Missouri Department of Health & Senior Services

How to Submit an Electronic Physician Certification Form

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

This form must be completed by a certifying physician that has an approved physician registration on file within their account. If you are a certifying physician, and do not have an approved physician registration within your account, please complete and submit a physician registration application.

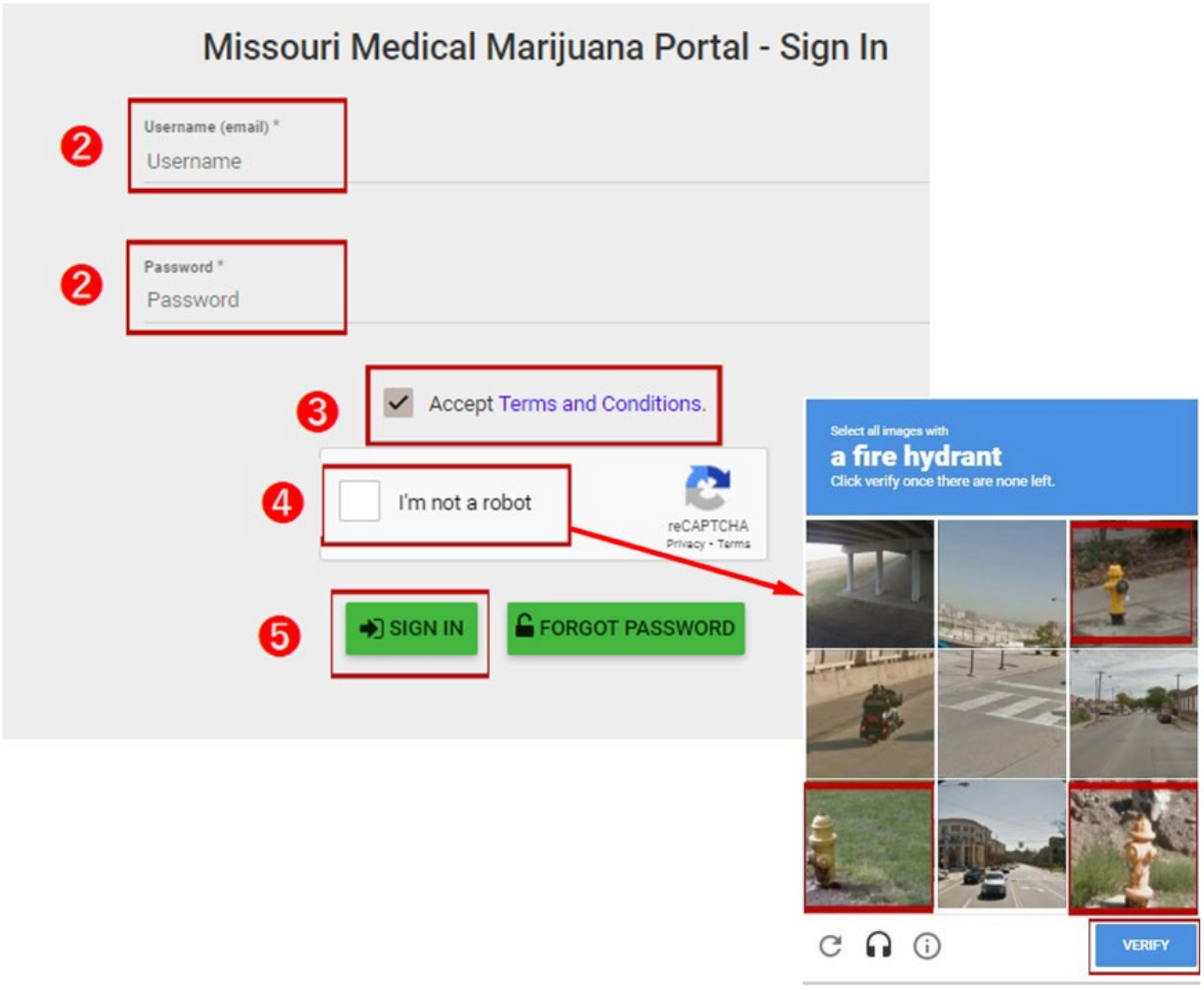
- To learn how to "Register for a physician account and to log in to the account", watch the video tutorial: **Registering & Logging In to a Physician Account**
- To learn how to "Create and submit a physician registration application", watch the video tutorial: **Create & Submit a Physician Registration Application**

You must submit the **Physician Certification Form** for your certified patients. Physician Certification Forms must not be issued more than 30 days before the date the patient will apply for a new patient identification card or renewal of a patient identification card.

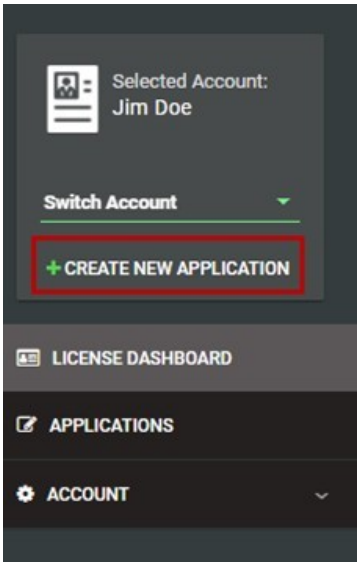
Before you certify a patient, please review the Department of Health and Senior Services (DHSS): **Guidance for Certification Appointments**.

