



**How to Issue a New Patient Certification:** Please scroll down to Section A or click [here](#) for instructions.

**How to Validate a Patient Photo:** Registered practitioners are required to validate photos for their patients who upload a photo during the patient registration process. Please scroll down to Section B or click [here](#) for instructions.

**How to Edit Dosing Recommendations on an Active Certification:** Please scroll down to Section C or click [here](#) for instructions.

**How to Check Patient Certification Status:** Please scroll down to Section D or click [here](#).

**How to Check Patient Registration Status:** Please scroll down to Section E or click [here](#).

**How to Cancel a Certification:** Please scroll down to Section F or click [here](#) for instructions.

**How to Recertify Your Existing Patient:** Please scroll down to Section G or click [here](#) for instructions.

## A. **Issuing a New Patient Certification**

1. **Check the Prescription Monitoring Program Registry:** Prior to issuing a certification, practitioners must consult the Prescription Monitoring Program (PMP) Registry to review their patient’s controlled substance history, located with the Health Commerce System (HCS) here: <https://commerce.health.state.ny.us/doh2/applinks/cspnp/PatientSearch.action>

2. **Log into MMDMS:** Select “MMDMS” (Medical Marijuana Data Management System) from the *My Applications* Menu within HCS (<https://commerce.health.state.ny.us/>).

If MMDMS is not listed in the *My Applications* Menu, select *All Applications* from the *My Content* dropdown menu, click the “M” tab, find the Medical Marijuana Data Management System (MMDMS) application in the list, and click the green and white “+” icon in the “Add/Remove” column to add the MMDMS application.

3. **Certify New Patient:** On the Practitioner Home Page, select “Certify New Patient” (shown below).

Please note the following prohibitions: Pursuant to [PHL § 3361 \(6\)](#), “No practitioner shall issue a certification under this section for himself or herself.” Pursuant to [10 NYCRR §1004.22 \(c\)](#), “A practitioner shall not issue a certification for himself/herself or for the practitioner’s family members, employees or co-workers.”

4. **Complete a Patient Lookup:** If the patient has a NYS Department of Motor Vehicle (DMV) Driver’s License or Non-Driver ID, enter the *last name* as it appears on the top line (include spaces, hyphens, etc.) and enter the *first name/initial* as it appears on the second line, before the comma,



and exclude the middle name/middle initial/suffix, if applicable. After entering all required information, click the “Go” button (shown below). Entering the patient’s name as it appears on the NYS DMV ID will expedite the registration process for the patient.

Existing Patient Look-up

To avoid creating duplicate patient records, please verify the correct spelling of the patient's name and the date of birth when entering search criteria

First Name\*:

Last Name\*:

DOB\*:

- Certify THIS Patient vs Certify NEW Patient:** If the patient is not listed, click the “Certify New Patient” button (shown below). If you have certified the patient in the past and the patient’s name is not found, do NOT select Certify New Patient. Please review the patient’s current certification in the patient’s medical record to see how you certified the patient previously. If the patient has a name change, he or she may upload documentation at the time of registration for the Department to make the necessary edits. Using the existing patient record will prevent delays when the patient re-registers. If there are typographical errors in the system, please notify the Department by using the “Contact Us” link at the top of the page.

Patients No Records

First Name	Last Name	DOB	Phone #	Address	Email	Certification #	Certification Status	Certification Sub Status	Certification Issue Date	Certification Exp. Date
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- If the patient is listed and the Certification Status is NOT Active or Pending, highlight the patient’s name and click the “Certify This Patient” button.

Patients

First Name	Last Name	DOB	Phone #	Address	Email	Certification #	Certification Status
TOM	LETTUCE	2/2/1965	(518) 777-8888	456 LETTUCE CT, ALBAN...		PC1-3443428	Cancelled

- If the patient has a certification that is currently active, **DO NOT** click the Certify New Patient button, as this will create duplicate data in the system and create delays for the patient during the registration process. The active certification must be due to expire in the next 30 days or be cancelled before a new one may be issued to the patient. If the patient is switching to a different practitioner, the previous certification may remain active, but the patient must cancel their existing registration first. If you require assistance, please contact the Department at [mmp@health.ny.gov](mailto:mmp@health.ny.gov).



- If you issued the active certification and you need to make changes to the certification, please return to the home screen, then select “Manage Your Existing Certifications” and click the “Change/Cancel Certification” button to make any necessary changes.

