Submitting an Electronic Physician Certification Form as a certifying physician or nurse practitioner

The steps below provide how-to guidance for physicians and nurse practitioners to submit an Electronic Physician Certification Form (EPCF), which certifies the patient with a qualifying medical condition (QMC) for a medical marijuana ID card in Missouri.

An EPCF ***must*** be completed by a certifying physician/nurse practitioner that has an approved PHY# registration within their online registry portal account. If you are a certifying physician/nurse practitioner and have not yet applied for physician and nurse practitioner registration, please refer to the Physician and Nurse Practitioner Registration tutorial for more information.

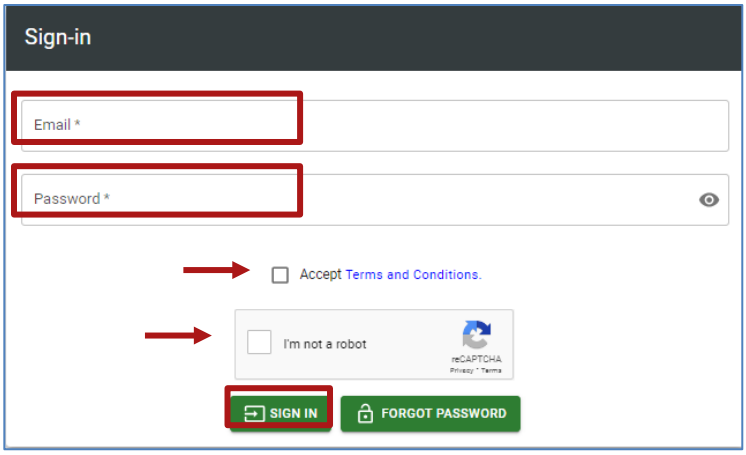
Physicians and nurse practitioners must submit the EPCF on behalf their certified patients, certified patients must select and submit this form within their patient application . Physician Certification Forms must be submitted with the patient application within 30 days of the certifying physician/nurse practitioner's signature date on the submitted electronic form, therefore, certification forms must not be issued more than 30 days prior to the date the patient will submit their application.

EPCF's dated more than 30 days from the time of patient application submission will be rejected, and a new electronic form will be required. The expired electronic form will be de-activated upon processing to prevent the patient from accessing the expired form during resubmission. The certifying physician will receive a notification of deactivation to alert them that their patient may be requesting a new electronic form.

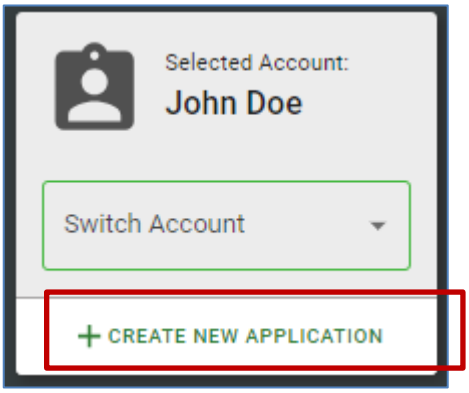
Before certifying a patient, please review the Department of Health and Senior Services (DHSS): Guidance for Certification Appointments.

How-to Submit an EPCF

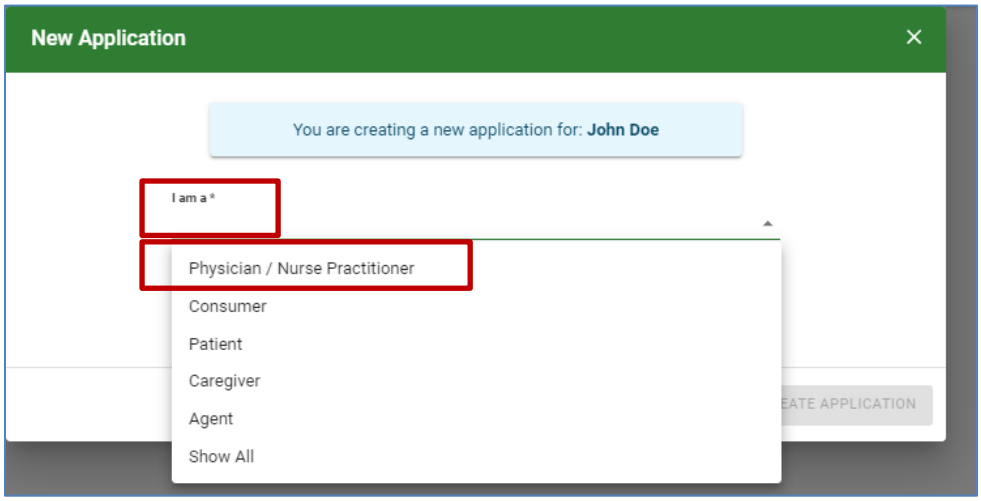
1. Navigate to the **Online Registry Portal website** at: https://mo-public.mycomplia.com
2. Enter your **Username (email)** and **Password**.
3. Check the **Accept Terms and Conditions** box if it is not already checked.
4. Click **I'm not a robot.** Click **Sign In**.



