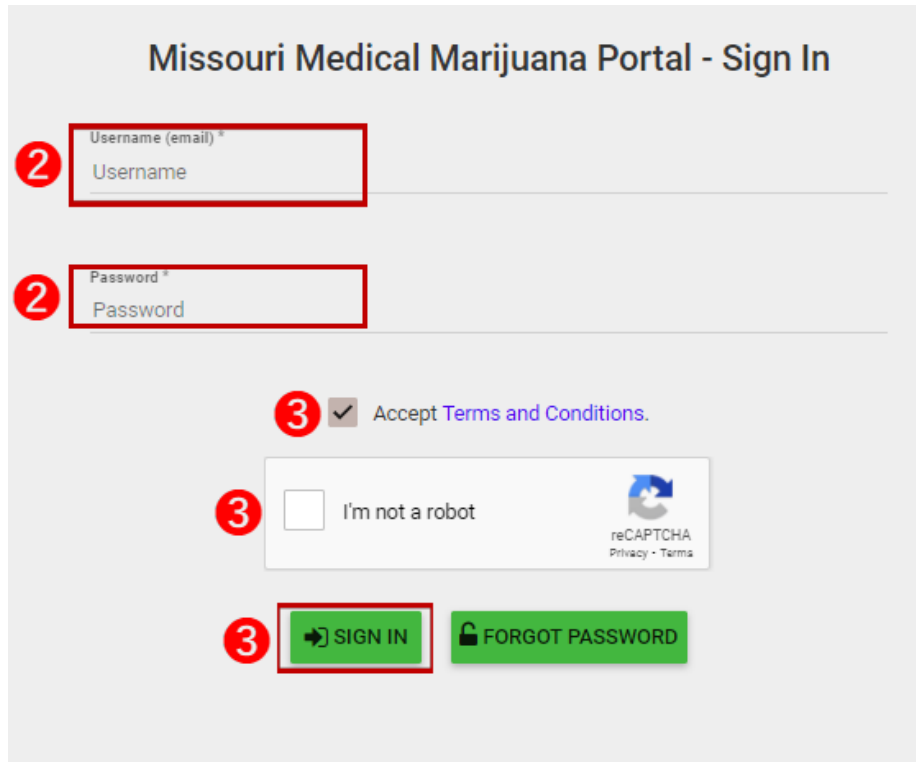## Create and Submit a Physician Registration Application