6. **Patient Demographics:** Complete the Patient Information section. All required fields are indicated by a red asterisk (\*). Please use the patient’s New York State DMV Driver’s License, Permit, or Non-Driver ID, if the patient has one, to enter the required data elements as this will expedite the registration process.

Please review the information you entered prior to submitting the patient’s certification. You will not be able to edit these fields after you submit the certification.

**Patient Information**

First Name\*  Last Name\*  DOB\*

Email:  Phone #\*

Address\*  City\*  State\*  ZIP Code\*

- First Name:** If the patient possesses a New York State DMV ID (Driver License, Driver Permit, or Non-Driver ID Card), enter the first name and omit the comma and any text that follows the comma. A patient’s first name on a DMV ID may also be only the first initial, if that is the case please enter only the first initial.
- Last Name:** If the patient possesses a New York State DMV ID (Driver License, Driver Permit, or Non-Driver ID Card), enter the last name as it appears on the top line of the DMV ID. Include any spaces, hyphens, or other special characters, as it must match exactly for registration validation purposes. The system does not use suffixes such as “Jr.,” “Sr.,” or “III.” When entering the patient’s last name, please enter the last name only.
- Residence Address:** Please enter the patient’s CURRENT New York State residence address (permanent or temporary). The State field will automatically populate with “NY” when a ZIP Code is entered in the “Zip Code” field. Do NOT use a PO Box for the patient’s residence address.

7. **Certification Information.** To begin, click the “+” in the upper right corner.  
*I don’t see the “+” icon?* If you do not see the “+” icon, you may need to update your internet browser to the latest version.

**Certification Information** Click + to enter Certification Information **+** ←

Severe Debilitating Condition(s)\*:  Temporary Resident?:

Associated Condition(s) or Symptom(s)\*:  Incapable of Consent?:

Certification #:  Terminally Ill?:  Issue Date:

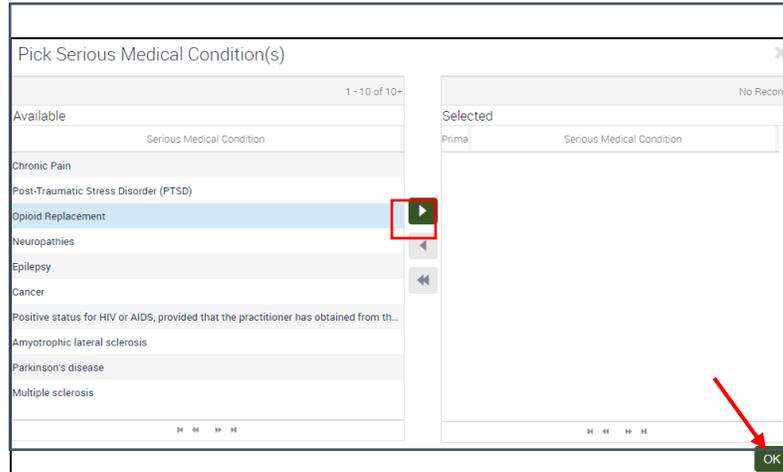
Expiration Date:

- Severe Debilitating Condition(s) and Associated Condition(s) or Symptoms:** Click the icon in each of these fields.

Severe Debilitating Condition(s)\*:

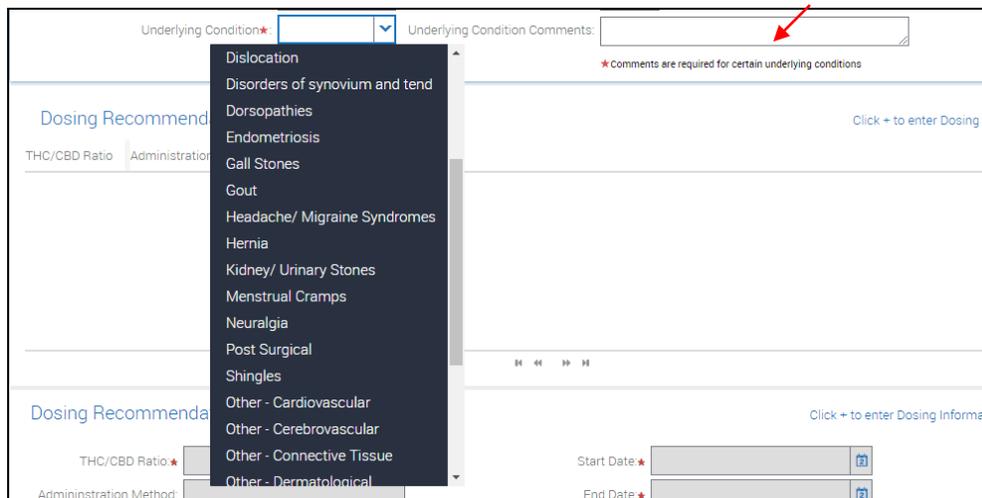
Associated Condition(s) or Symptom(s)\*:

A pop-up window will display (shown below). Click on the condition to highlight it. Click the green arrow to move the condition to the right side of the screen (more than one condition may be added). Then click the “OK” button. Confirm the correct condition is listed the primary condition. The checkbox may be updated if needed in the right side of the window.



If the condition of “Opioid Replacement” is selected, two additional fields titled “Underlying Condition” and “Underlying Condition Comments” will display on the screen. The “Underlying Condition” field is a required field. Click on the drop-down arrow and select an appropriate underlying condition.

Please note: if an Underlying Condition that begins with “Other” is selected (i.e., Other – Cardiovascular), the Underlying Condition Comments (text box) will become a required field.



- **Certification #** will auto-fill once the certification is created. No action is required for this field.



- **Temporary NYS Resident:** If the patient is temporarily residing in NYS for care and treatment, select “Y” for the “Temporary Resident” field. The certification expiration date can be entered in the Expiration Date field for a period of time which is no longer than the applicant is reasonably anticipated to be residing in New York State for the purposes of care and treatment, but it cannot exceed one year after the date it was issued.
- **Incapable of Consent:** If your patient is incapable of consenting to medical treatment, the “Incapable of Consent” field should be set to “Y”. Someone over the age of twenty-one will be required to register the patient and will be required to designate at least one caregiver who is a NYS resident and has a valid NYS DMV ID.
- **Expiration Date:** The expiration date cannot be more than one year from the date issued, unless your patient is terminally ill and a resident of New York State. Certification expiration date will default to one year from the date issued. This date may be changed if you wish to terminate the certification on an earlier date.

Keep in mind that patients will be required to register with the program after each new certification is issued. Rather than shortening the certification “Expiration Date” field, there is a “Dosing Expiration Date” field that can be used with the Certification Expiration Date to limit the timeframe of the dosing recommendation without requiring the patient to re-register. Dosing recommendations may be updated on an existing certification (see Section C [here](#)).

- **Terminally Ill & Expiration Date:** If your patient is terminally ill and a resident of New York State, as indicated by selecting “Y” for the “Terminally Ill” field and “N” for the “Temporary Resident” field, the certification will not have an expiration date. “Terminally Ill,” defined by Public Health Law §3360(13), means an individual has a medical prognosis that the individual’s life expectancy is approximately one year or less if the illness runs its normal course.
- **Issue Date:** The issue date will auto-fill upon creation.

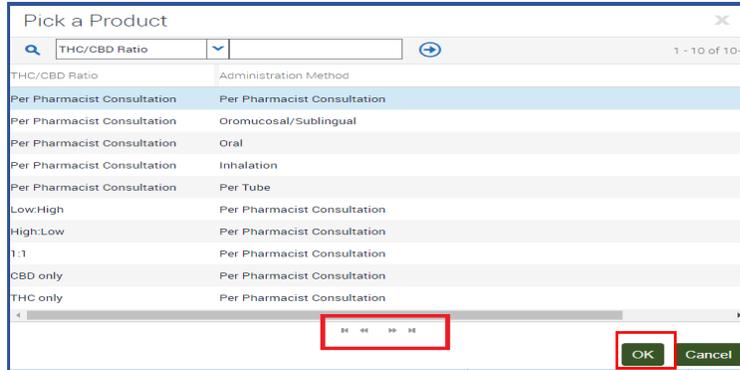
8. **Enter Dosing Recommendations:** Click the “+” in the upper right corner (shown below) to begin.



- a. Click the icon that appears in the THC/CBD Ratio box (shown below).

