

Utah Department of Health and Human Services Center for Medical Cannabis

Pharmacy/Courier Employee Registration Guide

Please note that an individual may not apply until they have been offered employment by a licensed medical cannabis pharmacy/courier.

All users must create a Utah-ID account and complete an application.

If you do not have a UtahID or an EVS application, you will complete all steps in [Section 1](#) and [Section 2](#).

If you already have a UtahID but you do not have an EVS application, you will complete the steps in [Section 2](#).

If you already have a UtahID account and any type of EVS application (patient, agent, etc.), you will follow the steps in [Section 3](#).

If you are renewing an existing pharmacy employee application, you will follow the steps in [Section 4](#).

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Utah Department of
Health & Human Services
Center for Medical Cannabis

Section 1 – Creating a UtahID

1.1. From ID.Utah.gov click “Create an Account”.

Utahid

About Get Help Feedback

Username or Email

Password

Remember my username

SIGN IN

Forgot password?

Create an account

1.2. Type in your email address in the Email Address field and click “Submit”.

Account Creation

Utahid

Submit Email

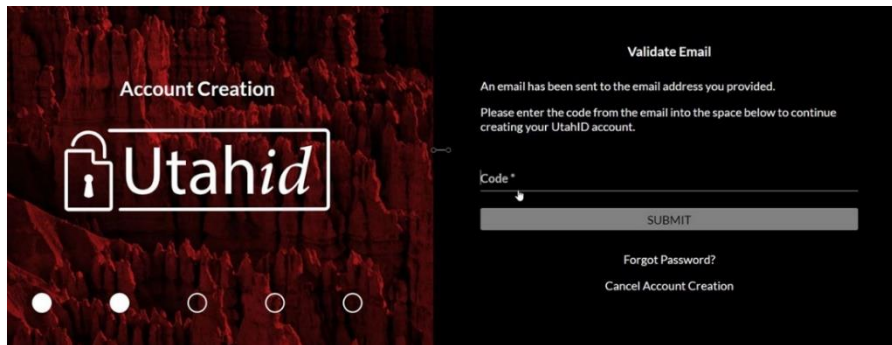
Email Address *

SUBMIT

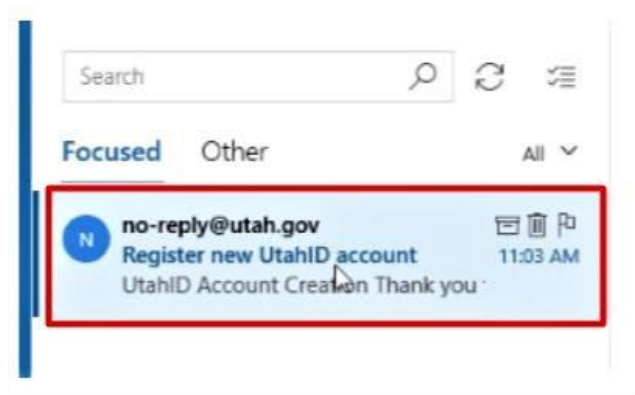
Return to Sign In Page

Forgot Password?

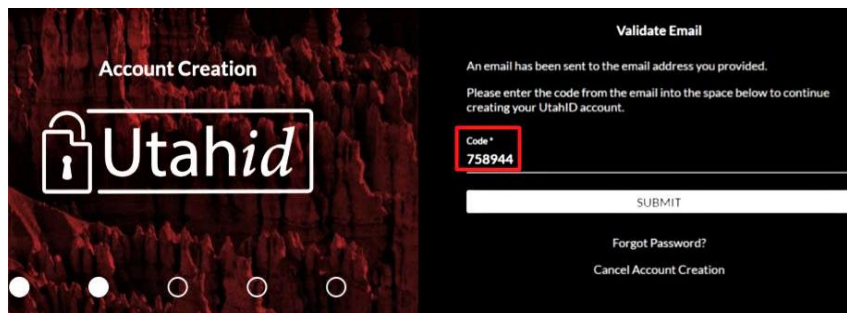
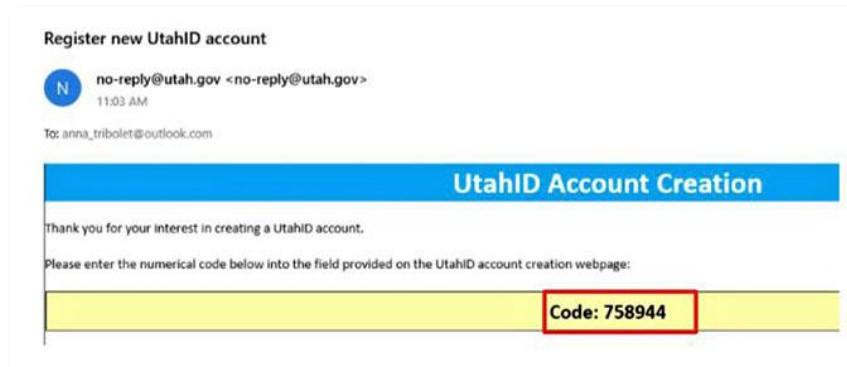
When you click Submit, you'll be directed to a Validate Email screen. This informs you that an email has been sent to the email address you just listed. (Reminder: Email delivery on the internet is usually fast, but delays can happen. Be sure to check your Spam folder if you haven't received the email.)



