



Understanding the Registry

Submitting the Same Kind or Class Form

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 6.

SUBMITTING DOCUMENTATION VIA THE MEDICAL MARIJUANA USE REGISTRY:

Step 1: Log into the [Medical Marijuana Use Registry](#).

If you do not remember your password, learn how to reset it by [clicking here](#).

Step 2: Locate the patient you wish submit the Same Kind or Class form for.

For assistance searching for an existing patient or caregiver, [click here](#).

Step 3: After creating the certification, you will need to navigate to the un-submitted “SKC” form from the Certification Documentation Dashboard and click “View.”

For instructions on creating a certification, [click here](#).

For instructions on navigating the Physician Documentation Dashboard, [click here](#).

Certification Documentation
Patient: TYPICAL PATIENT
Certification: 5/6/2024 - 12/1/2024

Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	View
SKC	Not Yet Submitted		PHYSICIAN, TYPICAL	View

10 items per page 1 - 2 of 2 items

Click "View."

Step 4: You are brought to the “Not Yet Submitted” Same Kind or Class Form. Indicate you are submitting the documentation online via the Medical Marijuana Use Registry by selecting the corresponding option.

Certification Documentation - Same Kind or Class

Certification Dates: 05/06/2024 - 12/01/2024

Form State: Not Yet Submitted

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 381.986(4)(b) 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)(b) Florida Statutes

Select the corresponding option.

Step 5: Confirm the pre-populated information is correct for the patient for whom you are submitting the form.

1. Qualified Patient ID:	P7RK4235
2. Qualified MD/DO License Number:	ME123816
3. Date physician certification issued:	05/06/2024
4. Qualifying patient's year of birth:	10/30/1910
5. Florida Resident:	Yes
6. Qualifying patient's county of residence:	Bay
7. Gender:	Male

Confirm the pre-populated information is correct.

Step 6: Scroll to field 8. Here, you will specify the patient’s medical condition that is of the same kind or class as those enumerated in section 381.986(2)(a)-(j), Florida Statutes. Additionally, select the qualifying medical condition(s) most that is most similar to the patient’s condition.

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:

Specify the patient’s condition that is of the same kind or class here...

0 / 30000 characters used

?

Incomplete or Invalid Response

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

Indicate the qualifying medical condition the patient’s condition is most like.

Step 7: Provide a response for fields 9-11. Here, you are providing documentation to support your decision that the patient's condition is of the same kind or class. Additionally, you are providing documentation that supports the efficacy of marijuana as a form of treatment and documentation that supports your opinion that the benefits of medical use of marijuana outweigh any potential health risks.

You must supply text into the fields regardless of uploading files.

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 / 30000 characters used

Upload Documentation (Optional)

Select files... Drop files here to upload Incomplete or Invalid Response

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

0 / 30000 characters used

Upload Documentation (Optional)

Select files... Drop files here to upload Incomplete or Invalid Response

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 / 30000 characters used

Upload Documentation (Optional)

