



IT’S THE LAW: Practitioners must consult the PMP Registry to check a patient’s controlled substance history before issuing or editing a patient’s certification.

PMP Registry: <https://commerce.health.state.ny.us/doh2/applinks/cspnp/>

Access the Medical Cannabis Data Management System (MCDMS)

First Time Users: Log into the Health Commerce System (HCS).

From My Content (top banner menu) → All Applications → “M” → Medical Cannabis Data Management System. Click on the green plus sign. This will add the MCDMS application to your personal “My Applications” menu. Click on the Medical Cannabis Data Management System link. Follow the prompts to access the system.

Returning Users: Log into the HCS.

From My Applications (left hand side menu), select Medical Cannabis DMS.

If you recently renewed your DEA registration, please allow 3 business days for the system to update.

i Important Information for Patients under 18 or Incapable of Consent

If your patient is a under the age of 18 or incapable of providing consent for medical treatment, at the time of patient registration, this patient will require the following:

- a. someone over 18 years old, with a valid DMV ID (driver license or non-driver ID card), to register the patient on the patient’s behalf,
- b. at least one designated caregiver who possesses a valid DMV ID (it can be the same person who’s registering on behalf of the patient).

A. ISSUE A NEW PATIENT CERTIFICATION

1. Log into the MCDMS (Medical Cannabis Data Management System)
2. Select “Issue New Certification”
3. Perform Patient Search



Searching for a patient whose name changed: Enter the “old” name in the search field. If this patient has not registered yet, you can change the name on the certification. If the patient did register, then the patient must request a new card via MCDMS.

4. Search Results

- **No results:** If your search did not yield any results but you or another practitioner have certified this patient before – check for typos in your search fields.
If the information you entered is correct, but the patient is still not found, scroll down and fill in the information on the Demographics, Medical and Dosing sections to complete a new patient certification.
- **Active Certification(s) Results:**
The active certification is issued by you: when possible make changes to this *existing active* certification rather than creating a new certification. Updating the existing certification may allow the patient to continue using an existing registry ID card and prevent gaps in access to medication.

The active/expired/canceled certification is issued by another practitioner: select the result. Scroll down. The Demographics section will be pre-populated with the information from the certification you selected. You can change the information in this section as needed. Fill in the Medical and Dosing sections. Submit the certification to issue the patient a new certification. Please note, the patient must register on the new certification via MCDMS.

5. Demographics Section

Demographics

Patient Information:

First Name* [] Middle Initial []
Last Name* [] Suffix []
Date of Birth* mm/dd/yyyy [] Age []
Email [] Phone Number* []
NYS DMV ID []

Address:

Street Address* [] Apt # []
City* [] State* NY
Zip Code* []

Temporarily living in New York State for medical treatment

- **First Name:** If your patient has a NYS DMV ID (Driver License, Driver Permit, or Non-Driver ID Card), enter the first name (and any spaces, characters, or hyphens) exactly as shown on the DMV ID, excluding the comma and any text, initials or characters that follow the comma.



- **Last Name:** If your patient has a NYS DMV ID (Driver License, Driver Permit, or Non-Driver ID Card), enter the last name exactly as shown on the DMV ID including any spaces, hyphens, or other special characters.
- **Date of Birth:** Enter the patient’s date of birth. The application will calculate the patient’s age to assist with identifying any typographical errors.
- **NYS DMV ID:** Enter the patient’s NYS DMV ID, if known. The system will validate the NYS DMV ID when you submit the certification. If the validation fails, check the information entered. If the information appears to be correct but the validation still fails, remove the DMV ID and proceed without it. The patient will have an opportunity to resolve the issue at the time of registration.
- **Street Address:** Enter the patient’s current New York State street (residence) address (permanent or temporary). Check if the patient has an apartment number. Do NOT use a PO Box for the patient’s residence address. The patient will have an opportunity to enter a mailing address during the registration process. The mailing address must be within the New York State and cannot have a mail forwarding service. Cards that require forwarding services will be returned to the program and the patient will be required to update their address via a new card request.
- **Temporary living in New York State for medical treatment:** If the patient temporarily resides in New York State for care and treatment, select the checkbox.

6. Medical Section

The screenshot shows a form titled "Medical" with three fields:

- Serious Condition***: A dropdown menu with "Select One" and a downward arrow.
- Capable of Consent***: Radio buttons for "Yes" (selected) and "No".
- Terminally Ill***: Radio buttons for "Yes" and "No" (selected).

- **Serious Condition:** Select the patient’s primary serious condition from the dropdown. If “Opioid alternative for pain that degrades health and functional capability” is selected, you must also select the patient’s “Underlying Condition” from the secondary dropdown menu. If “Other” is selected, you must manually enter the patient’s “Other Qualifying Condition”.
- **Capable of Consent:** If the patient is not capable of consenting to medical treatment, select “No”.
- **Terminally Ill:** Select “Yes” if your patient is terminally ill. The MRTA defines “terminally ill” as an individual who has a medical prognosis that the individual's life expectancy is approximately one year or less if the illness runs its normal course.