- 1.3. Open your email, go to your inbox, and open the email labeled "Register new UtahID account".

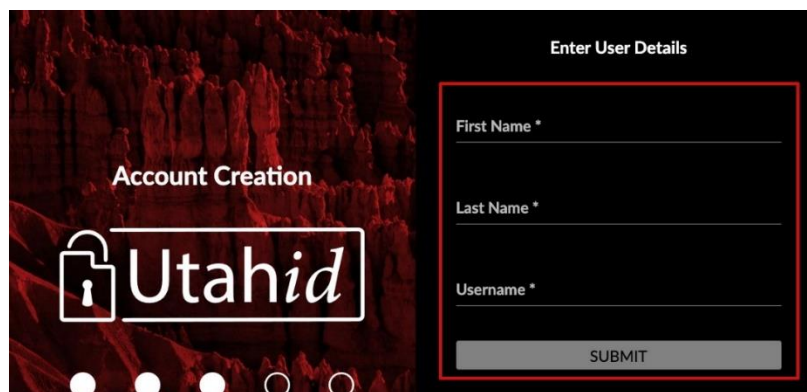


- 1.4. Once you've opened the email, copy the provided verification code, and paste it into the previous Validate Email Screen.

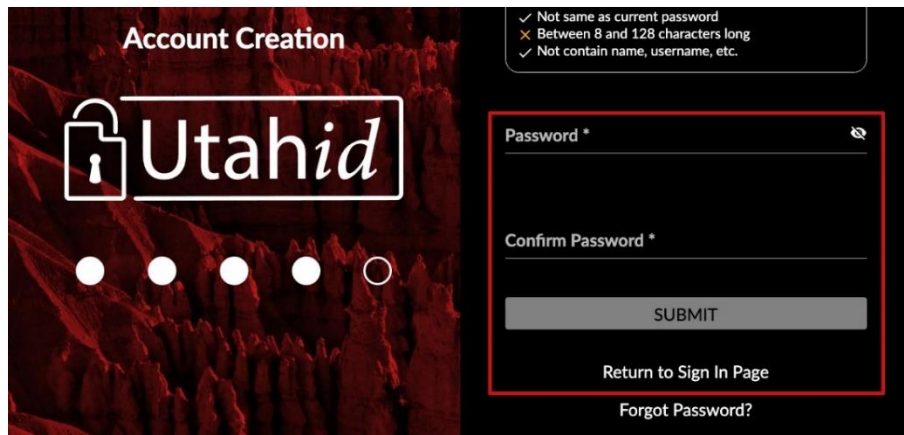


This will verify your email address and take you to a new UtahID browser where you'll be asked to enter more information.

- 1.5. Type in your first name, last name, and a unique username of your choice in the corresponding fields, and then click Submit.