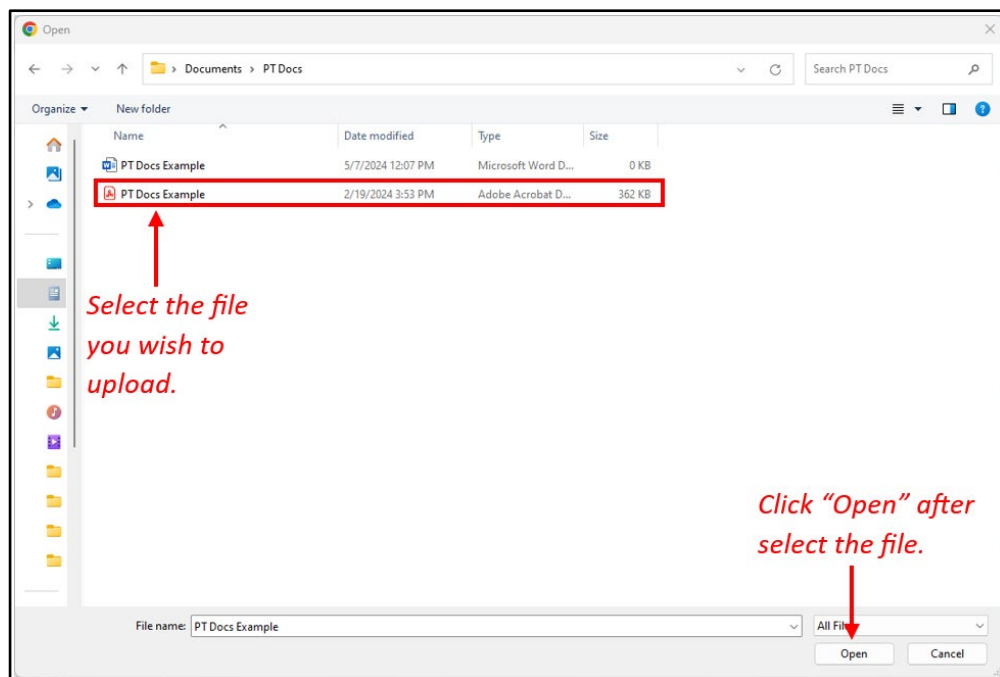
Select files... Drop files here to upload Incomplete or Invalid Response

Step 8: If you choose to upload a file from your computer, click the "Select files..." button to open your file explorer.

Upload Documentation (Optional)

Select files... Click "Select files..." or you may drag and drop any files. Drop files here to upload

Step 9: Your file explorer will open to show your saved documents. Select the file you wish to upload by clicking on the file name. Then, click "Open." You may also drag and drop your file(s).



Step 10: The file name will appear within the file upload area once it is successfully uploaded. You may upload up to five (5) files. To remove a file, click the  icon.



Upload Documentation (Optional)

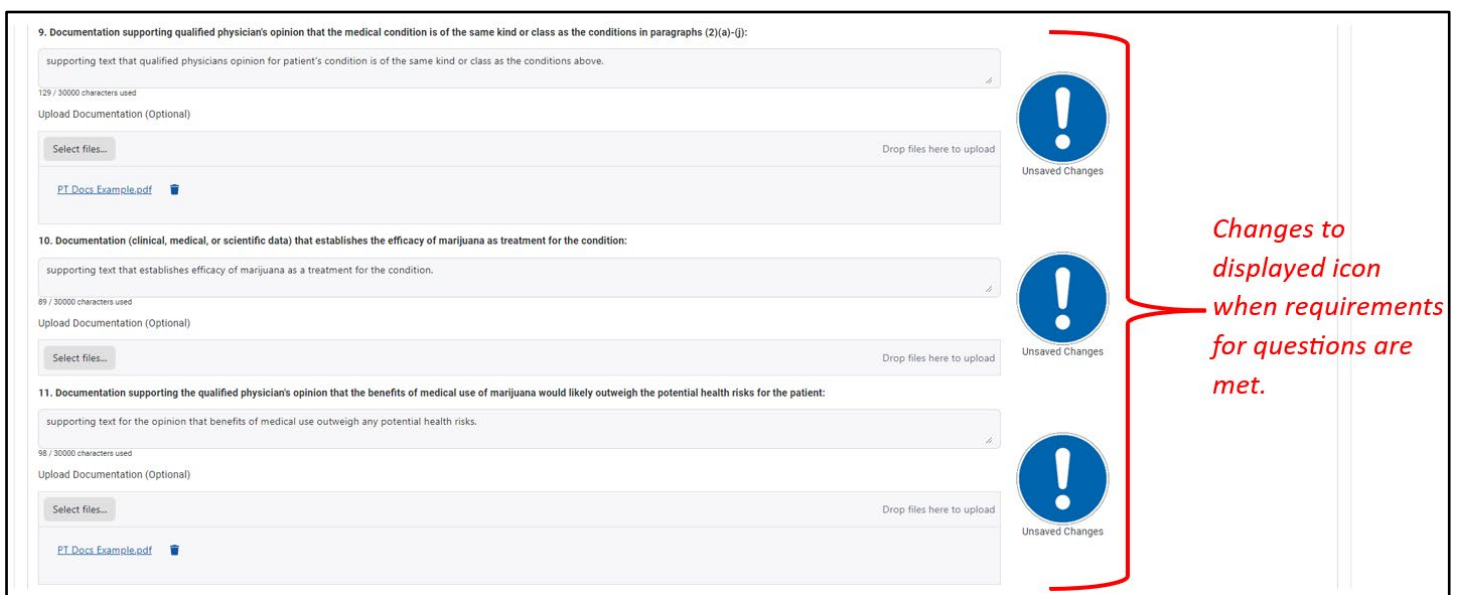
Select files... Drop files here to upload

