



UTAH DEPARTMENT OF **HEALTH**

Center for Medical Cannabis

Patient Application User Guide

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1 Applying as Patient

1.1 Registration

Before you apply to participate in the Medical Cannabis program, you must register to the Electronic Verification System.

Patients can register from the Electronic Verification System Sign-in page.

To begin EVS Registration:

1. Access the Utah EVS site.
2. Enter your Username and Password.

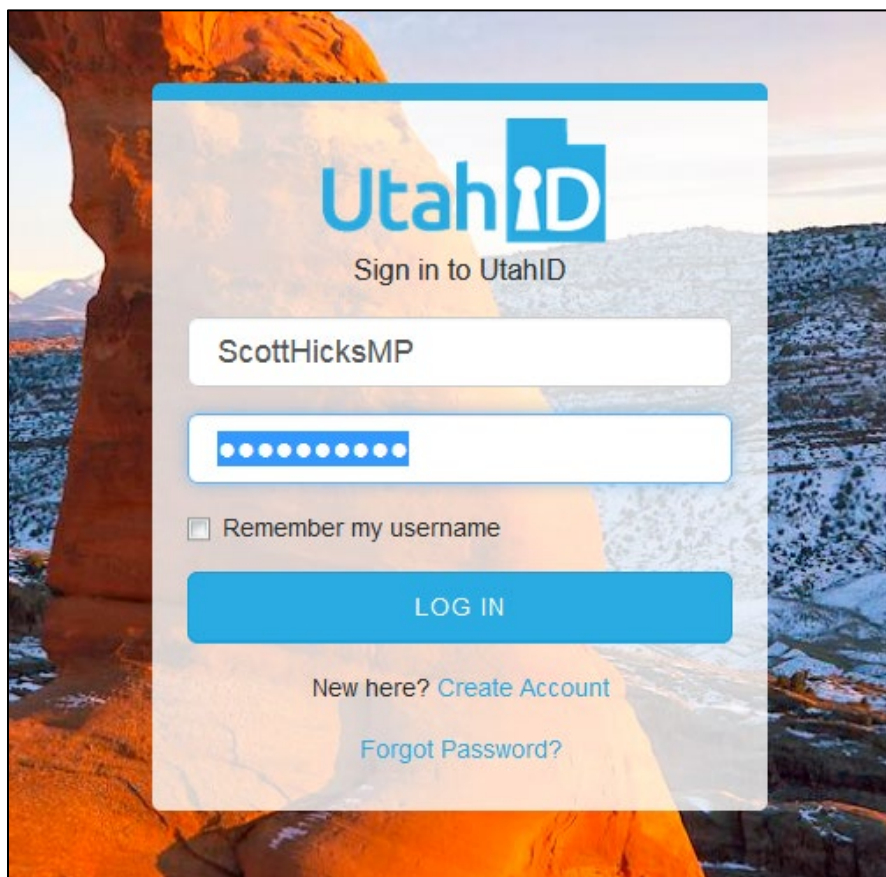


Figure 1 - Sign-in Page

3. Click Log In.
4. The Sign-in/Registration page appears. The page includes three registration buttons.



Figure 2 - Sign-in Popup with Registration Buttons

5. Click the Registration button that applies to you. In the example, we will click the Patient Registration button.

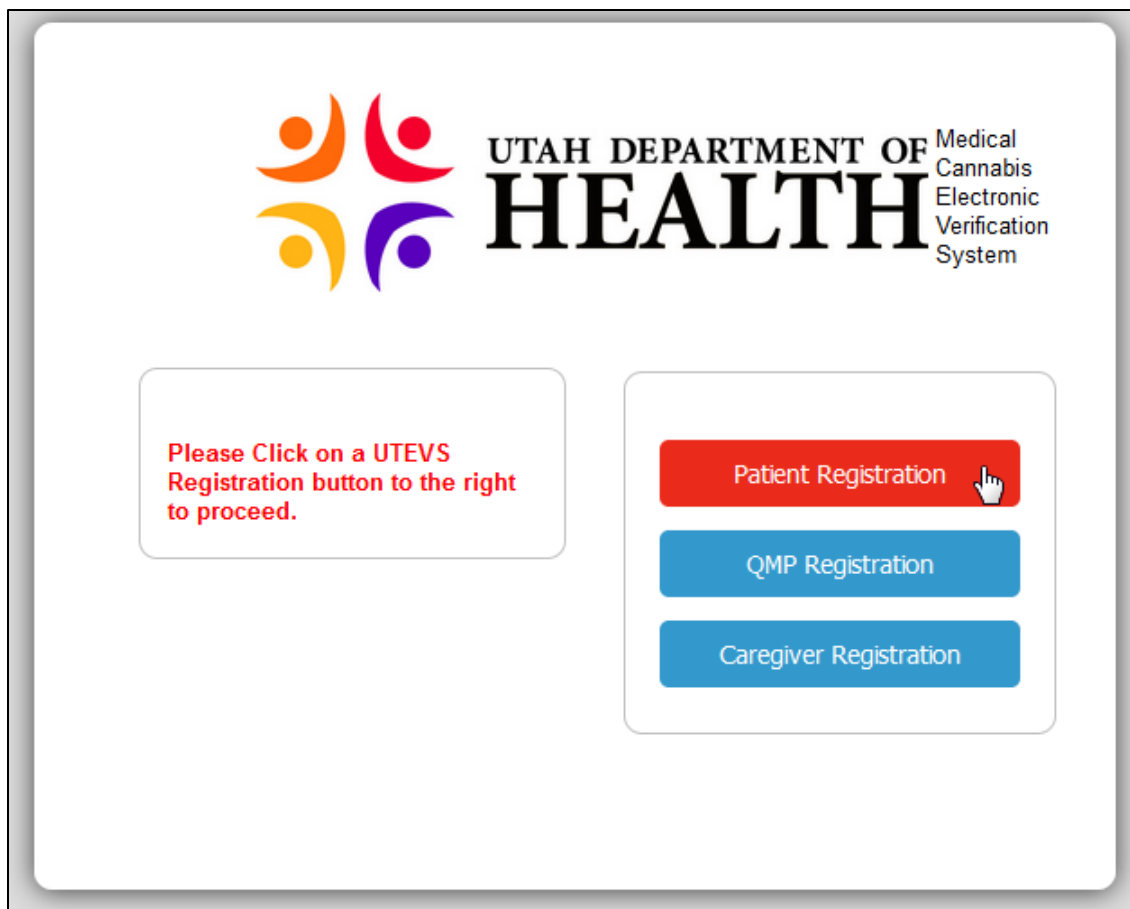


Figure 3 - Patient Registration Button

6. In the User Information page, enter your Email Address, First Name, Last Name, Suffix, Username, Last Four Digits of SSN, and Date of Birth.



