

Utah Department of Health and Human Services Center for Medical Cannabis

EVS Guide for Pharmacy Employee

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Confidentiality statement

The Electronic Verification System (EVS) is a database of medical cannabis applications. The information contained in the EVS is required to be kept confidential. A pharmacy employee can only access a patient's information if it pertains to the individual they are actively assisting.

Roles as a pharmacy employee

There are now 3 roles that a pharmacy employee may be assigned to:

- Pharmacy Medical Provider (PMP)
- Pharmacy Agent Plus
- Pharmacy Agent

Each role has different levels of access in EVS. Please refer to the below graph to see the rights of each role:

	PMP	Pharmacy Agent Plus	Pharmacy Agent
View patient application including patient information, certification, recommendation, notes, and patient purchase history. Add a note.	Yes	Yes	Yes
Add LMP certification/ recommendation.	Yes	Yes	No
Amend LMP certification/ recommendation.	Yes	Yes	No
Amend QMP recommendation.	Yes	No	No



The pharmacist in charge (PIC) is expected to ensure that an active list of all employees and their roles are maintained (please see Staff List section of this document). The PIC will contact the DHHS when an employee is hired, if their role needs to be changed, and when an employee is terminated.

* Please note that Pharmacy Agent Plus will apply as a Pharmacy Agent. After the agent's application is active the PIC will need to send a request to DHHS to have the role changed to Pharmacy Agent Plus.

Viewing patient applications

A pharmacy employee can view patient applications including certifications, recommendations, notes, and patient purchase history.

From the home screen hover over "Tracking Inbox" and click "Patient"



Click on "Column Filters"

Patient P	Pharmacy Medical I	Provider 🔲 UDO	H Facilities							
< < Page 1	of 3 > »	Display 50 per p	bage C Re	efresh 🖶 Prin	t CSV	Displaying 1 -	50 of 111 A	I Assignments 🗸	T Filter Column F	ilters (OFF)
Patient Registration Number	Patient First Name	Patient Last Name	Patient DOB	Registration Type	Registration Status	Effective Date	Expiration Date	Guardian/Legal Representative First Name	Guardian/Legal Representative Last Name	Email Addres



Search for the patient using your preferred search method. Click "Apply".

* Please note that the filter will stay "On" until you turn it off. To turn off the filter you will select the "Don't filter the results" button.

< Page 1 of 2 > >> Display	50 per page	C Ref	fresh	🖶 Print	E CSV	Displaying 1 - 50 of 53	All Assignments	~	T Filter	Column Filters (OFF) 🔹
Patient Registration Number:	EQUAL TO	~								
Patient First Name:	EQUAL TO	~								
Patient Last Name:	EQUAL TO	~	Bluth							
Patient DOB:	EQUAL TO	~				🖬 (mm/dd/yyyy)				
Registration Type:	EQUAL TO	~			~					
Registration Status:	EQUAL TO	~			~					
Effective Date:	EQUAL TO	~				🖬 (mm/dd/yyyy)				
Expiration Date:	EQUAL TO	~				🖬 (mm/dd/yyyy)				
Guardian/Legal Representative First Name:	EQUAL TO	~								
Guardian/Legal Representative Last Name:	EQUAL TO	~								
Email Address:	EQUAL TO	~								
	Filter the result	ults								

A list will display. You can sort this list by clicking on any column header you would like.

Click on the patient's name.

Patient Registration Number ≑	Patient First Name	Patient Last Name	Patient DOB	Registration Type	Registration Status	Effective Date	Expiration Date
PAT-22- 0000000027	Buster	Bluth	01/01/1982	Utah Resident	Awaiting Payment		
PAT-22- 0000000028	Gob	Bluth	01/01/1980	Utah Resident	Active Conditional	06/15/2022	06/27/2023
PAT-22- 0000000029	Michael	Bluth	01/01/1981	Utah Resident	Awaiting Certification	06/09/2022	07/09/2022



Their application will appear. The application will be in a read-only view.

* Please note that a caregiver shown on this application does not confirm that the caregiver has completed their application. This only indicates that the patient has given the caregiver permission to apply on their behalf.