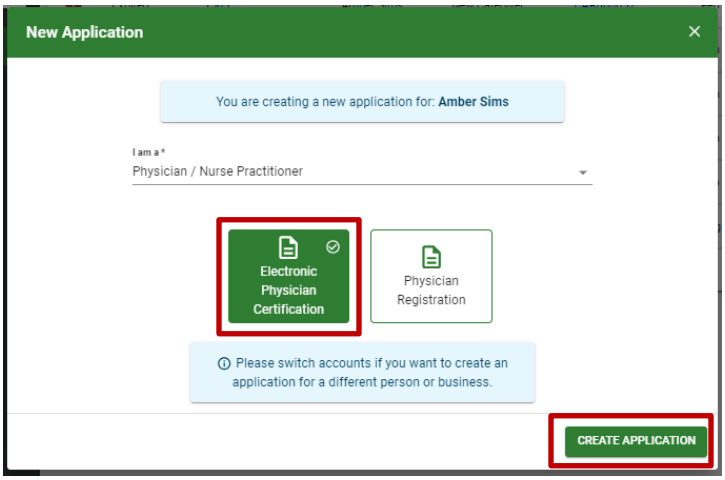
1. Click **'Create New Application'**.



2. For the Application Type, click the **'I am a'** drop down box, and select **'Physician/Nurse Practitioner'**.

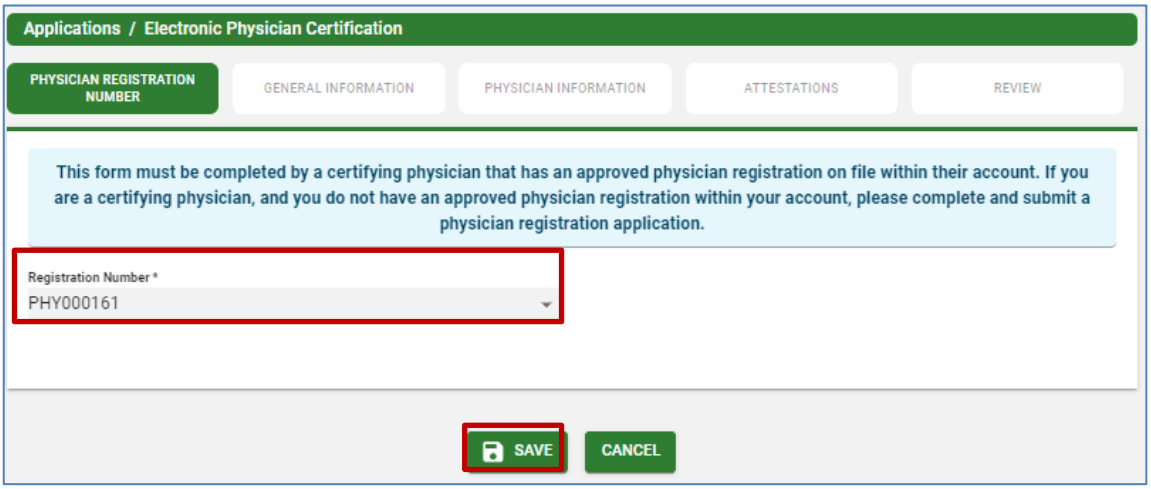


5. Select **'Electronic Physician Certification'**. Click **'Create Application'**.

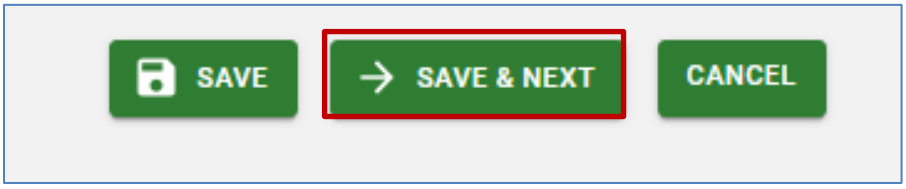


On the **Physician Registration Number** tab:

6. Click the **Registration Number** drop down. Select the **Physician Registration Number**. Click **'Save'**.
   Note: If no registration number is available, the certifying physician or nurse practitioner will need to complete a registration application prior to being allowed to submit an EPCF.