UTAH DEPARTMENT OF
HEALTH Medical Cannabis Electronic
Verification System

Registration Type
Patient

By signing in to this system
you are agreeing to the [Website
usage policy](#).

User Information

Utah ID

R

First Name

R

Last Name

R

Suffix

Last Four Digits of SSN

R

Date of Birth

R

Email Address

R

Figure 4 - Patient Information Popup

Notes: Your email address (Utah ID) must be unique from any other user. If it is not unique, an error message will display and registration will not be completed until it has a valid entry.

7. Click the Register button.
8. The Registration Complete popup appears with the Login link. Click the Login link.
9. Login to EVS.
10. Your Home page appears. The information you see depends on your role: Caregiver, Guardian, or Patient.

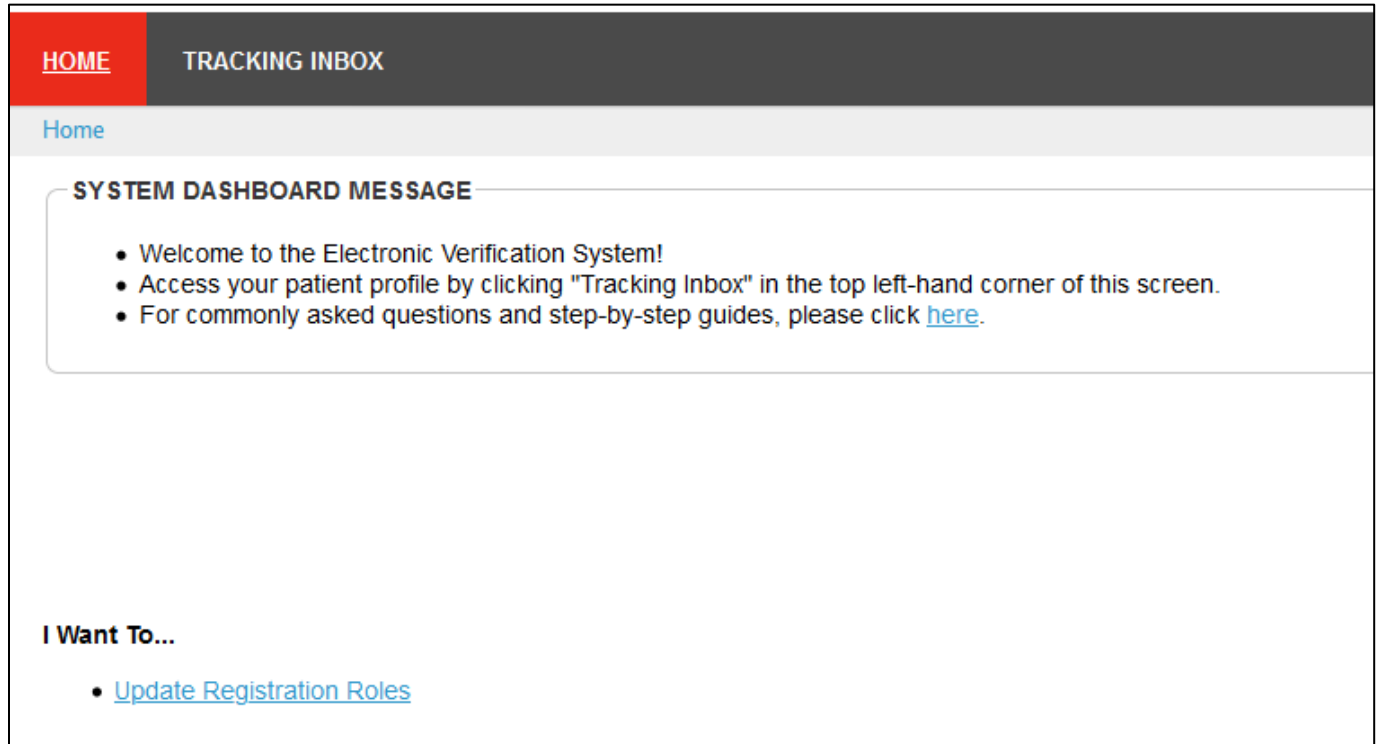
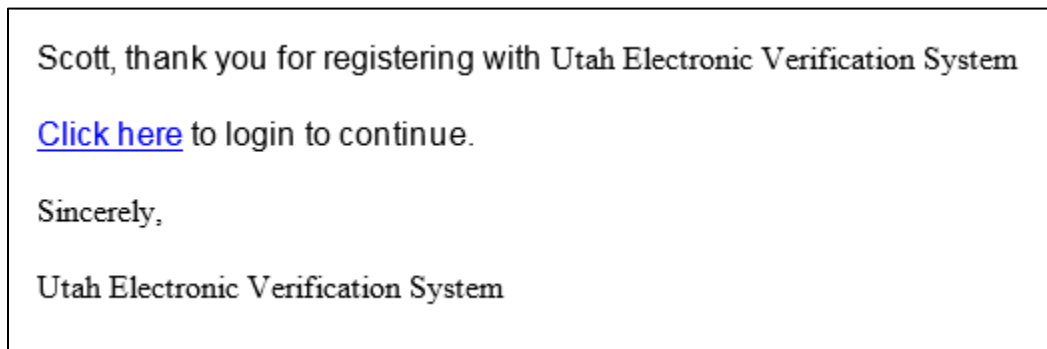
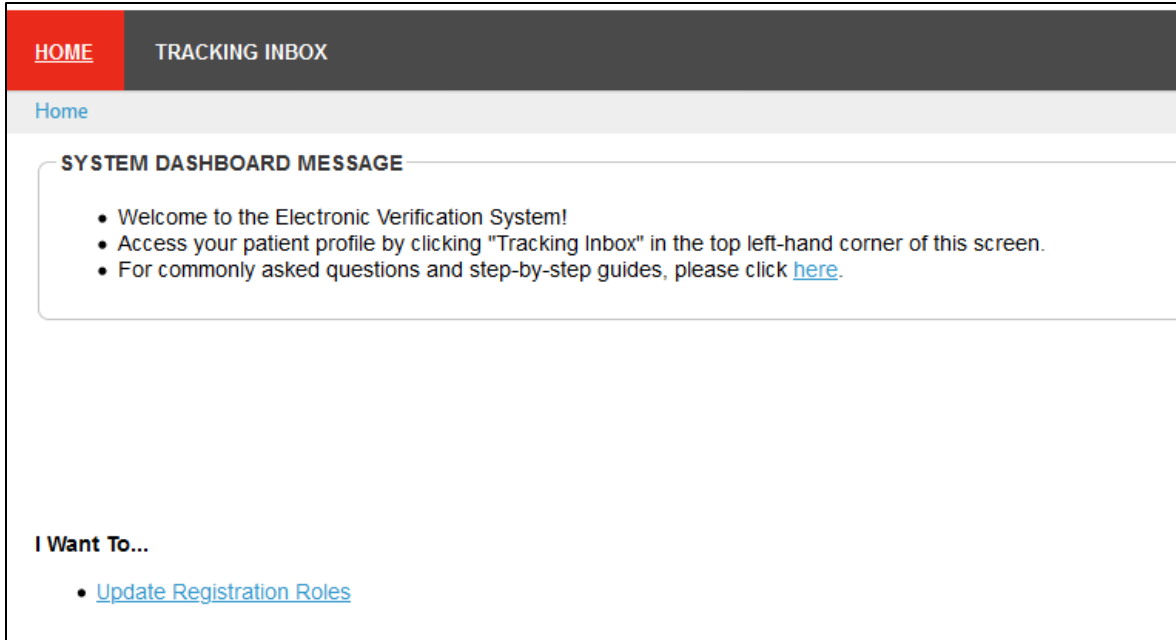