cking inbox > Patient								
	Aurily Confector	August Descent	Anti-a Conditional	Australia Cill Devices	Aurilia Data Decision			
< Draft	Awaiting Certification	Awaiting Payment	Active Conditional	Awaiting CUB Review	Awarting State Heview	Incomplete	Active	>
Patient Patient Certificatio	on Notes Patient Purchase History							
							Assignmer	t: Pharmacy Medical
gistration Information (Off	ficial Use)	A Patient Proof of Identity					Provider (Pl	MP)
ah ID	GobBluth	State of ID	Utah					Export to PUP
atient Registration ID	PAT-22-000000028	State ID Type	US Driver's License					
tatus	Awaiting Certification	ID Number	1234					
UB Review		ID Issue Date	01/01/2020					
tective Date xpiration Date		ID Expiration Date	01/01/2030					
tient Information		 Enter a Caregiver if you requ 	uire a family member or friend to purchase p	roduct on your behalf at a pharmacy. (not requi	red)			
gistration Type	Utah Resident	Caregivers					<u>^</u>	
plicant Type	I am applying for myself	First Name	A Local Monte					
irst Name	Gob	First Name	- Last Name	Addres	s - un	- State		
ast Name	Bluth			No data available in tab	•			
uffx		Showing 0 to 0 of 0 entries				Previous N	led	
ast 4 Digits of SSN	1234							
late of Birth	01/01/1980	Workflow Event	29					
ender	Male	Enter a Storage Facility if yo	u wish to store or have medical cannabis de	livered to a facility such as a nursing care facili	ty, assisted living facility, or general acute	hospital. (not required)		
ddress	1234 Main St	Storage Facility					^	
pt/Suite#								
ny .	sandy	Facility Name		Contact Name		0 Title		
ate	utan			No data available in tabl	e			
p Lode	onuse No	Showing 0 to 0 of 0 entries				Previous N	lest	
mail Address	madicalcaposhis@utab.cov	v				1101000		
hana Number	means and an average dating of	Patient Acknowledge					^	
IONE NUMBER		1. I understand that the Uta	ah Department of Health (DOH) may revoke	the registration of a medical cannabis patient of	ardholder who fails to maintain complianc	e with the requirements of the Utah Medical		
		Cannabis Act.						
		2. I acknowledge that I have	received and read the Cannabis Informati	ion Document provided by the DOH.			_	
		3. Ladditionally certify that Patient Acknowledge	I have been olven actual Notice, and under	stand that notwithstanding the Utah Medical Ca Yes	nnabis Act (Act)		•	

Click on the gray tabs to view other parts of the application.

Review a certification/recommendation

From the patient application click on the Patient Certification tab.

Patient	Patient Certification	Notes	Patient Purchase History



This will display all previous certifications that have been entered for this patient. Clicking on the LMPC number will show more information and the recommendation.

LMPC-2022-000000003 06/15/2022 Cancer Doctor Who Active	on Status	Certification	QMP Last Name 💠	QMP First Name 👙	A V	Non-Qualifying Condition	on 🙏	Qualifying Condition	×	Date of Certification	*	Certification Number
		Active	Who	Doctor				Cancer		06/15/2022		LMPC-2022-000000003

This will display the full certificate and information about the recommendation.

MP Certification Number			LMPC-2022-000000032		
Date of Certification			06/15/2022 🖬 (mm/dd/yyyy) :	*	
Qualifying Condition			Cancer	*	
Terminal illness is for patients with life expectance	y of less than six months.				
Terminal illness			Yes O No *		
LMP First Name			Doctor	*	
LMP Last Name			Who	*	
LMP Address			13 Main St	*	
LMP City			Sandy	*	
LMP State			Utah 🗸	*	
LMP Zip Code			84111	*	
LMP Phone			801 - 111 - 1111 -	*	
LMP Email			doctor@gmial.com	*	
LMP Provider Type			MD 🗸	*	
Utah Professional License Number			12345	*	
LMP Controlled Substance License Number			12345-1234	*	
LMP DEA Number			wh1234567	*	
LMP NPI Number			1234567890	*	
Certification Status			Active		
Recommendations					
Recommendation Date	Dosage Form	Å	Total Flower Dosage Quantity	÷	Total Composite Dosage Quantity
06/15/2022	Aerosol				10

From this screen you can click on the recommendation tab to see more information about the recommendation.

Patient Certification	Recommendation
_	



This will display a list of all the recommendations associated with this certification. Clicking on the recommendation will display more information.

Dosage Form	Recommendation Date	Active
Aerosol	06/15/2022	Yes

This will display the complete recommendation.

QMP Recommendation Number	RECM-2022-0000000140
QMP First Name	Sara
QMP Last Name	Doctor
QMP Credentials	MD
Recommendation Date	06/15/2022 🛱 (mm/dd/yyyy)
Dosage Form	 Aerosol Capsule Concentrated Oil Sublingual Preparation Gelatinous Cube or Lozenge Liquid Suspension Resin Tablet Topical Preparation Transdermal Preparation Unprocessed Cannabis Flower
Total Monthly Flower Dosage Quantity (up to 113 grams)	56
Total Monthly Composite THC Dosage Quantity (up to 20 grams)	10
Other Dosing Guidelines and Directions of Use	
Medication and Treatment History	
Active	● Yes ◯ No *
I authorize a PMP to make any therapeutic substitution to these plant based medications dosing guidelines and directions of use. Failure to click this box means that a PMP can only change these dosing guidelines and directions of use with my pre-approval of the change	® Yes ◯ No ★



Review/add note

From the patient application click on the Notes tab.