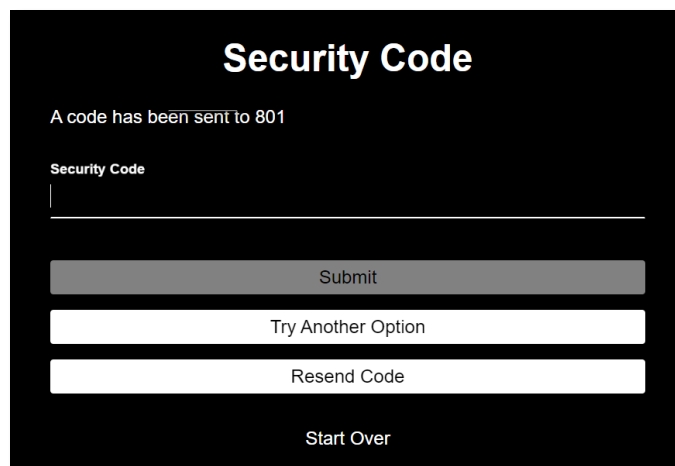
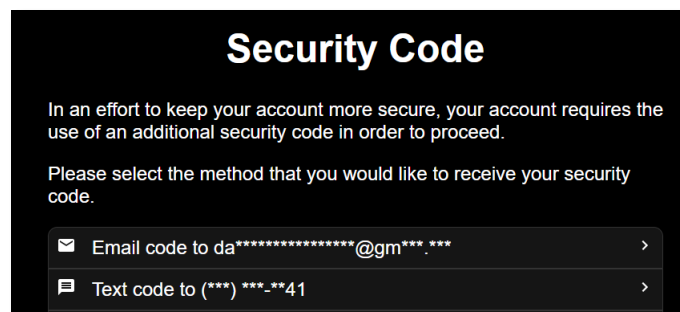


This will take you to a Create Password screen. Think of a strong password—a password with uppercase letters, lowercase letters, numbers, and symbols—and type it in twice, then click Submit.



1.6. You have now created a UtahID.

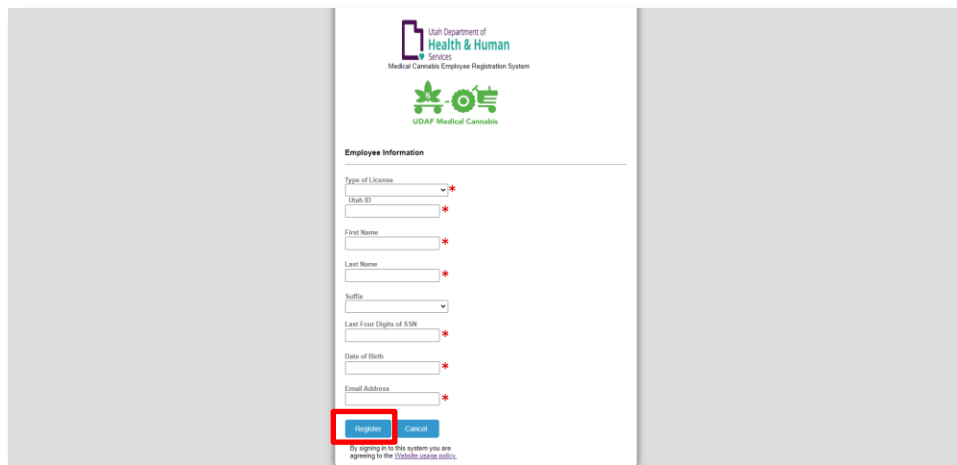
Note: UtahID uses dual factor authentication, so each time you log in, you will need to receive a security code via email or text and enter it each time you log in. You can set a phone number to receive security codes via text in your UtahID account.



Section 2 - Registering in ERS

To create the employee application, you can follow the below steps:

- 2.1. Start the registration by going to ers.utah.gov
- 2.2. Login using your UtahID username and password
- 2.3. Complete the employee information and click "Register".

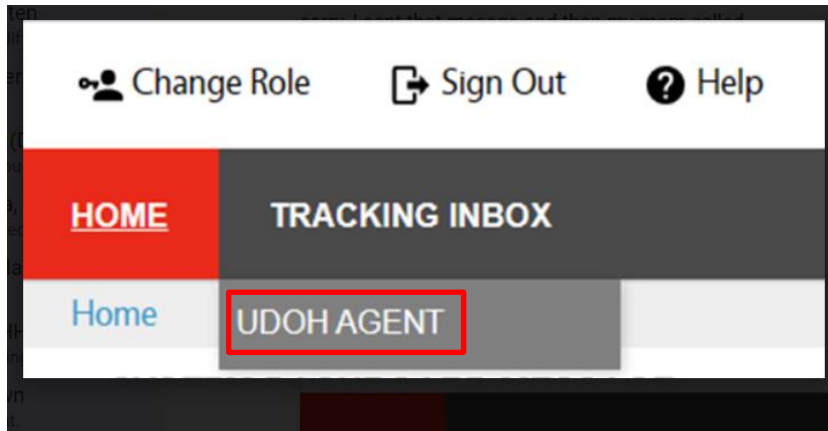


The screenshot shows the 'Employee Information' registration form. At the top, it features the Utah Department of Health & Human Services logo and the text 'Medical Cannabis Employee Registration System' and 'UDAF Medical Cannabis'. The form includes the following fields: 'Type of License' (dropdown), 'Utah ID' (text), 'First Name' (text), 'Last Name' (text), 'Suffix' (dropdown), 'Last Four Digits of SSN' (text), 'Date of Birth' (text), and 'Email Address' (text). Each field has a red asterisk indicating it is required. At the bottom, there are 'Register' and 'Cancel' buttons, with the 'Register' button highlighted by a red box. A small disclaimer at the very bottom reads: 'By signing in to this system you are agreeing to the [UtahID user policy](#).'

