



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. It has 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 titled 'Marijuana in a Form for Smoking' which contains a checked checkbox labeled 'Click here to add smoking as a route of administration' and a text input field for 'Total ounces per 35-day order'. A red box highlights the checkbox and input field, with a red arrow pointing to it from 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, there is a small note: '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 the certification form with the following information: Qualified MD/DO License Number: ME82008; Date physician certification issued: 05/11/2021; Qualifying patient's year of birth: 1970; 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'. A red circle highlights the 'Yes' radio button, with a red arrow pointing to it from the text: 'Select "Yes" or "No" for Question 1'. Below the question is a text prompt: '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'. At the bottom left is 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 is a close-up of the 'ADD ROUTE' button area. It shows Question 1 with the 'Yes' radio button selected. Below the question is the text prompt: 'Provide information that shows a list of other routes of administration...'. At the bottom is the 'ADD ROUTE' button, which is highlighted with a red arrow and the text: 'Click "ADD ROUTE"'.

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:

Start Date and End Date are required, and End Date cannot be before Start Date

Assessment of Effectiveness:

REMOVE THIS ENTRY

ADD ROUTE

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

Text is required here, enter an assessment of effectiveness

?

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.

0/30000 characters used

Upload Documentation (Optional)

Upload Drag & Drop Files

Text is required here

?

Incomplete or Invalid Response

Click "Upload" to upload any additional supporting documentation

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

Organize New folder

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.

The screenshot shows the 'Initial Order' form. It has two columns: 'Low-THC Cannabis' and 'Medical Marijuana'. Each column has a list of administration routes with checkboxes: Oral, Edibles, Topical, Sublingual, Inhalation, and Suppository. Below these columns is a section titled 'Marijuana in a Form for Smoking'. It contains a checkbox labeled 'Click here to add smoking as a route of administration' which is checked. To the right of this checkbox is a text input field for 'Total ounces per 35-day order'. A red box surrounds the checkbox and the text below it: '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.' A red arrow points from this text to the right, with the annotation: '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."

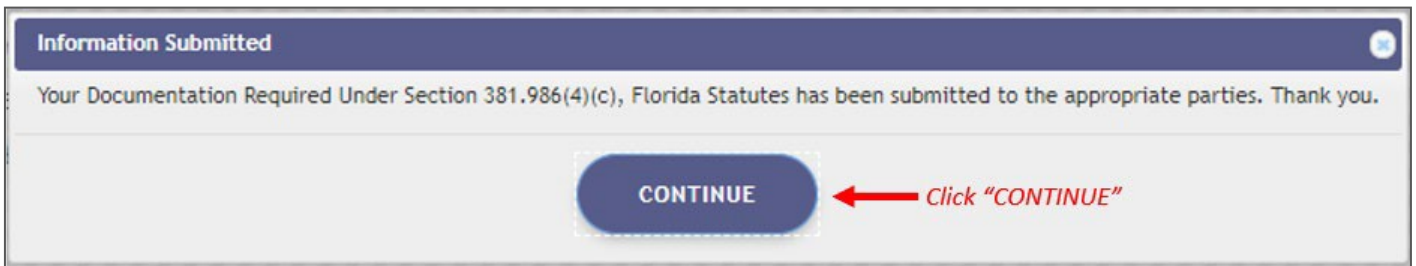
The screenshot shows the 'Certification Documentation - Appropriate Route Form' page. It contains the following text: 'DOCUMENTATION REQUIRED UNDER SECTION 381.986, (4)(c) FLORIDA STATUTES, SUPPORTING THE DETERMINATION THAT THE SMOKING OF MEDICAL MARIJUANA IS AN APPROPRIATE ROUTE OF ADMINISTRATION'. Below this is a paragraph: '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.' Then, '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'. Below that, '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' and 'I attest that I have mailed in the documentation required under section 381.986(4)(c) Florida Statutes.' A red box highlights the second option, with a red arrow pointing to it and the text: 'Select the option for mailing in the documentation'. Below the options is a note: '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.' There are two input fields: 'Physician's Name: ANY PHYSICIAN' and 'Submitted on: Not yet submitted'. At the bottom, there are three buttons: 'GO BACK', 'SAVE AS DRAFT', and 'SUBMIT'. A red arrow points to the 'SUBMIT' button with the text: 'Then click "SUBMIT"'. There is also a blue circular icon with an exclamation mark and the text '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.****

The screenshot shows a 'Confirm Submission' dialog box. It asks 'Are you sure you are ready to submit this Certification Documentation?' and has two buttons: 'GO BACK' and 'CONFIRM'. A red arrow points to the 'CONFIRM' button with the text: 'Click "CONFIRM"'. There is also a blue circular icon with an exclamation mark and the text 'Unsaved Changes'.

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
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