NEW JERSEY CANNABIS REGULATORY COMMISSION



<u>Health Care Practitioner User Guide for</u> <u>Medicinal Cannabis Registry</u>

CONTENTS

Contents	2
How To Create an Authorization for an Adult Patient	3
How to Create an Authorization for a Minor Patient	5
How to Edit a Current Authorization	8
How to Update an Authorization	9
How to Transfer a Patient	11
How to Edit/Add Office Location(s)	13



HOW TO CREATE AN AUTHORIZATION FOR AN ADULT PATIENT

1. Select 'Patient' > Select 'Create Authorization'

State of New Jerrey		New Jersey Division of Medicinal Cannabis	Settings 🖉 👻 Logoff 🕲
🖶 Home User	Patient Cannab	is Strain Library Miscellaneous	
	Create Authorization		
	Search Authorization Patient Transfer	You have logged in as A Date: Mon Jun 13 2022 9:19:53 AM	
		Bulletin Board	

- 2. Enter information in all fields with a red asterisk (*)
 - Select if the patient's medical condition is terminal (less than 12 months to live). If a patient is terminal, the patient will automatically be allotted an 'unlimited' quantity as per the law

Health Care Practitioner's Authorization		
Is the Medical Condition for the Patient Terminal?*	⊖ Yes	No
Qualifying Medical Condition: Check appropriate boxe	S *	

• Select the patient's medical condition(s)

3. Enter the date for which you are authorizing the patient to begin purchasing medicinal cannabis

4. Select the number of days you are authorizing the patient to purchase. (You may choose up to one (1) year.)

• The end date of the authorization period will automatically populate; you do not enter an end date.

- 5. Select the quantity suggested for each 30 days
- 6. Select by submitting this form I accept the above certification > Select 'Save'

• The statement will automatically populate for printing. A copy is required to be given to the patient as the patient needs information from the authorization to initiate their registration.

***Note:** If you need to edit the patient's name, date of birth, or contact information, you can edit this information while the patient is in a *submitted* status. Select 'Edit Statement' button on the top, right of the patient's authorization



HOW TO CREATE AN AUTHORIZATION FOR A MINOR PATIENT

A person under the age of 18 (minor) may be eligible for the program. As the registered Health Care Practitioner with the program, if you are <u>not trained in the care of pediatric patients</u>, you will need written confirmation from a Health Care Practitioner trained in the care of pediatric patients to submit the authorization.

Note: The written confirmation from a trained pediatric clinician must state that in their professional opinion, the minor is likely to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate symptoms associated with his or her qualifying medical condition.

1. Select "Patient" > select "Create Authorization"

State of New Jersey	New Jersey Division of Medicinal Cannabis	Settings 🌣 🔹 Logoff 🕑
👫 Home User	Patient Cannabis Strain Library Miscellaneous	
	Create Authorization Search Authorization Patient Transfer Velcome A Velcome A You have logged in Date: Mon Jun 13 2022 9:12:16 AM	
	Bulletin Board	

- 2. Enter information in all fields with a red asterisk (*)
 - a. Select if the patient's medical condition is terminal (less than 12 months to live) If a patient is terminal, the patient will automatically be allotted an 'unlimited' quantity as per the law

Health Care Practitioner's Authorization		
Is the Medical Condition for the Patient Terminal?*	○ Yes	No
Qualifying Medical Condition: Check appropriate boxes *		

• Select the patient's medical condition(s)

3. Enter the date for which you are authorizing the patient to begin purchasing medicinal cannabis

4. Select the number of days you are authorizing the patient to purchase. (You may choose up to one (1) year.)

a. The end date of the authorization period will automatically populate; you do not enter an end date.

- 5. Select the quantity suggested for each 30 days
- 6. Enter the parent/legal guardian's name and date of birth of the patient

a. The parent/legal guardian will have the ability to add the other parent/legal guardian during their registration

Caregiver Information		
Last Name •	First Name -	Middle Name
Sex-	Date of Birth -	
Select Sex	MM/DD/YYYY B	

7. Select the appropriate dial button in the 'Minor Attestation'.

a. If you obtained written confirmation from a Health Care Practitioner trained in the care of pediatric patients, you must attach the document below the attestation

Note: Written confirmation **must** include the consulting Health Care Practitioner's medical license number and state of issuance.

