

Understanding the Registry Second Physician Concurrence Form

When creating a certification for a terminally ill minor patient that includes Marijuana in a Form for Smoking, the certifying physician is required to submit a Second Physician Concurrence Form per section 381.986(4)(d), Florida Statutes.

SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:

Step 1: After creating the certification (*For instructions on creating a certification, [click here](#)*), you will need to navigate to the un-submitted form on the Certification Documentation Dashboard (*For instructions on navigating the Certification Documentation dashboard, [click here](#)*).


Step 2: After clicking "VIEW" next to the second physician concurrence request you want to submit, you are navigated to the "Not Yet Submitted" request document. Confirm the pre-populated form data is correct (Physician Name, Physician License Type, Physician License Number, Patient Number, Patient DOB, Certification Creation Date, Certification Start Date and End Date, and the Patient Certification Conditions).

2nd Physician Concurrence Certification Documentation	
DOCUMENTATION REQUIRED UNDER SECTION 381.986(4)(d), FLORIDA STATUTES	
Section 381.986(4)(d), Florida Statutes, states, in pertinent part, that a "qualified physician may not issue a physician certification for marijuana in a form for smoking to a patient under 18 years of age unless the patient is diagnosed with a terminal condition, the qualified physician determines that smoking is the most effective route of administration for the patient, and a second physician who is a board-certified pediatrician concurs with such determination. Such determination and concurrence must be documented in the patient's medical record and in the medical marijuana use registry."	
1. Physician Name:	ANY DOCTOR
2. Physician License Type:	Medical Doctor
3. Physician License Number:	ME12345
4. Patient Number:	P6XX7226
5. Patient Date of Birth:	8/13/2006
6. Certification Creation Date:	2/22/2022
7. Certification Start Date:	2/22/2022
8. Certification End Date:	9/19/2022
9. Patient Certification Conditions:	Terminal Condition

Step 3: After reviewing the pre-populated form data, scroll to the "Board-Certified Pediatrician" section. Here you will input information (First Name, Last Name, License State, License Type, License Number) about the second physician who is a board-certified pediatrician that is concurring with your determination.

Board-Certified Pediatrician	
Board-Certified Pediatrician's First Name:	<input type="text"/>
Board-Certified Pediatrician's Last Name:	<input type="text"/>
Board-Certified Pediatrician's License State:	Select State <input type="text"/>
Board-Certified Pediatrician's License Type:	Select License Type <input type="text"/>
Board-Certified Pediatrician's License Number:	<input type="text"/>

Enter the concurring pediatrician's information



Incomplete or Invalid Response

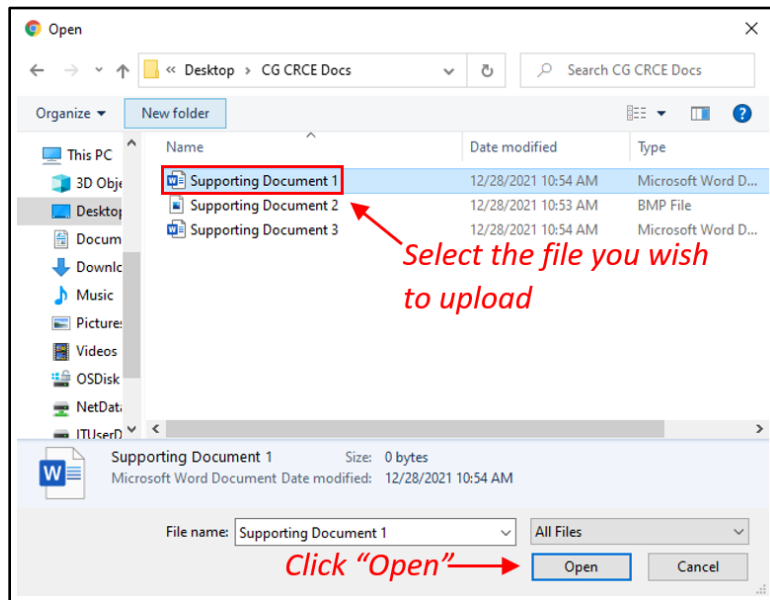
Step 4: Once you have entered the concurring pediatrician’s information, you will need to upload a document signed by the second physician who is a board-certified pediatrician who states their concurrence with your determination. Click “Upload” to browse your files.

Please submit a document signed by a second physician who is a board-certified pediatrician stating their concurrence with your determination that smoking is the most effective route of administration for this patient.

Upload Drag & Drop Files

Click “Upload”

Step 5: Once you have clicked “Upload,” a file explorer will open. Select the file you wish to upload, then click “Open.”



Step 6: Once you have clicked “Open,” the file will appear as uploaded. (Please note: You are only allowed to upload one file. You must delete the current file to upload a different one).