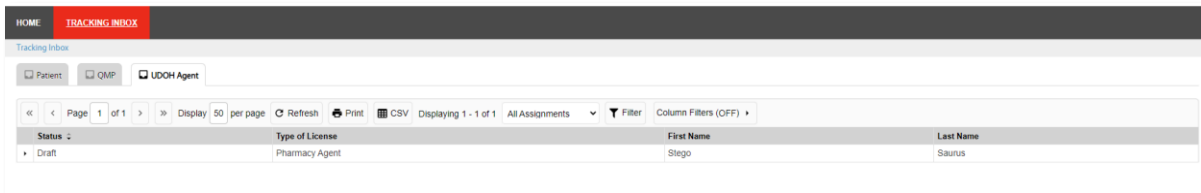
- 2.4. The application complete popup will appear. Click "Login".



- 2.5. You will then be directed to the evs.utah.gov homepage. Hover over “Tracking Inbox” then click the type of application: “Pharmacy Medical Provider” or “UDOH Agent”.

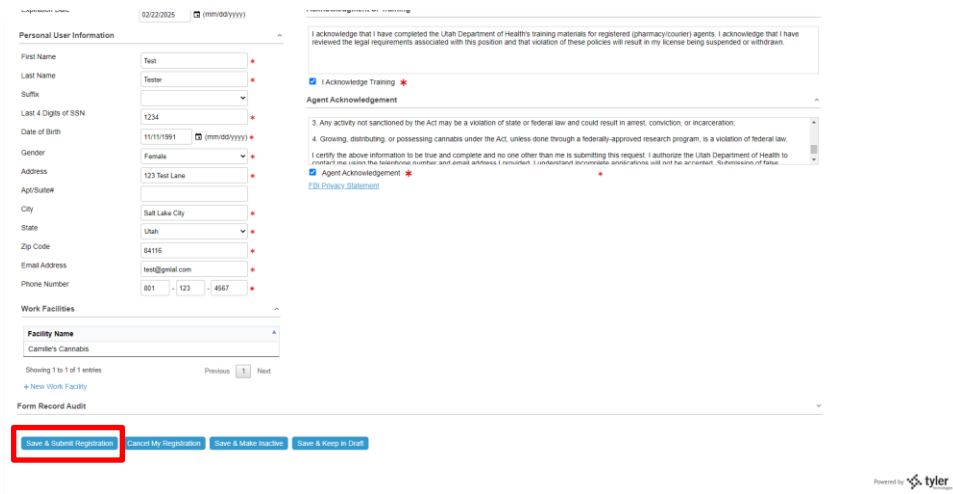


- 2.6. The webpage will show a list of your applications. Click on the one you would like to complete.



Status	Type of License	First Name	Last Name
Draft	Pharmacy Agent	Stego	Saurus

- 2.7. A new application will appear. Complete the application and click “Save and Submit Registration”.



02/22/2025 (mm/dd/yyyy)