Figure 5 - Home Page

Note: You will receive a confirmation email. You can also select the Click here link in the Confirmation email to open EVS.



The Home page appears.



Note: You have just registered to create an EVS account.

The next step is to access EVS to complete an application to participate in the Medical Cannabis program.

1.2 Accessing the Application Page

Before you apply to participate in the Medical Cannabis program, you must register to the Electronic Verification System.

1. Sign-in to EVS.

Note: Patients will only have one record for their lifetime. Even if it is no longer valid, they can update it and resubmit.

1. Hover over the Tracking Inbox and click Patient.

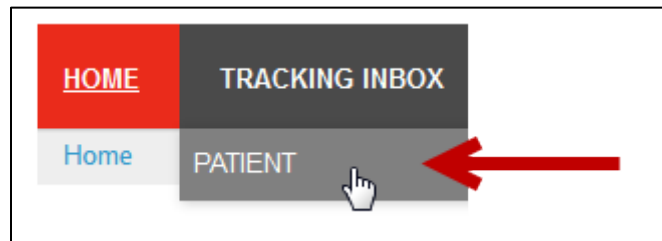


Figure 6 - Patient Tab

2. The New Application page appears.

Registration Information (Official Use) ▼		Patient Proof of Identity ▼	
Utah ID	mpatterson	State of ID	Utah Ⓡ
Patient Registration ID		State ID Type	<input type="text"/> Ⓡ
Status		ID Number	<input type="text"/> Ⓡ
Effective Date		ID Issue Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/dd/yyyy) Ⓡ
Expiration Date		ID Expiration Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/dd/yyyy) Ⓡ
Patient Information ▼			
Applicant Type	<input type="text"/> Ⓡ		
First Name	<input type="text"/> Ⓡ		
Last Name	<input type="text"/> Ⓡ		
Suffix	<input type="text"/> Ⓡ		
Last 4 Digits of SSN	<input type="text"/> Ⓡ		
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (mm/dd/yyyy) Ⓡ		
Gender	<input type="text"/> Ⓡ		
Address	<input type="text"/> Ⓡ		
Apt/Suite#	<input type="text"/>		
City	<input type="text"/> Ⓡ		
State	Utah		
County	<input type="text"/> Ⓡ		

Figure 7 - New Application Information Page

Note: Do not enter information into the Application Information (Official Use) section.

1.3 Creating a Patient Application

Patient Applicants are limited to one application type. For example, if a patient already has a patient application with application type “I am applying for myself”, that person cannot use the same application type again.

Note: A guardian can have multiple minor applications but they need to be for unique minors.

1.3.1 Self-Apply

To Self-Apply:

3. In the New Application page, select *I am applying for myself*.

Patient Information

Applicant Type: I am applying for myself R

First Name: [Empty]

Last Name: I am applying for myself ←

Suffix: [Empty]

Last 4 Digits of [Empty]

Figure 8 - Application Type Self-Application

- Some Patient Information fields, for example First and Last Names, will be pre-populated.

Patient Information

Applicant Type: I am applying for myself R ←

First Name: Mary R ←

Last Name: Patterson R ←

Suffix: [Empty]

Last 4 Digits of SSN: 3456 R ←

Date of Birth: 10/20/1960 (mm/dd/yyyy) R ←

Gender: [Empty] R ←

Figure 9 - System-populated Fields

- In the Patient Information section, complete the Required fields and Optional fields as needed.

Patient Information ▼

Applicant Type ▼

R

First Name **R**

Last Name **R**

Suffix ▼

Last 4 Digits of SSN **R**

Date of Birth **R**

Gender ▼ **R**

Address **R**

Apt/Suite#

City **R**

State

County ▼ **R**

Zip Code **R**

Figure 10 - Sample of Application Fields

- In the Proof of Identity section, select a State ID Type and complete the Required fields and Optional fields as needed.

Patient Proof of Identity

State of ID: Utah R

State ID Type: Driver's License R

ID Number: 9094589 R

ID Issue Date: 12/18/2017 (mm/dd/yyyy) R

ID Expiration Date: 01/20/2020 (mm/dd/yyyy) R

Figure 11 - Patient Proof of Identity Section

- In the Patient Acknowledgement section, read the text. Select the Patient Acknowledgment checkbox.

Patient Acknowledge

I understand that the Utah Department of Health (UDOH) may revoke the registration of a medical cannabis guardian who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.

In connection with my application, I am consenting to a background check. I understand that UDOH has and will periodically review the updated records obtained through the background check system.