Please submit a document signed by a second physician who is a board-certified pediatrician stating their concurrence with your determination that smoking is the most effective route of administration for this patient.

Upload Drag & Drop Files

1). Supporting Document 1.docx (0.00 KB)

Delete

You have uploaded the maximum number of uploads for this document type. If you need to upload a new document please delete the existing one first.

Step 7: Select the acknowledgement statements that apply to you.

Acknowledgements

Per section 381.986(4)(d), Florida Statutes, I, together with the concurrence of a second physician who is also board-certified pediatrician, have determined that smoking is the most effective route of administration for this patient.

Per section 386.981(4)(d), Florida Statutes, I have obtained the written informed consent using the standardized informed consent form of this patient’s parent or legal guardian prior to issuing this physician certification to the patient for marijuana in a form for smoking.

Step 8: Enter your first name into the first name field, your last name into the last name field, and then click “SUBMIT” to electronically sign and submit the Second Physician Concurrence Form.

Acknowledgement and Attestation

To sign below, supply **ANY** in the First Name text box, and **DOCTOR** in the Last Name text box.

Type in your first name:

Type in your last name:

Enter your First Name and Last Name into the text boxes

?
You must sign to complete.

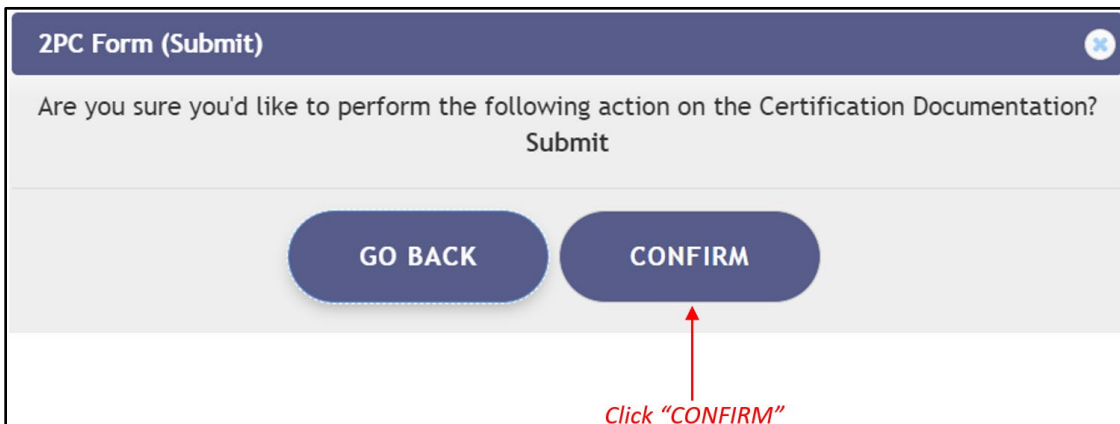
Click “SUBMIT”

GO BACK **SAVE AS DRAFT** **SUBMIT** **WITHDRAW**

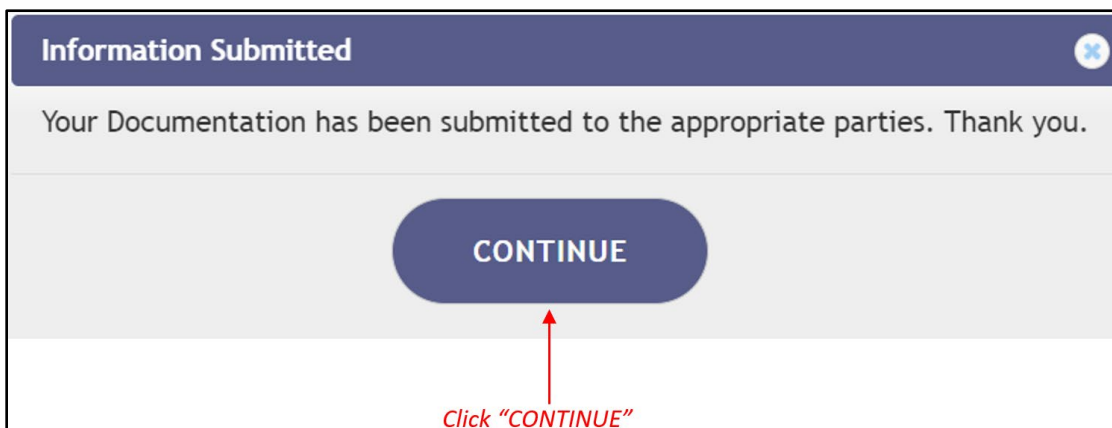
Form Status : Not Yet Submitted

****IMPORTANT: Please note, once the form is under review, it cannot be withdrawn or altered in any way****

Step 9: Click "CONFIRM."



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



After clicking "CONTINUE" you are returned to the Certification Documentation dashboard.

For additional information, visit

www.KnowTheFactsMMJ.com