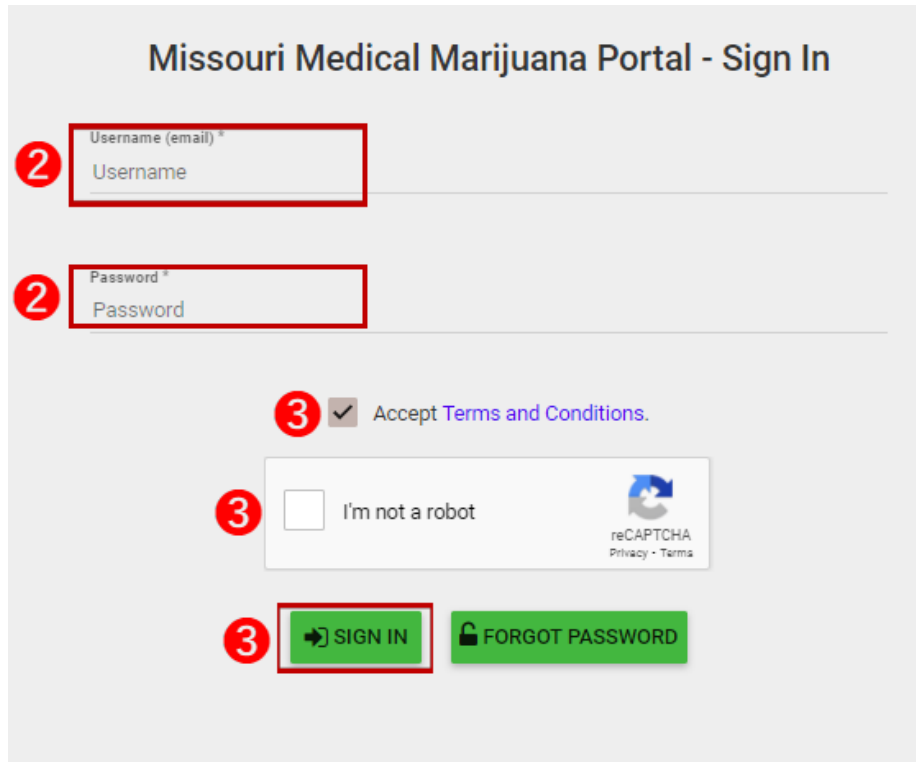


Create and Submit a Physician Registration Application

Note: It is recommended that you use Google Chrome as your internet browser because other browsers may not work properly with the Registry Website.

1. Navigate to: <https://mo-public.mycomplia.com>
2. Enter your **Username (email)** and **Password**.
3. Check the '**Accept Terms and Conditions**' box, click **I'm not a robot**, click '**Sign In**'.