Patient Acknowledge R

Figure 13 - Patient Acknowledgement Section

Note: Be sure to complete all required fields and optional fields as needed.

- Next you can:
 - Save & Keep in Draft
 - Save & Submit Registration button
 - Cancel My Application

Save & Keep In Draft Save & Submit Registration Cancel My Registration

Figure 6 - Save Buttons

1.3.1.1 Saving and Keeping a Patient Application in Draft Status

Users can edit the application after it is saved the first time. Simply make the edits. To keep the application editable, click the Save & Keep in Draft Status button.

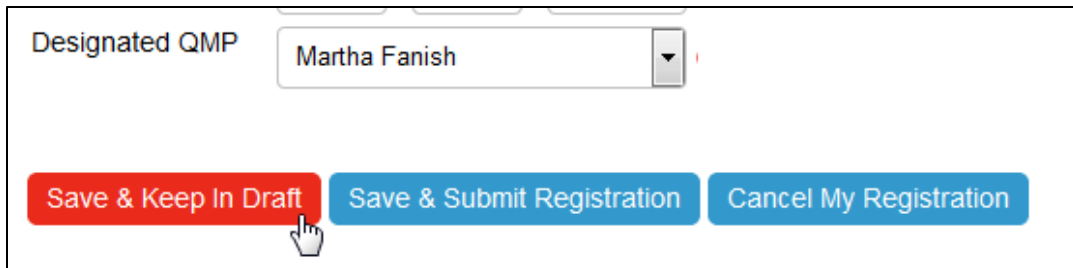


Figure 7 - Save Keep in Draft Button

1.3.1.2 Saving & Submitting the Application

When you have reviewed and edited the application and are ready to submit the application to a QMP for certification, you can click the Save & Submit Registration button. You can edit the Application page until payment has been made and the application is in *Awaiting State Review*. Then only specific fields are editable.

1. Click the Save & Submit Registration button.

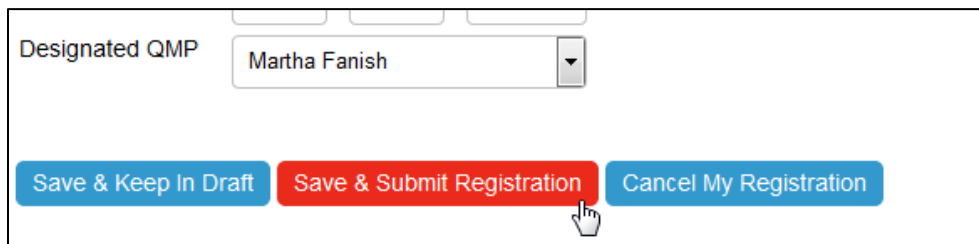


Figure 82 - Save Submit Registration Button

After Saving & Submitting, the following occurs:

- The Status changes to *Awaiting Certification*.
- The Patient Certification tab appears.

1.3.1.3 Canceling an Application

To cancel your application:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.
3. In the Patient Listing, click your name.
4. The Patient Application page appears.
5. In the Workflow Actions section, click the Cancel My Registration button.

State	Utah	requirements before certifying the del
County	Summit	report metrics on the status of quality
Zip Code	84060	Patient Acknowledge
Email Address	<input type="text" value="rhavens@alo.com"/>	Yes
Phone Number	435-404-6642	

Figure 13 - Cancel My Registration

6. This will cancel your EVS application. The Status changes to *Cancelled*.

Notes:

You will receive an email confirming your cancellation.

After you cancel your application, your record remains in EVS. You can still apply to participate in the Medical Cannabis program. To apply, you would open the patient application page again, edit your information as needed, and click the Save & Submit button. The application will proceed through the entire approval process.

1.3.2 Patient Petition for Compassionate Use Board

A Patient over the age of 21 who is **not** diagnosed with a Qualifying Condition must submit a patient petition for the Compassionate Use Board (CUB). Additionally, **ALL** patients under age 21 require a CUB review. These patients must fill out a Petition page.

To apply to the Patient Petition Compassionate Board:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.

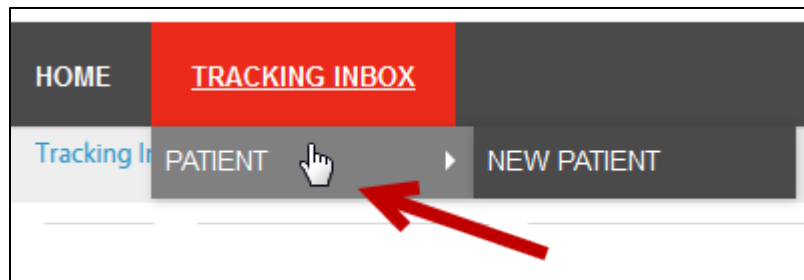


Figure 14 - Patient Tab

3. In the Patient Listing, click your name.
4. Hover over the Patient Petition Compassionate Use Board tab and click New Patient Petition Compassionate Use Board.

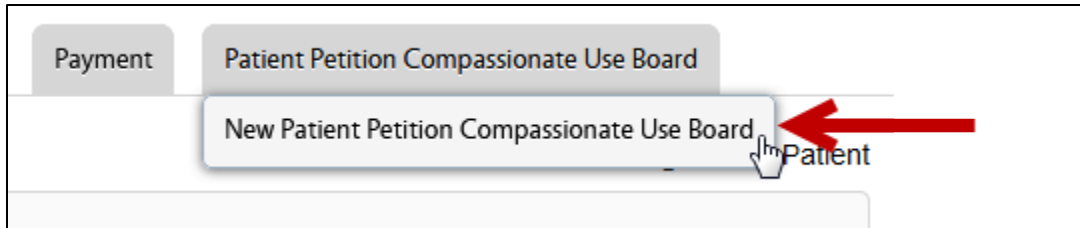


Figure 15 - Patient Petition Compassionate Use Board Tab

5. Click the Browse button and search for the file. The patient may upload documents they would like the Compassionate Use Board to consider here.

Petition

File 1 for Compassionate Use Board Review

File 2 for Compassionate Use Board Review

File 3 for Compassionate Use Board Review

File 4 for Compassionate Use Board Review

File 5 for Compassionate Use Board Review

Note for Petition

Qualifying Condition

Figure 16 - Browse Button

6. The file is added to the Upload field.

Petition ▼

File 1 for Compassionate Use Board Review

File 2 for Compassionate Use Board Review

File 3 for Compassionate Use Board Review

File 4 for Compassionate Use Board Review

File 5 for Compassionate Use Board Review

Note for Petition

Qualifying Condition

Figure 17 - Browse Button

7. Add a note to the Note for Petition field. This could be a brief statement describing why you believe your application should be approved.
8. Click Save.
9. A link for the file appears. To open the file, click the link. Click the Replace link to replace the file.

