

Understanding the Registry Physician Same Kind Class Instructions

When diagnosing a patient with a condition of the “same kind or class as or comparable to” another qualifying medical condition, [further documentation](#) is required to be submitted to your licensing board within 14 days of certifying the patient. You may choose to *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 5.

SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:

Step 1: If you diagnose your patient with a qualifying medical condition of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j), select the appropriate condition from the list of certifying conditions.

Select the QUALIFYING MEDICAL CONDITIONS as required pursuant to Section 381.986 (2)(b)-(j), Florida Statutes:

- Cancer
- Epilepsy
- Glaucoma
- Positive status for human immunodeficiency virus
- Acquired immune deficiency syndrome
- Post-traumatic stress disorder
- Amyotrophic lateral sclerosis
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis
- Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)

Important

Section 381.986(4)(b), Florida Statutes, requires a qualified physician who issues a physician certification for a qualified patient diagnosed with a medical condition of the same kind or class as or comparable to those conditions listed in Section 381.986(2)(a)-(j), Florida Statutes, to submit the required documentation to the Boards of Medicine or Osteopathic Medicine within 14 days after issuing the physician certification.

Certifying a patient with the qualifying condition "Medical Conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)" requires the certifying physician to complete an on-line form for this certification.

After saving this certification, the form will be provided electronically in the Documents Dashboard.

- Terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification. "Terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.
- Chronic nonmalignant pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.

CANCEL

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 the Patient/Authoring Physician Information and Qualifying Conditions section of the form management page. Specify the qualifying patient’s medical condition of the same kind or class in the text box, and select the qualifying condition(s) your patient’s condition is most like:

1. Qualified Patient ID:	POX42621
2. Qualified MD/DO License Number:	ME12345
3. Date physician certification issued:	04/12/2021
4. Qualifying patient's year of birth:	1986
5. Florida Resident:	Yes
6. Qualifying patient's county of residence:	Duval
7. Gender:	Male

8. Specify qualifying patient's medical condition of the same kind or class as or comparable to those enumerated in Section 381.986(2), (a)-(j), Florida Statutes:

TEXT IS REQUIRED ← Required Information must be included

10/32767 characters used

Select the QUALIFYING MEDICAL CONDITION(S) that this patient's condition is most like:

- Cancer
- Epilepsy
- Glaucoma
- Positive status for human immunodeficiency virus
- Acquired immune deficiency syndrome
- Post-traumatic stress disorder
- Amyotrophic lateral sclerosis
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis

Select the qualifying condition(s) that is similar to your patient's condition(s)

Incomplete or Invalid Response

**Please note, numbers 1-7 will auto-populate at the top of the form depending on the patient.*

Step 4: After selecting a qualifying condition, you will need to supply supporting documentation.

9. Documentation supporting qualified physician's opinion that the medical condition is of the same kind or class as the conditions in paragraphs (2)(a)-(j):

0/32767 characters used

Upload Documentation (Optional)

Upload Drag & Drop Files

10. Documentation (clinical, medical, or scientific data) that establishes the efficacy of marijuana as treatment for the condition:

0/32767 characters used

Upload Documentation (Optional)

Upload Drag & Drop Files

11. Documentation supporting the qualified physician's opinion that the benefits of medical use of marijuana would likely outweigh the potential health risks for the patient:

0/32767 characters used

Upload Documentation (Optional)

Upload Drag & Drop Files

Please Note: You will need to supply text into the text fields regardless if you uploaded a file or not