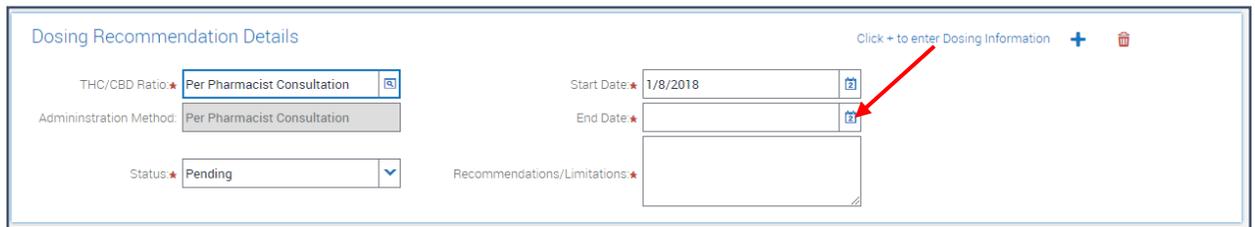


- b. The “Pick a Product” screen will display the THC:CBD ratio and the administration method (shown below). Select the THC:CBD ratio and administration method and then click “OK”. Use the arrows on the bottom of this screen (highlighted with the red box) to locate additional ratios and forms.



“Per Pharmacist Consultation” can be used by practitioners who do not have specific dosing recommendations and wish to defer the selection of medical marijuana to the pharmacists practicing within registered organization dispensing facilities.

- c. The “Start” and “End” Dates indicate the period of time during which a patient can be dispensed the medical marijuana product specified in the dosing recommendation.
- The “Start Date” will default to the current date.
  - The “End Date” should be set to a date you deem appropriate. The “End Date” must be later than the “Start Date,” but no later than the certification’s Expiration Date.



- d. If you would like to make additional recommendations with a different THC:CBD ratio or administration method for the patient, click the “+” icon again after completing the initial dosing recommendations and follow the steps in this section. A certification may have a maximum of 3 active/pending dosing recommendations. If you add a dosing recommendation by mistake, you may delete it by clicking the red trash can icon in the upper right corner.



9. **Submit the Certification:** Once all the fields are complete, review the attestation and click the “Submit” button (shown below).

**Attestation**

By clicking 'Submit,' I attest to the following: I am qualified to treat the Patient's serious medical condition(s). The Patient is under my continued care for the serious medical condition(s). In my opinion and review of past treatments, the Patient is likely to receive therapeutic or palliative benefit from the primary or adjunctive treatment with medical marijuana for the serious medical condition(s).

[Save & Exit](#) [Submit](#)

To save the current information and complete at a later time, you may click the “Save & Exit” button.

### Printing the Certification

Prior to printing the certification, please ensure that the certification is active. On the “My Certification” screen the “Certification Status” will state “Active”. If the status is “Pending Change” please click the Certification # and select “Submit” at the bottom of the page.

1. To print the patient certification form and provide a copy to the patient, select the appropriate patient from on the list by clicking on the patient's last name and then click the “Generate Certification Document” button (shown below).

Certification #	Primary Medical Condition	Patient Name	Certification Status	Registration Status	Certification Issue Date	Certification Exp. Date
PC1-6119145	Cancer	FIRST LAST	Active		12/10/2015	

2. While still highlighting the appropriate patient's row (click on the patient's last name) scroll down to the “Report” window below “my Certifications. The selected patient's certification form will display as a link (shown below). Click the link to begin the print process.

Report Name	Created Date	Status	File Size	Output Type
<a href="#">Certification_ROBERT PAULSON_PC1-1803024</a>	12/11/2015 11:22:21 AM	Success	31,341	PDF

3. A pop-up window will open. Select the “Save” button. If the document does not open right away, check the bottom of the screen and select the “Open” button again. Upon opening the PDF, right click and select “Print” from the menu.

Print and sign the certification. Provide the signed certification to the patient and place a copy in the patient's medical record.

## B. Photo Validation

If your patient does not have a New York State Driver License or New York State Non-driver ID, the patient will upload a photo as a form of identification during the Patient Registration process. If your patient uploads a photo, you will receive an email from the Medical Marijuana Program to the email address printed on the patient's certification asking you to validate that the photo received is a true likeness of your patient's actual appearance. This validation must be performed before the Department can approve the patient's registration. To validate a photo, please follow the instructions provided below:

1. **Log into HCS:** (<https://commerce.health.state.ny.us/>)
2. **Select MMDMS:** Select the "Medical Marijuana Data Management System (MMDMS)" from the *My Applications* Menu.
3. **Validate Photo:** Select "Validate Patient Photo" from the Home screen.
4. **Select Patient:** Select a patient from the list and scroll to the bottom of the page to view the patient's photo. To confirm the photo is valid, click the "Validate Photo" button (shown below).