PT_Docs_Example.pdf 

File will appear here after uploading.

Click the icon to remove the file.

Step 11: Once each question contains a valid response, the icons will change to a blue circle with a white exclamation point. Once all questions have this icon, the form is ready to be submitted.



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):

supporting text that qualified physicians opinion for patient's condition is of the same kind or class as the conditions above.

129 / 30000 characters used

Upload Documentation (Optional)

Select files... Drop files here to upload

PT_Docs_Example.pdf 

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

supporting text that establishes efficacy of marijuana as a treatment for the condition.

89 / 30000 characters used

Upload Documentation (Optional)

Select files... Drop files here to upload

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:

supporting text for the opinion that benefits of medical use outweigh any potential health risks.

98 / 30000 characters used

Upload Documentation (Optional)

Select files... Drop files here to upload

PT_Docs_Example.pdf 

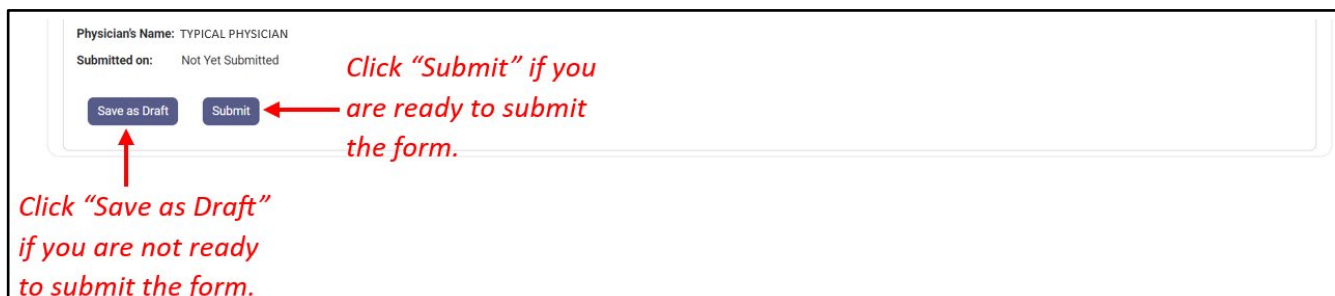
Unsaved Changes

Unsaved Changes

Unsaved Changes

Changes to displayed icon when requirements for questions are met.

Step 12: Scroll to the bottom of the form after completing all required responses. Click "Save as Draft" to save your responses and return to the form later or click "Submit" to submit the form now.



Physician's Name: TYPICAL PHYSICIAN

Submitted on: Not Yet Submitted

Save as Draft Submit

Click "Save as Draft" if you are not ready to submit the form.