Missouri Medical Marijuana Portal - Sign In

2 Username (email) *
Username

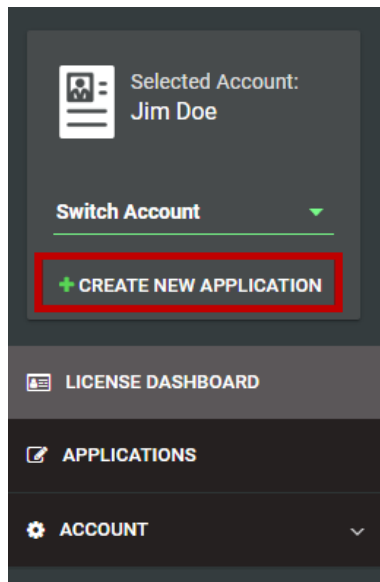
2 Password *
Password

3 Accept [Terms and Conditions](#).

3 I'm not a robot 
reCAPTCHA
Privacy - Terms

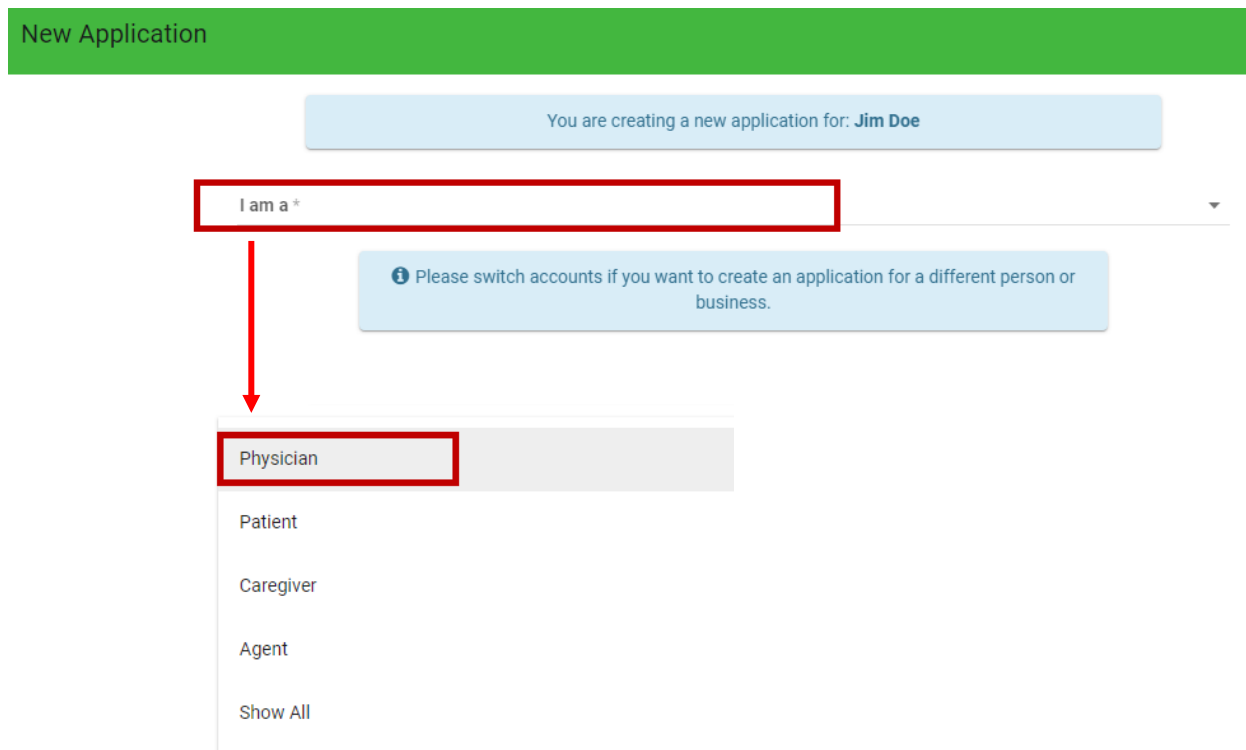
3

4. Click 'Create New Application'.



Note: You may create more than one Application per User Account.

5. For the Application Type, click the 'I am a' drop down box, and select 'Physician'.



6. Click **'Physician Registration'**.

7. Click **'Create Application'**.

The screenshot shows a web interface for creating a new application. At the top, a green header bar contains the text "New Application" and a close button (X). Below this, a light blue box displays "You are creating a new application for: Jim Doe". Underneath, there is a dropdown menu labeled "I am a*" with "Physician" selected. Two options are presented as cards: "Electronic Physician Certification" (white card with a document icon) and "Physician Registration" (green card with a document icon and a checkmark). The "Physician Registration" card is highlighted with a red border and a red circle containing the number "6". Below the cards, a light blue box contains an information icon and the text: "Please switch accounts if you want to create an application for a different person or business." At the bottom of the form, a green button labeled "CREATE APPLICATION" is highlighted with a red border and a red circle containing the number "7".

Fill in the details on the **Physician Information** tab by entering the **Physician's**:

8. **First Name, Last Name, MO License Number, License Type, Email, Phone Number.**

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

10. 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 MO License Number *

Physician License Type * Physician Email * Physician Phone Number *

Street Address

Physician Office Address * Physician Office Unit Physician Office City *

PO Boxes are not acceptable PO Boxes are not acceptable

Physician Office State * Physician Office Zip Code *

Address Verified? * No **VERIFY ADDRESS**

SAVE **SAVE & NEXT** **CANCEL**

11. Choose one of the two options: **‘Entered Address’** or **‘Verified Address’**.

12. Click **‘Done’**.

Address Selection

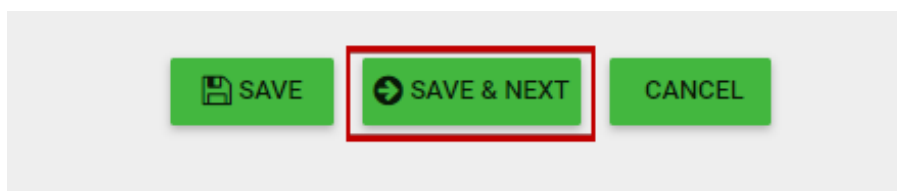
Please select the address you wish to update in the application by clicking on the respective sections below.