Personal User Information

First Name: Test *

Last Name: Tester *

Suffix: *

Last 4 Digits of SSN: 1234 *

Date of Birth: 11/11/1991 (mm/dd/yyyy) *

Gender: Female *

Address: 123 Test Lane *

City: Salt Lake City *

State: Utah *

Zip Code: 04116 *

Email Address: test@gmail.com *

Phone Number: 801 - 123 - 4567 *

Work Facilities

Facility Name: Camille's Carambini

Showing 1 to 1 of 1 entries

+ New Work Facility

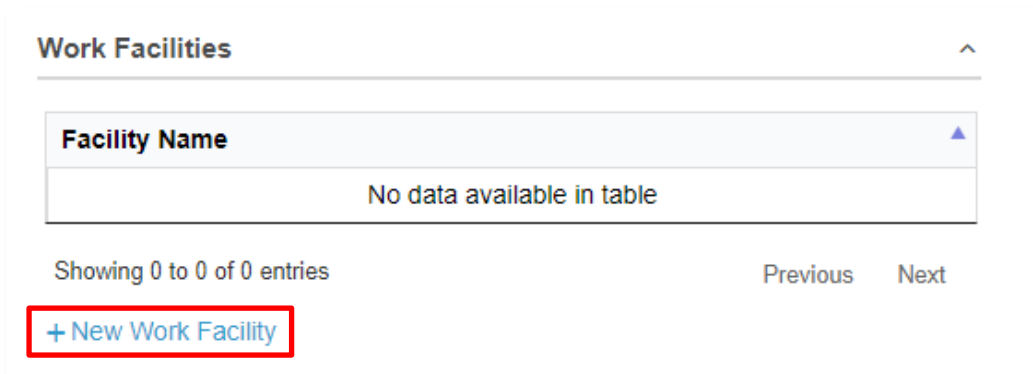
Form Record Audit

Enter & Submit Registration | Cancel My Registration | Enter & Make Inactive | Enter & Keep as Draft

Powered by tyler

Note: If any box is forgotten, an error message will appear in the upper left side of the page, fix any error that is indicated. Any field with a red * is a required field.

Note: When adding a facility, click "+ New Work Facility". A box will appear on the right. Select the facility you will be working for. There will be a date box, but do not enter a date. This is a termination date; adding a date will terminate your employment with the facility, this is only to be used when you terminate your employment with that facility.



Work Facilities

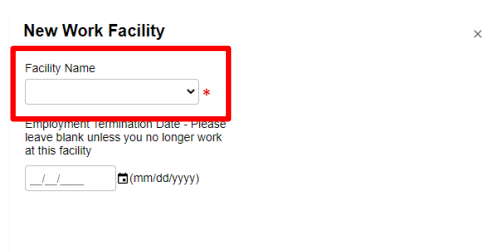
Facility Name

No data available in table

Showing 0 to 0 of 0 entries

Previous Next

+ New Work Facility



New Work Facility

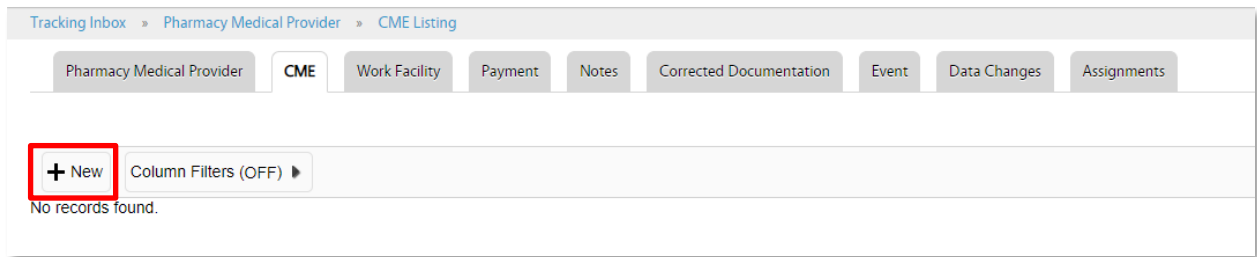
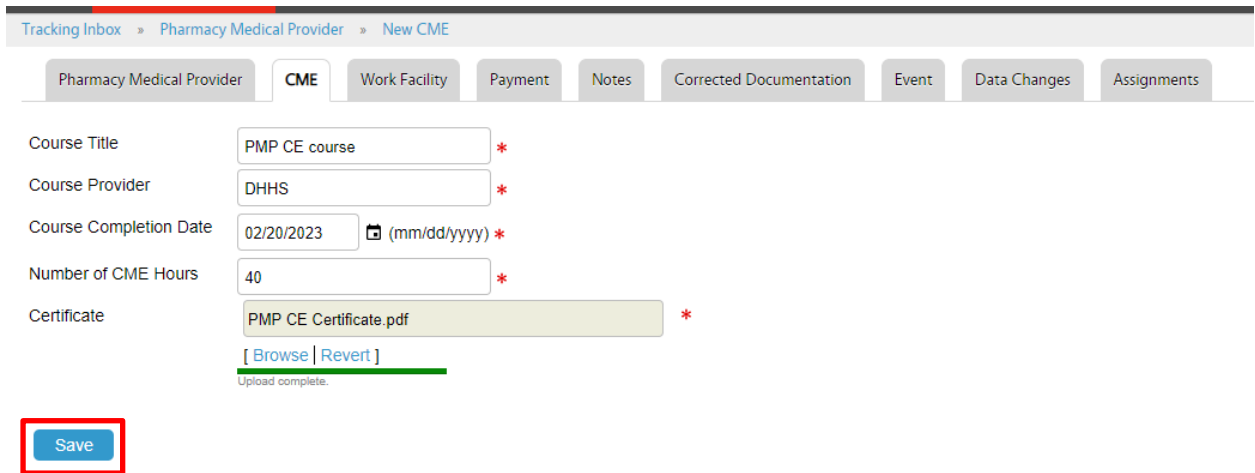
Facility Name *