This will display all previous notes that have been entered for this patient.

+ New Print CSV	C	Column Filters (OFF)				
Note Type	*	Note Name	*	Correspondence Date 💲	Comment	
Update Patient Information		Update patient information		06/17/2022	Spoke with QMP. Cert can be updated to include flower up to state limit	
	-					

Clicking on the note name will display the complete note.

To add a new note click the "+new" button from the main notes page.



Enter information in all required fields (marked with *). The only optional field is to upload a file. Upload a file by clicking on "Browse" and then selecting the file from your computer. After all fields are entered click "Save".

* Please note that the Private Note field is required. If "yes" is selected the note will not display for the patient.

Note Type	*	
Note Name	*	
Date	07/06/2022	
Correspondence Date	🖬 (mm/dd/yyyy) \star	
Comment	*	
Upload File		
	[Browse]	
Private Note	○ Yes ○ No *	
_		80
Save		



Review patient purchase history

From the patient application click on the Patient Purchase History tab.



This will display all purchase history for this patient.

* Please note that the "remaining dosage" shows the amount of remaining dosage for the type of product purchased: unprocessed flower or THC product. The remaining dosage shown is from the date of purchase. Monthly limits reset every 28 days.

Order Number	Patient Card Number	Place of Purchase 0	Date of Purchase *	Item Purchased 0	Dosage Type	Sales Limit Category	Remaining Dosage
47497577			06/14/2222	Pineapple Coconut Hygge Chews	Gummles	Composite THC Products	19.6
47497577			06/14/2222	\$3 State Fee (required)	State Fee	No Sales Limits	
44327200			04/02/2222	State Fee 3	Services	No Sales Limits	
44327200			04/02/2222	Tryke - 0.5g Clementine Cart	Alcohol	Composite THC Products	19.022
44327200			04/02/2222	Tryke - 0.5g Black Lime Cart	Alcohol	Composite THC Products	19.022
44327200			04/02/2222	Tryke - 3.5g Tart Pop	Finished Flower	Unprocessed Flower	102.5



Entering an LMP certificate

A Pharmacy Medical Provider or a Pharmacy Agent Plus can enter a LMP certification/recommendation using the below steps:

From the home screen hover over "Tracking Inbox" and click "Patient"



Click on "Column Filters"

HOME <u>TR</u>	<u>ACKING INBOX</u>									
Tracking Inbox										
Patient	Pharmacy M	edical Provider	UDOH Faciliti	es						
« < Pa	ge 1 of 2	» Displa	y 50 per page	C Refresh	Print ECS	V Displaying 1 - 5	i0 of 53 All A	ssignments	✓ ▼ Filter Column Filters	(OFF) •
Patient Reg Number 🗘	istration P N	atient First ame	Patient Last Name	Patient DOB	Registration Type	Registration Status	Effective Date	Expiration Date	Guardian/Legal Representative First Name	Guardian/Legal Representative Last Name



Search for the patient using your preferred search options, click "Apply			<i>.</i> .		
סבמרכודוטר וחב טמחבות טסווצ עטטר טרבובורבט סבמרכורטטוטווס. כוונא הטטוע	Soarch for the	nationt using ve	our protorrod	coarch ontions	click "Apply"
bear child patient ability your preferred bear childpatients, cherry	Search for the	patient using yt	Jui pielelleu	search options	, CIICK APPIY.

< Page 1 of 2 > >> Display	50 per page	C Refr	esh 🖶 Print	CSV	Displaying 1 - 50 of 53	All Assignments	▼ Filter	Column Filters (OFF) 🔻
Patient Registration Number:	EQUAL TO	•						
Patient First Name:	EQUAL TO	•						
Patient Last Name:	EQUAL TO	•	Bluth					
Patient DOB:	EQUAL TO	~			🖬 (mm/dd/yyyy)			
Registration Type:	EQUAL TO	•		~				
Registration Status:	EQUAL TO	•		~				
Effective Date:	EQUAL TO	•			🖬 (mm/dd/yyyy)			
Expiration Date:	EQUAL TO	•			🖬 (mm/dd/yyyy)			
Guardian/Legal Representative First Name:	EQUAL TO	•						
Guardian/Legal Representative Last Name:	EQUAL TO	•						
Email Address:	EQUAL TO	•						
(Filter the result	lts						

Verify patient information and that they are in "Awaiting Certification" status. Click on the patient's name.