To submit an **Electronic Physician Certification Form:**

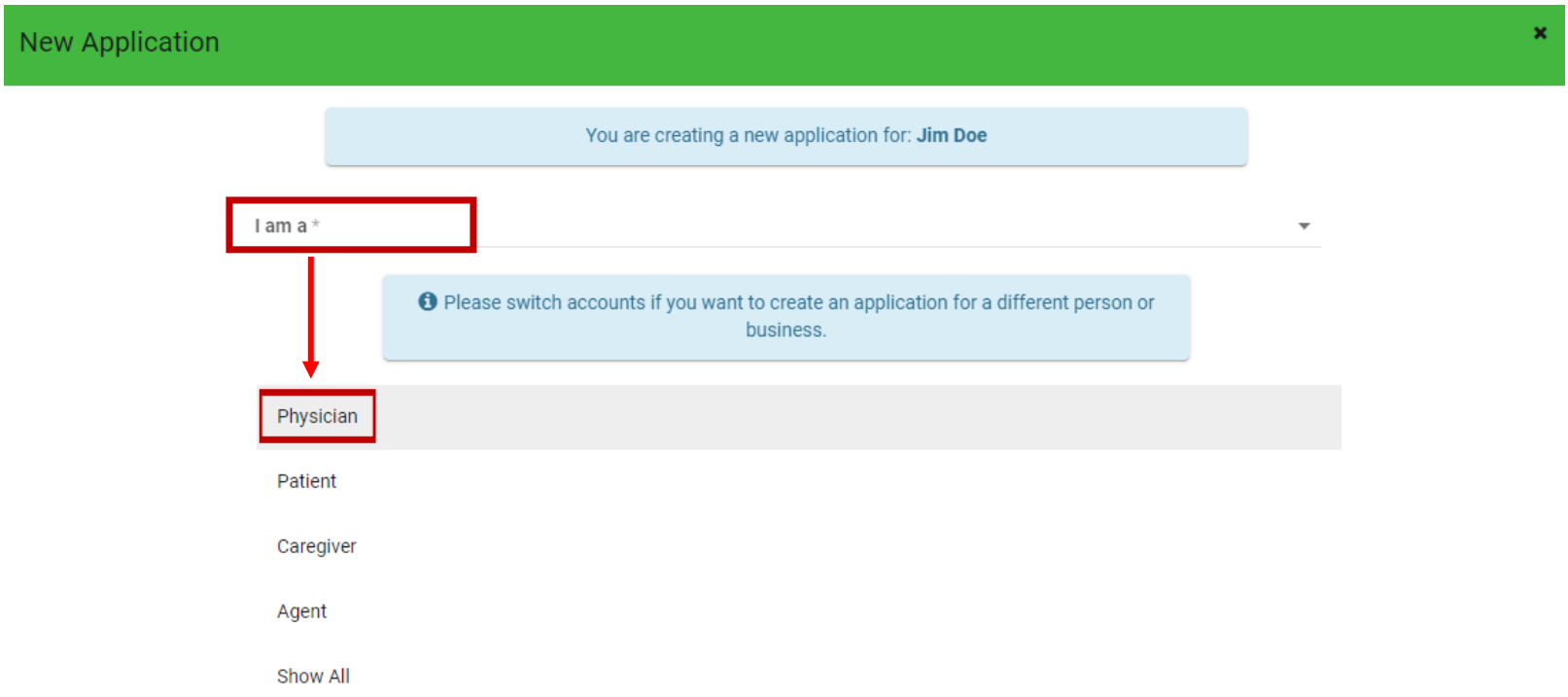
1. Navigate to the Registry website at: https://mo-public.mycomplia.com
2. Enter your **Username (email)** and **Password**.
3. Check the **Accept Terms and Conditions** box.
4. Click **I'm not a robot.** If a pop-up window appears, follow the prompts, and click **'Verify'**.
5. Click **'Sign In'**.