If the full patient photo is not displayed, you may zoom out on your web browser to allow the entire photo to display on the page.

If the photo is not a true likeness, click "Reject Photo" button. The Department will reach out to the patient to request a new photo. Once received, the Department will send the photo back to you for review.

## C. Editing Dosing Recommendations

Follow the instructions below for adjusting a dosing recommendation after you've issued the certification to the patient.

1. **Log Into HCS:** (<https://commerce.health.state.ny.us/>),
2. **MMDMS:** Select the "Medical Marijuana Data Management System (MMDMS)" from the *My Applications* Menu.
3. **Click the "Manage Your Existing Certifications" button.**
4. **Locate Patient's Active Certification:** Select the certification from the list by clicking on the



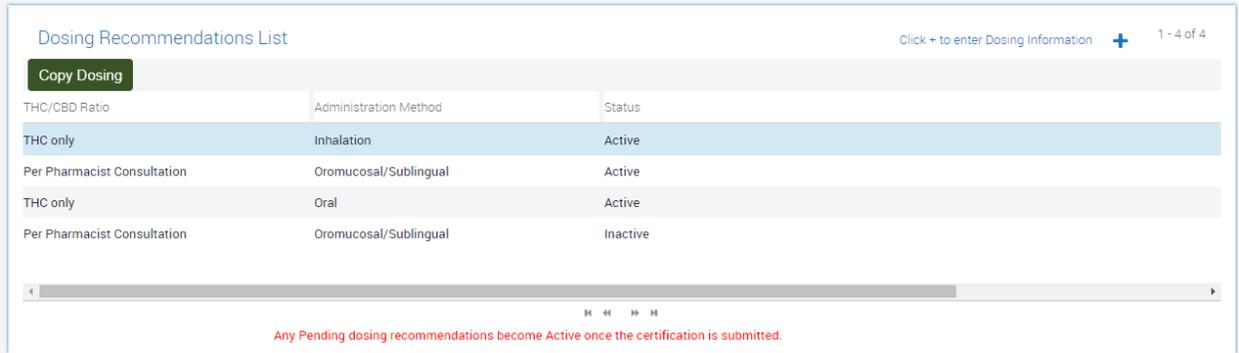
patient's name (you may sort by first or last name) and then click the "Change/Cancel Certification Button" (shown below). *If the certification status is "Pending Change," select the blue PC1# to review the certification details. Certifications should not be left in "Pending Change" status.*

You may also look up a patient using the blue magnify glass, then enter the patient's last name, in all capitals, to narrow your search.



- Update Dosing Recommendations:** Scroll down to the "Dosing Recommendations List" section.

Review current dosing recommendations to determine which of the following actions you wish to take.



You may extend current dosing recommendation end date or change limitations, add a new dosing recommendation or Inactivate a current dosing recommendation

- Extending Current Dosing Recommendation End Date/Update Limitations:**
  - Inactivate the current dosing recommendation that needs date(s) or limitation(s) modified by selecting the arrow to the right of "Active"
  - Change the status from "Active" to "Inactive"
  - Select the dosing recommendation you inactivated, then click the "Copy Dosing" button to create an Active duplicate of the dosing recommendation. The start date will default to a current date. You may now enter a new End Date and update Recommendations/Limitations.

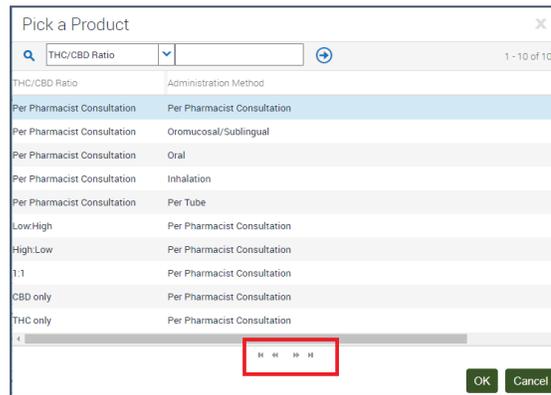


### b. Adding a new dosing recommendation:

- i. To issue a dosing recommendation that is different in Ratio or Product type from the existing records, select the “+” in the top right.



- ii. The “Pick a Product” screen will display the THC:CBD ratio and the administration method (shown below). Select the THC:CBD ratio and administration method and then click “OK”. If you need a different ratio, use the arrows along the bottom of the screen to page to additional options.



