



**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/>

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## 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.*

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### **i** Important Information for Patients under 18 or Incapable of Consent

- Patients under the age of eighteen (18) or incapable of consent are required to have at least one designated caregiver.
- Information for one designated caregiver will be collected at the time of certification so that the designated caregiver can purchase medical cannabis for the patient under the age of 18 or incapable of consent once the patient is certified.

## 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:** Search patient using their old name. Once you locate the correct patient, you can edit the certification. This will create an updated certification and will need to be provided to the patient.

#### 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. Please provide an updated copy of the certification to the patient, it will contain their new registry ID barcode that will allow them to go directly to the dispensary to purchase medical cannabis products.

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.

#### 5. Demographics Section

**Demographics**

Patient Information:

First Name\* [text input] Middle Initial [text input]  
Last Name\* [text input] Suffix [text input]  
Date of Birth\* [mm/dd/yyyy] [calendar icon] Age [text input]  
Phone Number\* [text input]  
Email [text input]

Address:

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

Temporarily living in New York State for medical treatment

- **First Name:** Enter patients first name only.
- **Last Name:** Enter patients last name only.
- **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.
- **Street Address:** Enter the patient’s current New York State street (residence) address (permanent or temporary). Check if the patient has an apartment number.
- **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 a purple header. The main content area is light blue and contains 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. Note: if “Yes” is selected for terminally ill, the certification does not expire.

## 7. Dosing Section

The screenshot shows a form titled "Dosing" with a purple header. The main content area is light blue and contains two sections:

- Selections:** Radio buttons for "Per Pharmacist Consultation" and "Specific Recommendation(s)". Under "Specific Recommendation(s)", there are three checkboxes: "High THC: Low CBD", "Low THC: High CBD", and "1:1".
- Recommendations/Limitations:** A large white text area for entering additional notes.

- **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).



### 8. Issue and Expiration Date

Issue Date 03/09/2023  
Expiration Date\* 03/09/2024

- **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, the Expiration Date field will be left blank, the certification shall not expire until the patient’s death or the practitioner re-issues the certification to terminate the certification on an earlier date. 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

Attestation

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

Clear Submit

- 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

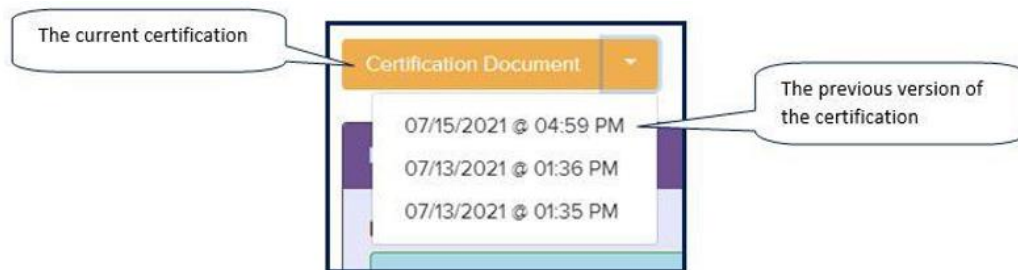
Once the certification is successfully submitted, the system will automatically open a printable certification form (in .pdf format). Depending on the browser, you may need to take different steps to print the certification.

**!** Make sure you print the entire document and provide it to the patient and/or designated caregiver.

**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 realize you need to make changes, do NOT create a new certification, you can edit all fields except the Date of Birth and Capable of Consent fields. Return to the home page, navigate to the certification in question and select the [“Edit”](#) button. Edit the certification as needed.

**\*\*\*Exception\*\*\***

The “DOB” field or the “Capable of Consent” selection cannot be edited. 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.