7. Click **'Save and Next'** to save the data fields and move to the next tab.



On the **General Information Tab:**

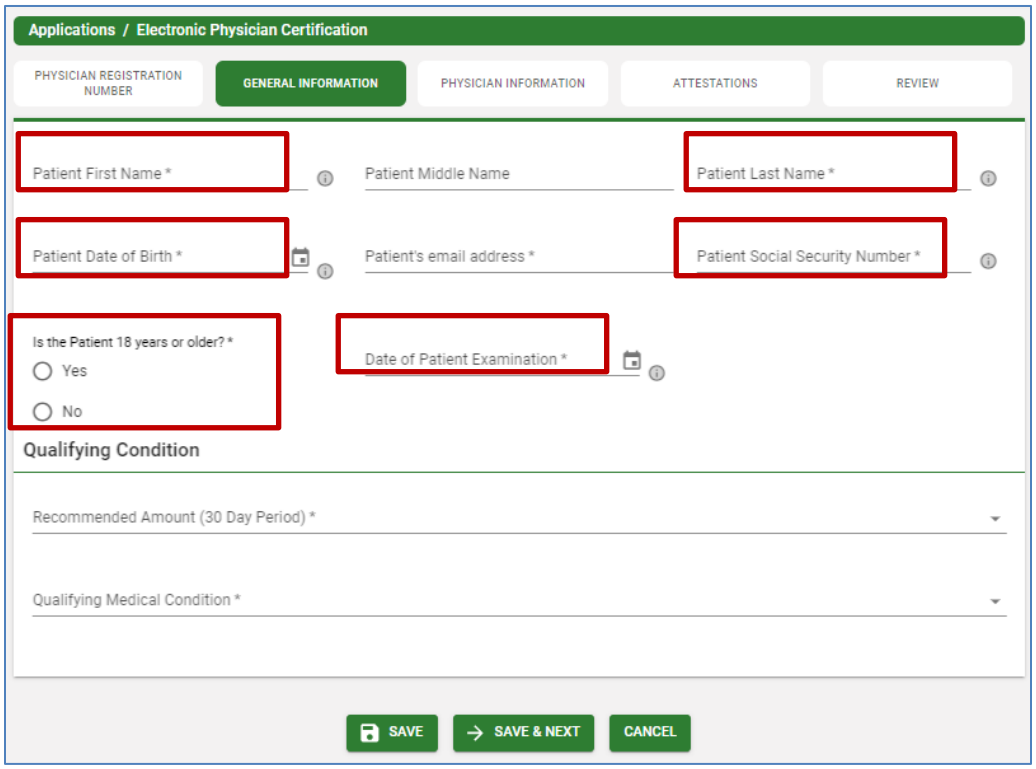
8. Enter the **Patient's First Name** and **Last Name**.

9. Enter the **Patient's Date of Birth**, **Email address**, and **Social Security Number**.

Note: The patient's social security number and date of birth MUST be accurate for the patient to see and select the EPCF within their application. Changes cannot be made after the ECF is submitted.

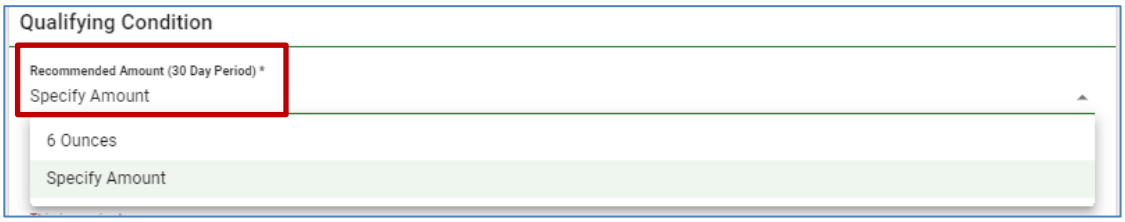
10. Click **'Yes'** or **'No'** to indicate whether the patient is 18 years or older.