Patient Petition Compassionate Use Board

Petition ▼

File 1 for Compassionate Use Board Review 📎 Patient Petition Compassionate Use Board.docx [Replace]

File 2 for Compassionate Use Board Review Browse

File 3 for Compassionate Use Board Review Browse

File 4 for Compassionate Use Board Review Browse

File 5 for Compassionate Use Board Review Browse

Note for Petition

Qualifying Condition

Save

Figure 18 - File Links

1.3.3 Making a Card Payment

After you Save and Submit your application (with an attached certification from a provider), the next step is to make a payment.

1. Hover over Payment and click New Payment.

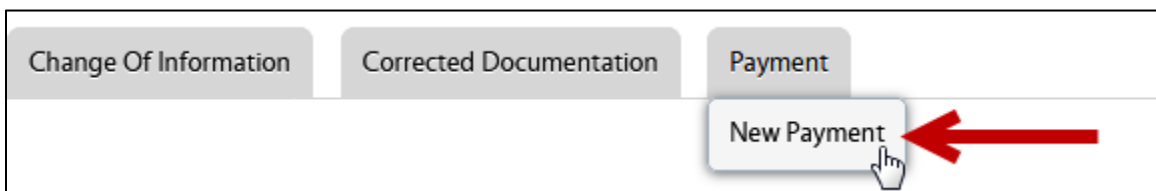
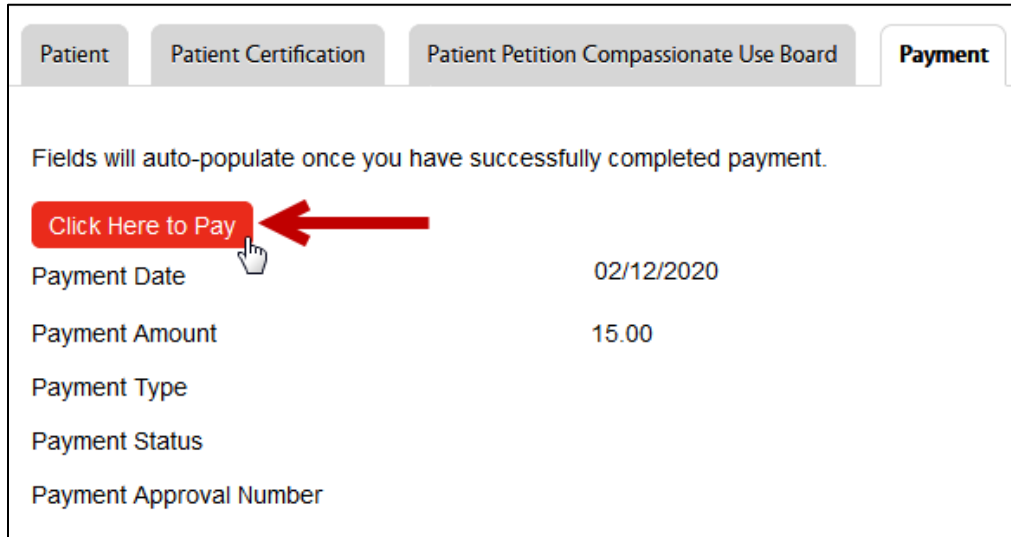


Figure 14 - New Payment Tab

Note: Tabs, as shown above, will differ depending on your role.

2. Click the Click Here to Pay button.



The screenshot shows a web application interface with four tabs: 'Patient', 'Patient Certification', 'Patient Petition Compassionate Use Board', and 'Payment'. The 'Payment' tab is active. Below the tabs, there is a message: 'Fields will auto-populate once you have successfully completed payment.' A red button labeled 'Click Here to Pay' is highlighted with a red arrow pointing to it from the right. Below the button, there is a table with the following data:

Payment Date	02/12/2020
Payment Amount	15.00
Payment Type	
Payment Status	
Payment Approval Number	

Figure 19 - Click Here to Pay Button

3. The Credit Card Payment window appears. Notice some of the fields are auto-populated with your information.
4. Complete the Credit Card Payment form.

Credit Card Payment

Item	Quantity	Item Amount	Total
UTEVS Registration Fee PAT-20-0000000053	1	\$15.00	\$15.00
Total Amount:			\$15.00

Credit Card Information

Card Number:* 4111111111111111 VISA Visa

CVV Number:* 123 Where's this?

Expiration Date:* 01 - January / 2020

Account Holder Information

Name on Card:* John Clare

Country:* United States

Address:* 1502 Shelly Lane

Address Line 2:

City:* Park City

State:* Utah

Postal Code:* 84060

Email Address: jclare@penny.com

Figure 20 - Credit Card Payment page

5. The Total Amount Due is auto-selected in the How much would you like to put on this card section.

How much would you like to put on this card?

The Total Amount: \$15.00 ←

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

Other Amount:

CANCEL PAYMENT CONTINUE

** Are Required Fields.*

Figure 17 - Total Amount is Auto-Selected

6. Click the Continue button.

How much would you like to put on this card?

The Total Amount: \$15.00

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

Other Amount:

CANCEL PAYMENT CONTINUE →

** Are Required Fields.*

Figure 21 - Continue Button

7. The Verify page appears.

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:	05/2020

Account Holder information

Cardholder's Name:	John Clare
Address:	1502 Shelly Lane
City:	Park City
State:	UT
Postal Code:	84060
Country:	US
Email Address:	jclare@penny.com

Your Order

Item	Quantity	Item Amount	Total
UTEVS Registration Fee PAT-20-0000000053	1	\$15.00	\$15.00
Total Amount:			\$15.00

IS THIS INFORMATION CORRECT?