“Per Pharmacist Consultation” can be used by practitioners who do not have specific dosing recommendations and wish to defer the selection of medical marijuana to the pharmacists practicing within registered organization dispensing facilities.

- iii. The “Start” and “End” Dates indicate the period of time during which a patient can be dispensed the medical marijuana product specified in the dosing recommendation.
  1. The “Start Date” will default to the current date.
  2. The “End Date” should be set to a date you deem appropriate. The



“End Date” must be later than the “Start Date,” but no later than the certification’s Expiration Date.

If you need to recertify a patient as their certification is within 30 days of the expiration date, please select “Submit” on this certification and use the recertification instructions located in Section G of this document, or [click here](#).

Dosing Recommendation Details Click + to enter Dosing Information +

THC/CBD Ratio: <input type="text" value="Per Pharmacist Consultation"/>	Start Date: <input type="text" value="1/8/2018"/>
Administration Method: <input type="text" value="Per Pharmacist Consultation"/>	End Date: <input type="text"/>
Status: <input type="text" value="Pending"/>	Recommendations/Limitations: <input type="text"/>

- c. Inactivate Dosing Recommendation:
  - i. Inactivate the current dosing recommendation by selecting the arrow to the right of “Active”
  - ii. Change the status from “Active” to “Inactive”

Dosing Recommendations List Click + to enter Dosing Information + 1 - 5 of 5+

**Copy Dosing**

THC/CBD Ratio	Administration Method	Status
CBD only	Per Pharmacist Con...	Active
Per Pharmacist Con...	Per Pharmacist Con...	Inactive
1:1	Per Pharmacist Con...	Active
Per Pharmacist Con...	Inhalation	Inactive
Low-High	Per Pharmacist Con...	Inactive

Any Pending dosing recommendations become Active once the certification is submitted.

6. **Submit:** Once all dosing recommendations are updated, click the “Submit” button at the bottom of the screen to confirm your changes.
  - a. If you receive an error message, please be sure you do not have more than 3 Active or Pending dosing recommendations. If you require assistance, please contact the Department at [mmp@health.ny.gov](mailto:mmp@health.ny.gov).
7. **Print:** To print the revised certification and provide a copy to the patient.
  - a. Select the appropriate patient from the list by clicking on the patient’s name and then click the “Generate Certification Document” button (shown below).

My Certifications 1 - 10 of 12+

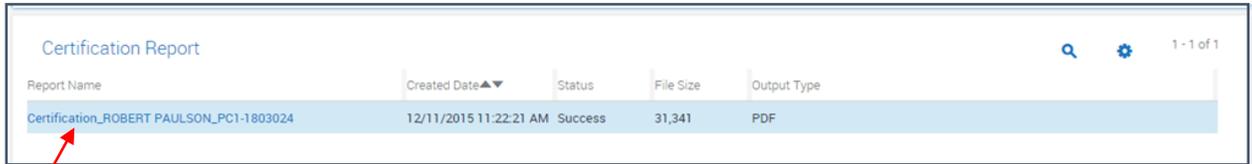
**Change/Cancel Certification** **Generate Certification Document**

Certification #	Primary Medical Condition	Patient Name	Certification Status	Registration Status	Certification Issue Date	Certification Exp. Date
PC1-6119145	Cancer	FIRST LAST	Active		12/10/2015	

- b. Below the list, in the Report window, a new link will be displayed (shown below). The



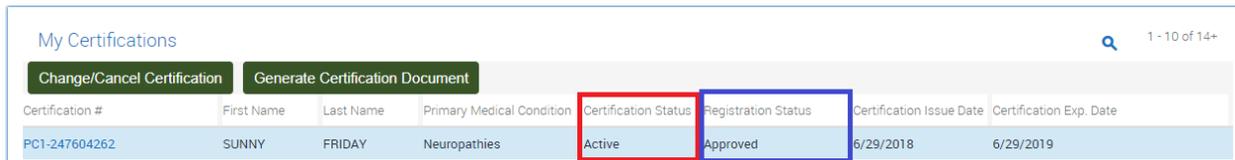
link will have the most recent date and time in the "Created Date." Click the link to begin the print process.



- c. A pop-up window will open. Select the "Save" button. If the document does not open right away, check the bottom of the screen and select the "Open" button again. Upon opening the PDF, right click and select "Print" from the menu.
- d. Print and sign the certification. Provide the signed certification to the patient and place a copy in the patient's medical record.

