



Understanding the Registry

Submitting the Second Physician Concurrence Form

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

Step 1: Log into the Medical Marijuana Use Registry <https://MMURegistry.FLHealth.gov/>.
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 Second Physician Concurrence 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 "2PC" form on the Certification Documentation Dashboard and click "View."

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

For instructions on navigating the Certification Documentation dashboard, [click here](#).

Certification Documentation
Patient: PATIENT MINORTEST
Certification: 5/7/2024 - 12/2/2024

Type	Status	Last Date Submitted	Physician	Actions
No Filter	No Filter			
2PC	Not Yet Submitted		PHYSICIAN, TYPICAL	View
CMP	Not Yet Submitted		PHYSICIAN, TYPICAL	View

Click "View."

Step 4: You are navigated to the "Not Yet Submitted" form. Confirm the pre-populated information 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).

Certification Documentation: 2nd Physician Concurrence

Certification Dates: 05/07/2024 - 12/02/2024
Form State: Not Yet Submitted

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".

Physician Name:	TYPICAL PHYSICIAN
Physician License Type:	Medical Doctor
Physician License Number:	ME123816
Patient Number:	P1TH8100
Patient Date of Birth:	01/01/2010
Certification Creation Date:	05/07/2024
Patient Certification Conditions:	Cancer, Terminal Condition

Confirm the pre-populated information is correct.

Step 5: After reviewing the pre-populated 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

Board-Certified Pediatrician's Last Name

Board-Certified Pediatrician's License State

Select State

Board-Certified Pediatrician's License Type

Select License Type

Board-Certified Pediatrician's License Number

Enter the concurring pediatrician's information.

Incomplete or Invalid Response

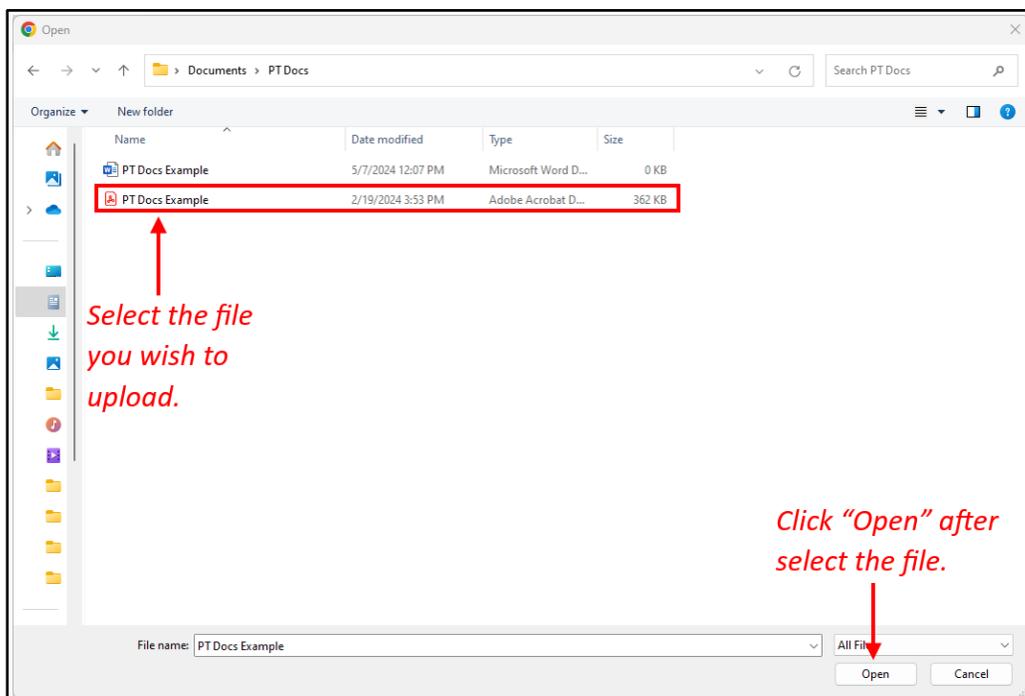
Step 6: Once you have entered the concurring board-certified pediatrician’s information, you will need to upload a document signed by the second physician who is a board-certified pediatrician stating their concurrence with your determination. Click “Select files” to browse your files.

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.

Select files... *Click “Select files...” or you may drag and drop any files.*

Drop files here to upload

Step 7: Select the file you wish to upload, then click “Open.”



Step 8: 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.) To remove a file, click the  icon.

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.

Select files... Drop files here to upload

PT Docs Example.pdf *Click the icon to remove the file.*

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

File will appear here after uploading.

Step 9: Select the acknowledgement statement(s) that apply to you.

Check the acknowledgement that applies to you.

Acknowledgements

- Per section 381.986(4)(d), Florida Statutes, I, together with the concurrence of a second physician who is also a board-certified pediatrician, have determined that smoking is the most effective route of administration for this patient.
- Per section 386.986(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 10: Enter your first and last name into the appropriate fields, and then click "Submit" to electronically sign and submit the Second Physician Concurrence Form.

Acknowledgement and Attestation

To sign below, supply _____ in the First Name text box, and _____ in the Last Name text box.

Type in your first name: *← Enter First Name.*

Type in your last name: *← Enter Last Name.*

Save As Draft **Submit** **Withdraw** *← Click "Submit."*

Submitted on: _____ Not Yet Submitted

Incomplete or Invalid Response

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

Step 11: Click "Confirm."

Second Physician Concurrence Form - Submit

Are you sure you'd like to perform the following action on the 2nd Physician Concurrence Certification Document?

Submit

Click "Confirm" to submit the form. **Confirm** **Go Back** *← Click "Go Back" to return to the form.*

Step 12: You are returned to the Certification Documentation Dashboard.

Patient Information | Manage Caregiver | Certifications | Orders | Cert Docs

Certification Documentation
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Certification: 5/7/2024 - 12/2/2024

Type	Status	Last Date Submitted	Physician	Actions
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CMP	Not Yet Submitted		PHYSICIAN, TYPICAL	View

10 items per page | 1 - 2 of 2 items

For additional information, visit
KnowTheFactsMMJ.com