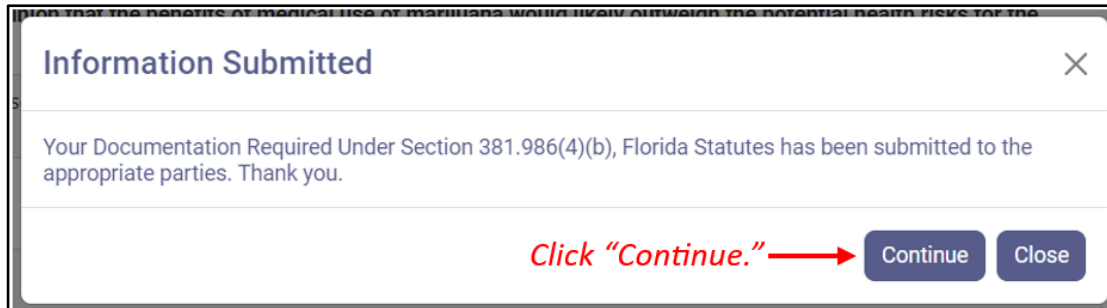
Click "Submit" if you are ready to submit the form.

Step 13: Click “Confirm” on the pop-up that appears. Or click “Go Back” to return to the form.



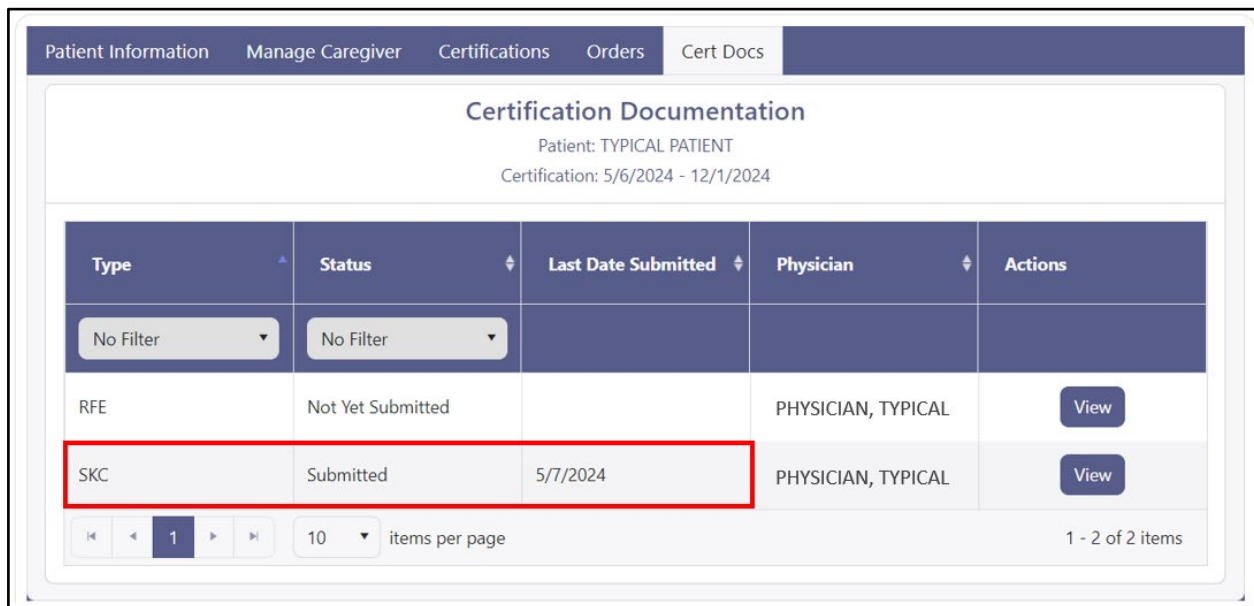
A pop-up dialog titled "Confirm Submission" with a close button (X) in the top right corner. The text inside asks, "Are you sure you are ready to submit this Certification Documentation?". At the bottom, there are two buttons: "Confirm" and "Go Back". A red arrow points from the text "Click 'Confirm' to submit the form." to the "Confirm" button. Another red arrow points from the text "Click 'Go Back' to return to the form." to the "Go Back" button.