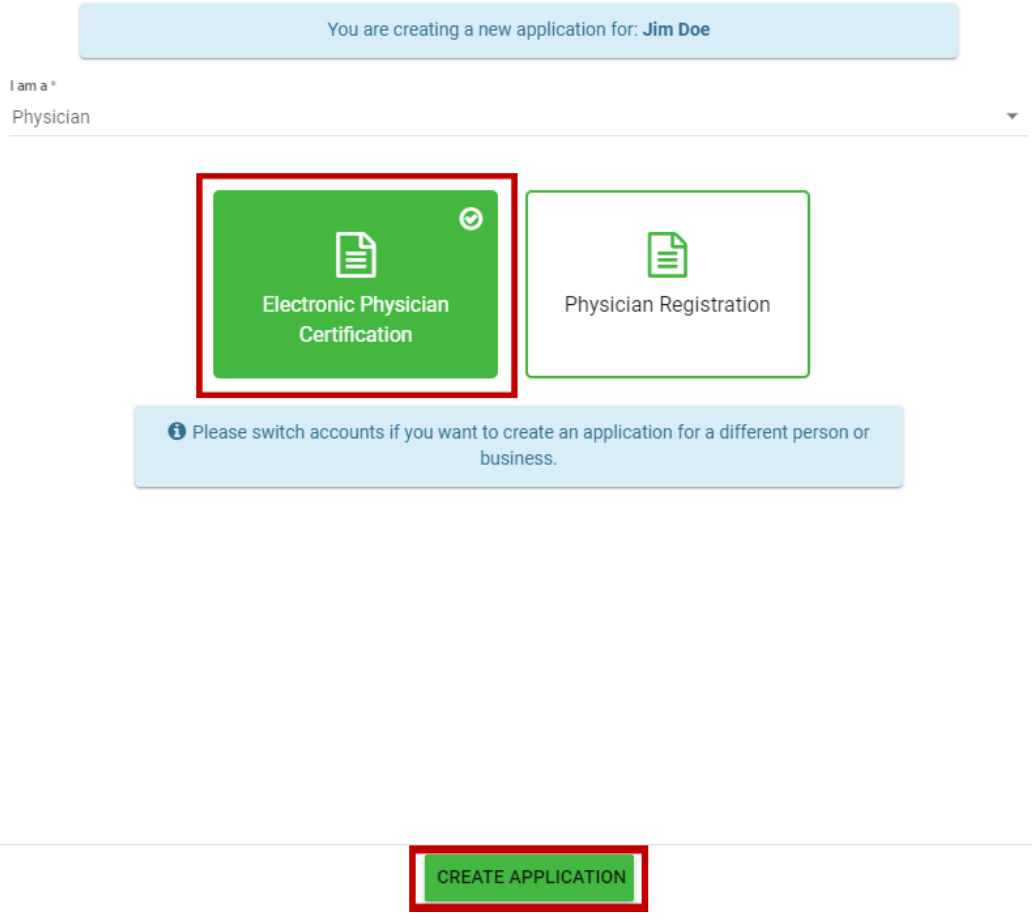
6. To submit an Electronic Physician Certification Form, click **'Create New Application'.**



7. In the **New Application** window**,** click the **'I am a'** drop down box, and select **'Physician'**.



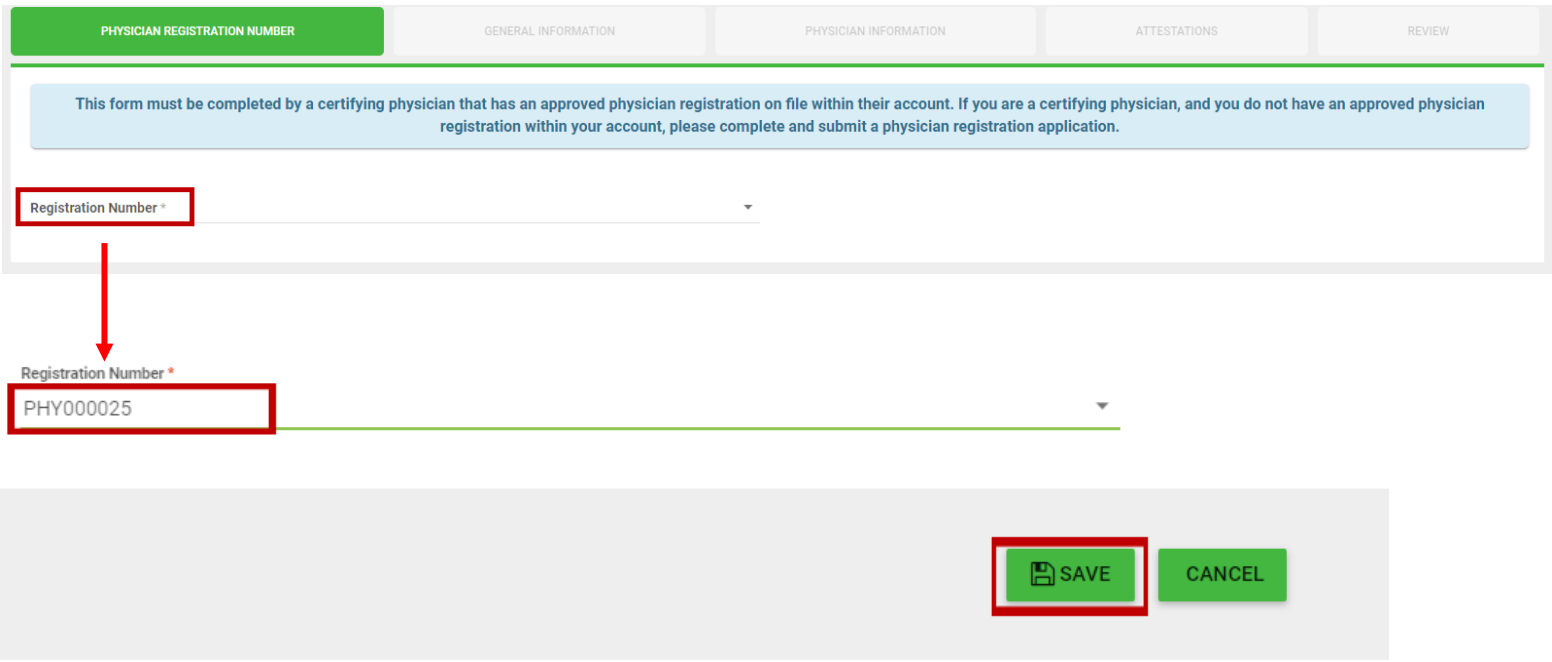
8. Select **'Electronic Physician Certification'**. Click **'Create Application'**.



On the **Physician Registration Number** tab:

9. Click the **Registration Number** drop down. Select the **Physician Registration Number**. Click **'Save'**.

Note: If there is not a registration number to select, the physician has not been verified with the Department and will need to complete that registration prior to submitting an electronic form.