	Humo	Wallie	DOP	Type	Status	Date	Date	First Name	Last Name	
F-22-0000000028	Gob	Bluth	01/01/1980	Utah Resident	Awaiting Certification					medicalcannabis@utah.gov
F-22-0000000029	Michael	Bluth	01/01/1981	Utah Resident	Awaiting Certification	06/09/2022	07/09/2022			medicalcannabis@utah.gov
	-22-000000028	-22-000000028 Gob	-22-000000028 Gob Bluth -22-000000029 Michael Bluth	-22-000000028 Gob Bluth 01/01/1980 -22-0000000029 Michael Bluth 01/01/1981	-22-000000028 Gob Bluth 01/01/1980 Utah Resident -22-0000000029 Michael Bluth 01/01/1981 Utah Resident	-22-000000028 Gob Bluth 01/01/1980 Utah Resident Awaiting Certification -22-000000029 Michael Bluth 01/01/1981 Utah Resident Awaiting Certification	22-000000028 Gob Bluth 01/01/1980 Utah Resident Awaiting Certification -22-000000029 Michael Bluth 01/01/1981 Utah Resident Awaiting Certification	-22-000000028 Gob Bluth 01/01/1980 Utah Resident Awaiting Certification -22-000000029 Michael Bluth 01/01/1981 Utah Resident Awaiting Certification 06/09/2022 07/09/2022	SectorGobBluth01/01/1980Utah ResidentAwaiting Certification-22-0000000029MichaelBluth01/01/1981Utah ResidentAwaiting Certification06/09/202207/09/2022	-22-000000028 Gob Bluth 01/01/1980 Utah Resident Awaiting Certification -22-000000029 Michael Bluth 01/01/1981 Utah Resident Awaiting Certification 06/09/2022 07/09/2022



C Draft	Awaiting Certification	Analiting Payment	Active Conditional	Awaiting CUB Review Awaiting St	ate Review Incomplete		Active
Patient Patient Certification	Notes Patient Purchase History	 Patient Proof of Identity 				^	Assignment: Pharmacy Mec
	0.50145		1 kesk				Export to PDF
itari IU	DAT 22 000000000	State of ID	US Driver's Liverers				
aveni ivegiovavon ID Italijis	Availing Cartification	ID Number	1234				
UB Review	contracting operations	ID Issue Date	01/01/2020				
flective Date xpiration Date		ID Expiration Date	01/01/2030				
atient Information		 Enter a Caregiver if you requir 	re a family member or friend to purchase product	on your behalf at a pharmacy. (not required)			
egistration Type	Utah Resident	Caregivers				^	
oplicant Type	I am applying for myself						
irst Name	Gob	First Name	 Last Name 	Address	© City © State		
ast Name	Bluth			No data available in table			
uffix ast 4 Digits of SSN	1234	Showing 0 to 0 of 0 entries				Previous Next	
late of Birth	01/01/1980	Workflow Event	29				
ender	Male	Enter a Storage Facility if you	wish to store or have medical cannabis delivered	to a facility such as a nursing care facility, assisted living	facility, or general acute hospital. (not required)		
ddress	1234 Main St	Storage Facility				^	
pt/Suite#							
ity	sandy	Facility Name		 Contact Name 	† Title		
tate	utan R4004			No data available in table			
p cope ssistanna Ramirad?	No	Showing 0 to 0 of 0 entries				Previous Next	
asistance rrequireu:	modianianenabis@utab.eeu						
hone Number		Patient Acknowledge				^	
		1. I understand that the Utah Cannabis Act.	Department of Health (DOH) may revoke the re	gistration of a medical cannabis patient cardholder who fa	ils to maintain compliance with the requirements of the	e Utah Medical 🔺	
		2. I acknowledge that I have	received and read the Cannabis Information Do	cument provided by the DOH.			
		3. Ladditionally certify that L Patient Acknowledge	have been niven actual Notice, and understand t	hat notwithstanding the Utah Medical Cannahis Act (Act): Yes		٣	

Their application will appear. The application will be in a read only view.

Click on the "Patient Certification" tab.

Tracking Inbox	» Patient		
	•—		
<	Draft		Awaiting Certification
Patient	Patient Certification	Notes	Patient Purchase History

You will see a list of previous certificates if applicable. Or the words "no records found" if this is a new patient. Click on "+New" to add a new certificate.

+ New	Column Filters (OFF)	
No records	found	



Enter all information from the LMP Recommendation Form and click "Save".