**D. Certification Status**

To verify the status of a patient certification, select "Manage Your Existing Certifications" from the home screen. Once you locate the appropriate patient, review the "Certification Status" column (highlighted in red). To also verify if the patient has registered yet on the certification, you may review the "Registration Status" column (highlighted in blue) and described in Section E below.



The table below lists each patient certification status and the meaning of that status.

Certification Status	Meaning
Active	The certification has been submitted.
Pending	The certification has been initiated, but it has not been submitted. The certification must be submitted by the practitioner before it can be printed and provided to the patient.
Pending Change	The practitioner recently made changes to the submitted certification, but those changes have not yet been submitted. Please return to the certification, complete the necessary changes and submit.
Cancelled	The certification was cancelled by the practitioner. When a certification is cancelled, any associated registrations and registry ID cards are also cancelled.
Certification Status	Meaning
Expired	The certification has reached its expiration date. When a certification expires, any associated registrations and registry ID cards are cancelled.
Cancelled-System	The certification was left in a "Pending" status for more than 30 days.



E. Registration Status

The table below lists patient registration status and the meaning of that status. If a practitioner wants to view a patient’s registration status, this may be done by clicking the “Manage Your Existing Certifications” icon and viewing the “Registration Status” column in the row containing the patient’s certification.

Table with 2 columns: Registration Status, Meaning. Rows include Active, Approved, Pending Registration, Pending Review, Pending Response, Cancelled, Expired, Denied, System Denied.

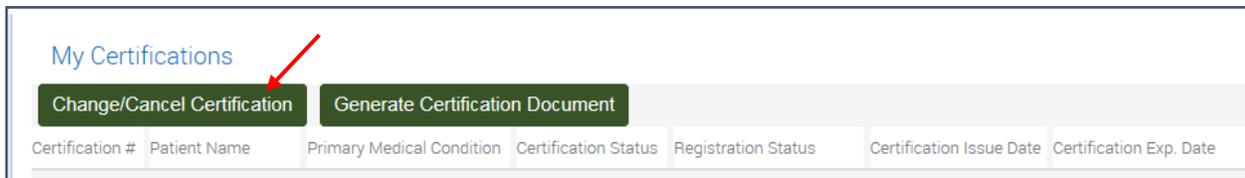
F. Canceling A Certification

Follow the instructions below for canceling a patient’s certification.

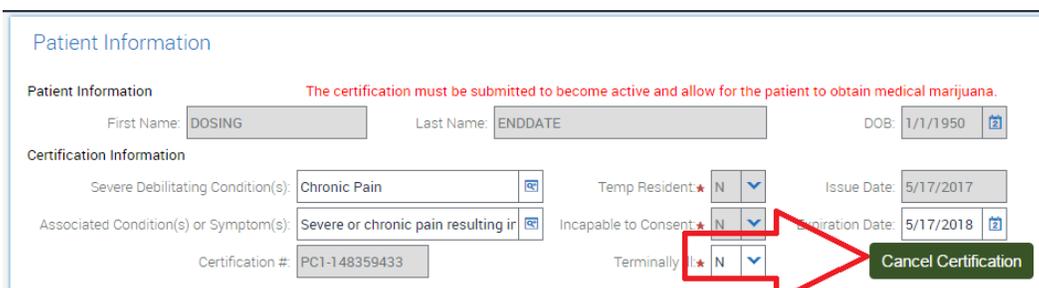
- 1. Log into HCS: (https://commerce.health.state.ny.us/),
2. Select MMDMS: Select the “Medical Marijuana Data Management System (MMDMS)” from the My Applications Menu.
3. Click “Manage Your Existing Certifications”.



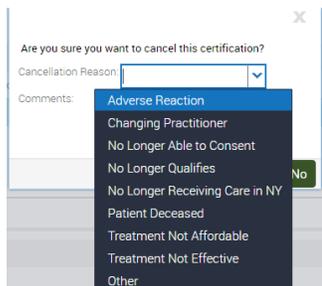
- 4. **Locate the Certification:** Search for the patient using the blue magnify glass, entering the patient’s last name in all capital letters. Select the certification from the list by clicking on the patient’s name and then click the “Change/Cancel Certification Button” (shown below).



- 5. **Select “Cancel Certification”:** Select the green “Cancel Certification” from within the Patient Information section at the top of the page.



- 6. **Select Reason:** Select the appropriate reason for canceling the certification from the list provided. If a reason that fits is not available, please use “Other” and enter a note.