Employment Termination Date - Please leave blank unless you no longer work at this facility

mm/dd/yyyy

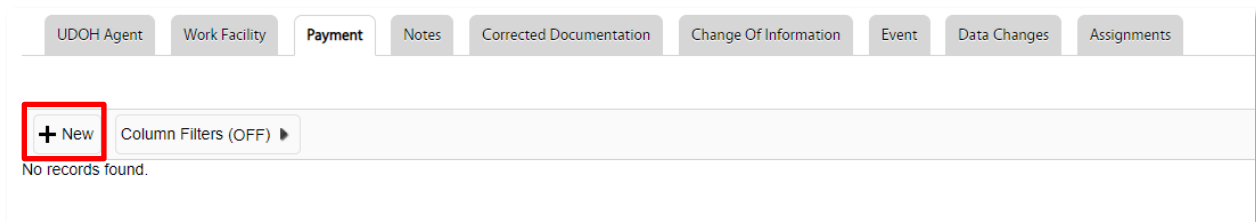
2.8. PMPs will need to upload proof of completed CE before paying the application fee.

PMPs can upload CME information to the application by clicking the “CME” tab, and then clicking “+New”. Enter information in all fields and download a copy of the certificate. The path will be masked as “fakepath...”.

Be sure to save after uploading your CE completion certificate.

2.9. Next, you will need to make the payment. Click on the “Payment” tab and click the “+New” button.



2.10. Click “Click Here to Pay”

Fields will auto-populate once you have successfully completed payment.

[Click Here to Pay](#)

Payment Date 02/23/2023

Payment Amount \$ 100.00

Payment Type

Payment Status

Payment Approval Number

2.11. The credit card window will appear. Complete all fields and click “Continue”.

Note: if the credit card window does not appear, you will need to turn off your pop-up blockers.

Credit Card Payment

Item	Quantity	Item Amount	Total
UTEV's Registration Fee <small>UDOH-00006-2023</small>	1	\$100.00	\$100.00
Total Amount:			\$100.00

Credit Card Information

Card Number:*

CVV Number:*

Expiration Date:* 01 - January / 2023

Account Holder Information

Name on Card:*

Country:*

Address:*

Address Line 2:

City:*

State:*

Postal Code:*

Email Address:

Note: We use your email to send you a receipt. If you do not provide a valid email address, you will not receive a receipt via email.

How much would you like to put on this card?

The Total Amount: \$100.00

Remaining on Card
Use this option to make a partial payment with a card containing limited funds.

Other Amount:

CANCEL PAYMENT
CONTINUE

2.12. Verify all fields are correct by clicking “Yes”.

Verify Credit Card Payment Information
Please verify your Credit Card Information and click "Yes" to proceed with payment.

Credit Card Information

Card Type: Visa
Card Number: *****1111
Expiration Date: 01/2026

Account Holder information

Cardholder's Name: Test Tester
Address: 123 Test Lane
City: Salt Lake City
State: UT
Postal Code: 84116
Country: US
Email Address: test@gmail.com

Your Order

Item	Quantity	Item Amount	Total
UTEL'S Registration Fee UDOH-00006-2023	1	\$100.00	\$100.00
Total Amount:			\$100.00

IS THIS INFORMATION CORRECT?

2.13. If you are applying as a Pharmacy Agent or Courier Agent, you will need to complete a background check. Print the fingerprint form from your application and take it to a LiveScan Vendor. The vendor will electronically send your prints to DHHS for the background check.

Background Check

ATTENTION: This unique form is to be completed SOLELY by the applicant. This form is not to be duplicated or shared.