8. Select the option that you have explained the potential risks and benefits of the use of cannabis to the minor patient and to the patient's parent/legal guardian

Minor Attestation	
Attach Documents	
Note	
Each attached document should have a u	nique name.
The size of a document can not exceed 5	M8.
Permissible document types are as listed:	JPE, JPEG, JPG, POF and PNG.
to avoid attaching an intected obcument	aii doouments wiii be scanneo.
 I am a health care practitioner trained in patient, the minor patient is likely to receive condition. 	the care of pediatric patients. In my professional opinion, following the review of the minor patient's medical record or examination of the minor therapeutic or palliative benefits from the medical use of marijuana to treat or alleviate symptoms associated with his or her qualifying medical
I have obtained written confirmation from medical record or examination of the minor with his or her qualifying medical condition.	m a health care practitioner trained in the care of pediatric patients that states, in their professional opinion, following review of the minor patient's patient, the minor is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate symptoms associated
I have explained the potential risks and custody of the minor patient. Such explana	benefits of the medical use of marijuana to the minor patient and to the minor patient's parent, guardian or another person having legal tion is documented in the minor patient's medical record. *
The attached documents must include const	ulting Physician medical license number and state of issue.
Written Confirmation :	Choose File
Written Confirmation:	Choose File
Written Confirmation:	Choose File

• Select 'by submitting this form I accept the above certification' > select 'Save'

*Note: If you need to edit the patient/caregiver's name, date of birth, or contact information, you can edit this information while the patient is in a *submitted* status. Select 'Edit Statement' button on the top, right of the patient's authorization



HOW TO EDIT A CURRENT AUTHORIZATION

A Health Care Practitioner may increase or decrease an allotment during the current active authorization period. The system will not allow a decrease in the allotment below the amount already purchased during the 30-day period.

1. Scroll to the 'Current Authorization' portion of the patient's statement

Current Effective Staten	nent					
Effective From Date *		of Days *		Effective To Date *	Qty Suggested for 30 Days *	
05/10/2022		90	~	08/07/2022	1/2 OUNCE	~
٩	uantity for each 30 Day	Period				
30 Days	Period	30 Days Quantity				
05/10/2022	06/08/2022	1/2 OUNCE				

- 2. Select the quantity amount in the field 'Qty Suggested for 30 days'
- 3. Select the number of days if you want to lessen or increase the amount of days
- 4. Select 'By submitting this form I accept the above certification'
- 5. Enter required comments > select the 'Update Statement' button at the bottom of the patient's statement



HOW TO UPDATE AN AUTHORIZATION

If the Health Care Practitioner believes the patient is benefitting from the use of medicinal cannabis, they may proceed to update the patient's effective authorization period. To update the authorization, you **do not** need to create a new statement for an existing patient.

1. Select Patient >Select 'Search Authorization'

State of New Jersey	New Jersey Division of Medicinal Marijuana	Settings 🏟 👻 Logoff 🕐
<table-row> Home User</table-row>	Patient Marijuana Strain Lib Miscellaneous	
	Create Authorization	
	Search Authorization You have logged in as TUSHCHA128 Date: The Feb 04 2021 11:27:26 AM	
	Patient Transfer	

2. Select a search criterion of your choice

a. If you select the option by 'Name, DOB, or Registry ID', you do not need all three (3); one (1) of the fields will suffice if the patient is listed under your care

- 3. Select the patient that appears on your screen to update
- 4. Click the blue button at the top, on the right "Edit Statement"

🕫 Home User Patient Marijuana Strain Library Miscellaneous	
Attending Health Care Practitioner's Authorization	\frown
	Edit Statement
Patient Status	

*Note: You will not be able to edit the patient's demographics or status once the patient initiates registration and or is in an approved status. You may update the following:

- a. Medical condition
- b. Authorization period

5. Select 'Add Statement' button below the medical condition portion of the statement

6. Select the calendar button in the 'effective from date' field > select 'the number of days > select quantity suggested for each 30-day period