G. Recertifying an Existing Patient

- 1. **Consult Prescription Monitoring Program Registry:** Prior to issuing a certification, practitioners must consult the Prescription Monitoring Program (PMP) Registry to review their patient’s controlled substance history. The PMP Registry is accessed through the Health Commerce System (HCS), which can be accessed from the following link: <https://commerce.health.state.ny.us/>. After logging in to HCS, look for the icon below on the HCS homepage or click the P tab from *All Applications* in the *My Content* dropdown menu.
- 2. **Select the MMDMS Application:** Select the Medical Marijuana Data Management System (MMDMS) from the *My Applications* Menu within HCS (<https://commerce.health.state.ny.us/>).



- Recertify Your Existing Patient:** On the Practitioner Home Page, select “Recertify Your Existing Patient” (shown below).
- Locate your patient:** You may sort the list of patients provided by clicking on the column header for First Name or Last Name, then use the arrows at the bottom of the page to locate the patient.

My Patients

**Certify This Patient**

First Name	Last Name	Certification #	Certification Stat	Certification Issu	Certification Exp. Date
ALBERT	ABACUS	PC1-141621448	Pending Change	4/19/2017	4/19/2018
MIKE	ADAMS	PC1-118314174	Active	1/27/2017	
BILL	BONDS	PC1-36126483	Active	9/30/2016	9/30/2017
ALLISON	CARTER	PC1-118313852	Active	1/27/2017	
ANN	CEEBA	PC1-36365961	Active	9/30/2016	9/30/2017
DAVID	COOKIE	PC1-127021139	Pending Change	3/3/2017	3/3/2018
ADAM	COOLIDGE	PC1-118314405	Active	1/27/2017	
FOUR	DOSING	PC1-142114112	Active	4/21/2017	4/21/2018
PHOTO	EXEMPT	PC1-20963403	Active	8/23/2016	8/23/2017
JEWELS	FARGO	PC1-36245023	Active	10/3/2016	10/3/2017

Navigation arrows: < << >> >

- Certify This Patient:** Select the appropriate patient by clicking on their name and highlighting the row in blue. Then select “Certify This Patient”.

My Patients

**Certify This Patient**

First Name	Last Name	Certification #	Certification Stat	Certification Issu	Certification Exp. Date
GRACIE	ALLEN	PC1-20573800	Active	7/26/2016	

You cannot recertify a patient until 30 days before the expiration date. If you need to make updates to the active certification, select the three white lines in the top left corner and select “Manage Your Existing Certifications”. Once you locate the patient’s certification, click the “Change/Cancel Certification” button to make any necessary changes. If you require assistance please contact the department at 1-844-863-9312 or mmp@health.ny.gov.

- Review the Patient Demographics:** Review the Patient Information section and confirm the current residence address is listed. All required fields are indicated by a red asterisk (\*).

Patient Information

First Name\* RECERTIFY      Last Name\* WITHINTHIRTY      DOB\* 1/1/1950

Email:      Phone #\* (555) 333-6666

Residence Address\* 1 RECERTIFICATION EXAMPLE      City\* ALBANY      State\* NY      ZIP Code\* 12240



Please ensure that all certifications list the patient’s current physical residence address. The address cannot be a post office box. The patient can add their mailing address at the time of registration.

- Complete the Certification:** Update the Information and Dosing Recommendation sections.
- Submit:** Once the Patient Certification form is complete, review the attestation and click the “Submit” button. The page will reload, bringing you back to “My Certifications”.
- Generate Certification Report:** From the “My Certification” screen, locate the new certification and validate that the certification status is “Active”. Select “Generate Certification Document”.

My Certifications 1 - 10 of 12+

Change/Cancel Certification    Generate Certification Document

Certification #	Primary Medical Condition	Patient Name	Certification Status	Registration Status	Certification Issue Date	Certification Exp. Date
PC1-6119145	Cancer	FIRST LAST	Active		12/10/2015	

If the status is “Pending” please click the Certification # and select “Submit” at the bottom of the page.

- Print & Sign Certification Report:** Confirm you are still highlighted on the correct patient, then locate the Certification Report at the bottom of the screen. Print and sign the certification. Provide the signed certification to the patient and place a copy in the patient’s medical record.

**The patient must re-register on the new certification in order to continue purchasing medical marijuana products. Please be sure to print ALL pages for the patient as the instructions for registering are included. The program’s contact information is at the bottom of the printed certification if the patient requires registration assistance.**