Understanding the Registry
Submitting the Appropriate Route Form

When creating a certification for a qualified patient that includes marijuana in a form for smoking, and it is the patient's first time receiving a smoking recommendation from you, section 381.986(4)(c), Florida Statutes, requires further documentation to be submitted to your licensing board. You may *either* upload the documentation via the Medical Marijuana Use Registry (Registry) **OR** you may mail the form and documentation directly to your board by following the directions starting on page 5.

SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:

Step 1: Log into the Medical Marijuana Use Registry https://MMURegistry.FLHealth.gov/.
If you do not remember your password, learn how to reset it by clicking here.

Step 2: Locate the patient for whom you wish to submit the "Appropriate Route Form."
For assistance searching for an existing patient or caregiver, click here.

Step 3: After creating the certification, you will need to navigate to the un-submitted form from the Certification Documentation Dashboard. Click "View" next to the "Not Yet Submitted" Appropriate Route Form (ARF).

For instructions on creating a certification, click here.
For instructions on navigating the Physician Documentation Dashboard, click here.

Step 4: Once you have navigated to the document, scroll to the first question. You will need to select that you are supplying the information online, via the Medical Marijuana Use Registry.

Step 5: Confirm that the pre-populated information is correct.

Qualified MD/DO License Number:	ME123816
Date physician certification issued:	05/07/2024
Qualifying patient's year of birth:	1990
Qualified Patient ID:	P3XH7396

Confirm prepopulated information is correct.

Step 6: Scroll to the next section, indicate "Yes" or "No" for if the patient has tried other routes of administration.

1. The patient has tried other routes of administration.

○ Yes   ○ No   *Indicate "Yes" or "No."*

Provide information that shows a list of other routes of administration certified by a qualified physician that the patient has tried, the length of time the patient used such routes of administration, and an assessment of the effectiveness of those routes of administration in treating the qualified patient's qualifying condition.

Add Route   *IF "Yes," click "Add Route."*

Step 7: IF you selected "Yes" and clicked "Add Route," fill in the following details: the Route the patient has previously tried, the active period start and end date for the previous route, and your assessment of the previous route's effectiveness.

1. The patient has tried other routes of administration.

○ Yes   ○ No

Provide information that shows a list of other routes of administration certified by a qualified physician that the patient has tried, the length of time the patient used such routes of administration, and an assessment of the effectiveness of those routes of administration in treating the qualified patient's qualifying condition.

Add Route

Select the route from the drop-down.

Route: Select Route

Enter the Active Period Start and End Dates.

Active Period Start Date ___ Active Period End Date ___

Start Date and End Date are required, End Date cannot be before Start Date, and cannot be future dates.

Assessment of Effectiveness

Enter the assessment of the route's effectiveness here…

Remove This Entry

? Incomplete or Invalid Response

Important Note: To add additional routes, select "Add Route" and repeat the above steps.

Step 8: Once you have entered all required details for that route's entry, the orange question mark will change to a blue circle with a white exclamation point.

1. The patient has tried other routes of administration.

○ Yes   ○ No

Provide information that shows a list of other routes of administration certified by a qualified physician that the patient has tried, the length of time the patient used such routes of administration, and an assessment of the effectiveness of those routes of administration in treating the qualified patient's qualifying condition.

Add Route

Route: Oral   Active Period Start Date: 05/01/2024   Active Period End Date: 05/13/2024

Assessment of Effectiveness: not as effective as estimated.

Remove This Entry   *Click "Remove this Entry" to remove this route.*

Indicates unsaved changes for the entry.

(!) Unsaved Changes

Step 9: Scroll to question 2 after supplying information for any previous routes the patient has tried. Here, you will supply any documentation or research that supports Smoking as a route of administration.

2. Provide research documenting the effectiveness of smoking as a route of administration to treat similarly situated patients with the same qualifying condition as the qualified patient. Attach additional documentation if necessary.

