



Medical Use of Marijuana Online System Underage Patient Certification Interfaces and Instructions

Massachusetts Cannabis Control Commission

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Table of Contents

1.	First Physician Certification	3
1.1.	Patient Certification.....	3
1.2.	Verify Pediatric Patient Identification Information	4
1.3.	Verify Information Page.....	5
1.4.	Pediatric Patient Certification (Patients Under the Age of 18)	6
1.5.	Pediatric Patient Certification (Patients Under the Age of 18)	8
1.6.	Certification Confirmation	9
2.	Second Physician Certification.....	10
2.1.	Patient Identification Page	10
2.2.	Pediatric Patient Information	11
2.3.	Complete Second Physician Verification of Pediatric Certification	12
2.4.	Complete Second Physician Verification of Pediatric Certification	14

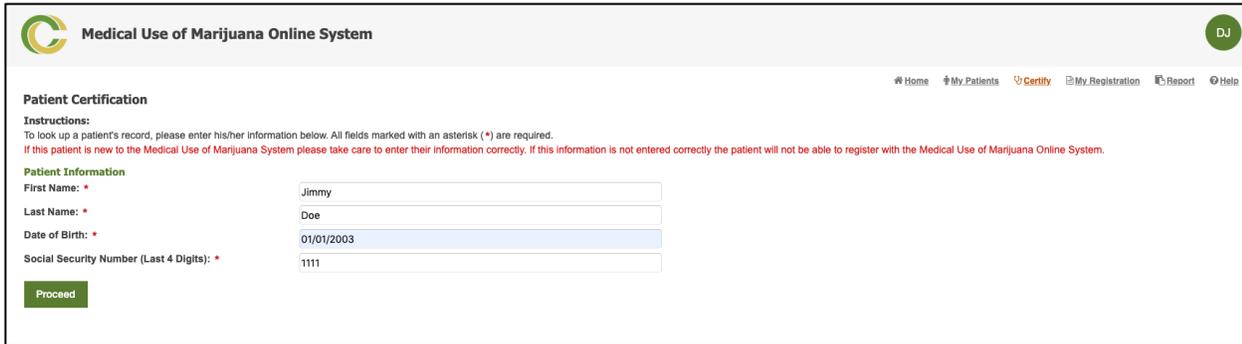


First Physician Certification

Patient Certification

Page Description

The first physician accesses this page by clicking the “certify” link in the top menu, like they would to certify any adult patient.



The screenshot shows the 'Medical Use of Marijuana Online System' interface. At the top left is a green circular logo with a white 'C'. The title 'Medical Use of Marijuana Online System' is centered at the top. On the top right, there is a user profile icon with the initials 'DJ'. Below the title bar is a navigation menu with links for Home, My Patients, Certify (highlighted), My Registration, Report, and Help. The main content area is titled 'Patient Certification'. It contains an 'Instructions' section with the text: 'To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required. If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.' Below this is a 'Patient Information' section with four input fields: 'First Name: *' containing 'Jimmy', 'Last Name: *' containing 'Doe', 'Date of Birth: *' containing '01/01/2003', and 'Social Security Number (Last 4 Digits): *' containing '1111'. A green 'Proceed' button is located at the bottom left of the form area.

Configurable Text

To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required.

If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.



Verify Pediatric Patient Identification Information

Page Description

On clicking the "Proceed" button in the previous page, the first physician is brought to this page where they are asked to verify the information they entered before with the patient's parent or guardian.



Medical Use of Marijuana Online System
Medical Provider Portal

FL

[Home](#) [My Patients](#) [Certify](#) [My Registration](#) [Report](#) [Help](#)

Verify Pediatric Patient Identification Information

Instructions:
Please verify with the patient and their legal guardian that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System. If the information is incorrect you may click the "Cancel" button below and correct the information.

Patient Information

First Name:	Lisa
Last Name:	Benson
Date of Birth:	01/01/2008
Social Security Number (Last 4 Digits):	1234

Configurable Text

Please verify with the patient and their legal guardian that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System. If the information is incorrect you may click the "Cancel" button below and correct the information.



Verify Information Page

Page Description

If the physician clicks “Proceed” on the previous page, they are brought to this page with instructions to certify the underage patient.

