

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 <u>Section 1</u> and <u>Section 2</u>.

If you already have a UtahID but you do not have an EVS application, you will complete the steps in <u>Section 2</u>.

If you already have a UtahID account and any type of EVS application (patient, agent, etc.), you will follow the steps in <u>Section 3</u>.

If you are renewing an existing pharmacy employee application, you will follow the steps in <u>Section 4</u>.

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1.1. From <u>ID.Utah.gov</u> click "Create an Account".

	Username or Email
Utahid	Password Remember my username SIGN IN
(i) (2) (2-) About Get Help Feedback	Forgot password? Create an account

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





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.



Account Creation	 Not same as current password Retween 8 and 128 characters long Not contain name, username, etc.
Utahid	Password * &
	Confirm Password *
North Constant of the	SUBMIT
	Return to Sign In Page
	Forgot Password?

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.

Security Code
In an effort to keep your account more secure, your account requires the use of an additional security code in order to proceed.
Please select the method that you would like to receive your security code.
Email code to da*******@gm***.***
■ Text code to (***) ***-**41
_
Security Code
A code has been sent to 801
Security Code
Submit
Try Another Option
Resend Code
Start Over



Section 2 - Registering in ERS

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

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

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Employee Information	
Type of License Ubah 10	
First Name	
Last Name *	
Suffix V	
Last Four Digits of \$SN	
Date of Birth	
Email Address *	
Register - Clancel By signing in to this system you are agreeing to the Woldman support office.	

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





2.5. You will then be directed to the <u>evs.utah.gov</u> 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.

HOME TRACKING INBOX			
Tracking Inbox			
Patient QMP UDOH Agent			
<pre></pre>	C Refresh S Print CSV Displaying 1 - 1 of 1 All Assignments 🗸 Y Fitter	Column Filters (OFF)	
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".



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Lat Name Inter Lat Name Inter Suffactor Inter Lat Alonge System Inter Cate of alm Intrinsition Cate of alm o	ersonal User Information		A lacknowledge that I have completed the Utah Department of Health's training materials for registered (pharmacy/coulier) agents. I acknowledge that I have reviewed the legal requirements associated with this position and that violation of these policies will result in my license being suspended or withdrawn.
sub index Lat 4 Copers 221 Cat d lin 1111199 (monOSY) 0 Golde 121 Tect Lat Access 123 Tect Lat Access 124 Tect Access Acc	First Name	Test	
Lat Jogher SSN 213 Date of tain 10111911 Other main Address 213 Address 214 Address 214 Address 214 Address 214 Address 214 Address 214 Address 214 <	Last Name	Tester *	I Acknowledge Training *
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Address 123 her Law ApdSuss 123 her Law ApdSuss Image: Comparison of the compari	Gender	Female 🗸 🖌	I certify the above information to be true and complete and no one other than me is submitting this request. I authorize the Utah Department of Health to
Aposana Aposan	Address	123 Test Lane +	Agent Acknowledgement *
Severe Test Severe	Apt/Suite#		EBI Privacy Statement
Poche Carles Car	City	Salt Lake City +	
Work Facilities * Facilities * Facilities * Sowing 'to 1' of testing Parolan Hender Standing Parolan Facilities *	State	Utah 👻 🔸	
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+ New Work Facility	Camille's Cannabis		
	Showing 1 to 1 of 1 entries	Previous 1 Nex	
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	Save & Submit Registration	Cancel My Registration Save & Make Ina	tive Save & Keep in Draft
Sare & Submit Registration Carsori My Registration Sare & Make Inactive Sare & Keep in Dialt			
Sale & Sidon's Registration Cances My Registration Silve & Male Inactive Sale & Keep in Dust			

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 \star 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.

Facility Name		A
	No data available in tab	ble
Showing 0 to 0 of	0 entries	Previous Next
New Work Fac		
	anty	
	anty	
	New Work Facility	×
		×
	New Work Facility	×



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...".

