



## 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](#).

The screenshot shows the 'Certification Documentation' dashboard for a 'STANDARD PATIENT' with a certification period from 5/7/2024 to 12/2/2024. The dashboard has tabs for Patient Information, Manage Caregiver, Certifications, Orders, and Cert Docs. Below the tabs is a table with columns: Type, Status, Last Date Submitted, Physician, and Actions. The table contains three rows: ARF (Not Yet Submitted), RFE (Not Yet Submitted), and SKC (Submitted on 5/7/2024). Each row has a 'View' button in the Actions column. A red arrow points to the 'View' button for the ARF row, with the text 'Click "View."' next to it. At the bottom of the table, there are pagination controls showing '1' of 3 items per page.

**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.

The screenshot shows the 'Certification Documentation: Appropriate Route Form' for a patient with certification dates from 05/07/2024 to 12/02/2024 and a form state of 'Not Yet Submitted'. The form contains a section titled 'DOCUMENTATION REQUIRED UNDER SECTION 381.986, (4)(c) FLORIDA STATUTES, SUPPORTING THE DETERMINATION THAT THE SMOKING OF MEDICAL MARIJUANA IS AN APPROPRIATE ROUTE OF ADMINISTRATION'. Below this, it states: 'A qualified physician must submit the following documentation to the applicable board if the qualified physician determines that smoking is an appropriate route of administration for a qualified patient, other than a patient diagnosed with a terminal condition. Do not provide patient records as part of this documentation.' The form then asks: 'You may submit the online form here, or mail the completed form to: BOARD OF OSTEOPATHIC MEDICINE or BOARD OF MEDICINE, P.O. Box 6340, Tallahassee, FL 32314'. At the bottom, there is a question: 'Select if you will submit the documentation required under section 381.986(4)(c) Florida Statutes, online here, or attest that you have mailed the required documentation to the appropriate recipient.' There are two radio button options: 'I am supplying this information online here. OR' (which is selected) and 'I attest that I have mailed in the documentation required under section 381.986(4)(c) Florida Statutes.'

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

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

Select Route

Route

Active Period Start Date

Active Period End Date

Enter the Active Period Start and End Dates.

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

Select the route from the drop-down.

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

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

Oral

Route

05/01/2024

Active Period Start Date

05/13/2024

Active Period End Date

Indicates unsaved changes for the entry.

not as effective as estimated.

Assessment of Effectiveness

Remove This Entry

Click “Remove this Entry” to remove this route.

!

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...

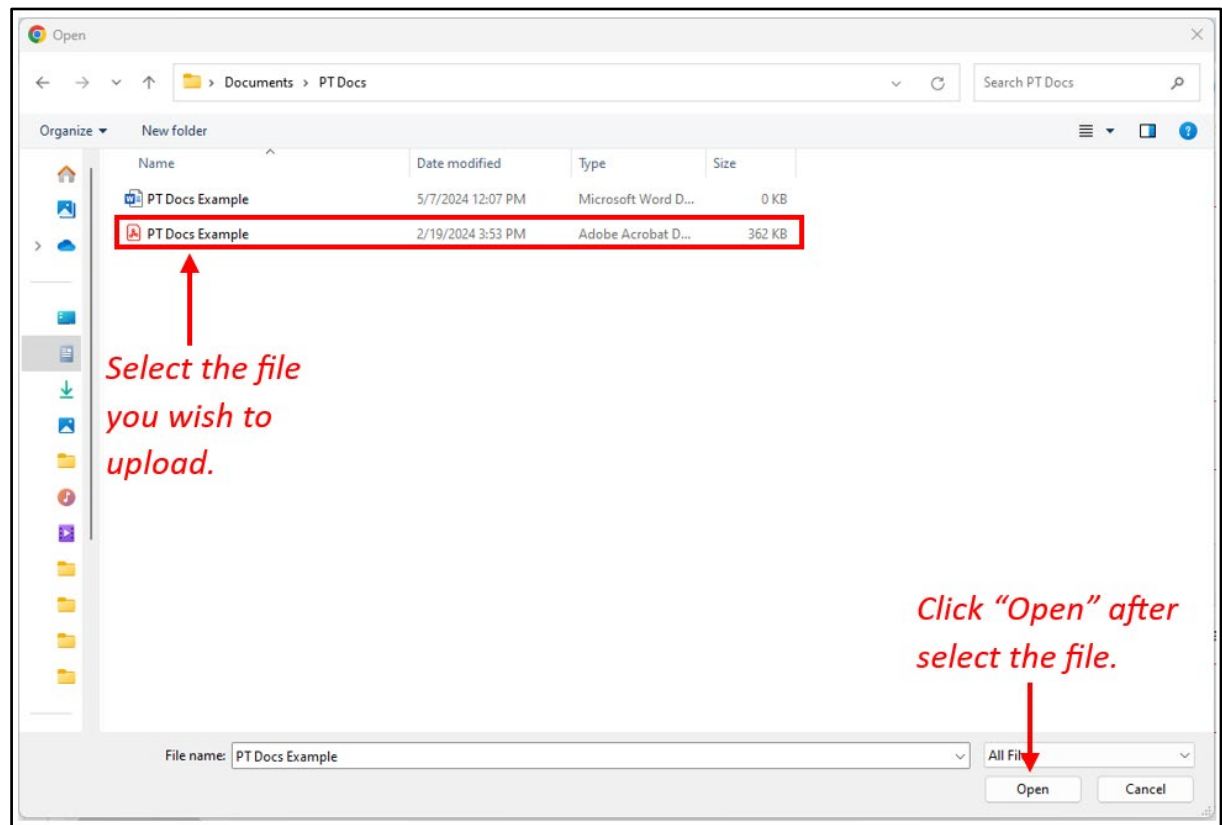
Drop files here to upload


?