The screenshot shows the 'Medical Use of Marijuana Online System Medical Provider Portal'. The page title is 'Instructions Regarding The Certification Of Patients Who Are Under The Age Of 18'. The instructions state that a qualifying patient under 18 must be certified by two Massachusetts licensed physicians, at least one of whom is a board-certified pediatrician or board-certified pediatric sub-specialist. It also provides a list of steps to follow: Step 1: Click the begin button below to begin the online pediatric patient certification process. Step 2: Complete the online pediatric patient certification process. Step 3: Print the instructions to complete the pediatric patient certification and registration process and provide them to the parent or legal guardian. At the bottom, there are two buttons: 'Cancel' and 'Begin'.

Configurable Text

A qualifying patient who is under 18 years of age must be certified by two Massachusetts licensed physicians of which at least one is a board-certified pediatrician or board-certified pediatric sub-specialist. You may certify a qualifying patient who is under 18 years of age who has a debilitating medical condition that is not a life-limiting illness if you determine that the benefits of the medical use of marijuana outweigh the risks. This must include a discussion of the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, written consent of the parent or legal guardian, and documentation of the rationale in the medical record and the written certification.

You are about to certify a patient who is under 18 years of age. To continue, please complete the following steps.

Step 1: Click the begin button below to begin the online pediatric patient certification process.

Step 2: Complete the online pediatric patient certification process.

Step 3: Print the instructions to complete the pediatric patient certification and registration process and provide them to the parent or legal guardian.



Pediatric Patient Certification (Patients Under the Age of 18)

Page Description

This is the main page where the first physician enters the certification information for the underage patient. Instead of asking for the patient's email, we ask for their parent or legal guardian's email. There are new fields to check if the Debilitating Medical Condition is life limiting, and if it is not, the physician must specify a rationale for the certification. The Physician must also indicate if they are a pediatrician or a pediatric subspecialist.

 **Medical Use of Marijuana Online System**
Medical Provider Portal FL

[Home](#) [My Patients](#) [Certify](#) [My Registration](#) [Report](#) [Help](#)

Pediatric Patient Certification (Patients Under the Age of 18)

Instructions:
To certify the patient, please fill in the fields below. After you have finished, click the "Proceed" button to advance to the next step. All fields marked with an asterisk (*) are required.

Patient Information
Please verify that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.

Name: Lisa Benson
Date of Birth: 01/01/2008
Social Security Number (Last 4 Digits): 1234
Parent or Legal Guardian Email:

Pediatric Specialty Question
Are you a pediatrician or a pediatric sub-specialist?

Certification Debilitating Medical Condition(s) (DMC) * 
 Acquired Immune Deficiency Syndrome (AIDS) Amyotrophic Lateral Sclerosis (ALS)
 Cancer Crohn's Disease
 Glaucoma Hepatitis C
 Multiple Sclerosis (MS) Parkinson's Disease
 Positive Status for Human Immunodeficiency Virus (HIV)
[Add Other DMC](#)

Life-limiting Debilitating Medical Condition (DMC)
Is the debilitating medical condition life-limiting?
Rationale for Certification: *
You must provide the Rationale for Certification if the debilitating medical condition is not life limiting.

Certification Duration and Quantity
Certification Duration (in days): *
Certification Period: * Will start on second physician verification
Maximum Quantity for 60 Days: * 
 Ounces Grams
Override Maximum Quantity:

Telehealth
Certified via Telehealth:

Attestation

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the [Massachusetts Prescription Monitoring Program \(PMP\)](#) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks, I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient's medical record and in this certification.

By checking the box below, I attest that I understand and agree with each of the Attestations above.
I agree: *



Configurable Text

To certify the patient, please fill in the fields below. After you have finished, click the "Proceed" button to advance to the next step. All fields marked with an asterisk (*) are required.

Please verify that the patient's information displayed below has been entered correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.

Attestation

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the [Massachusetts Prescription Monitoring Program](#) (PMP) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks, I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient's medical record and in this certification.

By checking the box below, I attest that I understand and agree with each of the Attestations above.



Pediatric Patient Certification (Patients Under the Age of 18)

Page Description

On this page, the first physician can review the certification and on clicking the "Certify" button, the first certification is submitted.