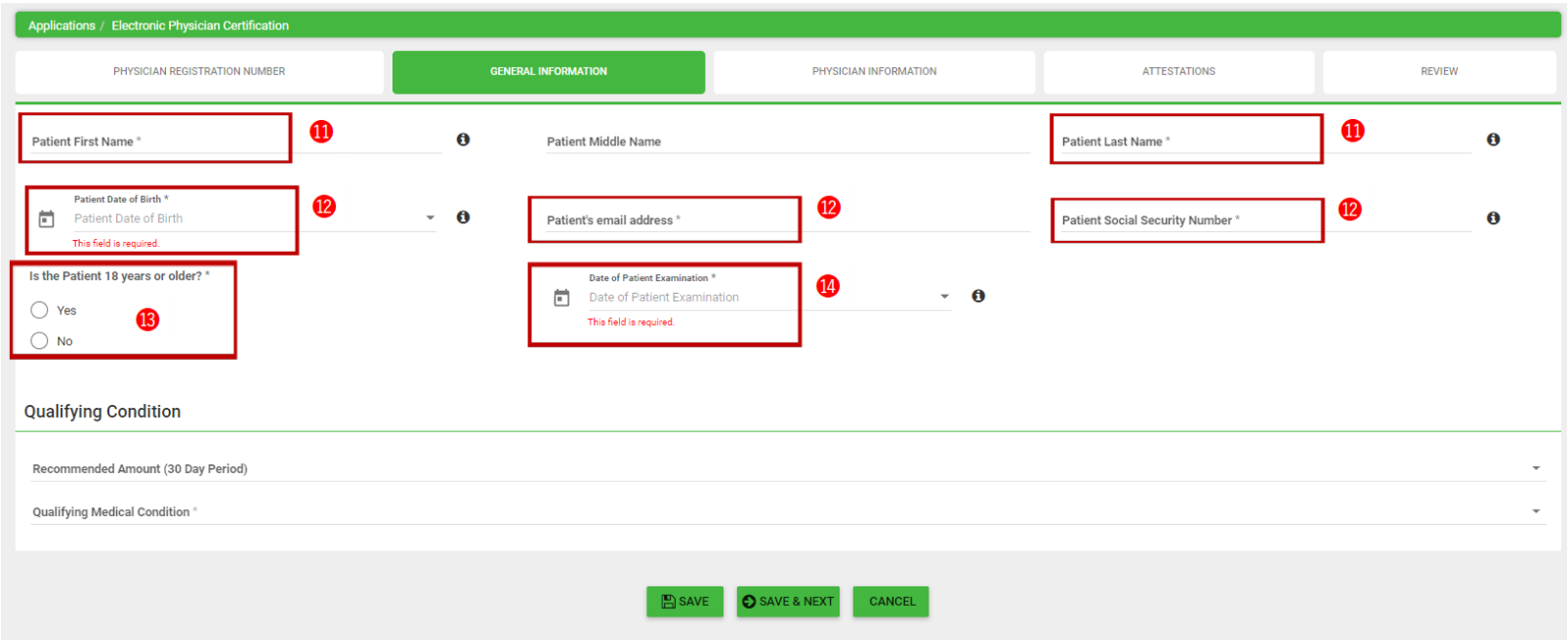
10. Click **'Save and Next'** to save the data fields and move to the next tab.

On the **General Information Tab:**

11. Enter the **Patient's First Name** and **Last Name**.
12. Enter the **Patient's Date of Birth**, **Email address**, and **Social Security Number**.