NO

YES

Figure 22 - Verify Page

8. Review the information.
9. Click the Yes button.

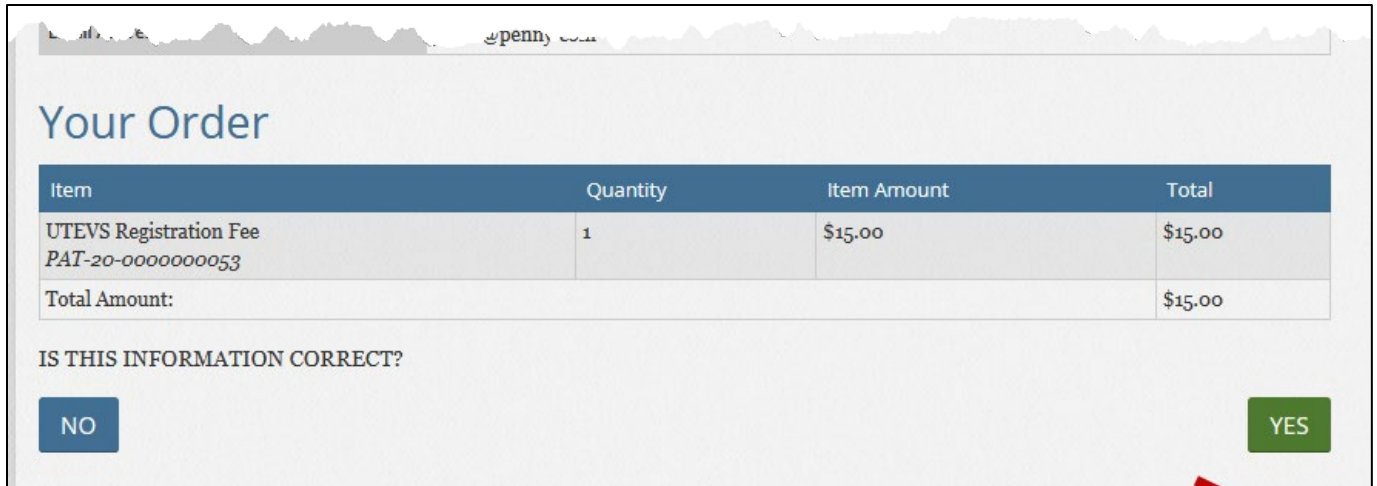


Figure 23 - Yes Button

10. A Receipt page appears.
11. Click Continue to return to the Payment page.

After you make a payment:

After making a payment, The Status changes to *Awaiting State Review*.

An Approver will review your application.

If you are Approved, you will receive an email and your Status changes to *Active*.

The Approver may request more information. You will receive an email with the request. The Status changes to *Incomplete*.

If the Approver Denies your application, your Status changes to *Denied* and you will receive an email.

1.3.4 Printing Your Medical Cannabis Patient Card

Once your application is approved and your Status is *Active*, you can print your Medical Cannabis Card:

1. Click the Print Card button.

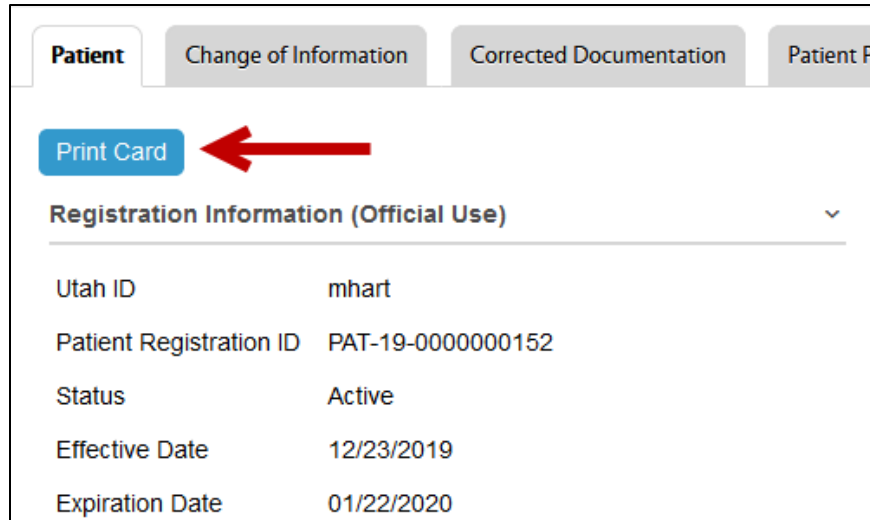


Figure 24 - Print Card Button

2. Follow the instructions on the Opening Card window. You can save the card to your computer. You can open the card in Adobe Acrobat and print the card.

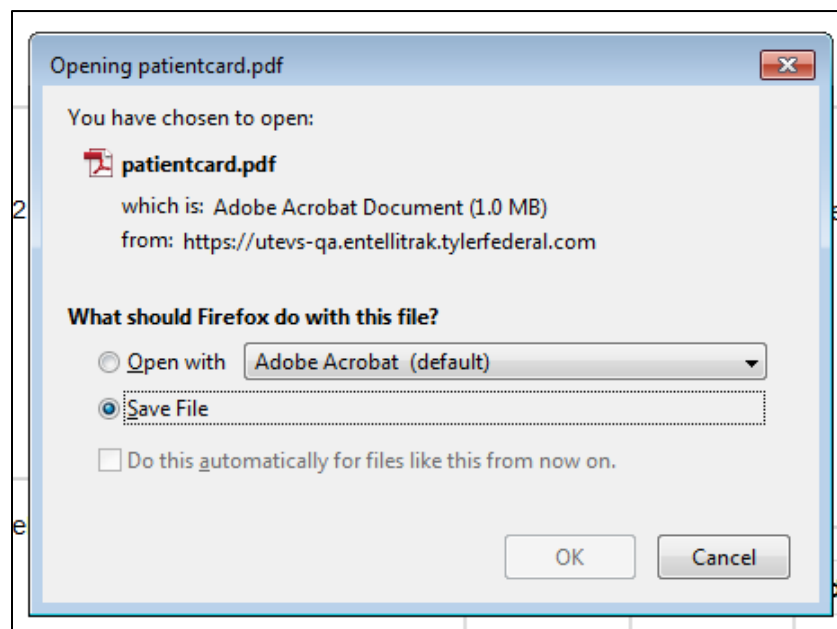


Figure 25 - Opening Card Window

3. The card is generated.

1.4 Patient Denied Application

If a Patient Application is denied, you will receive an email about the denial. You can discuss the decision by calling the number in the email.

Dear Mary Clark,

This is to inform you that your medical cannabis card application has been denied by the Utah Department of Health. If you would like to discuss this decision, please contact our office at 801-538-6504.