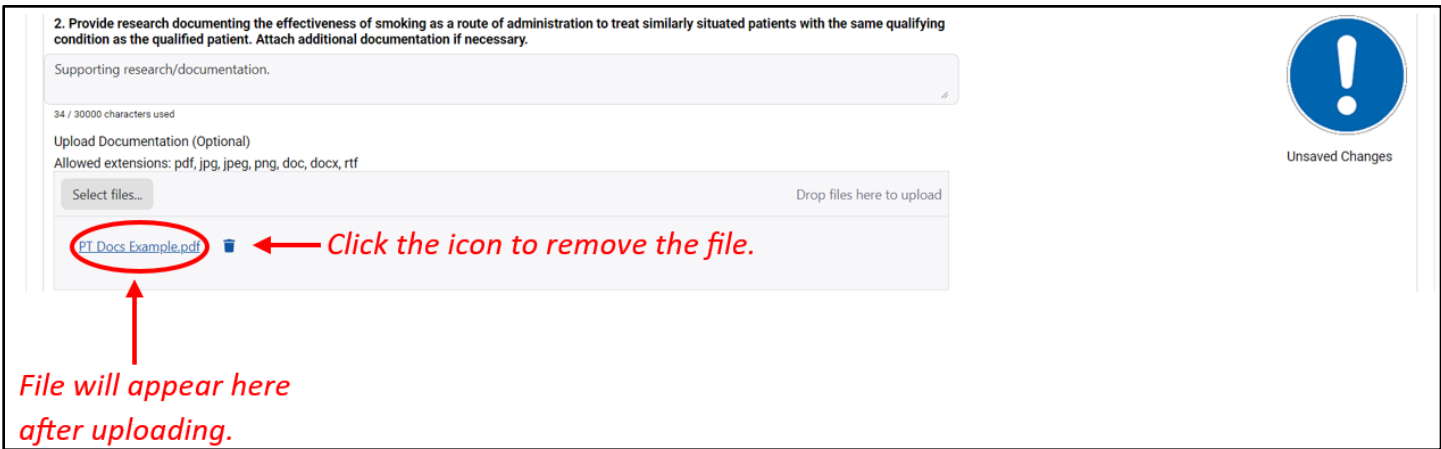
Incomplete or Invalid Response

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.”



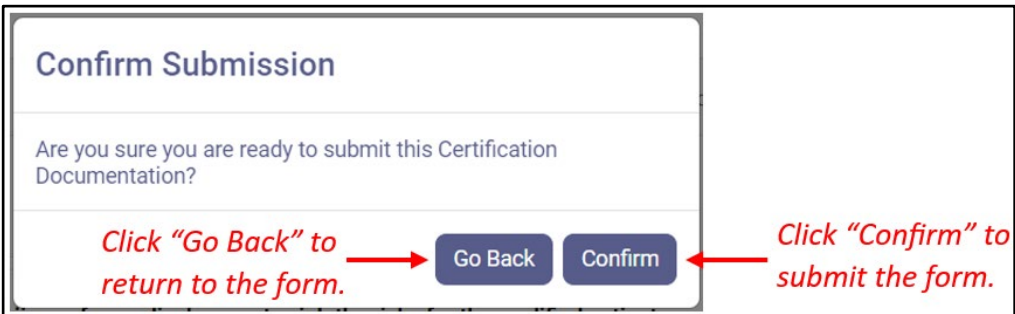
**Step 11:** The file will appear as uploaded. You may remove the uploaded file by clicking the  icon next to the respective file.



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



**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.



**Step 14:** 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 15:** Return to the Certification Documentation Dashboard to view the submitted form.

Patient InformationManage CaregiverCertificationsOrdersCert 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

- 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](#).

Patient InformationManage CaregiverCertificationsOrdersCert Docs

Certification Documentation

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

Type

No Filter

Status

No Filter

Last Date Submitted

Physician

Actions

ARF

Not Yet Submitted

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

Click “View.”

**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.”

Certification Documentation: Appropriate Route Form

Certification Dates: 04/29/2024 - 11/24/2024  
Form State: Not Yet Submitted

DOCUMENTATION REQUIRED UNDER SECTION 381.986, (4)(c) FLORIDA STATUTES, SUPPORTING THE DETERMINATION THAT THE SMOKING OF MEDICAL MARIJUANA IS AN APPROPRIATE ROUTE OF ADMINISTRATION

A qualified physician must submit the following documentation to the applicable board if the qualified physician determines that smoking is an appropriate route of administration for a qualified patient, other than a patient diagnosed with a terminal condition. Do not provide patient records as part of this documentation.

You may submit the online form here, or mail the completed form to:

BOARD OF OSTEOPATHIC MEDICINE or BOARD OF MEDICINE  
P.O. Box 6340  
Tallahassee, FL 32314

Select if you will submit the documentation required under section 381.986(4)(c) Florida Statutes, online here, or attest that you have mailed the required documentation to the appropriate recipient.

☐ I am supplying this information online here. OR

☒ 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.

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

?

Not Submitted

Click “Submit” once all required fields are complete.



**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 InformationManage CaregiverCertificationsOrdersCert 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**