11. Enter the **Date of Patient Examination**.



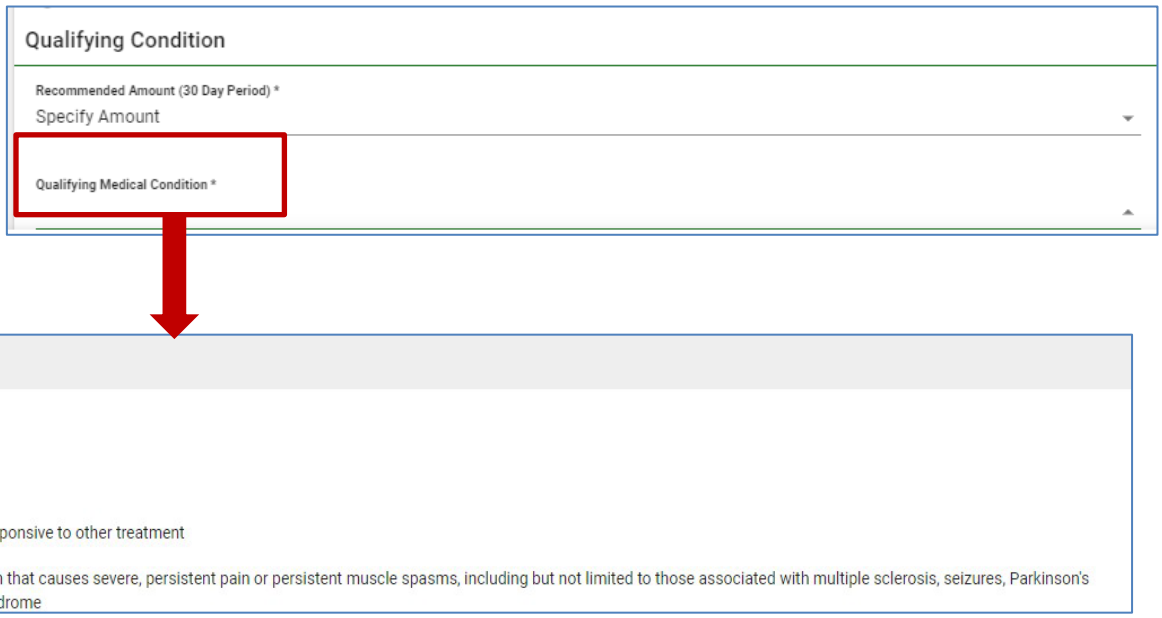
12. Under **Qualifying Condition**, click the **Recommended Amount (30 Day Period)** drop down, and select the amount for a 30-day period.

- If you are recommending the standard amount, choose **6 ounces**.
- If you are recommending a higher amount, choose **Specify Amount** and enter the amount you are recommending for the 30-day period.