Entered Address **Verified Address**

1000 Doctors Blvd
Anywhere
MO
12345 Invalid City.

CANCEL **DONE**

- 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.

13. 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.

Applications / Physician Registration

PHYSICIAN INFORMATION **QUESTIONS** DOCUMENTS REVIEW

Do you verify you are the physician listed who is requesting to establish this account? * ⓘ

Yes
 No

Do you attest that you are licensed and in good standing to practice medicine or osteopathy under Missouri law and meet all of the eligibility requirements of the definition of a "Physician" under 19 CSR 30-95.(29)? * ⓘ

Yes
 No

Do you attest that you have carefully reviewed all of the requirements of a Physician pursuant to provisions in 19 CSR 20-95.110, and that you will follow these rules when certifying patients for medical marijuana? * ⓘ

Yes
 No

Do you authorize other individuals to access this account? * ⓘ

Yes
 No

- 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.



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

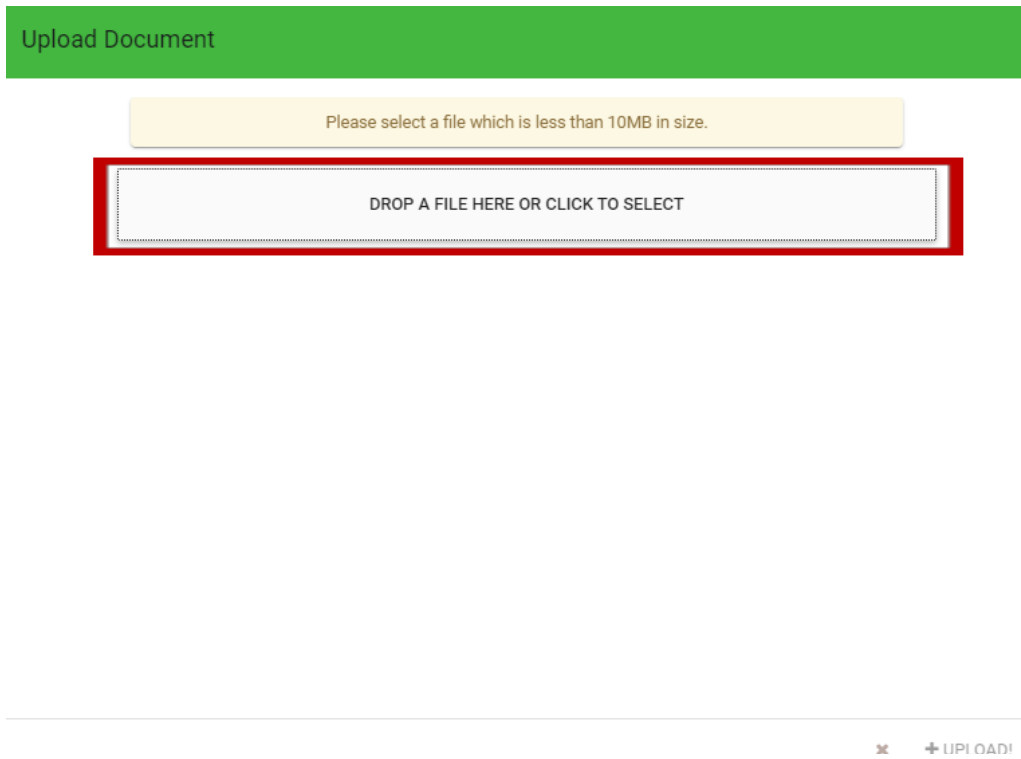
Applications / Physician Registration

PHYSICIAN INFORMATION QUESTIONS **DOCUMENTS** REVIEW

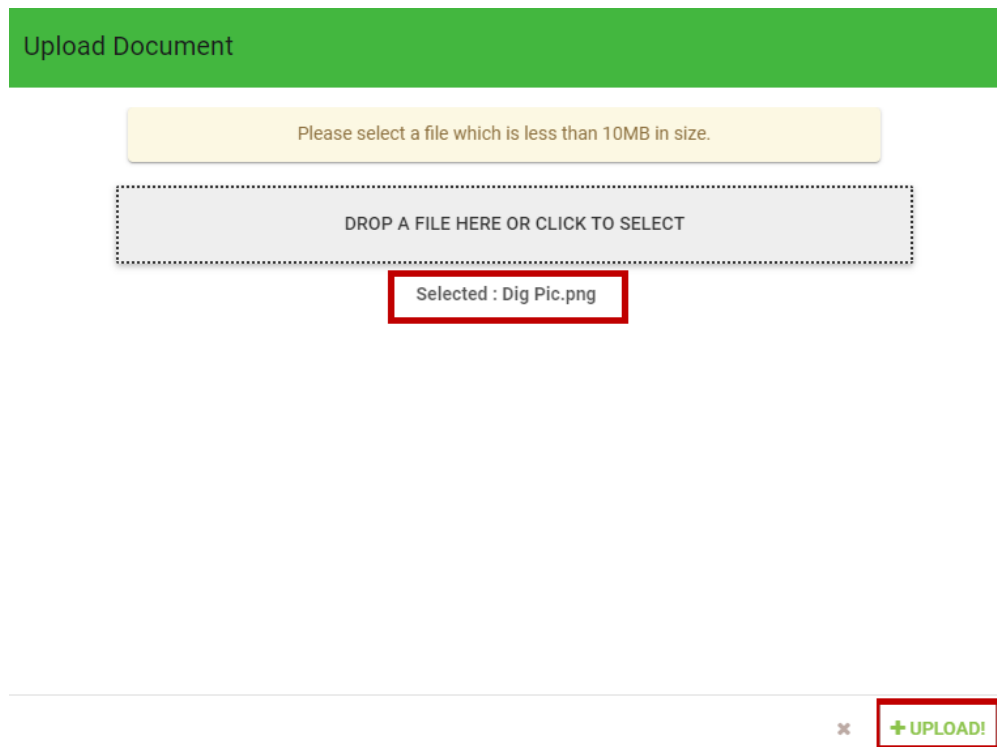
● MO Professional Licensure * **UPLOAD** +

SAVE SAVE & NEXT CANCEL

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



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



17. 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
	Dig Pic.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.

18. 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 missing information.

Applications / Physician Registration

PHYSICIAN INFORMATION QUESTIONS DOCUMENTS REVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy
WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

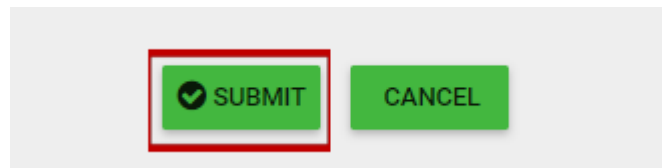
Physician Information

✓ Physician First Name: Jim	✓ Physician Last Name: Doe	✓ Physician MO License Number: 24680
✗ Physician License Type:	✗ Physician Email:	✓ Physician Phone Number: 1234567890

Street Address

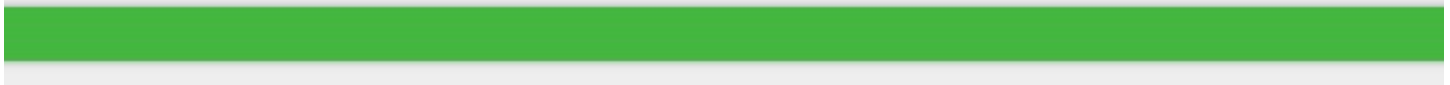
✓ Physician Office Address: 1000 Doctors Blvd	Physician Office Unit:	✓ Physician Office City: Anywhere
✓ Physician Office State: Missouri	✓ Physician Office Zip Code: 12345	
✓ Address Verified?: Yes		

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



Note: There is no fee required for physician account registrations.

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.



Your application has been submitted to the Missouri Medical Marijuana Program.
Your application reference code is **1282**. Please retain this for your records.

Application Submission Date : **01/23/2020 2:48 PM**

Your transaction ID is : **20001236**

Transaction Token: **1579811632227**

Your application is submitted and cannot be modified at this time.

 If you do not receive Complia email notifications, please check your spam folder.

A confirmation email will be sent from **MMMP** to verify the registration submission and provide an application ID. The Physician Registration application will be processed by the Department and the applying physician 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 10 calendar days, the application will be denied. If a physician registration application is denied, the physician 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 by phone to verify all information before approving the registration.