DE Medical Marijuana Physician Manual

Registration: https://delaware.biotrackthc.net/patients/actions/

Before system use, the physician must register in the system. To begin registration navigate to the patient portal and click on 'New Program Participants'.



The registration screen is displayed. On the registration screen input the First Name, Last Name, Email Address, Password and Password confirmation into the provided fields. Verify the information entered is accurate and click 'Submit' to complete the registration.

Delaware Medical Marijuana Program	n			Registration	Log
Home / Registration					
DELAW/ Division Office of	ARE HEALTH AND SC of Public Health Medical Marijuana	CIAL SERVICES	For the most current application, medical i of Delaware, and mo http://dhss.delaware.gov/d	information regarding this marijuana laws in the State re see the official website: thas/gp/hsp/msdmarhome.html	
Re	gistration				
	* First Name	Test			
	* Last Name	Doctor			
	* Email	testdoctor@gmail.com			
	* Password Generate	•••••			
	* Password confirmation	••••••			
			Submit	•	

© Delaware

Once the registration is submitted successfully the following screen appears.



Next, navigate to your email inbox and click the link in the confirmation email to confirm registration.

	DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health Medical Marijuana Program	
Hi Test.		
You are now registered in	the Delaware Consolidated Cannabis Control System.	
To confirm your registration	n, please click on the link below: net/oatlents/actions/?action=registration&confirmation=7gHOoTG3UY50MPUX.ImXM8WDTSc	a9laDEb.trNFDzVY077Eo5nMYi
If you didn't register in ou	r system, please delete this email.	
	If you have any questions regarding this notification please contact the Delaware Office of Medical Marijuana at <u>302-744-4749</u> or via email <u>MedicalMarijuanaDPH@state de us</u> Thank you for using the Delaware Consolidated Cannabis Control System!	

The confirmation message shown below confirms the registration. Click on 'Login' to return to the login screen and login to the system.



Logging into the System

On the login screen input the email and password set up during system registration and click 'Login'

DELAWA	RE HEALTH AN	ID SOCIAL SERVICES	For the most current information regarding this application medical marijuana laws in the State	
Office of	Office of Medical Marijuana		of Delaware, and more see the official website: http://dhss.delaware.gov/dhss/doh/hsp/medmarhome.html	
Log	jin			
	* Email	testdoctor@gmail.com		
	* Email * Password	testdoctor@gmail.com		

Physician Application

To access the physician application, navigate to Applications> Physician Application

Home / App	lications / Physician App	lication
F	Physician Application	AS7GWK5432
	🍖 Renewal 🛛 📑 Replac	e
		Physician Information
	Last Name	First Name Middle Name
	Address (Street)	Address (Apt #, P.O. Box, Suit #)
	County	v State v
	City	V ZIP Code
	Primary Phone	Fax Email Address
	Medical License Number	License State V License Type (Must be licensed in Delaware) MD)
	Pediatric Specialty	Al least one option shalld be filed Pediatric Neurologist Pediatric Gastroenterologist Pediatric Oncologist Pediatric Palliative Care Specialist
	Medical Specialty	•
		Rem

Fill in the following fields:

- Last Name Enter the physician's last name
- First Name Enter the physician's first name
- Suffix Enter the physician's middle name (optional)
- Enter the physician's full address including county into the provided fields
- Primary Phone Enter the primary phone number for the physician
- Fax Enter the Fax number for the physician
- Email Address Enter the physician's email address
- Medical License number Enter the physician's Medical License number
- Select the physician's License State
- Select the physician's License Type
- Select the physician's Pediatric and medical specialty's

Click 'Save' to save and submit the application

After the application is successfully submitted it cannot be modified and will become grayed out:

	Application Filing Percentage: 100%	
	Your application complete and submitted to the Office of Medical Marijuana	
	This Application is being processed and can not be updated at the moment. Please, check Application Status at Own Applications	
Physician Application	n AS7GW	(543
🙀 Renewal [🔓 Replac	a	
	Physician Information	
Last Name	Example Pirst Name Doctor Middle Name	
Address (Street)	123 4th St. Address (Apt #, P.O. Box, Suit #)	
County	New Castle v State Delaware v	
City	Delaware City v ZIP Code 12345	
Primary Phone	(555) 555-5555 Fax (666) 666-6666 Email Address	
Medical License	T89101112 License State Delaware License Type (Must be licensed in Celsware) Celsware MO)	
Number		
Number Pediatric Specialty	18 Pediatric Neurologist	
Number Pediatric Specialty	W Pedatic Neurologist © Pedatic Cashoenterologist © Pedatic Occelegat © Pedatic Occelegat	

The physician will receive an email once the application is approved or if more information is needed for the application. Check the status of the application under the Own Applications section, which is detailed below.