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'**.
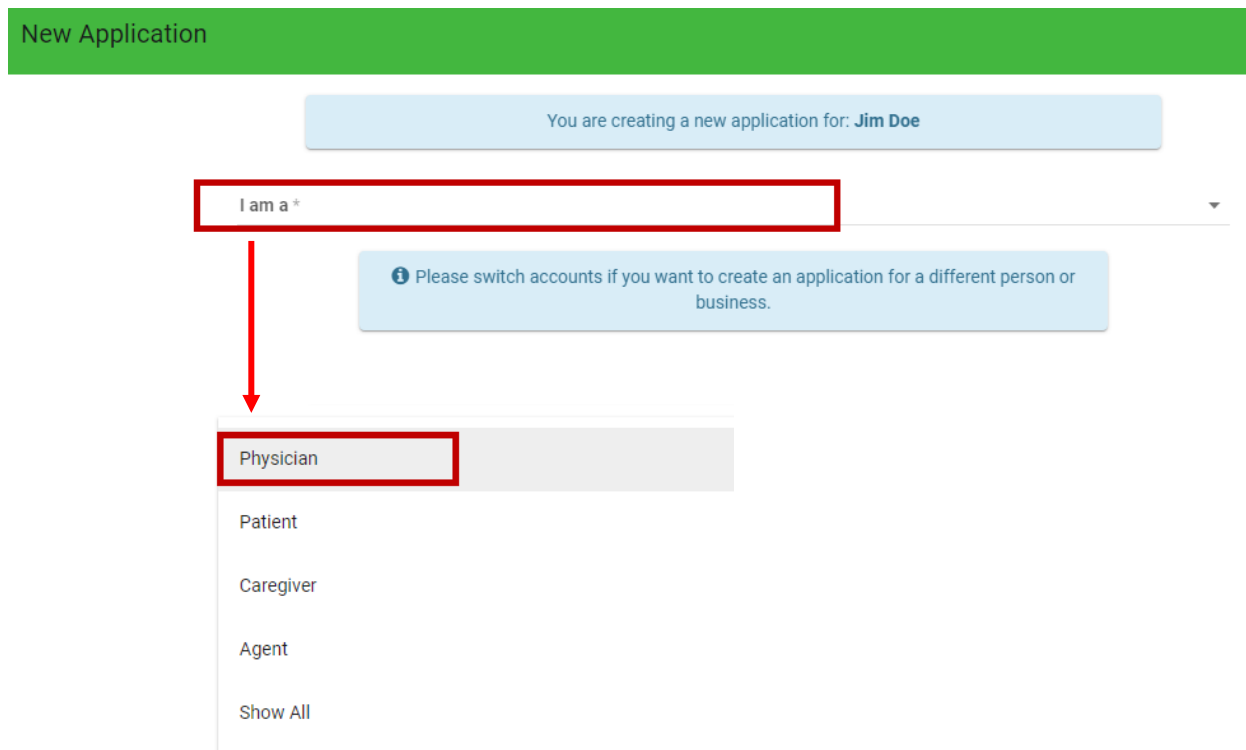
4. Click **'Create New Application'**.
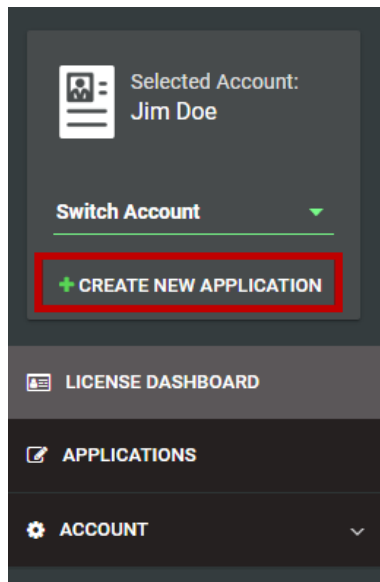
Note: You may create more than one Application per User Account.

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

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

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

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.

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

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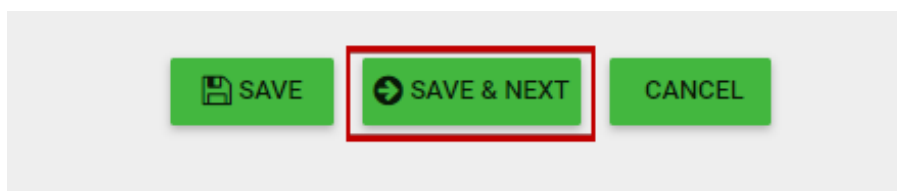
On the **Questions** Tab, you will answer **'Yes'** or **'No'** to some general questions about you as the registering Physician.

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.

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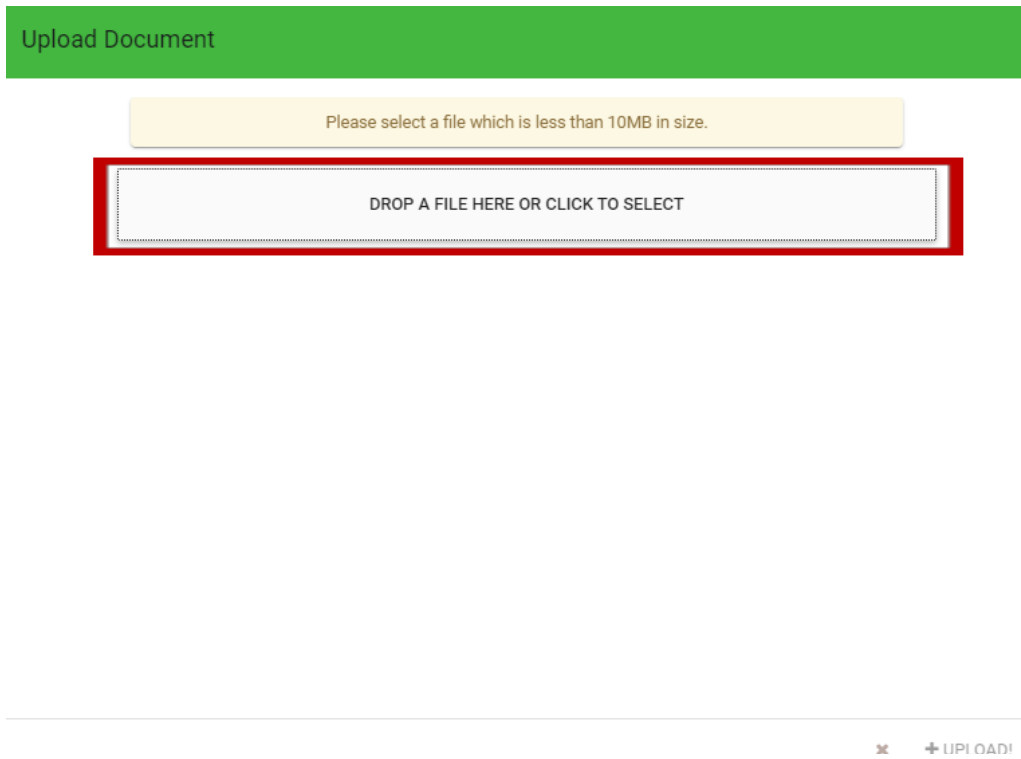
15. Click **'DROP A FILE HERE OR CLICK TO SELECT'**.