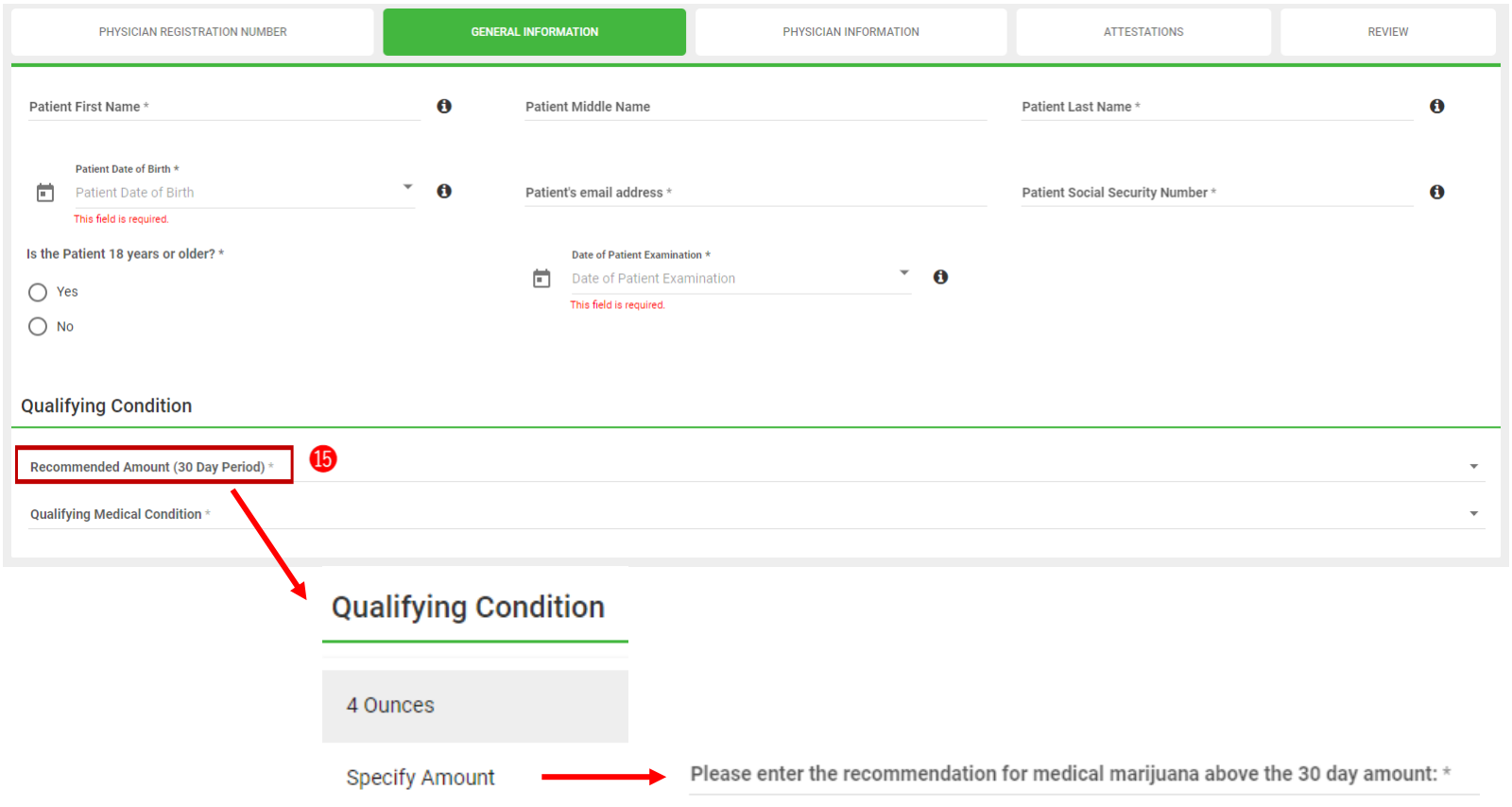
    Note: The patient's social security number and date of birth MUST be accurate in order for the patient to select the electronic form when submitting their application. Changes cannot be made after the electronic form is submitted.

13. Click **'Yes'** or **'No'** to indicate whether the patient is 18 years or older.
14. Enter the **Date of Patient Examination**.



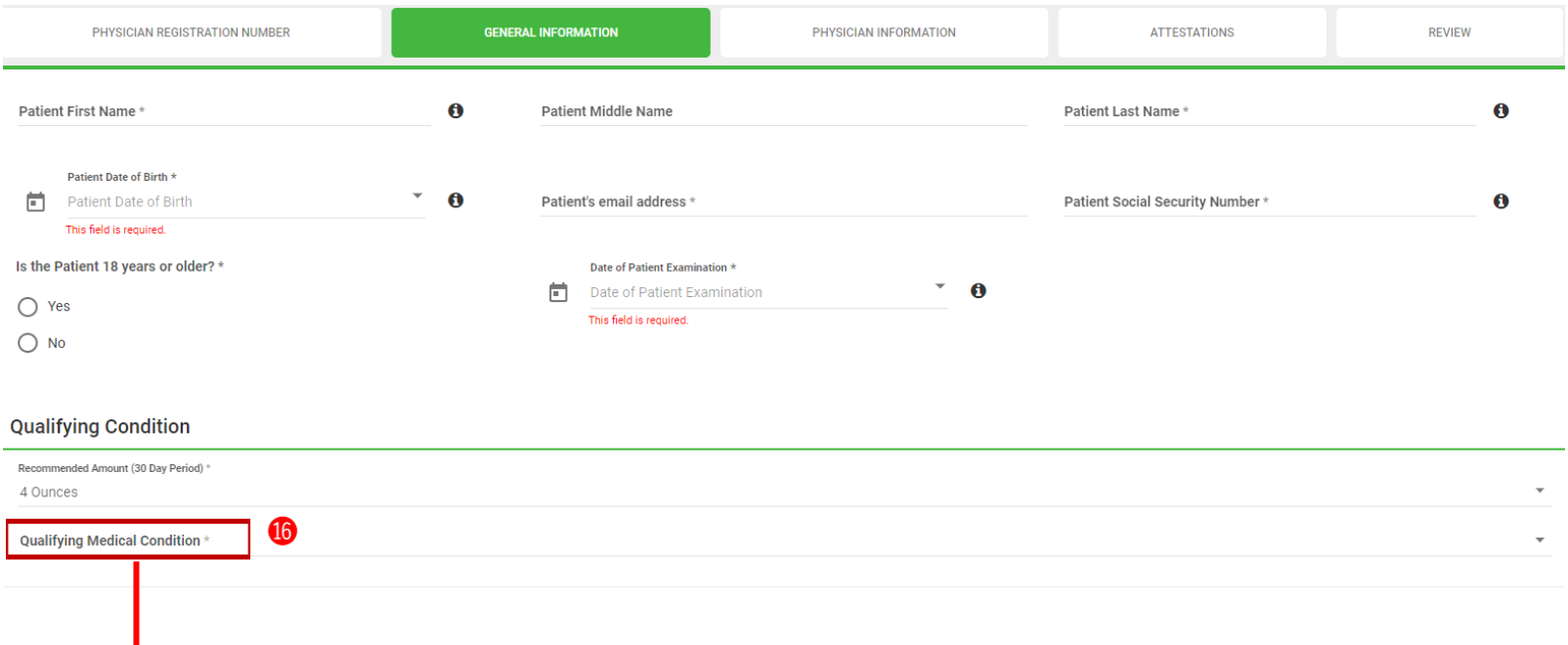
15. Under **Qualifying Condition**, click the **Recommended Amount (30 Day Period)** drop down, and select the amount for a 30 day period.