Thank you,

Center for Medical Cannabis
Utah Department of Health
801-538-6504
medicalcannabis@utah.gov

Figure 26 - Registration Denied Email

The Status of your Application changes to *Denied*.

After your application is denied, your record remains in EVS. You can still apply to participate in the Medical Cannabis program. To apply, you would open the patient application page again, edit your information as needed, and click the Save & Submit button. The application will proceed through the entire approval process.

1.5 Requests for More Information

When an Approver reviews an application and wants more information from the applicant, he or she will make a request for more information. The application Status changes to *Incomplete* and an email is sent to the applicant.

The applicant will edit the application and Save & Submit the application for another review.

To edit to your application:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox and click Patient.
3. The New Application page appears.
4. Make the edits.
5. Click the Save button.

1.6 Adding a New Caregiver

Note: You must add a Caregiver so that the Caregiver can add you to his or her patient list.

To add a Caregiver using the link in the Patient page:

1. From the Patient page, go to the Caregiver section.
2. Click the New Caregiver link.



Figure 27 - Caregiver Link

3. Enter the Caregiver Information.

New Caregiver

First Name
Pauline

Last Name
York

Address
102 Mountain range Drive

Apt/Suite#

City
Ephraim

State
Utah

County
Sanpete

Zip Code
84627

Date of Birth
//____ (mm/dd/yyyy)

Email Address
pyork@care.com

Confirm Email Address
pyork@care.com

Phone Number
435 - 204 - 2426

Active
 Yes No

Save

Figure 28 - New Caregiver Panel

Note: Be sure to select Yes in the Active field so that the Caregiver will appear in the Caregiver section.

SC...@micropact.com.

Phone Number

435 - 444 - 8080

Active

Yes No

Save

4. Click Save.
5. The information appears in the Caregivers section.

Caregivers

First Name	Last Name	Address	City	State
Pauline	York	102 Mountain range Drive	Ephraim	Utah

Showing 1 to 1 of 1 entries Previous 1 Next

[+ New Caregiver](#)

Figure 29 - Caregiver Section

Note: The Caregiver will receive an email letting them know the patient has designated them as their Caregiver. The Caregiver will either register for an EVS account and/or, if they have an account, add the Patient to a new application and submit it for approval.

To add a Caregiver using the Caregiver page:

6. Hover over the Caregiver tab and click New Caregiver or go to the Caregiver section on the page and click the New Caregiver link.

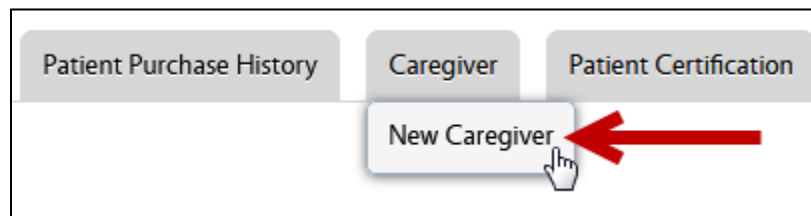


Figure 30 - New Caregiver Tab

7. Complete the fields.

Patient		Change of Information		Corrected Documentation	
First Name	<input type="text" value="Pauline"/>				R
Last Name	<input type="text" value="York"/>				R
Address	<input type="text" value="102 Mountain View Range Drive"/>				R
Apt/Suite#	<input type="text"/>				
City	<input type="text" value="Ephraim"/>				R
State	<input type="text" value="Utah"/>				R
County	<input type="text" value="Sanpete"/>				R
Zip Code	<input type="text" value="84627"/>				R
Date of Birth	<input type="text" value="12/14/1975"/>	<input type="text" value=""/>	<input type="text" value="(mm/dd/yyyy)"/>		R
Email Address	<input type="text" value="Scott.Hicks@micropact.com"/>				R
Confirm Email Address	<input type="text" value="scott.hicks@micropact.com"/>				R
Phone Number	<input type="text" value="435"/>	-	<input type="text" value="404"/>	-	<input type="text" value="5688"/>
Active	<input checked="" type="radio"/> Yes	<input type="radio"/> No			R
<input type="button" value="Save"/>					

Figure 31 - Caregiver Page

- Click Save. The Caregiver record appears in the listing page. If the Patient no longer wants to designate the Caregiver, he or she can change the Active field to No.

The image shows a dark-themed form with several input fields. At the top is 'Date of Birth' with the value '12/22/1973' and a calendar icon. Below it is 'Email Address' with 'cbarton@alo.com'. The next field is 'Confirm Email Address' also with 'cbarton@alo.com'. The 'Phone Number' is split into three boxes: '435', '444', and '8080'. Underneath is the 'Active' section with radio buttons for 'Yes' and 'No'. The 'No' radio button is selected, and a yellow arrow points to it. A red error icon is visible next to the 'No' radio button. At the bottom left is a blue 'Save' button.

Figure 32 - Active Field = No

Note: The Caregiver will receive an email letting them know the patient has removed them as their Caregiver.

1.7 Notes Tab

Other EVS users can add notes for patients. For example, when an approver needs more information from you, he or she adds a note which you can read in the Notes tab.

QMPs and PMPs can also add notes for a patient.

To access notes:

1. Click the Notes tab.
2. In the Listings page, select a record.
3. The Notes page appears.

1.8 Corrected Documentation

When an Approver finds an error with any of a patient's uploaded documents (*Photo ID, State Driver's License/State ID Card, Proof of Residency document, etc.*), the patient will need to supply the correct valid identification. You will receive an email concerning your documentation.

To provide corrected information:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.

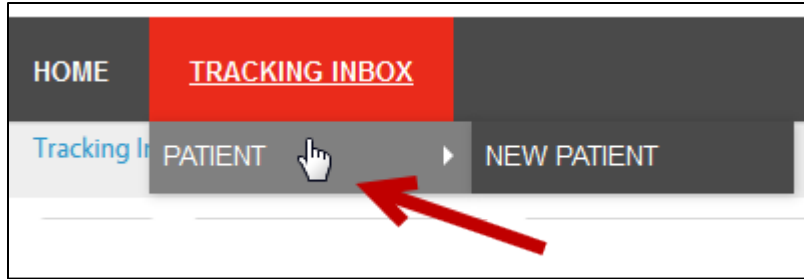


Figure 33 - Patient Tab

3. In the Patient Listing, click your name.
4. In the Corrected Documentation page, upload the requested corrected file(s).
5. Click the Browse button to upload the file.