The screenshot shows the 'Medical Use of Marijuana Online System Medical Provider Portal' interface. At the top, there is a navigation bar with links for Home, My Patients, Certify, My Registration, Report, and Help. The main heading is 'Pediatric Patient Certification (Patients Under the Age of 18)'. Below this, there are instructions and a form with the following sections:

- Instructions:** Please take the time to review the information you have entered. If there are any issues click the "Back" button to correct the information. If everything is correct, click the "Certify" button to complete the certification.
- Patient Information:**
 - Name: Lisa Benson
 - Date of Birth: 01/01/2008
 - Social Security Number (Last 4 Digits): 1234
 - Parent or Legal Guardian Email: mpoussard@jdsoft.com
- Pediatric Specialty Question:** Are you a pediatrician or a pediatric sub-specialist?: No
- Certification Debilitating Medical Condition(s) (DMC):**
 - Debilitating Medical Conditions: - Glaucoma
 - Is the debilitating medical condition life-limiting?: Yes
 - Rationale for Certification: My rationale for certifying the patient.
- Certification Duration and Quantity:**
 - Certification Period: Will start on second physician verification
 - Certification Duration (in days): 60
 - Maximum Quantity for 60 Days: 10.0000 Ounces | 283.50 Grams
- Telehealth:** Certified via Telehealth: No

At the bottom of the form, there are two buttons: 'Back' and 'Certify'.

Configurable Text

Please take the time to review the information you have entered. If there are any issues click the "Back" button to correct the information. If everything is correct, click the "Certify" button to complete the certification.



Certification Confirmation

Page Description

On this page, the physician sees the confirmation for the underage certification. As shown below, the certification does not start until the patient visits and gets certified from the second physician. The physician can also print the instructions from this page which specify that the patient needs to get certified from the second physician and register in the Medical use of Marijuana Online System.

The screenshot displays the 'Medical Use of Marijuana Online System' interface. The page title is 'Underage Patient Certification Confirmation'. It provides instructions for the patient's parent or legal guardian to register with the program. The page includes a 'Print' link and a 'Print Underage Patient Instructions' button. The patient information and certification details are as follows:

Patient Information	
Registration Number:	P11153327
Name:	Jimmy Doe
Date of Birth:	01/01/2003
Parent or Legal Guardian Email:	admin@jdoft.com

Certification	
Certification Period:	Will start on second physician certification
Certification Duration (in days):	60
Maximum Quantity for 60 Days:	10.0000 Ounces 283.50 Grams
Debilitating Medical Conditions:	- Multiple Sclerosis (MS)
Is the debilitating medical condition life-limiting?:	No
Rationale for Certification:	The benefits outweigh the risks.
Medical Provider:	Doctor Jacobs
Medical Provider Type:	Physician
Name of Practice:	Dr Jacobs MD
Business Address:	27 Congress st Salem, MA 01970
Business Phone Number:	111-111-1111
Business Fax Number:	

At the bottom of the page, there are two buttons: 'OK' and 'Print Underage Patient Instructions'. The footer contains the copyright information: '© 2014 Commonwealth of Massachusetts Version:5.0.1' and links for 'Download Adobe Reader' and 'Contact Us'.

Configurable Text

The first step of the pediatric patient certification below has been completed. To complete the certification process, the patient must get certified by a second physician.

Please click the "Generate Pediatric Patient Instructions" button to generate the instructions for the additional steps needed to complete the certification and registration process. Please make sure to provide the printed instructions to the patient's parent or legal guardian.



Second Physician Certification

Patient Identification Page

Page Description

The physician enters the patient's information on this page, and since the patient already exists in the system after the first certification, the physician sees a table with the patient information, on clicking the link with the name of the patient (shown in red), the second physician will go to the patient view page.

The screenshot shows the 'Medical Use of Marijuana Online System' interface. At the top, there is a navigation bar with links for Home, My Patients, Certify, My Registration, Report, and Help. The main heading is 'Patient Certification'. Below this, there are instructions and a warning: 'To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required. If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.'

The 'Patient Information' section contains four input fields: First Name (Jimmy), Last Name (Doe), Date of Birth (01/01/2003), and Social Security Number (Last 4 Digits) (1111). A 'Proceed' button is located below these fields.

Below the form, a message states: 'The system has matched the entered patient information with the patient(s) shown below. If the patient is not listed below, please contact the Medical Use of Marijuana Program.'

Name	Date of Birth	Residential Address	Home Phone
Jimmy Doe	Jan 01, 2003		

Configurable Text

To look up a patient's record, please enter his/her information below. All fields marked with an asterisk (*) are required.