16. Find your **Physician's License document** on your computer and select it. Then, click **'Upload'.**
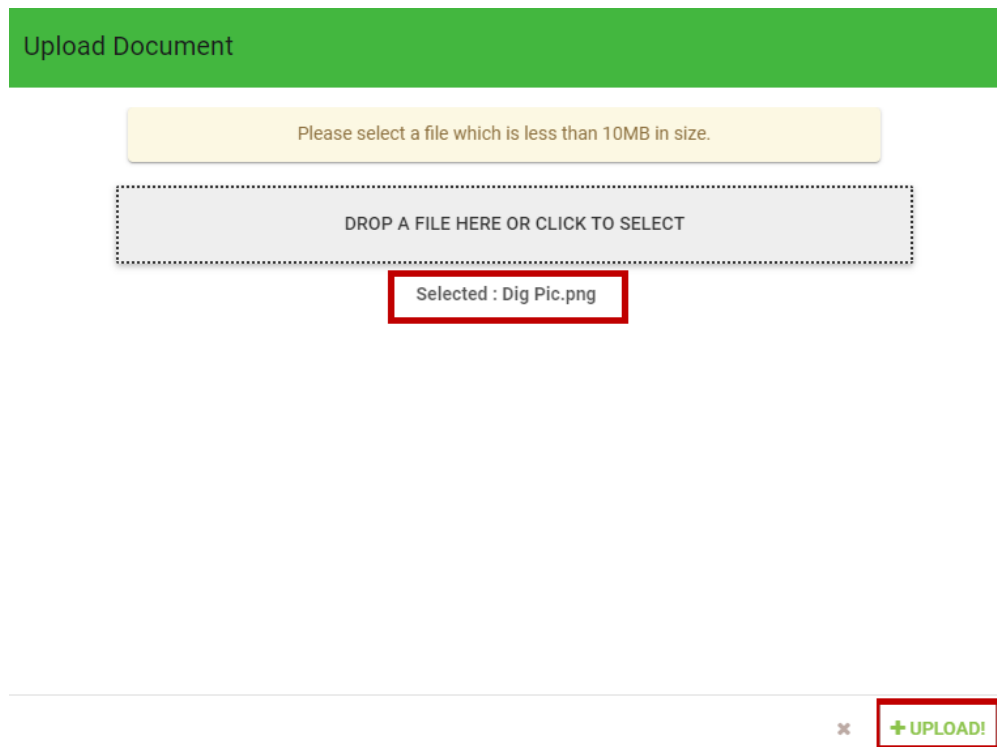
17. Your uploaded document now appears under **MO Professional Licensure** and will be attached to your application. Click **'Save & Next'** to save the information and move to the next page.

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.

19. When all check marks are green, scroll to the bottom of the page and click **'Submit'**.
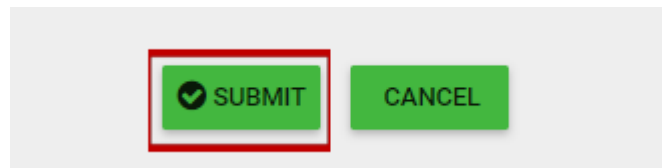
Note: There is no fee required for physician account registrations.

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.

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.