Patient	Patient Certification	Notes	Patient Purchase History
Date of Certif	ication	_/	_/ 🖬 (mm/dd/yyyy) *
Qualifying Co	ndition		*
Terminal illne Terminal illne	ss is for patients with lif ss	e expectanc	cy of less than six months. s ◯ No *
LMP First Na	me		*
LMP Last Na	me		*
LMP Address	i		*
LMP City			*
LMP State			*
LMP Zip Cod	e		*
LMP Phone			
LMP Email			*
LMP Provider	туре		✓
Utah Professi	ional License Number		*
LMP Controlle Number	ed Substance License		*
LMP DEA Nu	mber		*
LMP NPI Nur	nber		*
Certification S	Status	Active	e
Save			

Once the certification is saved a "Recommendation" tab will appear, click that tab.



Click on "+New" to add a new recommendation.





Enter information for the LMP recommendation and click "Save".

If a mistake was made when entering a LMP certificate (LMPC) it can be amended by clicking on the certificate and/or recommendation, amending the incorrect fields, and then clicking "Save".

QMP Recommendation Number	RECM-2022-000000140
QMP First Name	Sara
QMP Last Name	Doctor
QMP Credentials	MD
Recommendation Date	06/15/2022 🛱 (mm/dd/yyyy)
Dosage Form	 Aerosol * Capsule Concentrated Oil Sublingual Preparation Gelatinous Cube or Lozenge Liquid Suspension Resin Tablet Topical Preparation Transdermal Preparation Unprocessed Cannabis Flower
Total Monthly Flower Dosage Quantity (up to 113 grams)	56
Total Monthly Composite THC Dosage Quantity (up to 20 grams)	10
Other Dosing Guidelines and Directions of Use	
Medication and Treatment History	
Active	● Yes ○ No *
I authorize a PMP to make any therapeutic substitution to these plant based medications dosing guidelines and directions of use. Failure to click this box means that a PMP can only change these dosing guidelines and directions of use with my pre-approval of the change	● Yes ○ No ★
Save	

Add a note and attach the LMP certificate to the note. Instructions on how to add a note can be found in the "<u>Review/add a note</u>" section of this document.



Amending a QMP recommendation

From the PMP home page, scroll down to the enhanced inbox.