Tracking Inbox » Pharmac	y Medical Provider	» CME Listing						
Pharmacy Medical Provi	der CME	Work Facility	Payment	Notes	Corrected Documentation	Event	Data Changes	Assignments
+ New Column Filte	rs (OFF) 🕨							
No records found.								
Tracking Inbox » Pharmacy	Medical Provider	» New CME						
Pharmacy Medical Provid	ler CME	Work Facility	Payment	Notes	Corrected Documentation	Event	Data Changes	Assignments
Course Title	PMP CE course	e	*					
Course Provider	DHHS]*					
Course Completion Date	02/20/2023	🖬 (mm/dd/yyyy)*					
Number of CME Hours	40		*					
Certificate	PMP CE Certif	icate.pdf			*			
	[Browse Rev	vert]						
	Upload complete.							
Save								

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.

Item	Quantity	Item Amount	Total
UTEVS Registration Fee UDOH-00006-2023	1	\$100.00	\$100.00
Total Amount:			\$100.00
Credit Card Information			
Card Number:*		V35A 📷 😂 ******]
CVV Number:*			
Expiration Date:*	01 - January 🗸	/ 2023 🗸]
Account Holder Information			
Name on Card:*	Test Tester]
Country:*	United States	~	
Address:*	123 Test Lane]
Address Line 2:			
City:*	Salt Lake City		1
	Utah		י ר
State:* Postal Code:*	84116]
Postal Code:*	04110]
Email Address:	test@gmial.com		
Note: We use your email to send you a re	eceipt. If you do not provide a	valid email address, you will n	ot receive a receipt via em
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 	parment with a card containing	
	Use this option to make a partial limited funds.	payment and a set a contability	
	Other Amount:		

2.12. Verify all fields are correct by clicking "Yes".



	rd Information and click "Yes" to proceed	with payment.				
Credit Card Ir	nformation					
Card Type:	Visa	Visa				
Card Number:	***************************************					
Expiration Date:	01/2026					
Address: City:	123 Test Lane Salt Lake City					
Account Hold	er information					
Address:	123 Test Lane	Test Tester				
City:						
State:	UT					
Postal Code:	84116					
Country:	US					
Email Address:	test@gmial.com					
Your Order	Quantity	Item Amount	Total			
	······································	\$100.00	\$100.00			
UTEVS Registration Fee UDOH-00006-2023						

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
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.



UDOH Agent	UDOH Agent » Work Facility	New Corrected Payment	Documentati Notes	on Corrected Docu	montation	Change Of Information	Event	Data Changes	Assignments
obort Agent	Work Facility	rayment	Trotes	Confected Doct		change of mormation	Lvent	Data Changes	Assignments
File 1					*				
	[Browse]								
File 2									
	[Browse]								
File 3									
	[Browse]								
File 4									
	[Browse]								
File 5									
	[Browse]								
File 6									
	[Browse]								
File 7									
	[Browse]								
File 8									
	[Browse]								
File 9									
	[Browse]								
File 10									
	[Browse]								
Comment									
Save									
Save									

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 <u>cannabiscompliance@utah.gov</u>.

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 <u>evs.utah.gov</u> application.



Section 3 – EVS application

This set of instructions is to be used if you already have an <u>evs.utah.gov</u> 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 <u>evs.utah.gov</u> 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".



HOME	TRACKING INBOX
You	ir current roles are:
• F	Patient
ATTEN	TION: Only use this tool if you are adding a role (i.e., you are a p
	add role, select a role in the drop down list.
C C L	aregiver ourier Agent ultivation Agent aboratory Agent harmacy Agent
P Q Q	harmacy Medical Provider (PMP) rocessor License Agent IMP IMP Proxy
P Q Q	rocessor License Agent

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



- 3.5. Navigate back to <u>evs.utah.gov</u> 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
○ Caregiver	Caregiver
Patient	Medical cannabis patient.
O Pharmacy Agent	Pharmacy Agent
O 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 steps2.8 through 2.16.