- If you are recommending the standard amount, choose **4 ounces**.
- If you are recommending a higher amount, choose **Specify Amount** and enter the amount you are recommending for the 30 day period.



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

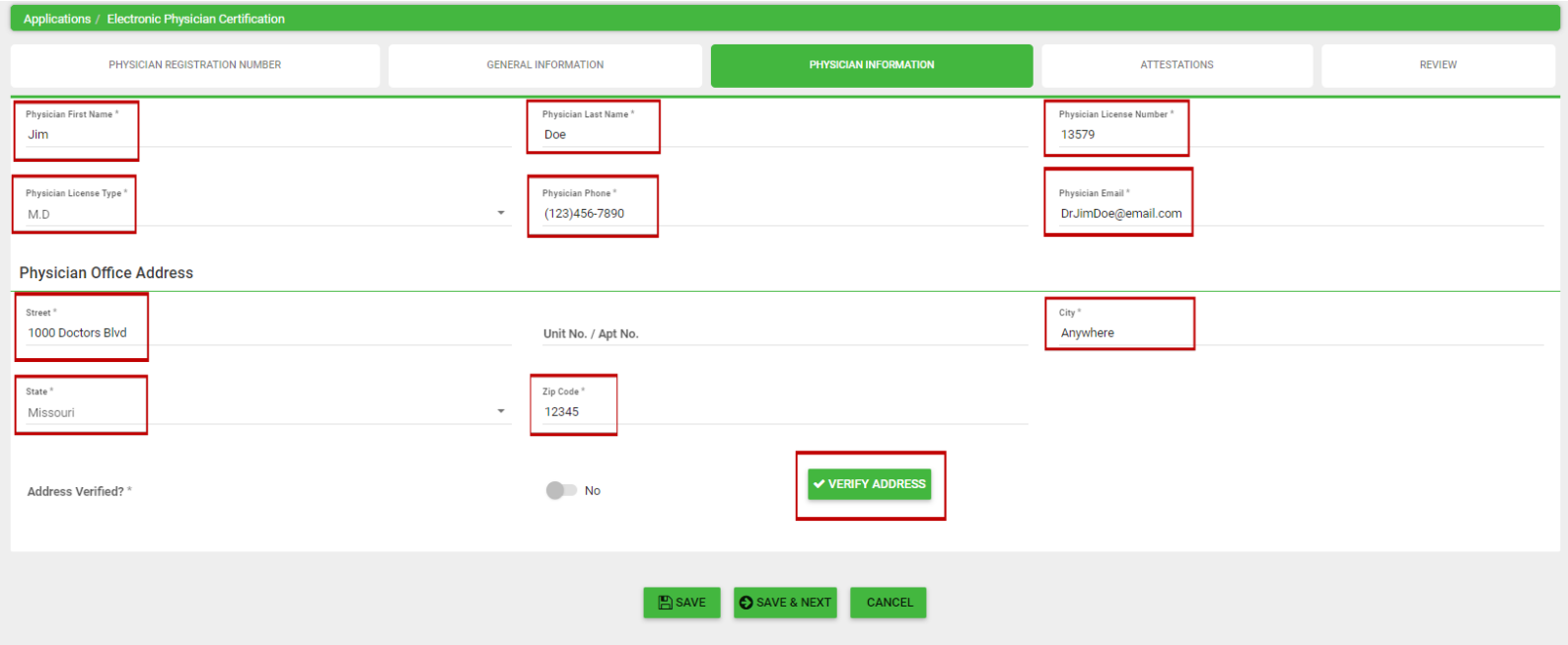
Note: Depending on the medical condition you select, you may be asked to further specify the condition.



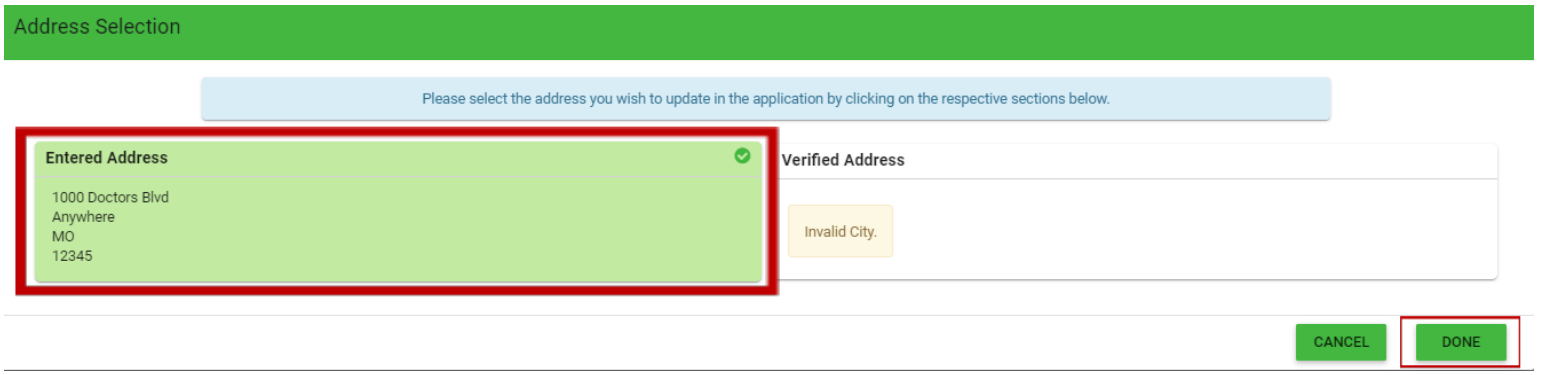
17. Click **'Save & Next'**.