Welcome to the Electronic Verif Access your profiles by clicking For commonly asked questions ATTENTION: Only use this tool	fication System! "Tracking Inbox" in the top left-hand co and step-by-step guides, please click <u>i</u> if you are adding a role (i.e., you are a	ormer of this screen. Here: patient and want to also be a caregiver). To complete your ap	oplication, hover over Tracking Inbox and select t	the role you are currently assigned.		
IY PAGES		<				
saved pages.						
то						
Jpdate Registration Roles						
2001.1.39 (0.000/001)						
Enhanced Inbox						
Enhanced Inbox	ection					
Enhanced Inbox Inbox Group Selection Inbox Sel QMP V All QM	ection P Certifications (265) v					
nbox Group Selection Inbox Sel QMP V All QM	ection P Certifications (265) 🗸				Quick Search	
Enhanced Inbox nbox Group Selection Inbox Sel QMP All QM QMP First Name	ection P Certifications (265) V OMP Last Name	OMP Certification Number	Patient First Name	Patient Last Name	Quick Search	\$
Enhanced Inbox nbox Group Selection Inbox Sele QMP OMP First Name DABQMP	ection P Certifications (265) V MP Last Name Training	OMP Certification Number QMPC-2020-000000053	 Patient First Name Tyler 	Patient Last Name PatientInactive	Quick Search Certification Status © Certification Status Expired	\$
Enhanced Inbox nbox Group Selection Inbox Sele QMP OMP First Name DABOMP DABOMP	ection P Certifications (265) V OMP Last Name Training Training	OMP Certification Number QMPC-2020-00000053 QMPC-2020-000000054	Patient First Name Tyler Tyler	Patient Last Name Patientinactive Patientinactive	Quick Search Certification Status Expired Withdrawn	\$
Enhanced Inbox mbox Group Selection Inbox Sele All QMP V QMP First Name DABOMP DABOMP	ection P Certifications (265) V OMP Last Name Training Training Training	OMP Certification Number QMPC-2020-00000053 QMPC-2020-00000054 QMPC-2020-000000054 QMPC-2020-000000076 QMPC-2020-000000076 QMPC-2020-000000076	 Patient First Name Tyler Tyler DABPatient 	Patient Last Name Patientinactive Patientinactive Patientinactive PatientiA	Quick Search [© Certification Status Expired Withdrawn Expired	¢
Enhanced Inbox hox Group Selection Inbox Selection All QMP DABOMP DABOMP DABOMP DABOMP	ection P Certifications (265) V MP Last Name Training Training Training Training	OMP Certification Number QMPC-2020-000000053 QMPC-2020-000000054 QMPC-2020-000000076 QMPC-2020-000000077	Patient First Name Tyler Tyler DABPatient Professor	Patient Last Name Patientinactive Patientinactive Patientinactive Patientinactive Franswoth	Quick Search Certification Status Certification Status Expired Withdrawn Expired Expired	\$
Enhanced Inbox tobox Group Selection Inbox Sel All QMP V All All QM CMPFirst Name DABOMP DABOMP DABOMP DABOMP	ection P Certifications (265) OMP Last Name Training Training Training Training	QMP Certification Number QMPC-2020-00000065 QMPC-2020-000000054 QMPC-2020-000000075 QMPC-2020-000000077 QMPC-2020-0000000077 QMPC-2020-000000096	Patient First Name Tyler Tyler DABPatient Professor DABPatient	Patient Last Name Patientinactive Patientinactive PatientA PatientA Franswoth PatientA	Ouick Search Certification Status Certification Status Expired Withdrawn Expired Expired Expired	\$
Enhanced Inbox dow Group Selection All QMP OMP First Name DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP	ection P Certifications (265) V MPI Last Name Training Training Training Training Training Training	OMP Certification Number QMPC-2020-00000063 QMPC-2020-000000064 QMPC-2020-000000076 QMPC-2020-000000077 QMPC-2020-000000095 QMPC-2020-000000095 QMPC-2020-0000000146	Patient First Name Tyler Tyler DA8Panent Professor DA8Patient Patiel	Patient Last Name Patient nactive Patientinactive	Quick Search Certification Status Expired Withdrawn Expired Expired Expired Expired Expired Expired	\$
Enhanced Inbox dQMP Comp Selection Inbox Sele QMP First Name DABCMP Comp Comp Comp Comp Comp Comp Comp Comp	ection P Certifications (265) MOMP Last Name Training Training Training Training Training Training Training Training	OMP Certification Number QMPC-2020-00000053 QMPC-2020-000000054 QMPC-2020-000000075 QMPC-2020-000000077 QMPC-2020-000000096 QMPC-2020-00000096 QMPC-2020-00000096 QMPC-2020-00000096 QMPC-2020-00000096 QMPC-2020-00000096	Patient First Name Tyler DABPatient Professor DABPatient Patient Pati Tyler Tyler	Patient Last Name PatientInactive PatientA PatientA PatientA PatientA PatientA PatientA PatientA PatientA	Quick Search Certification Status Expired Withdrawn Expired Expired Expired Expired Expired Expired Expired	\$
Inbox Grup Selection Inbox Sel AMP First Name DABGMP COMP First Name DABGMP COMP COMP COMP COMP DABGMP COMP COMP COMP DABGMP COMP COMP COMP COMP COMP DABGMP COMP COMP COMP COMP COMP COMP COMP CO	ection P Certifications (265) V Multiple Certifications (265) V	OMP Certification Number QMPC-2020-000000053 QMPC-2020-000000054 QMPC-2020-000000077 QMPC-2020-000000096 QMPC-2020-00000096 QMPC-2020-000000965 QMPC-2021-000000055 QMPC-2021-000000056	Patient First Name Tyler Tyler DABPatient Professor DASPatient Patient Patient Patient Tyler Tyler	Patient Last Name PatientInactive PatientInactive PatientA PatientA PatientA PatientA Adams PatientA PatientA PatientA PatientA PatientA PatientB Patie	Quick Search Certification Status Expired Withdrawn Expired Expired Expired Expired Pending Renewal Expired Expired	\$
Inbox Group Selection MDX Group Selection MP First Name DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP DABOMP	ection P Certifications (265) CoMP Last Name Training Tr	OMP Certification Number QIMPC-2220-000000053 QIMPC-2220-000000054 QIMPC-2220-000000075 QIMPC-2020-000000096 QIMPC-2020-000000096 QIMPC-2021-000000006 QIMPC-2021-000000005 QIMPC-2021-0000000066 QIMPC-2020-000000066	Patient First Name Tyler Tyler DABPatient Professor DABPatient Patient Patient Tyler Tyle	Patient Last Name Patientinactive Patientinactive PatientA PatientA PatientA Adams PatientA PatientB PatientA PatientA PatientA PatientA PatientB PatientA Patie	Quick Search Certification Status Expired Withdrawn Expired Expired Expired Pending Renewal Expired Expired	\$

Search for the patient using the "Quick Search". Please note that we recommend searching by the QMPC to ensure you are amending the correct patient and correct recommendation. (You can find the QMPC number by searching for the patient using the steps in the "Viewing Applications" section of this document.)

