

# NEW JERSEY CANNABIS REGULATORY COMMISSION



## Health Care Practitioner User Guide for Medicinal Cannabis Registry

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## HOW TO CREATE AN AUTHORIZATION FOR AN ADULT PATIENT

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



2. Enter information in all fields with a red asterisk (\*)
  - o 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 \*

- o 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.)
  - o ***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'
  - o 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 **not trained in the care of pediatric patients**, 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”



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 \***

- i. 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

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 unique name.  
 The size of a document can not exceed 5 MB.  
 Permissible document types are as listed: JPE, JPEG, JPG, PDF and PNG.  
 To avoid attaching an infected document, all documents will be scanned.

I am a health care practitioner trained in the care of pediatric patients. In my professional opinion, following the review of the minor patient's medical record or examination of the minor patient, the minor patient is likely to receive therapeutic or palliative benefits from the medical use of marijuana to treat or alleviate symptoms associated with his or her qualifying medical condition.

I have obtained written confirmation from a health care practitioner trained in the care of pediatric patients that states, in their professional opinion, following review of the minor patient's medical record or examination of the minor patient, the minor is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate symptoms associated with his or her qualifying medical condition.

I have explained the potential risks and benefits of the medical use of marijuana to the minor patient and to the minor patient's parent, guardian or another person having legal custody of the minor patient. Such explanation is documented in the minor patient's medical record. \*

The attached documents must include consulting 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 Statement			
Effective From Date *	# of Days *	Effective To Date *	Qty Suggested for 30 Days *
05/10/2022	90	08/07/2022	1/2 OUNCE
Quantity 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

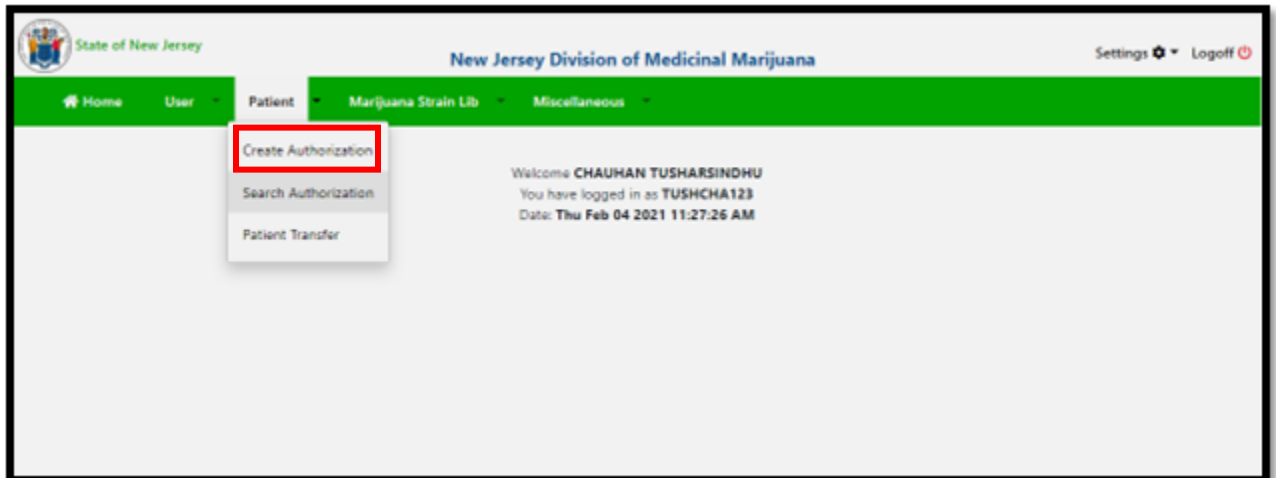




## HOW TO UPDATE AN AUTHORIZATION

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’



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”



**\*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

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)



## HOW TO TRANSFER A PATIENT

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:

The screenshot shows a 'Health Care Practitioner's Certification' form. The form contains several sections of text, including a certification statement and a checkbox for accepting the certification. An error message box is overlaid on the form, stating: "Error: Attending Physician Statement already exist for this patient with another physician. Please contact Medical Marijuana Program for inquires." The error box has a red header and a blue 'Ok' button.

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"

The screenshot shows the New Jersey Division of Medicinal Cannabis website. The page title is "Patient Transfer". There is a search criteria dropdown menu with the following options: "Select Criteria", "NAME AND REGISTRY ID", and "NAME, DOB AND SSN". The "NAME AND REGISTRY ID" option is highlighted. There are "Search", "Reset", and "Cancel" buttons at the bottom right of the search area.

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.



### 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	