE OR CLICK TO SELECT'**.

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15. Find your **Physician's License document** on your computer and select it. Then, click **'Upload'.**

Upload Document

Please select a file which is less than 10MB in size.

DROP A FILE HERE OR CLICK TO SELECT

Selected : image002.png

CANCEL   UPLOAD

16. Your uploaded document now appears under **MO Professional Licensure** and will be attached to your application. Click **'Save & Next'** to save the information and move to the next page.

Applications / Physician Registration

| PHYSICIAN INFORMATION | QUESTIONS | DOCUMENTS | REVIEW |

● 📎 MO Professional Licensure *   ☁ UPLOAD   —

Actions   File Name

📄   🗑 ☁ ⬇   image002.png

💾 SAVE   → SAVE & NEXT   CANCEL

Note: Accepted file types include PDF, JPEG, PNG, DOC, and other common file types. Be sure to preview the uploaded file to ensure it is legible. If it is too blurry or small to read, upload a new version before submitting.

17. On the **Review** Tab, review all items to make sure they have green check marks. If there is a red **X**, that indicates there is missing information in the application. Go back through each of the previous pages and correct the

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missing information.

18. When all check marks are green, scroll to the bottom of the page and click **'Submit'**.

At the top of the page, a message indicates that your application has been submitted to the Missouri Medical Marijuana Program and provides you with an application reference code.

A confirmation email will be sent from DCR to verify the registration submission and provide an application ID. The Physician/Nurse Practitioner Registration application will be processed by DCR and the applying physician/nurse practitioner will receive notification via email. If information is missing or the application is incomplete, the applicant will receive notice that the application was rejected and in need of corrections. A list of needed corrections and instructions to successfully correct and resubmit will be included with this notice.

If applications needing corrections are not returned within 14 calendar days, the application will be denied. If a physician/nurse practitioner registration application is denied, the physician/nurse practitioner may reapply at any time as there are no fees associated with this registration type. If the application is complete, a program representative will contact the applying physician/nurse practitioner by email to request the physician make contact with DCR to verify all information in the application before approving the registration.

Once registration is approved, the electronic physician certification form will be available in the Online Registry Portal.

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