Enter research to support Smoking as a route of administration…

0 / 30000 characters used

Upload Documentation (Optional)
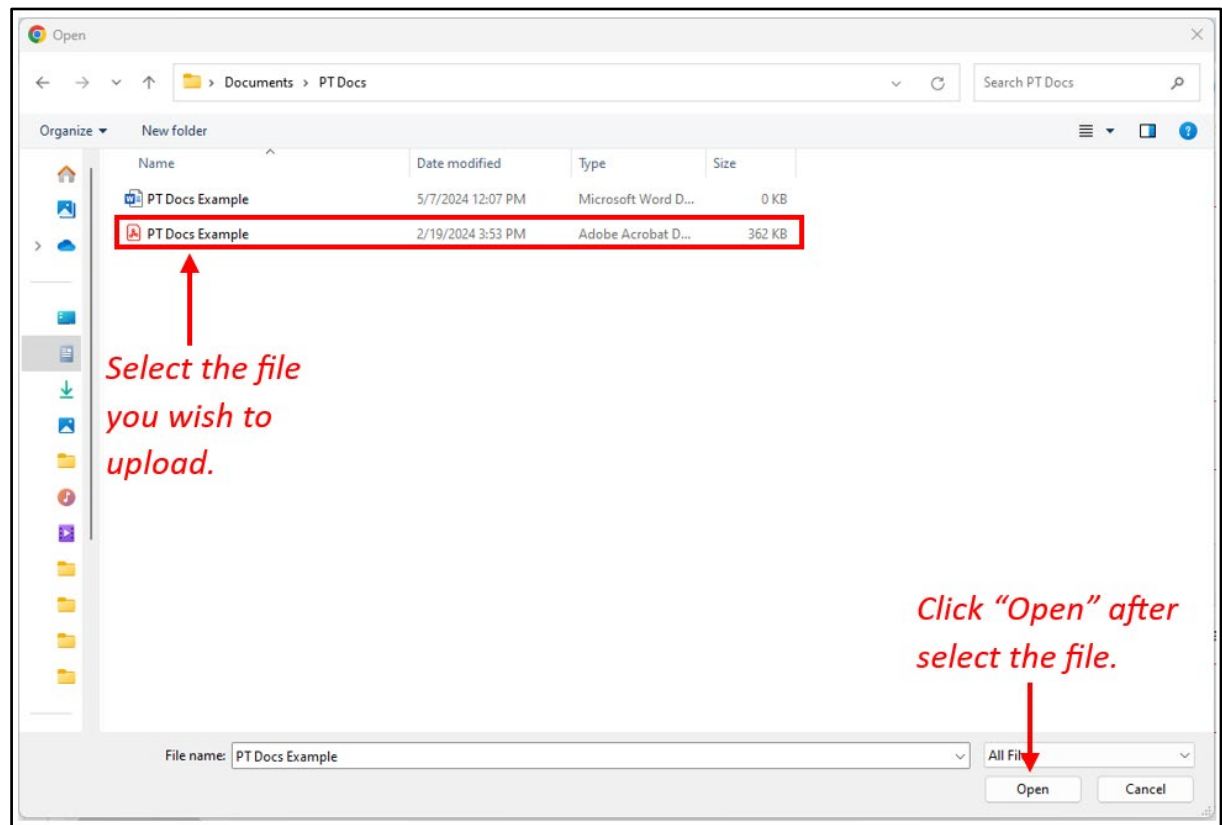Allowed extensions: pdf, jpg, jpeg, png, doc, docx, rtf

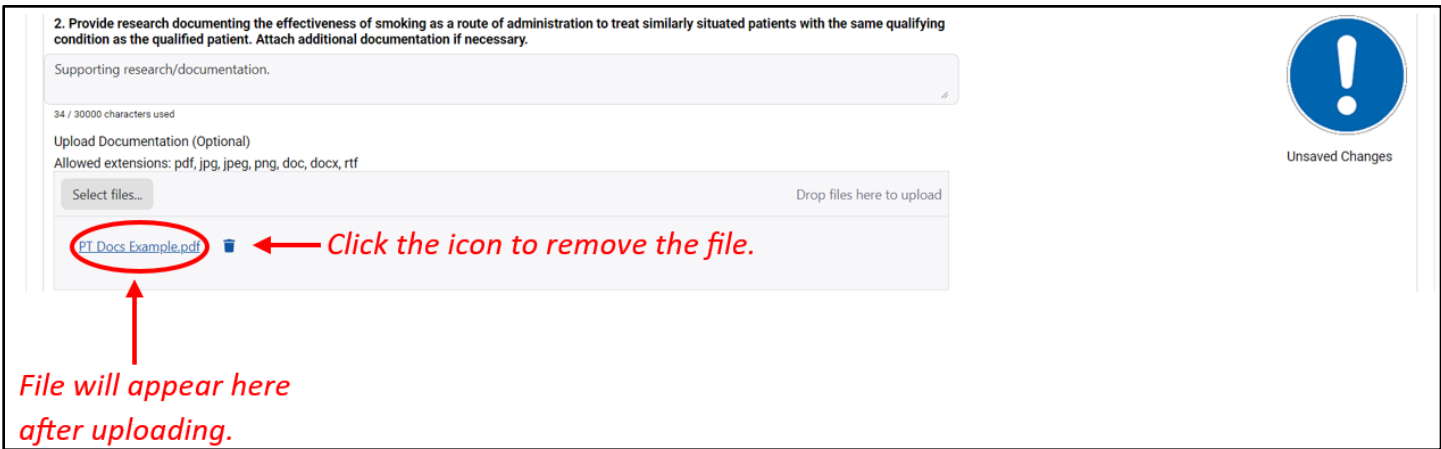Select files…   Drop files here to upload

? Incomplete or Invalid Response

Click "Select files…" or drag and drop your files.

