

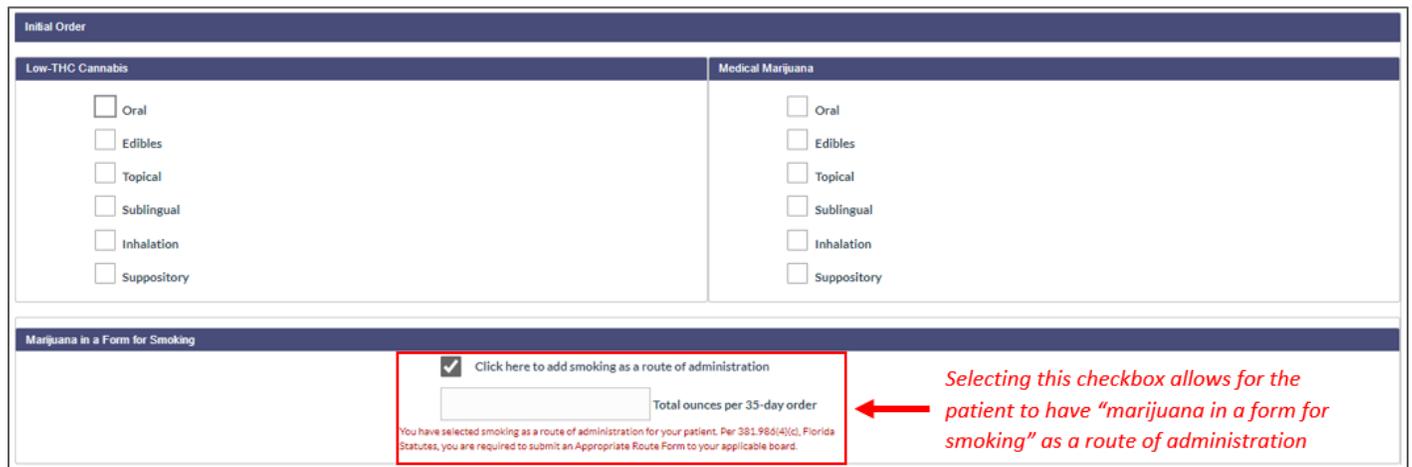
Understanding the Registry

Physician Appropriate Route Form Instructions

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 **OR** you may mail the form and documentation directly to your board by following the directions starting on page 4.

SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:

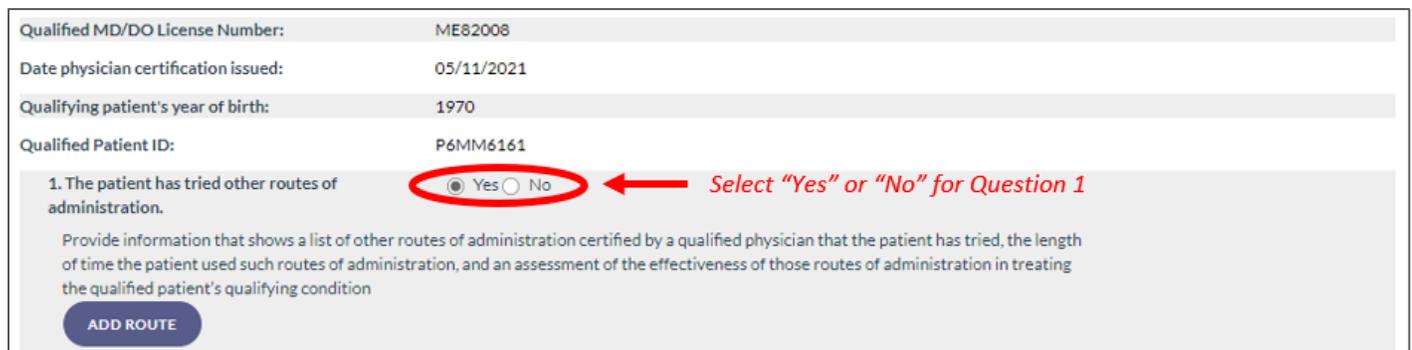
Step 1: The first time you create a certification for a patient that includes marijuana in a form for smoking as a route of administration, you are required to submit an Appropriate Route Form (ARF) to your applicable board per section 381.986(4)(c), Florida Statutes.