Qualifying Medical Condition: Check appropriate	te boxes +		
SUB CONDITION 3			
Glaucoma if resistant to conventional	therapy		
Amyotrophic lateral sclerosis			
Multiple sclerosis			
Terminal Cancer			
 Muscular dystrophy 			
Inflammatory bowel disease, including	g Crohn's disease		
Terminal illness with prognosis of less	s than 12 months to live		
Severe or Chronic pain, severe nauser (HIV), acquired immune deficiency syndre	a or vomiting, cachexia or wasting syndrome whome, or cancer.	ich result from the condition or treatment of: Po	sitive status for Human Immunodeficiency Virus
SUB CONDITION 2			
4			
Effective From Date *	# of Days •	Effective To Date •	Qty Suggested for 30 Days •
02/04/2021	Select Number of Days	MM/DD/mm	Select Suggested Qty 👻
	Number of Days is required		

7. Select 'By submitting this form I accept the above certification' > enter required comments

8. Select 'Update Statement' (an email is automatically generated to the patient's email address on file with a copy of the updated authorization)



A patient cannot be registered to more than one (1) Health Care Practitioner at a time. If a patient is already registered with another Health Care Practitioner, you will receive the below error message:

assistant in good standing in the State of New Jersey. Stion as defined by NISA 24:61-3, to use marjuana for medicinal pr	нрознь :
ISA 2461-3, and as such I have completed a comprehensive history is use of medicinal marguana. I have provided education to the par rror	and physical on this patient and have documented an ient on the lack of scientific consensus for the use of follow this patient at a minimum every 12 months and nal marjuans. Additionally, if the patient ceases to suffer
Attending Physican Statement already exist for this patient with another physician. Please contact Medical Marijuana Program for inquires.	
Ok	
	essistant in good standing in the State of New Jersey. Stion as defined by NISA 24:61-3, to use manjuana for medicinal pu SA 24:61-3, and as such I have completed a comprehensive history is use of medicinal manjuana. I have provided education to the par Fror Attending Physican Statement already exist for this patient with mother physician. Please contact Medical Manjuana Program for inquires.

1. Select 'Patient' > select 'Patient Transfer'

2. Select the search criteria to look up a patient > fill out the fields with the red asterisk (*) > select "Search"

	State of New Jersey	New Jersey Division of Medicinal Cannabis	Settings 🌣 🕶			
	r Home User Patient	Cannabis Strain Library Miscellaneous				
Pi	atient Transfer					
	Search Criteria *					
	Select Criteria	v				
	Select Criteria NAME AND REGISTRY ID NAME, DOB AND SSN	Search	්ට Reset	Cancel		

3. The patient's information will appear, select the attestation, and then select the 'Accept Patient' button

*Note: If the patient is in an approved status, you will be able to edit the statement. If the patient is not approved, you will not be able to edit the authorization until the patient is approved.



A Health Care Practitioner can submit a request to change its main office location or add additional locations. It is noted that the office location must have a physical (brick and mortar address)

1. Select 'Miscellaneous'

2. Select 'Main Address' to submit a request to edit your current main location or select 'Additional Address' to add other locations

To edit the current main location, follow the next steps:

a. Select 'Main Address' (current information will appear) > select the blue button 'Edit Main Address Information'

b. Enter all fields with a red asterisk (*) in the 'Update Request' portion of the page

Phone Number • Ext.		Alternate Phone Number Ext.		Fax							
555-555-5555											
Office Contact Information - Update Request											
Street Address *		Floor / Suite									
City •		County *		State	Zip •						
		Select County 🗸		NEW JERSEY	Zip]					
Phone Number *	Ext.	Alternate Phone Number	Ext.	Fax							
Phone Number	Ext.	Alt Phone Number	Alt Ext.	Fax]					
						Submit Request					

c. Select 'Submit Request' upon completion, you can delete the request at any time prior to approval.

To add additional locations, follow the next steps:

- a. Select 'Additional Address' > select the blue button 'add Additional Office Location'
- b. Enter all fields with a red asterisk (*) > Select the blue button 'Add'

*Note: you may edit or delete the request before review by the Cannabis Regulatory Commission.

Additional Office Location												
								Add Additional Office Location				
Street Address	Floor / Suite	City	Zip Code	Phone	Alt Phone	Address Status	Last Updated	Update	Remove			
15 ORIGIN WAY	55	ORANGE	07017	5459887888		SUBMITTED	05/10/2022 11:30:37 AM	ď	Û			