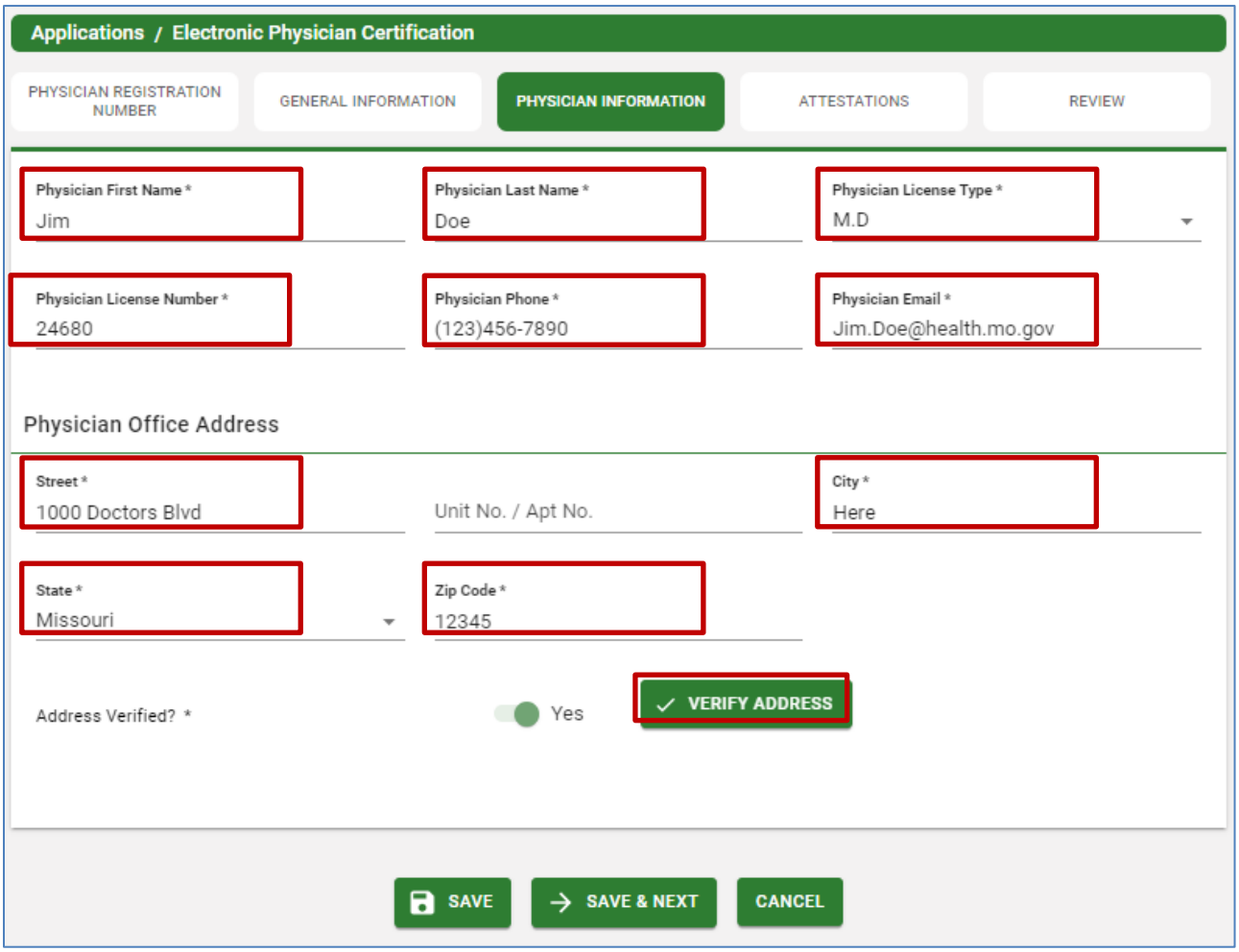
13. Click the **Qualifying Medical Condition** drop down and select the qualifying medical condition.

Note: Depending on the medical condition you select, you may be asked to further specify the condition as required in rule.

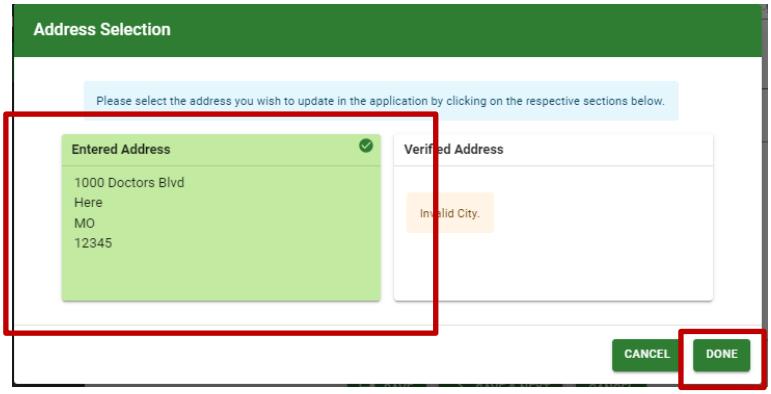


14. Click **'Save & Next'**.

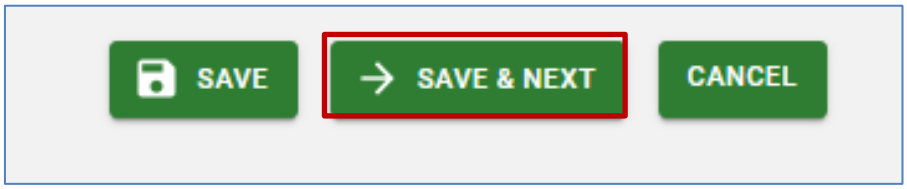
15. On the **Physician Information Tab**, all the physician's information will auto-populate from the verified Physician Registration Number license. All information on this page can be edited and if the address is changed, it will need to be verified by clicking **'Verify Address'.**