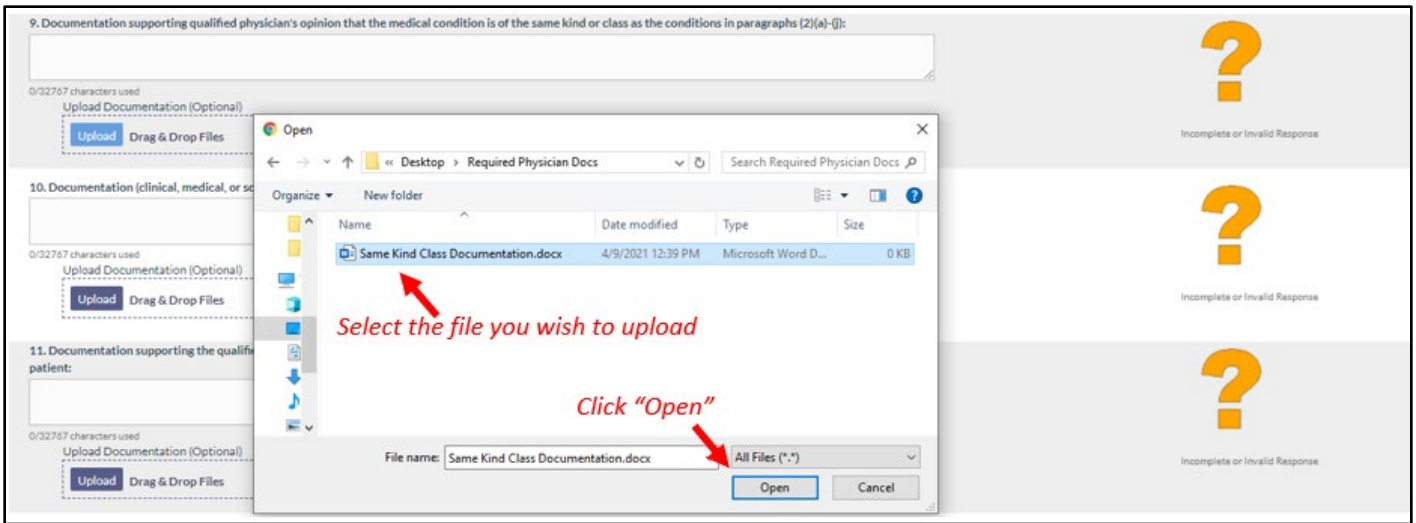
Incomplete or Invalid Response

Step 5: 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)