	X	
Inbox Group Selec	tion Inbox Selection	
QMP ~	All QMP Certifications (266)	
		Quick Search



Click on the QMPC number to open the certificate.

box Group Selec	tion Inbox Selection				
QMP v	All QMP Certif	ications (266) ×			
				Quick	Search QMPC-2022-0000000285
QMP First Na	ame 🍦 🛛 QMP Last Na	ame <u>OMP Certification</u> Number	🝦 🛛 Patient First Name 🖕	Patient Last N	Name 🝦 Certification Status
Sara	Doctor	QMPC-2022-0000000285	michael	bluth	Active

Click on the recommendation tab.

Certification/Recommendation	Recommendation	
_	-	đ

This will display all recommendations attached to this certificate. Click on the recommendation that is currently active.

Qmp Recommendation Number	Dosage Form	Total Flower Dosage Quantity	Å V	Total Composite Dosage Quantity	×	Recommendation Date \$\\$\$	Active ‡
						06/09/2022	No
RECM-2022-0000000140	 Tablet 					06/15/2022	Yes



Change active status to "No" click "Save". dd a note that describes the reason for the change (include your name).

Recommendation	
Dosing Guidelines	I have dosing guidelines or restrictions to recommend to this patient. I have no dosing guidelines or restrictions to recommend to this patient
OMP Recommendation Number	Recommend Specific Dosing Guidelines: Selection of this option means I have specific dosing guidelines and directions for use to recommend to this patient. I understand that my specific dosing guidelines and directions of use will limit what medical canabis products my patient may or may not have a product matching these specifications in stock. I understand that my specific dosing guidelines and directions of use will limit what medical canabis products my patient may or may not have a product matching these specifications in stock. I understand that my specific dosing guidelines and directions of use will limit what medical canabis products my changing the specific dosing guidelines and directions for use that I recommend. I have the option to share medical information about my patient with the PMP in the "Notes" tab. RFCN-0702-000000014.0
OMP First Name	Sara
OMP Last Name	Doctor
OMP Credentials	MD
Recommendation Date	06/15/2022 🛱 (mmiddlyyyy)
Dosage Form	Arrosol Captul Concentrated OI Concentrated O
Total Monthly Flower Dosage Quantity (up to 113 grams) Total Monthly Composite THC Dosage	56
Quantity (up to 20 grams) Other Dosing Guidelines and	
Jirections of Use Medication and Treatment History	
Active	® Yes O No *
authorize a PMP to make any herapeutic substitution to these plant based medications dosing guidelines and directions of use. Failure to click his box means that a PMP can only change these dosing guidelines and directions of use with my pre-approval of the change	® Yes ○ No ★
Save	

Enter a new recommendation by clicking the "+New" button.

	Qmp Recommendation Number 🔶	Dosage Form	Total Flower Dosage Quantity	Total Composite Dosage Quantity	Recommendation Date \$	Active 🗘
,					06/09/2022	No
,	RECM-2022-0000000140	 Tablet 			06/15/2022	Yes



Enter new recommendation per QMP instructions and click "Save"

Recommendation	
Dosing Guidelines	In have dosing guidelines or restrictions to recommend to this patient. In have no dosing guidelines or restrictions to recommend to this patient * Recommend Specific Dosing Guidelines: Selection of this option means I have specific dosing guidelines and directions for use to recommend to this patient. I understand that my specific dosing guidelines and directions of use will limit what medical cannabis products my
OMP Recommendation Number	patient may purchase and that the medical canatos pharmacy used by my patient may or may not have a product maching these specifications in stock. Lunderstand that uness I specify otherwise, the pharmacy medical provider (PMP) must obtain my approval before changing the specific dosing guidelines and directions for use that I recommend. I have the option to share medical information about my patient with the PMP in the "Notes" tab. PFC14/072-000001014.0
QMP First Name	Sara
QMP Last Name	Doctor
QMP Credentials	MD
Recommendation Date	06/15/2022 🖨 (mmiddlyyyy)
Dosage Form	Aerosol * Capetide Oli Concentrated Oli Sublingual Preparation Geladanusc Lote or Learning Resin Tables are prevailen Tables are prevailen Tables are prevailen Tables Flower
Total Monthly Flower Dosage Quantity (up to 113 grams)	56
Quantity (up to 20 grams) Other Dosing Guidelines and	
Directions of Use Medication and Treatment History	
Active	® Yes ○ No ★
I authorize a PMP to make any therapeutic substitution to these plant based medications dosing guidelines and directions of use. Failure to click this box means that a PMP can only change these dosing guidelines and directions of use with my pre-approval of the change	® Yes ○ No ★
Save	

Staff list

A PIC is the only pharmacy employee that can maintain the pharmacy staff list.

From the PMP home screen hover over "Tracking Inbox" and click "UDOH Facilities".





This will display a list of all facilities that the PMP is listed as the PIC.