16. Select either the **'Entered Address'** or **'Verified Address'**. Click **'Done'**

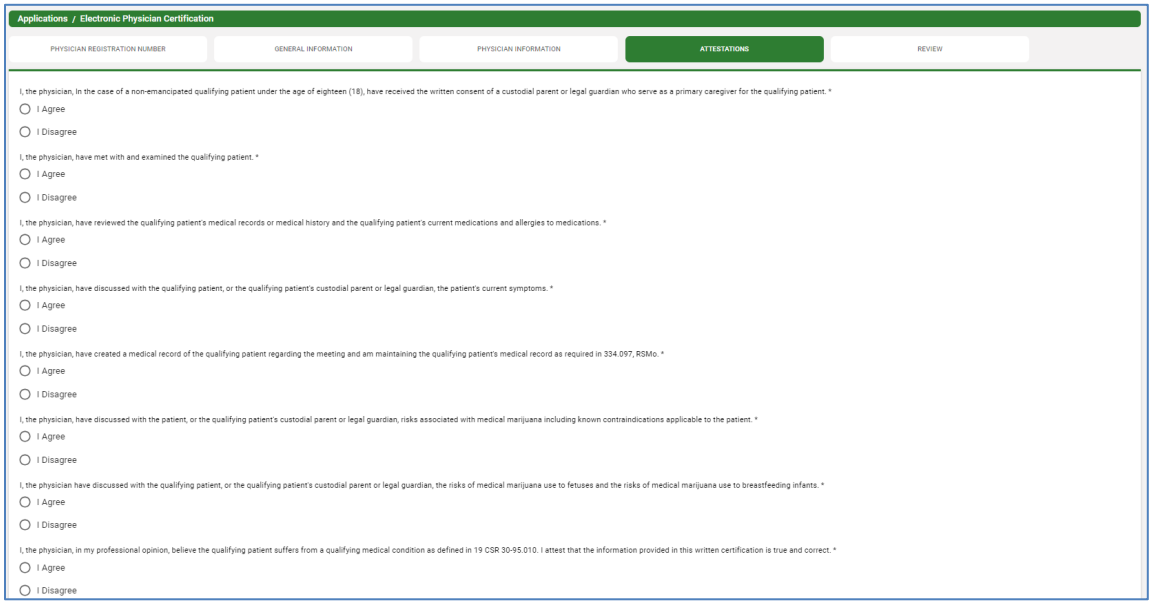


17. Click **'Save & Next'**.

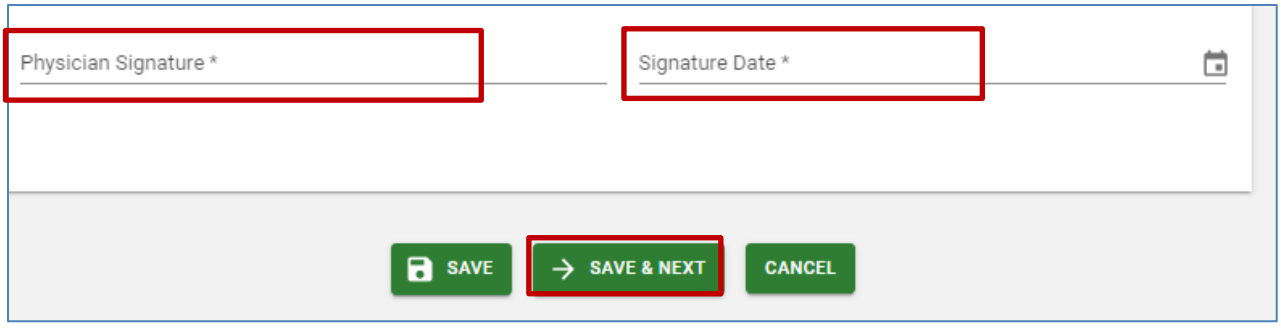


As part of the **Physician Certification Form**, physicians will be required to attest that certain statements are true. This provides a framework for the certification process and is the primary way in which the Department has conveyed the standard of care it expects medical marijuana patients will receive.