Own Applications

To access and modify applications related to your user account navigate to Account> Own Applications



This screen is used to access and view the status of applications submitted by your account. The status of the application is shown in the yellow flag and there are several options that can be used to view, replace or renew the license on this screen.

Home / Account / Ow	n Applications					
Own Applications						
Barcode	Application	Percentage	Expiration Date	Action		
AS7GWK5432	Physician Application	100%		(Preview	Renewal	📑 Replace

Patient Application Review/Certification

Applications must be reviewed and certified by the physician before they can be submitted for review by the Delaware Office of Medical Marijuana. When a patient application is created with a registered physician assigned the physician will receive an email to the address provided similar to the one shown below. Click on the certification link in the email message to navigate to the certification page.



Scroll down to view the patient and pediatric applications assigned to the physician. Click the green + sign next to an application to view details of the application

Patients Applications	
Pending	
Delivert Example 04 04 4004	
0% Patient Example 01-01-1901	
Pediatrics Applications	

Clicking the + opens the patient application for review. Scroll down to the Physician Certification section. Use the provided checkboxes in the first section to select the patient's debilitating medical condition(s). Next, read the patient statement and input the patient name and date of the patient's first visit into the provided fields.

Debilitating Medical Condition			
Listed below are the ONLY qualifying debilitating medical cor	utitions as stated in Title 16 of the Delaware Code, 4902A (3)		
Cancer Terminal Illness Positive status for Human Immunodeficiency Virus (HIV Positive) Cacquired Immune Deficiency Syndrome (AIDS) Cacquired Immune Def	 Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: Cachexia or Wasting Syndrome Severe, debilitating pain that has not responded to previously prescribed medication or surgical measure for more than three (3) mothics, or for which other treatment options produced serious side effects Intractable Nausea Seizures Severe and persistent muscle spasms, including but not limited to those characteristic of Multiple Scierosis 		
Autism with aggressive behavior Listed below are the ONLY qualifying debilitating medical cor I have established a bona fide physician-patient relationship with	ditions as stated in Title 16 of the Delaware Code, 4902A (3)		
(date of first patient visit to your office). This qualifying patient is under my care, either for primary care or the debil	itating medical condition listed on this form.		
I completed an assessment of the qualifying patient's current medical cond condition I diagnosed or confirmed in accordance with Title 16, Chapter 49	- ition, including presenting symptoms related to the debilitating medical A of the Delaware Code (4902A(3).		
I have completed an assessment of the qualifying patient's medical history qualifying condition. I have established a medical record of the qualifying p my care, and will document follow-up to determine efficacy of the medical r	including medical records from other treating physicians for the atient with regards to the medical condition, continued treatment under marijuana treatment.		
I have assessed this patient for history of substance use disorder.			
If a history of substance abuse has been identified. The Department of Hei history of substance abuse, and you confirmation that medical marijuana is patient closely. (Please initial here if indicated).	Alth and Social Services (DHSS) requests your acknowledgement of the an appropriate treatment option to include a commitment to monitor		

Under the physician's attestation section input your name, signature, and signature date.

	(physician), hereby certify that is	am a physician duly licensed to practice medicine.
is my professional opini r alleviate the patient's or rofessional opinion that attest that the information	ion that the qualifying patient is likely to receive therapeutic ualifying debilitating medical condition or symptoms associa the potential benefits of the medical use of marijuana would an provide in this written certification is true and correct.	or pallative benefit from the medical use of marijuana to trea aled with the debiilating medical condition. Further, it is my likely outweigh the health risks for this patient.
understand that compl	eting the signature block electronically constitutes a legal sig statement	gnature confirming that I acknowledge and agree to the abov
		MM-DD-YYYY
	Physician's Signature	Signature Date
1		

Progress notes should be input if the first patient visit was less than a year from today's date if the notes are in a document form click 'Upload'. Click Save to save the physician certification and the success

message below appears in the upper left. If the application is for a pediatric patient use the Pediatrics

✓ Success! Your request was successfully submitted! ×

Applications section instead of the Patient Application.

If you have any questions about the online system please contact the Office of Medical Marijuana at 302-744-4749.