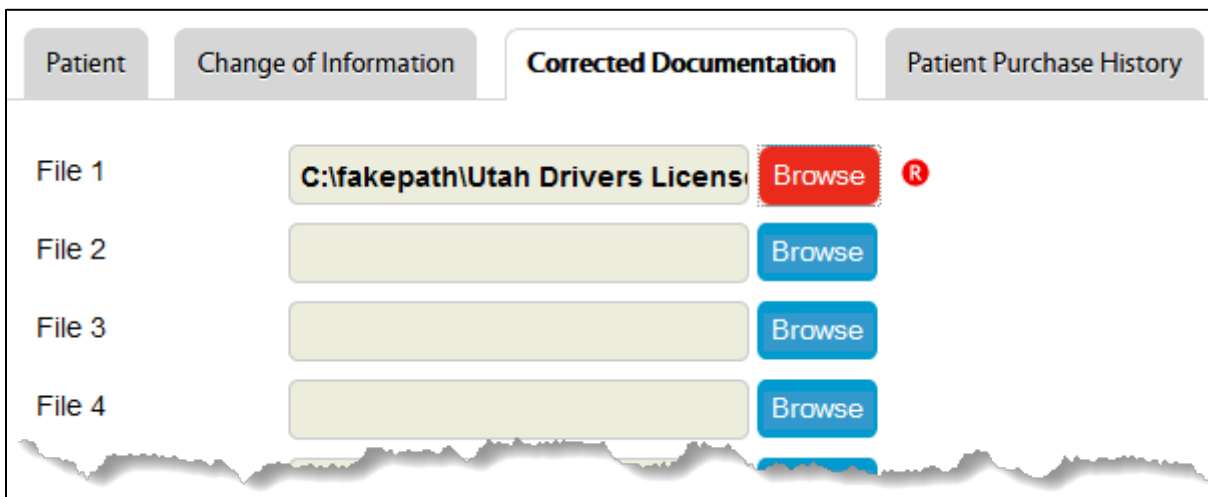


Figure 34 - Corrected Documentation Page

6. Click Save. The system sends an email to the approver informing him or her that the corrected documentation has been uploaded.

1.9 Patient Purchase History

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.

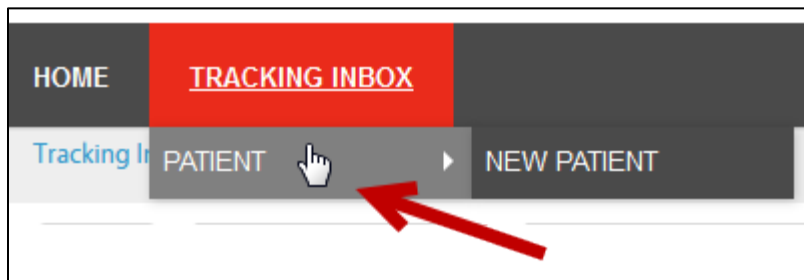


Figure 35 - Patient Tab

3. In the Patient Listing, click your name.

4. Click the Patient Purchase History tab.

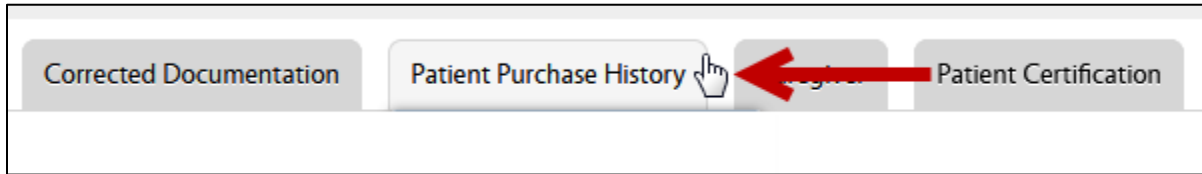


Figure 36 - Patient Purchase History Tab

5. Select a record. The page displays purchase details.
6. Review the read-only records.

1.10 Making a Name, Address, or Driver's License/State ID Number Change Request

You can update your address and other contact information via the Change of Information tab.

To change your patient information:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.

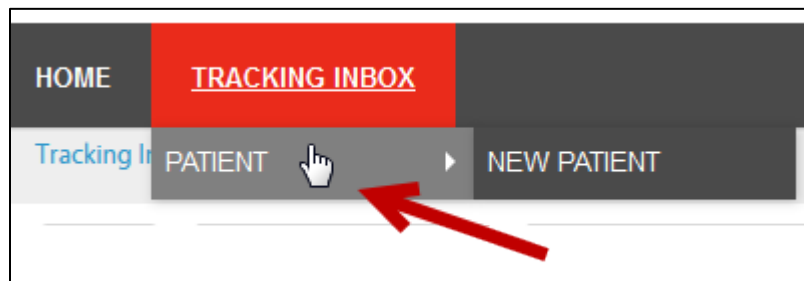


Figure 37 - Patient Tab

3. In the Patient Listing, click your name.
4. Hover over the Change of Information tab and click New Change of Information.
5. Enter changed information.

Note: If you do not enter information into a field, the current information will not be updated.

Patient **Change of Information** Corrected Documentation

Patient Name Information

First Name

Last Name

Suffix

Patient Address Information

Address

Apt/Suite#

City

State

County

Zip Code

Figure 38 - Change of Information Page

6. Click Save.

1.11 Cancelling Your Application

To cancel your application:

1. Sign-in to EVS.
2. Hover over the Tracking Inbox tab and click the Patient tab.
3. In the Patient Listing, click your name.
4. The Patient Application page appears.
5. In the Workflow Actions section, click the Cancel My Registration button.

State	Utah	requirements before certifying the del
County	Summit	report metrics on the status of quality
Zip Code	84060	Patient Acknowledge Yes
Email Address	<input type="text" value="rhavens@alo.com"/>	
Phone Number	435-404-6642	




Figure 39 - Cancel My Registration

6. This will cancel your EVS application. The Status changes to *Cancelled*.

Notes:

You will receive an email confirming your cancellation.

After you cancel your application, your record remains in EVS. You can still apply to participate in the Medical Cannabis program. To apply, you would open the patient application page again, edit your information as needed, and click the Save & Submit button. The application will proceed through the entire approval process.