18. You must either **Agree** or **Disagree** to each of the attestation statements.



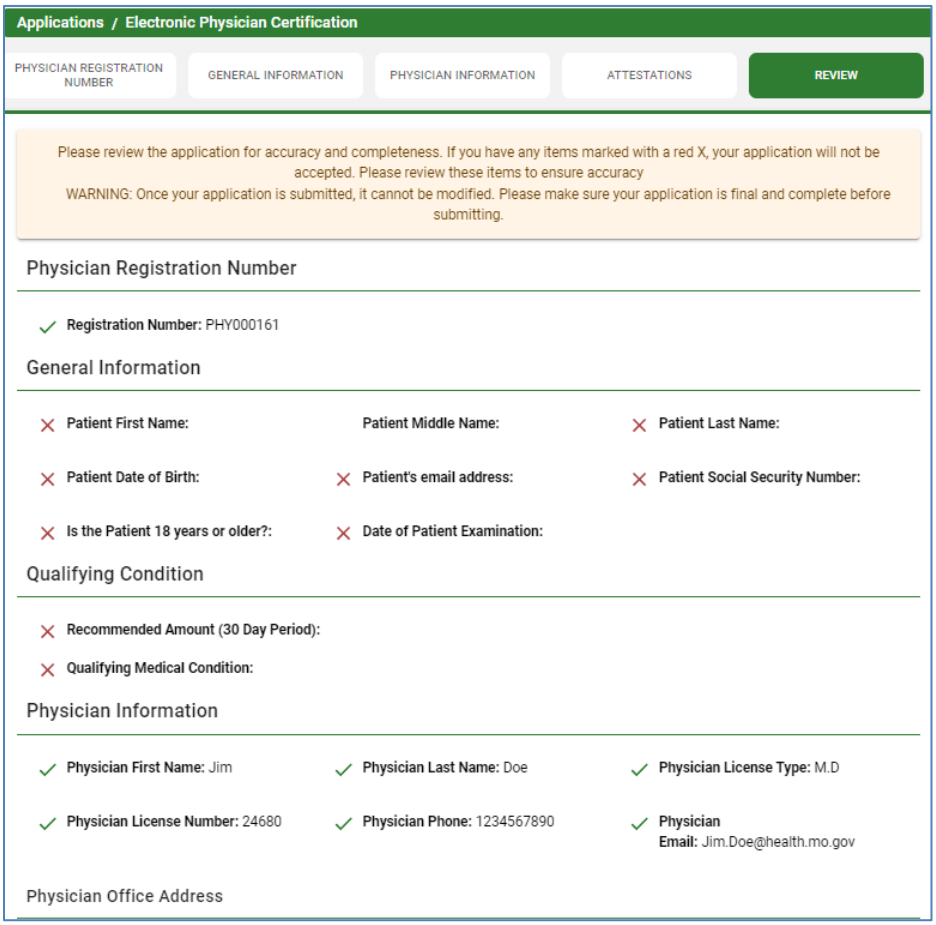
19. Type your name in the **'Physician Signature'** field and enter the **'Date of your Signature'**. Click **'Save & Next'**.



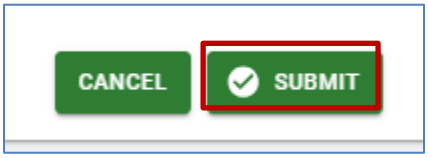
On the **Review Tab:**

20. Review all items to make sure they have green check marks.

21. If there is a red **X**, that means there is missing information in the application. Go back through each of the previous pages and correct the missing information.



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



There is no fee required for electronic physician certification form submissions. A confirmation email will be sent from the Division of Cannabis Regulation to the physician verifying the submission and providing an application ID.

EPCF Errors

If an EPCF is submitted with errors in the patient's Personal Identifiable Information, such as birth date, social security number or spelling of name, the patient, certifying physician/nurse practitioner, or an authorized user on the physician/nurse practitioners' account must contact DCR and request the correction.

For corrections, DCR may be reached:

- By email (Monday through Friday) – 8:00 am – 5:00 pm at: **CannabisInfo@health.mo.gov**
- By phone (Monday through Friday) – 9:00 am – 4:00 pm CST at: **1-866-219-0165**

When contacting DCR, please have the following information available:

- The PHY# Number
- Physician or Nurse Practitioner Name
- The name of the person making contact (if not the physician, the person making contact will need to be verified as an authorized user before account details can be discussed)
- Nature of the update/request/topic of discussion

Once the person contacting DCR has been verified, a team member that is trained in this area will assist with the request.

Updated 2/26/2025