7. Dosing Section

The screenshot shows a form titled "Dosing". On the left, there are two radio buttons: "Per Pharmacist Consultation" (selected) and "Specific Recommendation(s)". Under "Specific Recommendation(s)", there are three checkboxes: "High THC: Low CBD", "Low THC: High CBD", and "1:1". On the right, there is a large white text area with the label "Recommendations/Limitations".

- **Dosing:** Make one selection: “Per Pharmacist Consultation” or “Specific Recommendations”. “Per Pharmacist Consultation” can be used by practitioners who do not have specific dosing recommendations and wish to defer the selection of medical cannabis to the pharmacists practicing within registered organization dispensing facilities. If you select “Specific Recommendations”, you must select at least one product ratio. If appropriate, you may select two or all specific recommendations.
- **Recommendations/Limitations:** This field is visible to the pharmacists at dispensing facilities. Use this space to enter any additional notes regarding the patient’s dosing recommendations (i.e., no vaping or flower products; patient may home grow).

8. Issue and Expiration Date

The screenshot shows two date fields. The first is labeled "Issue Date" and contains the text "07/15/2021". The second is labeled "Expiration Date*" and contains the text "07/15/2022" next to a small calendar icon.

- **Issue Date:** System pre-fills the issue date with today’s date.
- **Expiration Date:** The expiration date is tentatively pre-filled to one year from today. You may reset the expiration date to any date within a year of the certification issue date. If your patient is terminally ill and is a resident of New York State, you may remove the expiration date and leave the field blank. If your patient is terminally ill but is temporarily residing in New York State for medical treatment, the expiration date cannot exceed one year from today.

9. Submit the Certification

The screenshot shows a section titled "Attestation". It contains a text area with the following text: "By clicking 'Submit', I attest to the following: I have successfully completed an approved course on the Medical-Use of Cannabis; I am qualified to treat the patient's serious condition; The patient is under my continued care for the serious condition; 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...". Below the text area are two buttons: "Clear" (red) and "Submit" (green).

- Review the patient information you entered on the certification. If you notice major discrepancies and wish to start over, click the “Clear” button.
- Read and review the attestation in its entirety. Click the “Submit” button.
- The Certification # is automatically generated by the system.



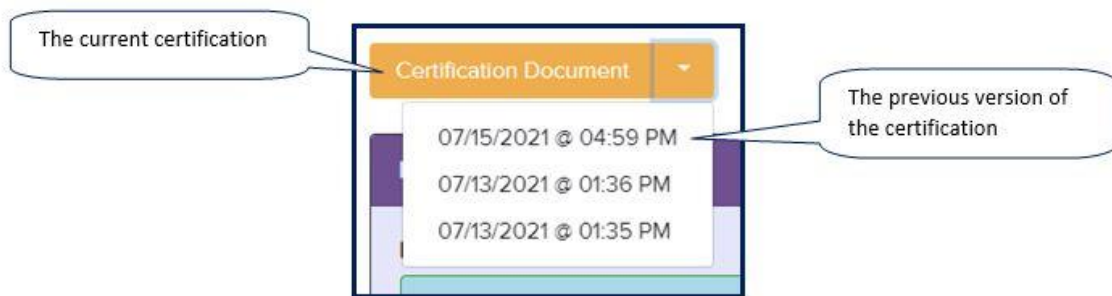
10. Print the Certification

Once the certification is successfully submitted, the system will automatically open a printable certification form (in .pdf format). Depending on the browser, you may need to take different steps to print the certification.

! Make sure you print the entire document and not the first page only. The pages that follow the certification document provide important instructions to the patient on how to register.

To print or re-print any given certification, return to the home page and search for the certification. Click on the row with the identified certification. Click on the “Certification Document” button.

💡 Tip: Clicking on the “Certification Document” button itself (not a dropdown) will print the most recent certification. The previous versions will be displayed in the drop-down menu. To clarify, if you click on the first date in the dropdown menu, you will open a printable form of the certification that was issued prior to the current version.



11. Check the Printed Certification for errors

If you find an error on the certification or realized you need to make changes, do NOT create a new certification. You can edit most fields as long as the patient did not register on the certification. Return to the home page, navigate to the certification in question and select the “Edit” button. Edit the certification as needed.

If the patient did register on the certification, select the “Edit” button to determine what fields are editable. If the fields you need to edit are read-only, instruct the patient to request a new card.

There are only 2 scenarios that require a new certification when a patient’s registration is in progress: error in DOB or Capable of Consent selection (see Exception below).

Exception

The “DOB” field or the “Capable of Consent” selection cannot be edited after the patient registration has been initiated. The patient (also) cannot formally request this change. If a patient’s date of birth or a “Capable of Consent” selection is incorrect on an existing certification, you must issue a brand-new certification. Please remember to cancel the certification that contains an error.

The patient must register on a new certification.