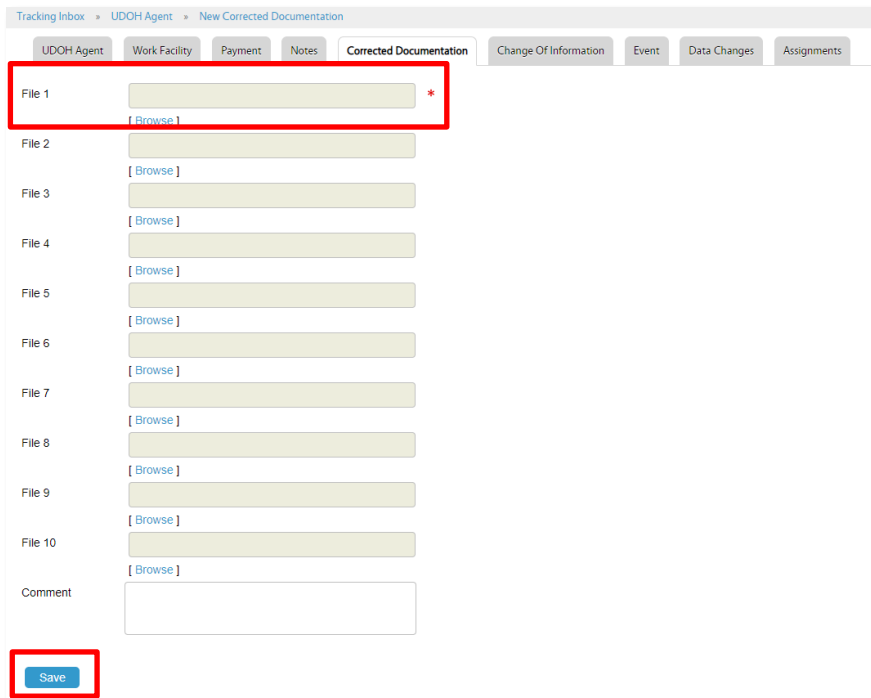
[Medical Cannabis Pharmacy Agent Live Scan Fingerprinting Authorization Form](#)

[Fingerprint Locations](#)

Background Check Complete

2.14. If you are applying as a pharmacy agent or courier agent, you should complete the required continuing education (CE) while you are waiting for the background check and fingerprints to be verified by DHHS, if you haven't already.

2.15. Once the CE course is complete and you've received a certificate of completion, you will need to upload it into your application under the "Corrected Documentation" tab.



Be sure to save after uploading your CE completion certificate.

2.16. For both PMPs and pharmacy agents and couriers, your employer will need to contact DHHS to confirm your employment. They can do this by emailing cannabiscompliance@utah.gov.

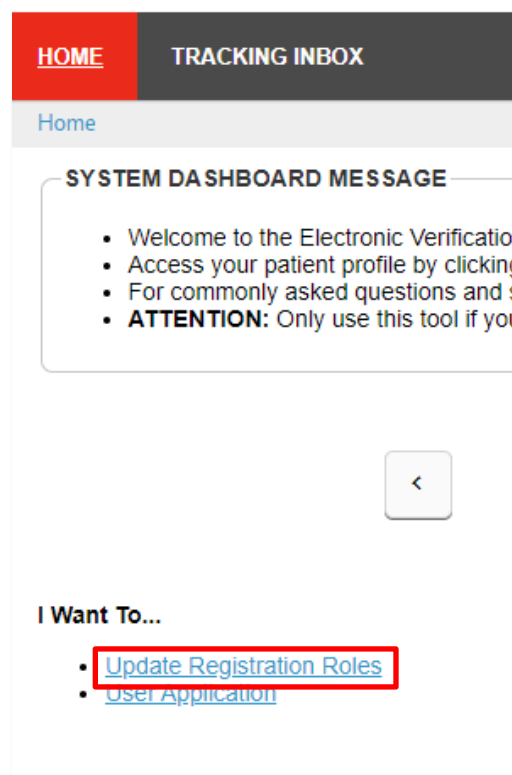
Note: Even though the agent application is “Awaiting State Review”, DHHS cannot approve the application until the background check has been completed (if applying as an agent), the CMEs/CEs have been verified, and the employer has confirmed their offer of employment.

2.17. Once the application is complete, DHHS will approve the application within 15 days. The applicant will then receive an email with their card attached or they can print their card from their evs.utah.gov application.