Step 14: Click “Continue” on the next pop-up that appears.



A pop-up dialog titled "Information Submitted" with a close button (X) in the top right corner. The text inside says, "Your Documentation Required Under Section 381.986(4)(b), Florida Statutes has been submitted to the appropriate parties. Thank you." At the bottom, there are two buttons: "Continue" and "Close". A red arrow points from the text "Click 'Continue.'" to the "Continue" button.

Step 15: The form will now appear as “Submitted” on the patient’s certification documentation dashboard. There are no other actions needed from you for this form.



A screenshot of the "Certification Documentation" dashboard. The top navigation bar includes "Patient Information", "Manage Caregiver", "Certifications", "Orders", and "Cert Docs". The main heading is "Certification Documentation" for "Patient: TYPICAL PATIENT" with a certification period of "5/6/2024 - 12/1/2024". Below this is a table with columns: Type, Status, Last Date Submitted, Physician, and Actions. The table has two rows: one for "RFE" with status "Not Yet Submitted" and one for "SKC" with status "Submitted" and date "5/7/2024". The "SKC" row is highlighted with a red border. At the bottom, there are pagination controls showing "1" of 10 items per page, and "1 - 2 of 2 items".

Type	Status	Last Date Submitted	Physician	Actions
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	<button>View</button>
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	<button>View</button>

– Continue for Guide to Mail In Instructions –

SUBMITTING DOCUMENTATION VIA MAIL:

Step 1: Log into the [Medical Marijuana Use Registry](#).

If you do not remember your password, learn how to reset it by [clicking here](#).

Step 2: Locate the patient for whom you wish to submit the Same Kind or Class form.

For assistance searching for an existing patient or caregiver, [click here](#).

Step 3: After creating the certification, you will need to navigate to the un-submitted “SKC” form from the Certification Documentation Dashboard.

For instructions on creating a certification, [click here](#).

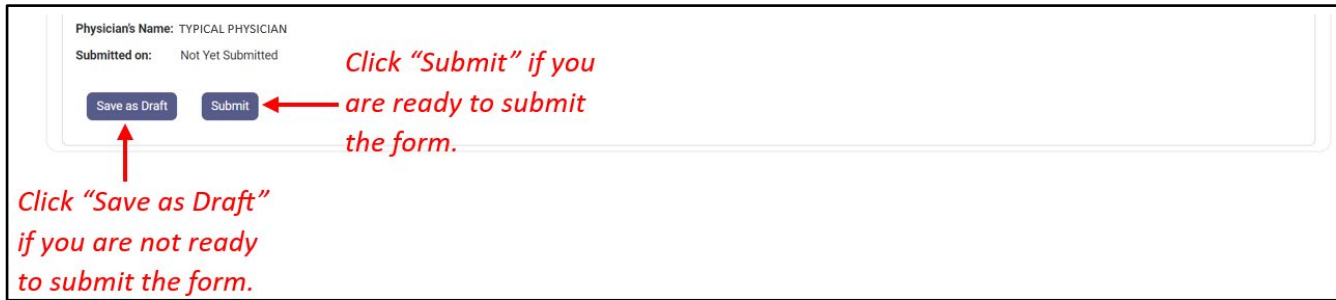
For instructions on navigating the Physician Documentation Dashboard, [click here](#).

The screenshot shows the 'Certification Documentation' dashboard for a patient named 'TYPICAL PATIENT' with a certification period from 5/6/2024 to 12/1/2024. The dashboard has tabs for Patient Information, Manage Caregiver, Certifications, Orders, and Cert Docs. Below the tabs is a table with columns: Type, Status, Last Date Submitted, Physician, and Actions. The table contains two rows: one for 'RFE' and one for 'SKC', both with a status of 'Not Yet Submitted' and a physician of 'PHYSICIAN, TYPICAL'. Each row has a 'View' button. A red arrow points to the 'View' button for the 'SKC' row with the text 'Click "View."'. At the bottom of the table, there are pagination controls showing '1' of 2 items and '10 items per page'.