If this patient is new to the Medical Use of Marijuana System please take care to enter their information correctly. If this information is not entered correctly the patient will not be able to register with the Medical Use of Marijuana Online System.



Pediatric Patient Information

Page Description

On the patient view page, the second physician can see the details of the first certification, and complete the second certification by clicking the “Complete Second Physician Verification” link on the left side menu.

 **Medical Use of Marijuana Online System**
Medical Provider Portal FL

[Home](#) [My Patients](#) [Certify](#) [My Registration](#) [Report](#) [Help](#)

Certification **Pediatric Patient Information**

[Complete Second Physician Verification](#)
[View History](#)

Purchases
[View History](#)

Patient Instructions
[Generate](#)

Registration Information

 Status: INCOMPLETE
Registration Number: P11153407
Registration Start Date:
Registration End Date:

Patient

Name: Lisa Benson
Date of Birth: 01/01/2008
Gender:
Residential Address:
Mailing Address:
Home Phone Number:
Mobile Phone Number:
Parent or Legal Guardian Email: mpoussard@jdssoft.com

Pending Pediatric Certification

Certification Period: Will start on second physician verification
Maximum Quantity for 60 Days: 10.0000 Ounces | 283.50 Grams
Certification Duration (in days): 60
Debilitating Medical Conditions: - Glaucoma
Debilitating medical condition is life-limiting: Yes
Rationale for Certification: My rationale for certifying the patient.
First Certifying Physician Name: Ryan West
First Certifying Physician Type: Physician
First Certifying Physician Name of Practice: practice11260
First Certifying Physician Practice Address: 11260 A Street
Norwood, MA 02062
First Certifying Physician Practice Phone Number: 222-222-2222
First Certifying Physician Practice Fax Number: 222-222-2222
First Certifying Physician is Pediatrician or Pediatric sub-specialist:

[Complete Second Physician Verification](#)

Active Certification
No active certification found
[View Certification History](#)

90 Day Purchase History from Last Purchase
No purchase history found



Complete Second Physician Verification of Pediatric Certification

Page Description

On this page, the second physician can verify the underage patient certification. The second physician cannot change any of the information like the debilitating medical condition that the first physician entered. The second physician must indicate if they are a pediatrician or a pediatric sub-specialist. If the first physician indicated they were not a pediatrician or a pediatric sub-specialist the second physician will not be able to complete the verification if they do not indicate that they are a pediatrician or a pediatric sub-specialist.

After agreeing with the attestations and clicking the "Complete Verification" button, the second physician's certification is entered into the Medical Use of Marijuana Online System. On the next page, the physician can view the patient's information, and print the instructions which tell the patient's parent or legal guardian to register with the Medical Use of Marijuana Online System.

Medical Use of Marijuana Online System
Medical Provider Portal

Home My Patients Certify My Registration Report Help

Complete Second Physician Verification of Pediatric Certification

Instructions:
To complete this patient's certification, you will need to verify the certification issued by the first physician displayed below.

Patient

Name: Lisa Benson
Date of Birth: 01/01/2008
Gender:
Residential Address:
Mailing Address:
Home Phone Number:
Mobile Phone Number:
Parent or Legal Guardian Email: mpoussard@pssoft.com

Pending Pediatric Certification

Certification Period: 06/07/2020 - 06/05/2020
Certification Duration (in days): 60
Maximum Quantity for 60 Days: 10.0000 Ounces | 283.50 Grams
Debilitating Medical Conditions: - Glaucoma
Debilitating medical condition is life-limiting: Yes
Rationale for Certification: My rationale for certifying the patient.

First Certifying Physician Information

Physician Name: Ryan West
Name of Practice: practice11260
Practice Address: 11260 A Street
Nonwood, MA 02062
Practice Phone Number: 222-222-2222
Practice Fax Number: 222-222-2222
Physician is pediatrician or pediatric sub-specialist: No

Second Certifying Physician Information

Physician Name: f11280 i11280
Name of Practice: practice11280
Practice Address: 11280 A Street
Cambridge, MA 02138
Practice Phone Number: 222-222-2222
Practice Fax Number: 222-222-2222

Are you a pediatrician or a pediatric sub-specialist? - Please Select -

Attestation

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the [Massachusetts Prescription Monitoring Program \(PMP\)](#) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks. I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient's medical record.
- I concur with the diagnosis of this patient by the first certifying physician and the information provided in this certification regarding the debilitating medical condition or life limiting illness, as applicable. In my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.