18. 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'.**



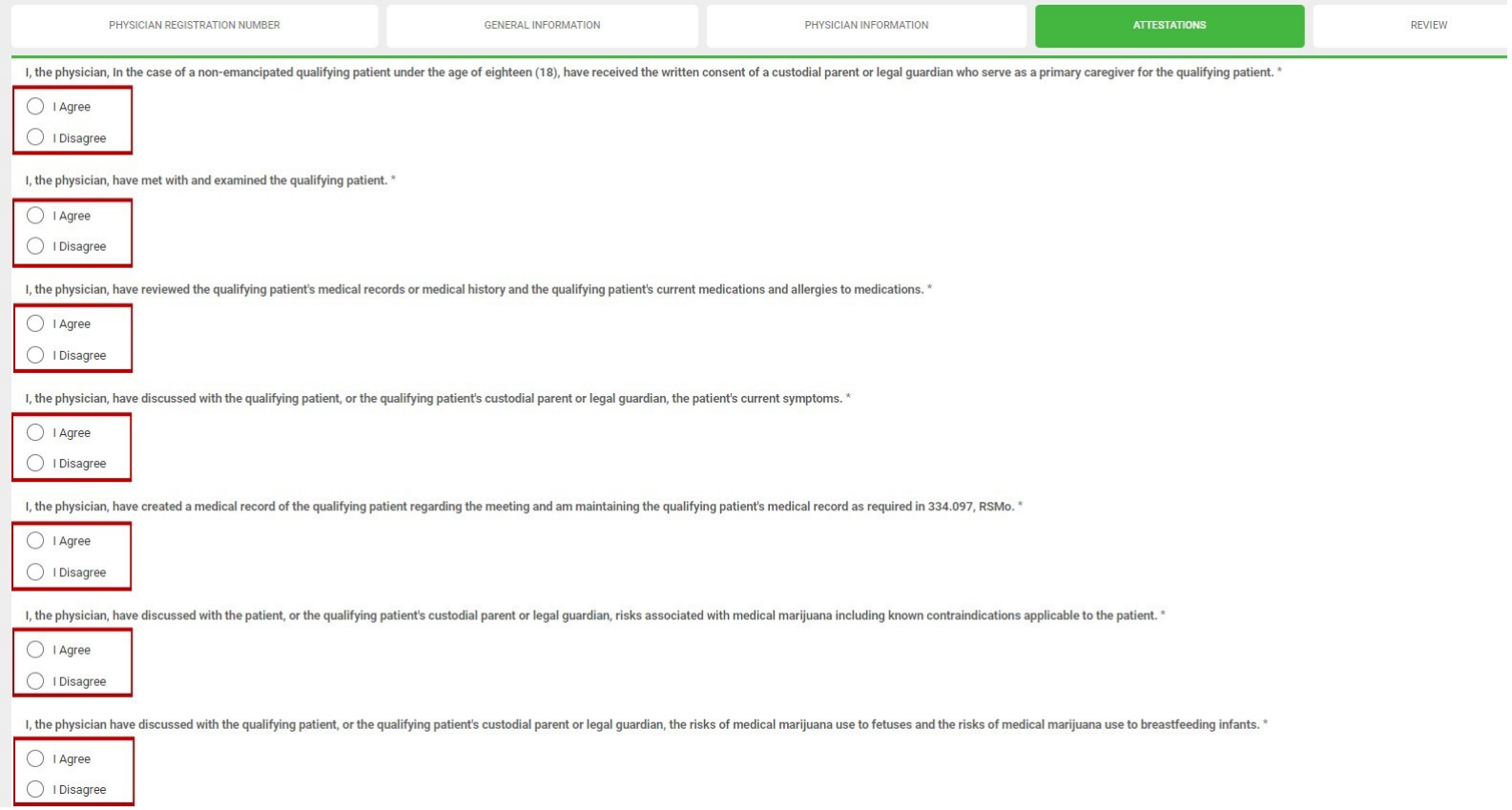
19. Select either the **'Entered Address'** or **'Verified Address'**. Click **'Done'**.



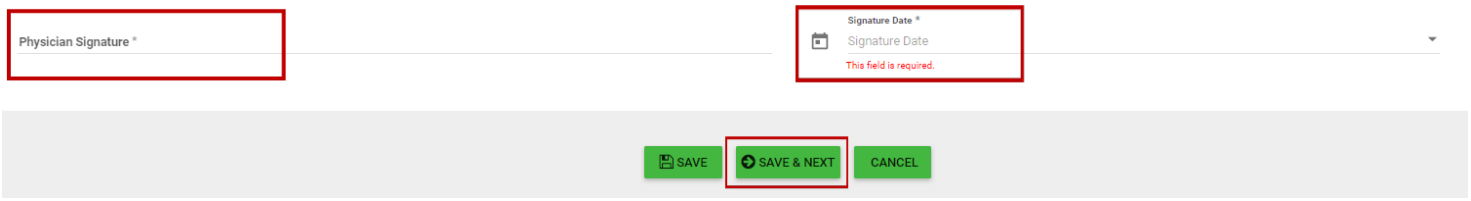
20. Click **'Save & Next'**.