Name of	Mailing	Mailing	Mailing	Mailing Zip	Physical	Physical City	Physical
Facility ≎	City	State	County	Code	Address		State
Camille's Cannabis	Salt Lake City	Utah	Salt Lake	84103	123 Main Street	123 Main Street	Utah

Click on the facility name to display more information.

Active	Yes	Owner's Information	^
Effective Date Expiration Date Facility Information	02/01/2020 02/01/2028	Owners/Operators Name License Number	Camille Facility 1234-12345 Compliant
Name of Facility	Camille's Cannabis	Email Address	cwerner@utah.gov
Email Address of Facility	cwerner@utah.gov	Phone Number	435-868-8589
Phone Number	435-868-8589	Address	123 Main Street
Mailing Address Mailing Apt/Suite#	123 Main Street	Apt/Suite# City	Salt Lake City
Mailing City	Salt Lake City	State	Utah
Mailing State	Utah	Zip Code	84103
Mailing Zip Code	84103	Background Check	^
Physical Address Physical Apt/Suite# Physical City	123 Main Street	Background Check Complete	Yes
Physical State	Utah		
Physical Zip Code	84103		

Click on the "Staff" tab to see the listed staff assigned to this facility.





The staff list will display. This report shows all employees that have listed the selected facility on their individual application. This list will include new hires that have not completed their application as well as current hires. The effective date and expiration date coincide with the employee's application.

* Please note that you can use the "Column Filters" button if needed to search the staff list.

To access an employee, click on their name.

First Name	Last Name 🗘	Agent Registration ID	Pharmacist In Charge \$	Effective Date \$\circ\$	Expiration Date \$	End Date
Amanda	Hovermale	UT-21-000000006	No			
Andrethe	Giant	UDOH-00014-2022	No			
Bret	Hart	UDOH-00012-2022	No			
Camille	PMP	UT-20-000000003	No	02/05/2020	02/05/2022	
Camille	PMPa	UT-20-000000005	No	06/16/2022	06/16/2024	
Camille	PMPb	UT-20-000000006	No	06/08/2022	06/08/2024	
Camille	PAz	UDOH-00010-2020	No			
Camille	PAb	UDOH-00009-2020	No	02/14/2020	02/14/2022	
Hayseed	Hovermale	UT-22-000000002	Yes			

From this screen you can enter an "End Date" and click "Save" when the employee is terminated.

Staff	
First Name	Hulk
Last Name	Hogan
Agent Registration ID	UDOH-00008-2022
Effective Date	06/09/2022
Expiration Date	06/09/2024
Pharmacist-in-Charge (PIC)	◯ Yes No
End Date	_/_/ 🛱 (mm/dd/yyyy)
Save	



Changing a user role

If an employee has multiple roles (patient, cultivator, etc) the role can be switched by hovering over the "Change Role" button and selecting the correct role.



This can also be done by clicking on the "Change Role" button.



Click on the correct role and click "Set".

Detient
Pallent
Pharmacy Medical Provider (PMP)



Viewing employee's own application

There is an easy way to access a user's employee application:

From the Home screen click on the quick link titled "User Application". Click this link to go directly to the user's application.



* Please note this will take you to the application for the role you are logged in as.

Patient statuses

There are four statuses to a patient application:

- Registration State
- Application Status
- Card Status
- Certificate Status

The Registration State indicates if the application is an initial application or a renewal application.

The application status is the status of the current application. (This can be different from the card status.) This indicates the step for their current application (awaiting certification, awaiting payment, awaiting state review, active, incomplete, etc.)

The above two statuses can be seen on the patient application screen.



Patient Registration ID	PAT-20-0000000102
Registration State	In Renewal
Status	Active

The card status is indicated by if they have a current card with an effective and expiration date. This can be seen on the patient application or on the patient card found by clicking "Print Card".

Registration Information (Off	ficial Use)
Jtah ID	GobBluth
Patient Registration ID	PAT-22-000000028
Status	Active Conditional
CUB Review	No
Effective Date	06/15/2022
Expiration Date	06/15/2023

Certificate status is the status of the LMP certification or QMP certification. This is shown on the Patient Certification tab.

* Please note that if a patient is in renewal they could have an "Active" certificate for their current card and a "Pending Renewal" certificate for their renewal application. Once the current card expires and the new card is activated the "Active" certificate will change to "Expired" and the "Pending Renewal" certificate will change to "Active".

Certification Number	.≜ ₹	Date of Certification $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Qualifying Condition 💲	r.	Non-Qualifying Condition	×	QMP First Name 💲	QMP Last Name 💲	Certification Status
LMPC-2022-0000000025		06/14/2022	Debilitating Seizures				Roland	Gecko	Pending Renewal
QMPC-2021-0000000149		02/01/2021	Hospice Care				sarah	ponce	Active