The screenshot shows the 'Initial Order' form with two columns: 'Low-THC Cannabis' and 'Medical Marijuana'. Each column has checkboxes for Oral, Edibles, Topical, Sublingual, Inhalation, and Suppository. Below these is a section for 'Marijuana in a Form for Smoking' with a checkbox labeled 'Click here to add smoking as a route of administration'. A red box highlights this checkbox and a text input field for 'Total ounces per 35-day order'. A red arrow points to the checkbox with the text: 'Selecting this checkbox allows for the patient to have "marijuana in a form for smoking" as a route of administration'. Below the input field, a note states: 'You have selected smoking as a route of administration for your patient. Per 381.986(4)(c), Florida Statutes, you are required to submit an Appropriate Route Form to your applicable board.'

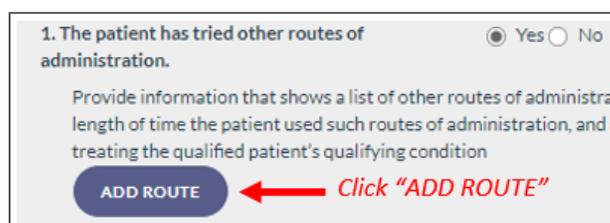
Step 2: After creating the certification (For instructions on creating a certification, [click here](#)), you will need to navigate to the un-submitted form from the Certification Documentation dashboard. (For instructions on navigating the Physician Documentation Dashboard, [click here](#)).

Step 3: Once you have navigated to the document, scroll to Section 1. You will need to select "Yes" or "No" for Question 1, "The patient has tried other routes of administration." You will only need to add previous route information if you select "Yes" to Question 1. If you select "No," proceed to Step 6.



The screenshot shows patient information: Qualified MD/DO License Number: ME82008, Date physician certification issued: 05/11/2021, Qualifying patient's year of birth: 1970, and Qualified Patient ID: P6MM6161. Below this is Question 1: '1. The patient has tried other routes of administration.' with radio buttons for 'Yes' and 'No'. The 'Yes' button is circled in red, and a red arrow points to it with the text: 'Select "Yes" or "No" for Question 1'. Below the question is a text area for providing details and an 'ADD ROUTE' button.

Step 4: After selecting "Yes," click "ADD ROUTE" to add information about the previous routes of administration the patient has tried.



This close-up shows Question 1 with the 'Yes' radio button selected. A red arrow points to the 'ADD ROUTE' button with the text: 'Click "ADD ROUTE"'. The text area below the question is partially visible.

Step 5: After selecting “ADD ROUTE,” multiple fields will appear below for you to enter the previous route type, the Active Period Start and End Dates and the assessment of effectiveness for that route.

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: Active Period Start Date: Active Period End Date:

Select a route from the drop down and enter the "Active Period Start and End Dates"

Assessment of Effectiveness:

Text is required here, enter an assessment of effectiveness

REMOVE THIS ENTRY

ADD ROUTE

Incomplete or Invalid Response

Please Note: To add additional routes, select “ADD ROUTE” and repeat the above steps

Step 6: After adding all applicable routes, scroll to Question 2. Question 2 asks for any “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.”

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.

Text is required here

0/30000 characters used

Upload Documentation (Optional)

Upload Drag & Drop Files

Click "Upload" to upload any additional supporting documentation

Incomplete or Invalid Response

Step 7: If you choose to upload a file from your computer, click the upload button and find the file you wish to upload as documentation. When you have located the documentation for the patient, select the file and click the open button. “Dragging and Dropping” the file is also allowed.

Upload Documentation (Optional)

Upload Drag & Drop Files

Click "UPLOAD"

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.

Open

Desktop > Required Physician Docs

Name	Date modified	Type
Same Kind Class Documentation.docx	4/9/2021 12:39 PM	Microsoft Word Document
Supporting Documentation - ARF.docx	5/11/2021 2:37 PM	Microsoft Word Document

Select the file you wish to upload

Click "Open"

File name: Same Kind Class Documentation.docx

All Files (*.*)

Open **Cancel**

Once you have uploaded the file, the name and size of the file will be listed, the progress bar will fill up and a “Delete” button will appear.

Step 8: Once you have uploaded all the documentation you need, scroll to Question 3. You will need to read and acknowledge this section before submitting the form. Click “SUBMIT” to submit the form once you have read Question 3. From this section, you also have the option to save the form as a draft before final submission. Clicking “SAVE AS DRAFT” will allow you to save the form in its current state and come back later to finish it, if needed.

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: ANY PHYSICIAN

Submitted on: Not yet submitted

GO BACK SAVE AS DRAFT SUBMIT

Read and acknowledge Question 3 before submitting your documents

Click "SUBMIT"

Step 9: After clicking “SUBMIT,” a prompt will appear for you to click either “GO BACK” or “CONFIRM.”

****IMPORTANT: Please note, after the form has been submitted, it cannot be withdrawn or altered in any way****

Confirm Submission

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

GO BACK CONFIRM

Click "CONFIRM"

Step 10: Another prompt informing you that the documents have been submitted will appear after clicking “CONFIRM” on the first prompt. You will need to click “CONTINUE” on this prompt.

Information Submitted

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

CONTINUE

Click "CONTINUE"

The dashboard will reflect the current status of your forms for each patient or a specific patient, depending on which dashboard you are viewing.

- 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: The first time you create a certification for a patient that includes marijuana in a form for smoking as a route of administration, you are required to submit an Appropriate Route Form (ARF) to your applicable board per section 381.986(4)(c), Florida Statutes.

Initial Order

Low-THC Cannabis	Medical Marijuana
<input type="checkbox"/> Oral	<input type="checkbox"/> Oral
<input type="checkbox"/> Edibles	<input type="checkbox"/> Edibles
<input type="checkbox"/> Topical	<input type="checkbox"/> Topical
<input type="checkbox"/> Sublingual	<input type="checkbox"/> Sublingual
<input type="checkbox"/> Inhalation	<input type="checkbox"/> Inhalation
<input type="checkbox"/> Suppository	<input type="checkbox"/> Suppository

Marijuana in a Form for Smoking

Click here to add smoking as a route of administration

Total ounces per 35-day order

You have selected smoking as a route of administration for your patient. Per 381.986(4)(c), Florida Statutes, you are required to submit an Appropriate Route Form to your applicable board.

Selecting this checkbox allows for the patient to have "marijuana in a form for smoking" as a route of administration

Step 2: After creating the certification (For instructions on creating a certification, [click here](#)), you will need to navigate to the un-submitted form from the Certification Documentation dashboard. (For instructions on navigating the Physician Documentation Dashboard, [click here](#)).

Step 3: Once you've clicked "VIEW," you will be navigated to the Appropriate Route Form management page. Once you are at that page, 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," then you will need to click "SUBMIT."

Certification Documentation - Appropriate Route Form

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.

Note: Information supplied in the electronic submission version of this form will be permanently lost if you elect to Save As Draft or Submit with the choice above selected.

Physician's Name: ANY PHYSICIAN

Submitted on: Not yet submitted

GO BACK SAVE AS DRAFT SUBMIT

Then click "SUBMIT"

Unsaved Changes

Step 4: After clicking "SUBMIT," a prompt will appear for you to click either "GO BACK" or "CONFIRM."

****IMPORTANT: Please note, after the form has been submitted, it cannot be withdrawn or altered in any way.****

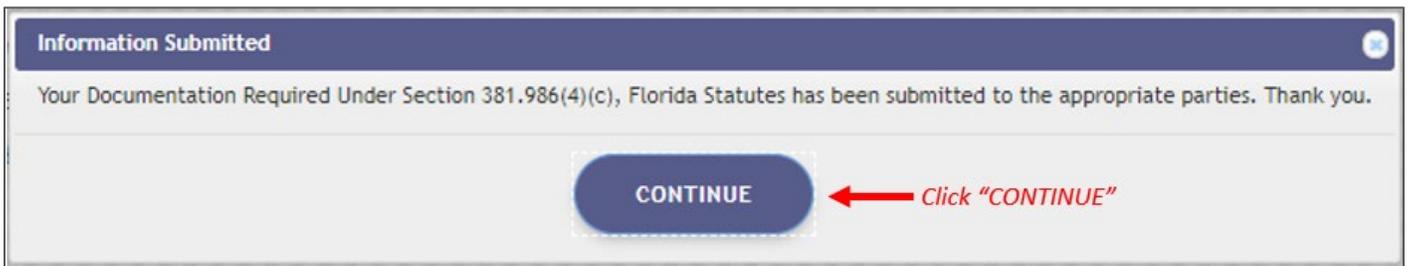
Confirm Submission

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

GO BACK CONFIRM

Click "CONFIRM"

Step 5: Another prompt informing you that the documents have been submitted will appear after clicking “CONFIRM.” You will need to click “CONTINUE” on this prompt.



The dashboard will reflect the current status of your forms for each patient or a specific patient, depending on which dashboard you are viewing.

For additional information, visit
KnowTheFactsMMJ.com