Step 10: If you clicked "Select files," file explorer will open. Select the file you wish to upload then click "Open."
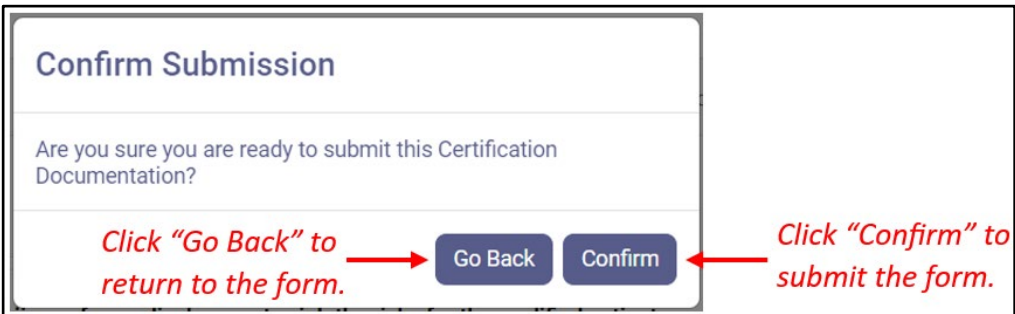

Select the file you wish to upload.

Click "Open" after select the file.

Step 11: The file will appear as uploaded. You may remove the uploaded file by clicking the 🗑 icon next to the respective file.

2. Provide research documenting the effectiveness of smoking as a route of administration to treat similarly situated patients with the same qualifying condition as the qualified patient. Attach additional documentation if necessary.

Supporting research/documentation.

34 / 30000 characters used

Upload Documentation (Optional)
Allowed extensions: pdf, jpg, jpeg, png, doc, docx, rtf

Select files...   Drop files here to upload

PT Docs Example.pdf 🗑 ← *Click the icon to remove the file.*

File will appear here after uploading.

Unsaved Changes

Step 12: Once you have entered information for all required fields, click "Submit" at the bottom of the screen.

3. As the qualified physician, it is my opinion that the benefits of smoking marijuana for medical use outweigh the risks for the qualified patient.

| Physician's Name: | PHYSICIAN, TYPICAL |
| Submitted On: | Not Yet Submitted |

Save as Draft   Submit ← *Click "Submit" once all required fields are complete.*

Not Submitted

Step 13: A pop-up appears for you to confirm your submission. Click "Confirm" to submit the form or click "Go Back" to return to the unsubmitted form.

Confirm Submission

Are you sure you are ready to submit this Certification Documentation?

Click "Go Back" to return to the form.   Go Back   Confirm   *Click "Confirm" to submit the form.*

Step 14: A pop-up appears to inform you the form has been submitted. Click "Continue."

Step 15: Return to the Certification Documentation Dashboard to view the submitted form.

- Continue for Guide to Mail-In Instructions -

SUBMITTING DOCUMENTATION VIA MAIL:

If you choose to mail the required documentation directly to the Board of Medicine/Osteopathic Medicine, follow the instructions below.

Step 1: Log into the Medical Marijuana Use Registry https://MMURegistry.FLHealth.gov/.
If you do not remember your password, learn how to reset it by clicking here.

Step 2: Locate the patient for whom you wish to submit the "Appropriate Route Form."
For assistance searching for an existing patient or caregiver, click here.

Step 3: After creating the certification, you will need to navigate to the un-submitted form from the Certification Documentation Dashboard. Click "View" next to the "Not Yet Submitted" Appropriate Route Form (ARF).

For instructions on creating a certification, click here.
For instructions on navigating the Physician Documentation Dashboard, click here.

Step 4: Once you've clicked "View," you will be navigated to the Appropriate Route Form. You will need to select the option "I attest that I have mailed in the documentation required under section 381.986(4)(c), Florida Statutes."

Step 5: Once you have entered information for all required fields, click "Submit" at the bottom of the screen.

Step 6: A pop-up appears for you to confirm your submission. Click "Confirm" to submit the form or click "Go Back" to return to the unsubmitted form.

Confirm Submission

Are you sure you are ready to submit this Certification Documentation?

Click "Go Back" to return to the form. → Go Back | Confirm ← *Click "Confirm" to submit the form.*

Step 7: A pop-up appears to inform you the form has been submitted. Click "Continue."

Information Submitted ×

Your Documentation Required Under Section 381.986(4)(c), Florida Statutes has been submitted to the appropriate parties. Thank you.

Click "Continue." → Continue

Step 8: Return to the Certification Documentation Dashboard to view the submitted form.

| Patient Information | Manage Caregiver | Certifications | Orders | Cert Docs |

Certification Documentation
Patient: STANDARD PATIENT
Certification: 5/7/2024 - 12/2/2024

Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
ARF	Submitted	5/13/2024	PHYSICIAN, TYPICAL	View
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	View
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	View

|◄ ◄ 1 ► ►| 10 ▼ items per page   1 - 3 of 3 items

For additional information, visit
KnowTheFactsMMJ.com