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.

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



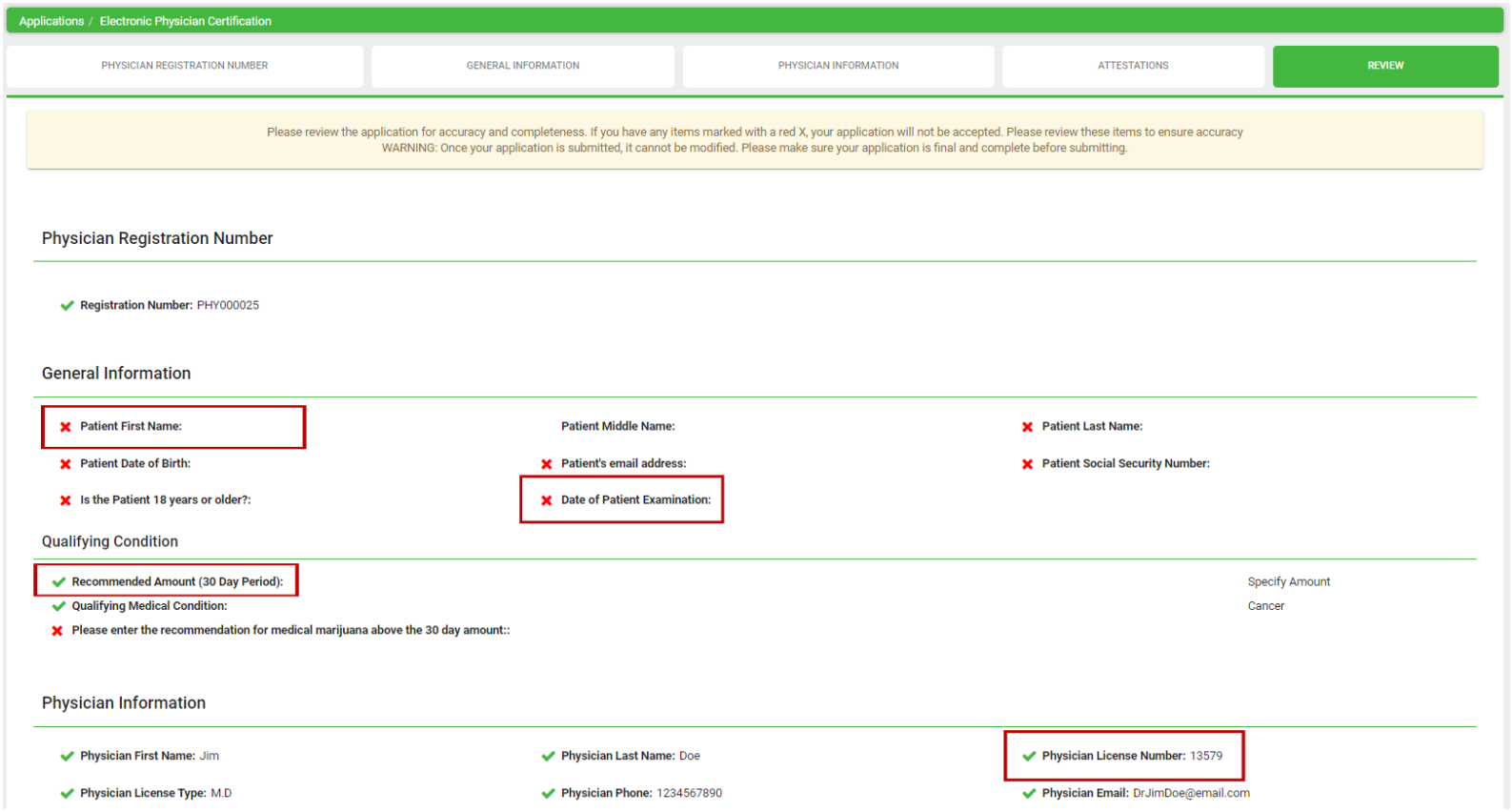
22. Type your name in the **'Physician Signature'** field and enter the **'Date of your Signature'**. Click **'Save & Next'**.



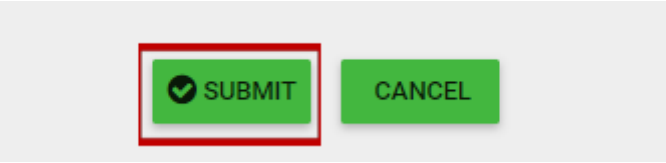
On the **Review Tab:**

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

24. 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.



25. 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 Missouri Medical Marijuana Program to the physician verifying the submission and providing an application ID.

Note: If an electronic form 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 or an authorized user on the physician's account must contact the Department and request the correction.

For corrections, the Department may be reached:

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

When contacting the department, please have the following information available:

- The Physician Account Number
- Physician 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 the department has been verified, a team member that is trained in this area will assist with the request.

Note: Electronic forms dated more than 30 days at the time of 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.