By checking the box below, I attest that I understand and agree with each of the Attestations above.

I agree:

Cancel Complete Verification



Configurable Text

To complete this patient's certification, you will need to verify the certification issued by the first physician displayed below.

Attestation

- This is a patient with whom I have a bona fide healthcare provider-patient relationship.
- I have had a clinical visit with this patient and completed a thorough assessment before submitting this certification.
- I have reviewed the [Massachusetts Prescription Monitoring Program](#) (PMP) to assess the patient's prescription history and to coordinate the patient's care at the time of his/her clinic visit.
- As part of my clinical assessment of the patient, I have reviewed the risks of using marijuana for medical reasons with my patient and provided the patient with educational information.
- I certify that this patient is currently suffering from the active debilitating medical condition as stated above and in my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.
- If the debilitating medical condition is not life-limiting, I certify that I have determined that the benefits of the medical use of marijuana outweigh the risks, I have discussed the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, and I have secured the written consent of the parent or legal guardian and documented the rationale in the qualifying patient's medical record.
- I concur with the diagnosis of this patient by the first certifying physician and the information provided in this certification regarding the debilitating medical condition or life limiting illness, as applicable. In my professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.

By checking the box below, I attest that I understand and agree with each of the Attestations above.



Complete Second Physician Verification of Pediatric Certification

Page Description

On this page, the physician sees the confirmation for the underage certification. The physician will see that the certification is now active. The physician can also print the instructions from this page which specify that the patient's certification is complete and that they will need to register with the Medical Use of Marijuana Program if they have not already.

**Medical Use of Marijuana Online System**
Medical Provider Portal FL

[Home](#) [My Patients](#) [Certify](#) [My Registration](#) [Report](#) [Help](#)

Pediatric Patient Certification Confirmation

Your patient has been certified. Below, you will find your patient's certification information.

Now that your patient has been certified, their parent or legal guardian will need to register with the Medical Use of Marijuana Program in order to possess marijuana for medical purposes.

To inform your patient's parent or legal guardian of the registration requirements, please print the underage patient registration instructions by clicking "Print Underage Patient Instructions" below. Then provide the printed instructions to your patient's parent or legal guardian.

Also, inform your patient's parent or legal guardian that the instructions include the patient's **PIN** which is **required to register** with the Medical Use of Marijuana Program.

[Generate Pediatric Patient Instructions](#)

Patient Information	
Registration Number:	P11153407
Name:	Lisa Benson
Date of Birth:	01/01/2008
Parent or Legal Guardian Email:	mpoussard@jdsft.com
Certification	
Certification Period:	Will start on second physician verification
Certification Duration (in days):	60
Maximum Quantity for 60 Days:	10.0000 Ounces 283.50 Grams
Debilitating Medical Conditions:	- Glaucoma
Certified via Telehealth:	No
Debilitating medical condition is life-limiting:	Yes
Rationale for Certification:	My rationale for certifying the patient.
First Certifying Physician Information	
Physician Name:	Ryan West
Name of Practice:	practice11260
Practice Address:	11260 A Street Norwood, MA 02062
Practice Phone Number:	222-222-2222
Practice Fax Number:	222-222-2222
Physician is pediatrician or pediatric sub-specialist:	No
Second Certifying Physician Information	
Physician Name:	f11280 i11280
Name of Practice:	practice11280
Practice Address:	11280 A Street Cambridge, MA 02138
Practice Phone Number:	222-222-2222
Practice Fax Number:	222-222-2222
Practice Fax Number:	222-222-2222
Physician is pediatrician or pediatric sub-specialist:	Yes

[OK](#) [Generate Pediatric Patient Instructions](#)



Configurable Text

Your patient has been certified. Below, you will find your patient's certification information.

Now that your patient has been certified, their parent or legal guardian will need to register with the Medical Use of Marijuana Program in order to possess marijuana for medical purposes.

To inform your patient's parent or legal guardian of the registration requirements, please print the underage patient registration instructions by clicking "Print Underage Patient Instructions" below. Then provide the printed instructions to your patient's parent or legal guardian.

Also, inform your patient's parent or legal guardian that the instructions include the patient's **PIN** which is **required to register** with the Medical Use of Marijuana Program.