Step 4: You are brought to the “Not Yet Submitted” Same Kind or Class Form. Indicate you have submitted the documentation via mail.

The screenshot shows the 'Certification Documentation - Same Kind or Class' form. At the top, it displays 'Certification Dates: 05/07/2024 - 12/02/2024' and 'Form State: Not Yet Submitted'. Below this is a section titled 'DOCUMENTATION REQUIRED UNDER SECTION 381.986(4)(B), FLORIDA STATUTES'. The text explains that Section 381.986(4)(b), Florida Statutes, requires a qualified physician to issue a certification for a patient with a medical condition. It also states that information on subsequent certifications must be submitted. Below this is a section titled '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 next section is titled '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.' Below this is a section titled 'Select if you will submit the documentation required under section 381.986(4)(b) Florida Statutes, online here, or attest that you have mailed the required documentation to the appropriate recipient:'. There are two radio buttons: 'I am supplying this information online here. OR' and 'I attest that I have mailed in the documentation required under section 381.986(4)(b) Florida Statutes'. The second radio button is selected and highlighted with a red box. A red arrow points to this box with the text 'Select the option to attest you have mailed in the documentation.' Below this are fields for 'Physician's Name: PAUL GAMBINO' and 'Submitted on: Not Yet Submitted'. At the bottom are 'Save as Draft' and 'Submit' buttons.

Step 5: Scroll to the bottom of the form after completing all required responses. Click “Save as Draft” to save your responses and return to the form later or click “Submit” to submit the form now.



Physician's Name: TYPICAL PHYSICIAN
Submitted on: Not Yet Submitted

Click “Save as Draft” if you are not ready to submit the form.

Click “Submit” if you are ready to submit the form.

Buttons: Save as Draft, Submit

Step 6: Click “Confirm” on the pop-up that appears. Or click “Go Back” to return to your form.



Confirm Submission [X]

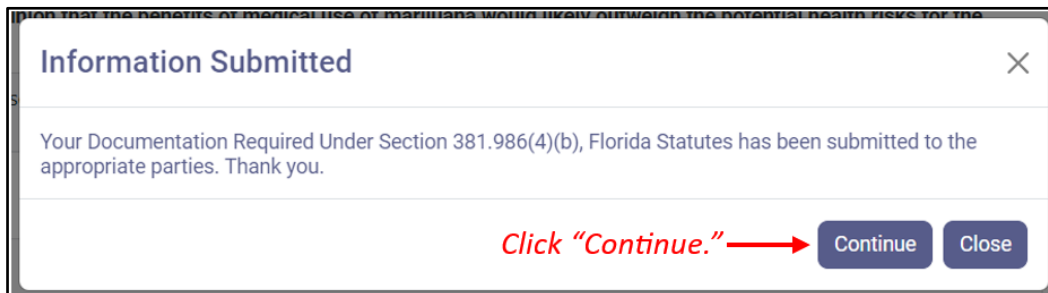
Are you sure you are ready to submit this Certification Documentation?

Click “Confirm” to submit the form.

Click “Go Back” to return to the form.

Buttons: Confirm, Go Back

Step 7: Click “Continue” on the next pop-up that appears.



Information Submitted [X]

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

Click “Continue.”

Buttons: Continue, Close

Step 8: The form will now appear as “Submitted” on the patient’s certification documentation dashboard. There are no other actions needed from you for this form.

Patient Information Manage Caregiver Certifications Orders Cert Docs				
Certification Documentation				
Patient: STANDARD PATIENT				
Certification: 5/7/2024 - 12/2/2024				
Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
RFE	Not Yet Submitted		PHYSICIAN, TYPICAL	View
SKC	Submitted	5/7/2024	PHYSICIAN, TYPICAL	View
10 items per page 1 - 2 of 2 items				

For additional information, visit
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