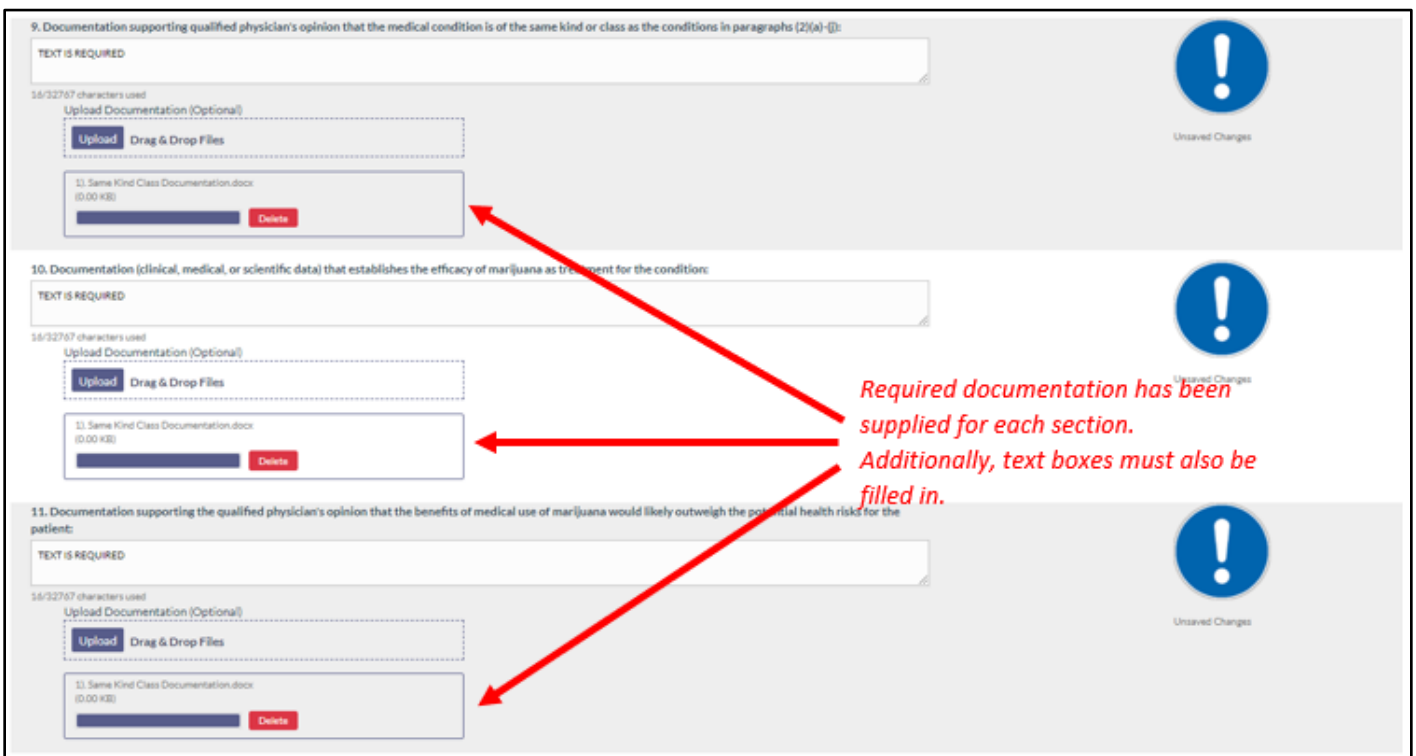
Upload Drag & Drop Files

Click "UPLOAD"



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

Step 6: Repeat Step 5 until all documentation has been supplied to each section.

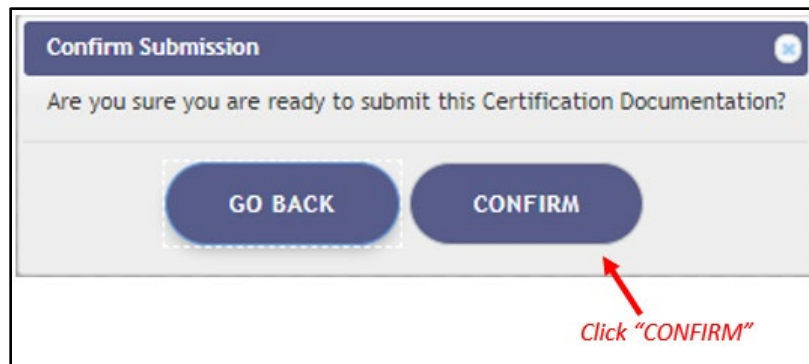


Step 7: Once you have uploaded all the documentation you will need to submit the form, scroll to the bottom of the page, and click “SUBMIT.” From this page, you have the option to save the form as a draft before final submission. Clicking “SAVE AS DRAFT” will allow you to save the form in its current state, and come back later to finish it, if needed.

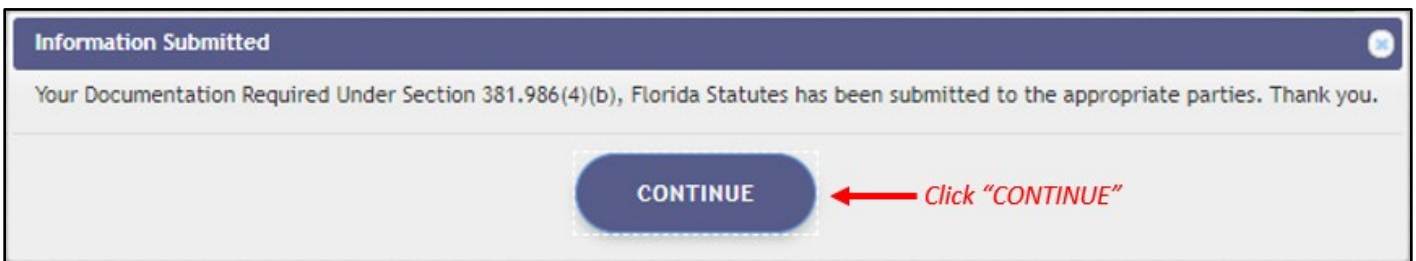


Step 8: After clicking “SUBMIT,” a prompt will appear for you to click either “GO BACK” or “CONFIRM.”

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



Step 9: Another prompt, informing you that the documents have been submitted, will appear after clicking “CONFIRM” on the first prompt. Click “CONTINUE” on this prompt.



After clicking “CONTINUE,” you are returned to the Certification Documents dashboard. The dashboard will reflect the current status of your forms for each patient, and 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: If you diagnose your patient with a qualifying medical condition of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j), select the appropriate condition from the list of certifying conditions.

Select the QUALIFYING MEDICAL CONDITIONS as required pursuant to Section 381.986 (2)(a)-(j), Florida Statutes:

- Cancer
- Epilepsy
- Glaucoma
- Positive status for human immunodeficiency virus
- Acquired immune deficiency syndrome
- Post-traumatic stress disorder
- Amyotrophic lateral sclerosis
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis
- Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)

Important:

Section 381.986(4)(b), Florida Statutes, requires a qualified physician who issues a physician certification for a qualified patient diagnosed with a medical condition of the same kind or class as or comparable to those conditions listed in Section 381.986(2)(a)-(j), Florida Statutes, to submit the required documentation to the Boards of Medicine or Osteopathic Medicine within 14 days after issuing the physician certification.