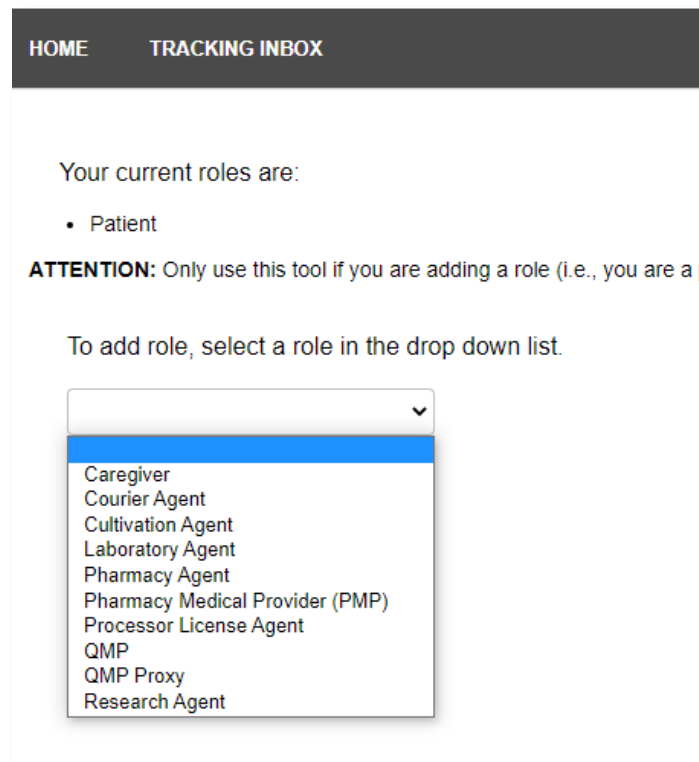
Section 3 – EVS application

This set of instructions is to be used if you already have an evs.utah.gov account (a patient, cultivator card, etc.) and you want to add another role. You can Add a Role using the below steps:

- 3.1. Navigate to evs.utah.gov and log in.
- 3.2. After logging in you will see a statement on your Home page that says: “I want to..”. One of the options will say “Update Registration Roles”, click there.



- 3.3. You will see a list of current roles listed at the top. You will also see a dropdown box that says, “To add role, select a role in the drop-down list.”. Choose the role from the list. Then click “Add Role”.



3.4. You will then need to log out of EVS by clicking the “Sign Out” button.



3.5. Navigate back to evs.utah.gov and log back in.

3.6. You can then click on “Change Role” in the top left corner.



3.7. Choose the role you would like by clicking in the circle to the left of the role title, then click “Set”.

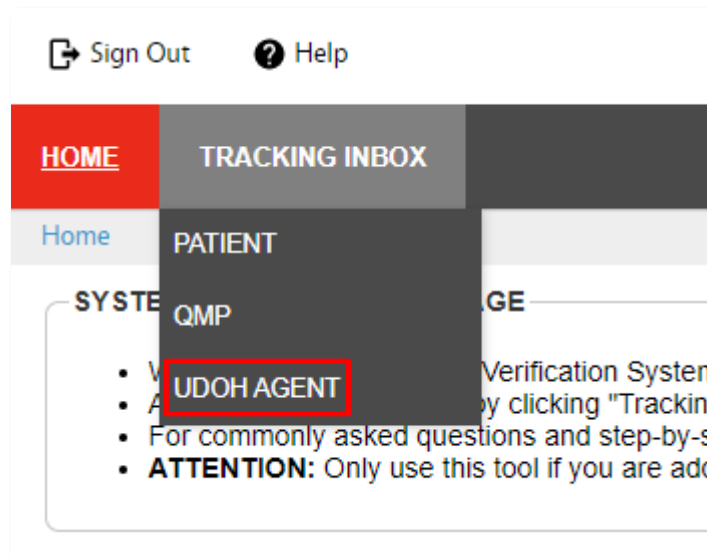
Role	Description
<input type="radio"/> Caregiver	Caregiver
<input checked="" type="radio"/> Patient	Medical cannabis patient.
<input type="radio"/> Pharmacy Agent	Pharmacy Agent
<input type="radio"/> QMP Proxy	QMP Proxy

3.8. To continue your application, go back to section 2 and follow the directions from steps 2.5 through 2.16.

Section 4 – EVS renewal

A pharmacy employee will need to renew their registration every 2 years. This includes completing the required continuing education every renewal cycle.

- 4.1. Login to evs.utah.gov
- 4.2. From the homepage hover over “Tracking Inbox” then click the type of application: “Pharmacy Medical Provider”, “Pharmacy Agent”, “Courier Agent”



- 4.3. The webpage will show a list of your applications, click on the one you would like to renew.
- 4.4. Review and update any information on the application, then click “Save and submit for registration”.
- 4.5. To continue your renewal, go back to section 2 and follow the directions from steps 2.8 through 2.16.