Certifying a patient with the qualifying condition "Medical Conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)" requires the certifying physician to complete an online form for this certification.

After saving this certification, the form will be provided electronically in the Documents Dashboard.

Terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification. "Terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

Chronic nonmalignant pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.

[CANCEL](#)

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 Same Kind or Class 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 FS 381.986(4)(b), then you will need to click "SUBMIT."

Certification Documentation - Same Kind or Class

DOCUMENTATION REQUIRED UNDER SECTION 381.986 (4)(b), FLORIDA STATUTES

Section 381.986(4)(b), Florida Statutes, requires a qualified physician who issues a physician certification for a qualified patient diagnosed with a medical condition of the same kind or class as or comparable to those conditions listed in Section 381.986(2)(a)-(j), Florida Statutes, to submit the documentation below to the Boards of Medicine or Osteopathic Medicine within 14 days after issuing the physician certification. In addition, information on subsequent certifications for these diagnoses must also be submitted. Do not provide any patient identifying information other than what is requested in this form. Do not attach patient records as part of the 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

The Department of Health is required by law to provide documentation to the Coalition for Medical Marijuana Research and Education. Patient identifying information will not be provided to the Coalition.

Select if you will submit the documentation required under section FS 381.986(4)(b) 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 FS 381.986(4)(b) ← **Select the option for mailing in the documentation**

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 DOCTOR

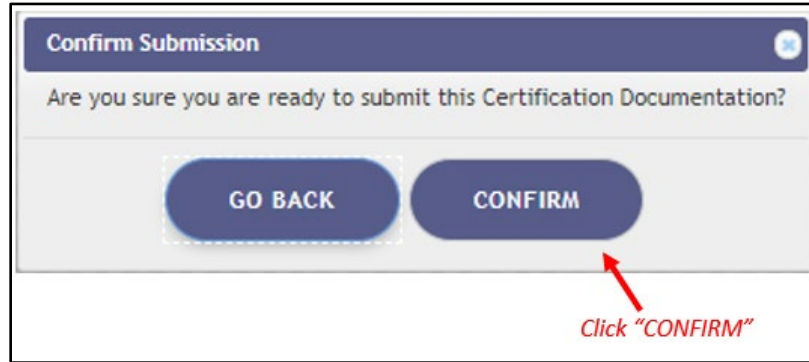
Submitted on: Not yet submitted

[GO BACK](#) [SAVE AS DRAFT](#) [SUBMIT](#) ← **Then click "SUBMIT"**

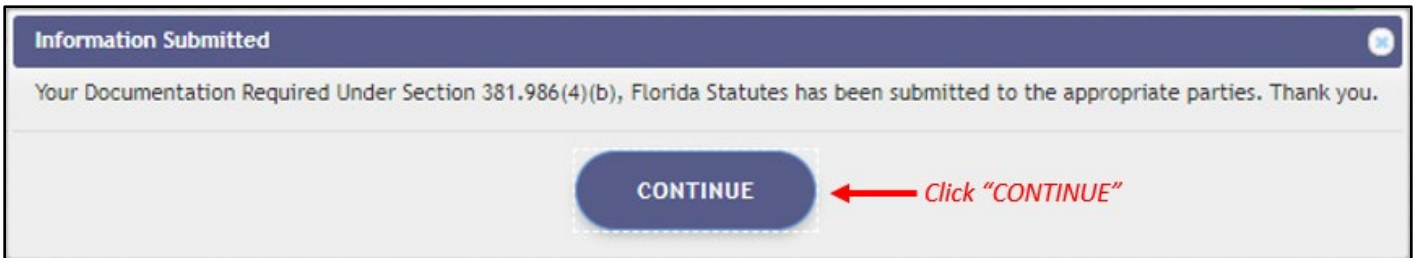
 Unsaved Changes

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****



Step 5: 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.



After clicking “CONTINUE,” you are returned to the Certification Documents dashboard. The dashboard will reflect the current status of your forms for each patient, and specific patient depending on which dashboard you are viewing.

For additional information, visit
KnowTheFactsMMJ.com
For Renewal and Change of Address Application: