

Medical cannabis provider electronic verification system (EVS) guide

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What do I need when I apply to be a qualified medical provider (QMP) in the electronic verification system (EVS)?

You will need to provide the following information when you apply to be a qualified medical provider (QMP) and when you renew your QMP application every 2 years.

- A UtahID account
- Personal contact information
- Government issued photo identification like a driver's license or passport
- Your professional address and office phone number
- Proof that you have completed your medical cannabis continuing medical education (CME) course including: course name, date, digital copy of your certificate of completion
- Professional license number
- Controlled substance license number
- Drug enforcement administration (DEA) number
- National Provider Identifier (NPI) number

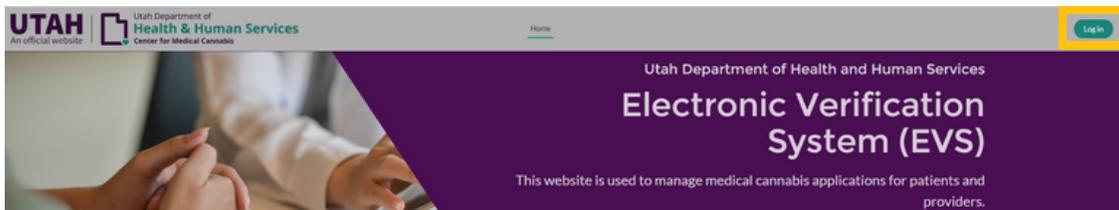
What is a UtahID?

UtahID is a state-wide account that you'll use to verify your identity before you log into the EVS. If you have a UtahID for other programs, use the same one when you apply for a medical cannabis card. You don't need to make a new UtahID just for medical cannabis.

How do I sign up for a UtahID?

Follow these steps to sign up for a UtahID **if you don't already have one.**

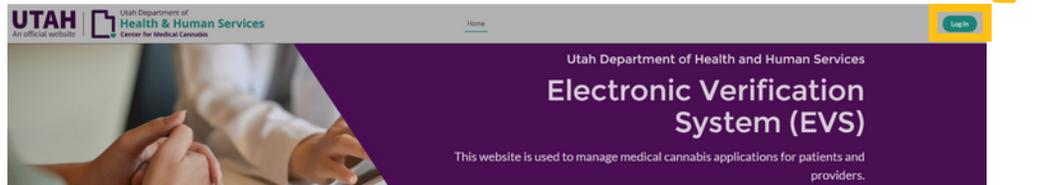
1. Go to evs.utah.gov and click the "Log in" button at the top right.



2. Follow the steps at <https://dts.utah.gov/idhelp/account-creation/> to create your account.

How do I create an account in the electronic verification system (EVS)?

1. Go to evs.utah.gov and click the “Log in” button at the top right.

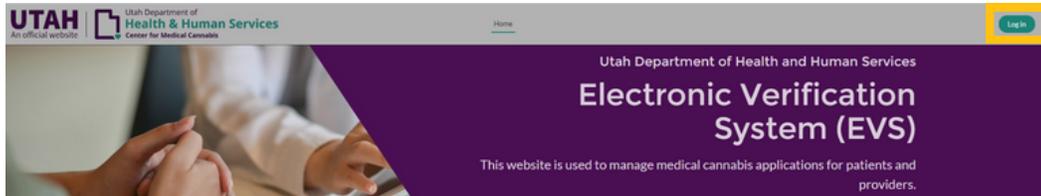


2. You will be taken to a screen with a “Complete your registration” header.
3. Select “QMP” under the “Register as” heading.
4. Enter all the required details. Required information is marked with a red star. Make sure you enter this information correctly, because you won’t be able to change it later.
5. Click the “Submit” button.
6. You’ll be redirected to the EVS home screen where you can see your account information and submit your QMP application.

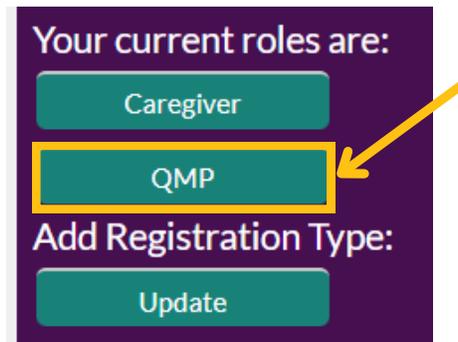
A screenshot of the 'Complete Your Registration' form. The form title is 'Complete Your Registration' with a blue underline. Below it is the subtitle 'Complete Your Registration to the Electronic Verification System Before Applying for the Medical Cannabis Program'. The 'Register as' section has radio buttons for 'Patient', 'QMP', 'QMP Proxy', 'PMP', and 'Caregiver'. The 'QMP' option is selected and highlighted with a yellow box, with a yellow arrow pointing to it from the left. Below this are input fields for 'First Name', 'Last Name', 'Suffix' (a dropdown menu), 'Last 4 Digits of SSN', 'Date of Birth' (with a calendar icon), and 'Email Address'. The 'Email Address' field contains the text 'cmcsftesting+pt@gmail.com'. At the bottom of the form is a large teal 'Submit' button, which is highlighted with a yellow box and a yellow arrow pointing to it from the left.

How do I submit an initial QMP application in the electronic verification system (EVS)?

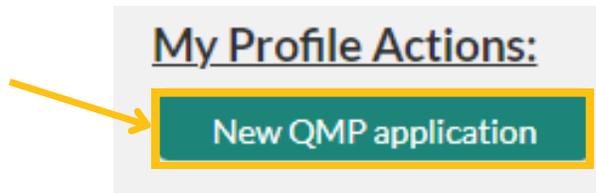
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “New QMP application” button under the “My profile actions” heading.



5. While working on your application, you can click the “Save” link on the bottom left side of the page to save your application and finish it at another time. You can cancel your application completely by clicking the “Cancel” link on the bottom left side of the page.



6. Enter your personal details. Required information is marked with a red star. Make sure your name matches exactly what is on your identification. Click the “Next” button on the right side of the screen.

QMP Medical Provider Information

*Registration Type
QMP

*First Name
Last Name

Suffix
*Last 4 Digits of SSN
1012

*Date of Birth
00-31-1996
*Gender

*Email Address
*QMP PIN

*Mobile Phone Home Phone *Work Phone

QMP Proof of Identity

*ID Type *ID Number

*ID Issue Date *ID Expiration Date

Cancel Save **Next**

7. Click the “Add address” button. A pop up screen will appear. Enter at least 1 office address and 1 residential or mailing address. Click the “Save” button.

Addresses

Please provide one office address and one residential or mailing address.

TYPE	STATUS	ADDRESS	CITY
------	--------	---------	------

Add Address

8. Click the “Add records” button. A pop up screen will appear. Enter the information for continuing medical education (CME) records including the course title, course provider, course completion date, and number of CME credits.

9. Upload a photo of your certificate. Click the “Next” button on the right side of the screen.

CME Records

COURSE TITLE	COURSE PROVIDER	COURSE COMPLETION DATE	NUMBER OF CME HOURS
--------------	-----------------	------------------------	---------------------

Add Records

Certificate

Upload Files

Cancel Save Previous **Next**

10. Enter your QMP credentials. Click the “Next” button.

Qualified Medical Provider Credentials

*Type of Qualified Medical Provider

*Utah Professional License Number Core number + 4 digit identifier ⓘ

*Utah Controlled Substance License Number ⓘ

*DEA Number

*NPI Number

Cancel Save Previous **Next**

11. Read the QMP acknowledgement statement and click the “Qualified medical provider acknowledgement” box.

12. Read the “Authorization to publish” statement. If you want to opt out of having your information published on the “Locate a provider” page, click “No”. Then click the “Submit” button.

QMP Acknowledgement

1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a qualified medical provider who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.

2. I certify that I have completed four hours of DHHS-approved continuing education.

3. I additionally certify that I have been given actual Notice, and understand that notwithstanding the Utah Medical Cannabis Act (Act):

1. Cannabis is a prohibited Schedule I controlled substance under federal law;

2. Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act;

3. Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;

4. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.

4. I certify that I do not have a voting interest 2% or greater in medical cannabis pharmacy.

5. I certify that I do not have the power to direct or cause the management or control of a medical cannabis pharmacy.

6. I certify that I am not an owner, officer, director, board member, employee, or agent of a cannabis production establishment, a medical cannabis pharmacy, or a medical cannabis courier.

7. 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 and Human Services to contact me using the telephone number and email address I provided. I understand incomplete applications will not be accepted. Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my qualified medical provider card and other administrative, civil or criminal penalties.

* Qualified Medical Provider Acknowledgement

DHHS Authorization to Publish

I authorize the Utah Department of Health and Human Services to publish the following information on the locate a provider page

Yes No

Cancel Save Previous **Submit**

13. You will be redirected to a confirmation screen once you’ve submitted your application.

Confirmation

Your QMP application QMP-24-0000000248 was successfully submitted. Please click on View Application to make payment.

Cancel View Application

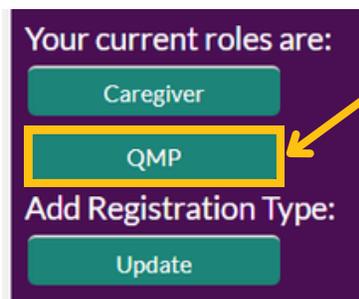
14. You’ll get an email from us with instructions to pay your QMP registration fee after you submit your application.

How do I make a payment?

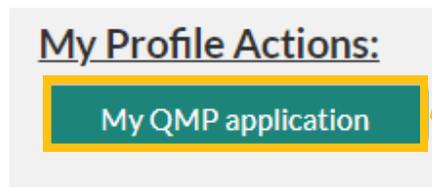
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My QMP application” button under the “My profile actions” heading.



5. Click on the application you're paying for under “QMP ID”.

QMP Id	First Name	Last Name	Email	Last 4 Digits of SSN	Date of Birth	Status
QMP-24-0000000244	Sarah	CMC	cmcsftesting+pt@gmail.com	1012	2000-07-03	Awaiting Payment

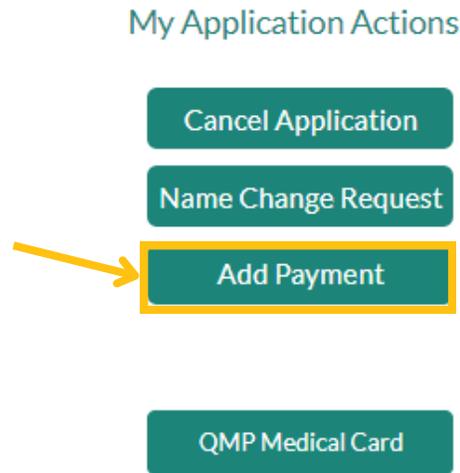
A screenshot of the "My QMP applications" table. A yellow arrow points to the "QMP Id" column, which contains the value "QMP-24-0000000244".

6. You'll see which applications are ready to be paid for because they'll have an “Awaiting payment” status on the right side of the screen.

QMP Id	First Name	Last Name	Email	Last 4 Digits of SSN	Date of Birth	Status
QMP-24-0000000244	CMC	Dash	cmcsftesting+pt@gmail.com	1012	2000-07-03	Awaiting Payment

A screenshot of the "My QMP applications" table. A yellow arrow points to the "Awaiting Payment" status in the "Status" column.

7. Click the "Add payment" button.



8. You will be redirected to a payment screen. Pay your card fee with a credit or debit card.

The screenshot shows the "Credit Card Payment" screen on the Utah.gov GOVPAY portal. At the top, it says "A SECURE ONLINE SERVICE FROM UTAH.GOV" and "utah.gov GOVPAY". The main heading is "Credit Card Payment". Below this is a table with the following data:

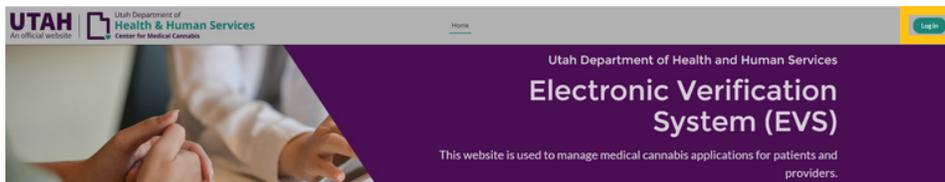
Item	Quantity	Item Amount	Total
PAT-24-0000011848	1	\$15.00	\$15.00
Total Amount:			\$15.00

Below the table is a section titled "Credit Card Information" with the following fields:

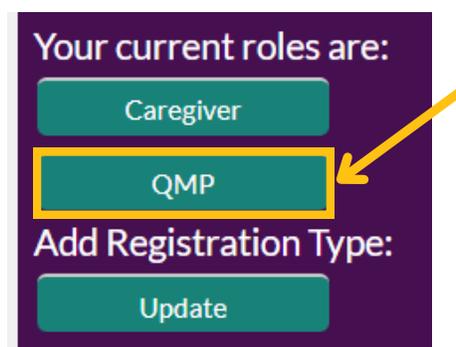
- Card Number: * (with a dropdown menu for card types: VISA, AMEX, M/C, D/C)
- CVV Number: *
- Expiration Date: * /

How do I renew my QMP application?

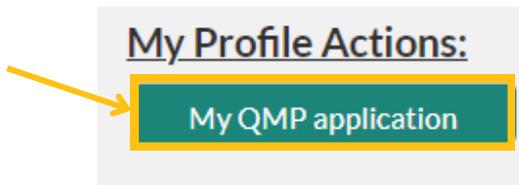
1. Go to evs.utah.gov and click the “Log in” button at the top right.



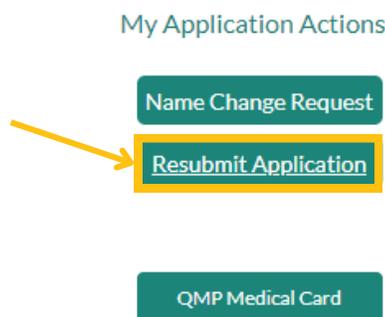
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My QMP application” button under the “My profile actions” heading.



5. Click the “Resubmit application” button under “My application actions”.



6. Review your information and make any needed changes. Fill out all the required information marked with a red star.

7. Upload a CME certificate. Click the “Next” button.

Certificate

Cancel Save Previous Next

8. Review your QMP credentials and make any needed changes. When your information is up to date, click the “Next” button.

9. Read the QMP acknowledgement statement and click the “Qualified medical provider acknowledgement” box.

10. Read the “Authorization to publish” statement. If you want to opt out of having your information published on the “Locate a provider” page, click “No”. Then click the “Submit” button.

QMP Acknowledgement

1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a qualified medical provider who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.
2. I certify that I have completed four hours of DHHS-approved continuing education.
3. I additionally certify that I have been given actual Notice, and understand that notwithstanding the Utah Medical Cannabis Act (Act):
1. Cannabis is a prohibited Schedule I controlled substance under federal law;
2. Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act;
3. Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
4. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.
4. I certify that I do not have a voting interest 2% or greater in medical cannabis pharmacy.
5. I certify that I do not have the power to direct or cause the management or control of a medical cannabis pharmacy.
6. I certify that I am not an owner, officer, director, board member, employee, or agent of a cannabis production establishment, a medical cannabis pharmacy, or a medical cannabis courier.
7. 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 and Human Services to contact me using the telephone number and email address I provided. I understand incomplete applications will not be accepted. Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my qualified medical provider card and other administrative, civil or criminal penalties.

Qualified Medical Provider Acknowledgement

DHHS Authorization to Publish

I authorize the Utah Department of Health and Human Services to publish the following information on the locate a provider page.
 Yes No

Cancel Save Previous Submit

11. You will be redirected to a confirmation screen once you’ve submitted your application. To pay for your renewal, click the “View application” button.

Confirmation

Your QMP application QMP-24-0000000248 was successfully submitted. Please click on View Application to make payment.

Cancel View Application

12. Click the “Add Payment” button under the “My application actions”. You will be redirected to a payment screen. Pay your card fee with a credit or debit card.

My Application Actions

Cancel Application

Name Change Request

Add Payment

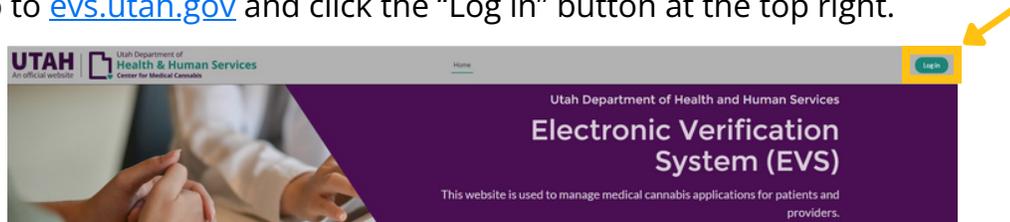
How do I manage my patients in the Electronic Verification System (EVS)?

There are a lot of ways you can manage your patients in the EVS. You can search for patients in the system, assist them in registering or editing their information and view their purchase history.

You can also use the EVS to certify a patient, add dosing guidelines, change a certification, withdraw a certification, and add in patient notes.

How do I search for patients?

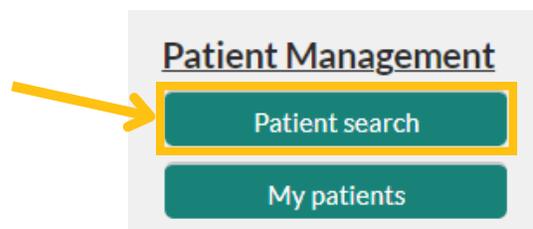
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “Patient search” button under the “Patient management” heading.



5. Enter the patient's first name, last name, and date of birth or their patient ID and date of birth. Click the "Get patient details" button.



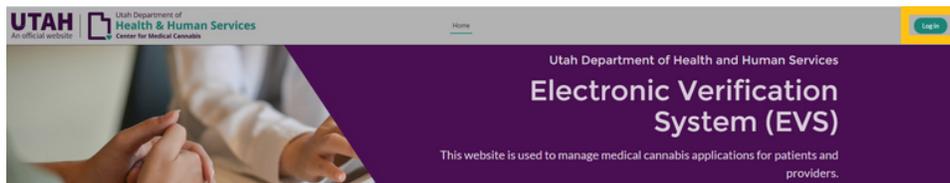
The screenshot shows a "Patient search" form with the following fields: "Date of birth", "First name", "Last name", and "Patient ID (card number)". A yellow arrow points to a teal button labeled "Get Patient Details" at the bottom right of the form.

6. You'll be redirected to the patients application page.

How do I view my list of certified patients?

Follow these steps to view a list of certified patients. This page cannot currently sort or be used to export a list of your patients.

1. Go to evs.utah.gov and click the "Log in" button at the top right.



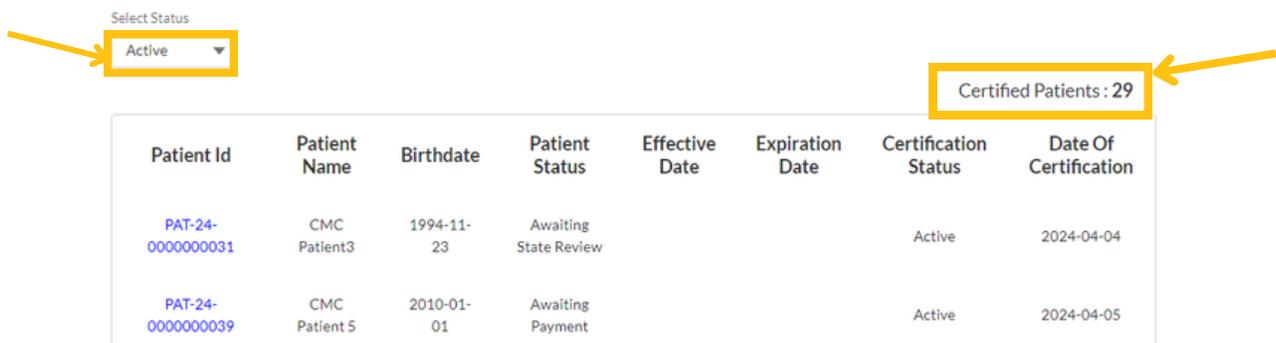
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "QMP" button on the left hand side.



4. Click the "My patients" button under the "Patient management" heading.



5. You will see a list of the patients you (or your QMP proxy) have certified. Patients are organized by if their certifications are active or inactive. You can click on the "Select status" drop down to sort the list based on certification status.
6. You can view the number of certified patients that counts towards your patient limit in the top right. It will say "Certified patients" followed by the number of active patients you have.



7. Click on the patient ID for the patient you'd like to view. You will be redirected to their application.



How do I register on my patients behalf?

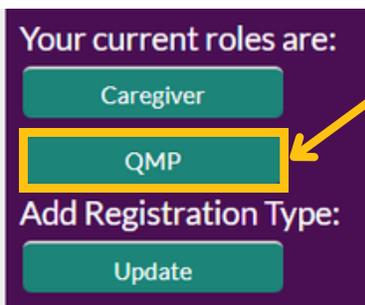
A patient may request your assistance in submitting their application.

Follow these steps to register your patient in the EVS.

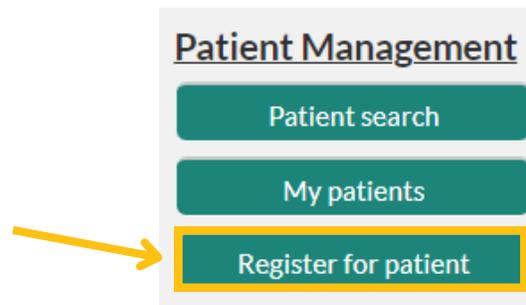
1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “Register for patient” button under the “Patient management” heading.



5. While working on their application, you can click the “Save” link on the left side of the page to save the application and finish it at another time. You can cancel the application completely by clicking the “Cancel” link on the left side of the page.



6. Enter the patient's personal details. Required information is marked with a red star. Make sure their name matches exactly what is on their identification. Click the "Next" button on the right side of the screen.

Patient Information

* First Name	* Last Name
<input type="text"/>	<input type="text"/>
Suffix	* Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>
* Date of Birth	* Gender
<input type="text"/>	<input type="text"/>
* Email Address	Phone Number
<input type="text"/>	<input type="text"/>
* Address	Apt/Suite#
<input type="text"/>	<input type="text"/>
* City	* State
<input type="text"/>	Utah
* Zip Code	
<input type="text"/>	

00000

Cancel Save Previous **Next**



7. They can enter their caregiver information or health facility information on the next screen. This information is not required. If a caregiver is entered, the caregiver listed will receive an invitation to apply in the system once a patient card is active. Make sure to click the "Add caregiver" button and/or the "Add facility" button after entering the information. Click the "Next" button.

Caregiver & Health Facility Information

(Not Required) Enter a Caregiver if you require a family member or friend to purchase product on your behalf at a pharmacy.

Add/Edit Caregiver

FIRST NAME	LAST NAME	DATE OF BI...	EMAIL ADD...
------------	-----------	---------------	--------------

Add Caregiver



8. Have the patient read the patient acknowledgement statement and click the "Acknowledge" box.
9. Have the patient read the medical research statement. If they want to opt out of medical research, click the "Opt out of medical research" box. Then click the "Submit for certification" button.

Patient Acknowledgement

1. I understand that the Utah Department of Health and Human Services (DHHS) may revoke the registration of a medical cannabis patient cardholder who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.

2. I acknowledge that I have received and read the Cannabis Information Document provided by the DHHS.

3. I additionally certify that I have been given actual Notice, and understand that notwithstanding the Utah Medical Cannabis Act (Act):

- o Cannabis is a prohibited Schedule I controlled substance under federal law;
- o Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act; and
- o Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration.

4. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.

5. I understand that it is the continuing responsibility of applicants and registrants to read, understand, and apply the requirements contained in all statutes and rules pertaining to the registration for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

6. I understand that by applying for a medical cannabis card, limited information about me collected by the Utah Department of Health may be used for external medical research. If I wish to withdraw my consent, I understand that I may send an email to medicalcannabis@utah.gov indicating that I withdraw my consent for my information to be used for external research.

7. I certify the above information to be true and complete and no one other than me is submitting this request. I authorize the DHHS to contact me using the telephone number and email address I provided. I understand incomplete applications will not be accepted. Submission of false, misleading or inaccurate information in connection with this application is grounds for revocation of my medical cannabis patient card and other administrative, civil or criminal penalties.

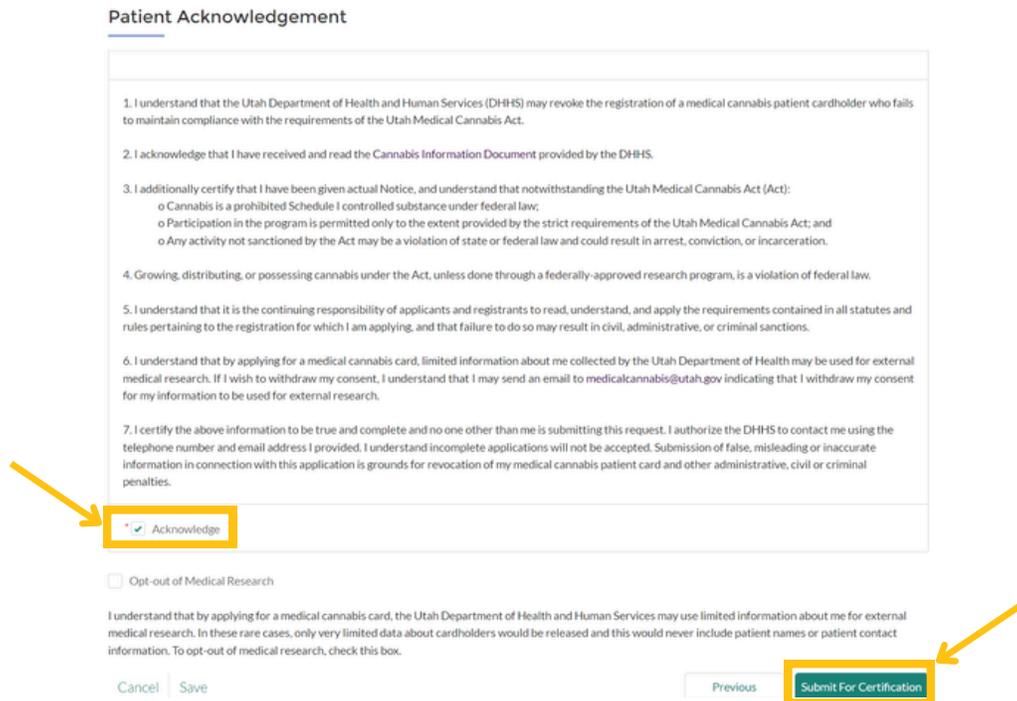
Acknowledge

Opt-out of Medical Research

I understand that by applying for a medical cannabis card, the Utah Department of Health and Human Services may use limited information about me for external medical research. In these rare cases, only very limited data about cardholders would be released and this would never include patient names or patient contact information. To opt-out of medical research, check this box.

Cancel | Save

Previous | **Submit For Certification**



10. You will be redirected to a confirmation screen once you've submitted the application.
11. The patient will get an email from us with instructions to pay their medical cannabis card fee after you submit their medical cannabis certification in the EVS.

What is a medical cannabis certification?

A medical cannabis certification verifies that a patient meets the qualifications to use medical cannabis in Utah. QMPs submit patient certifications through the electronic verification system (EVS).

You must meet with new patients in-person before submitting their first medical cannabis certification. You can meet with your patients through telehealth for follow-up and renewal appointments.

Patients who are younger than 21 years or who don't have a qualifying medical condition must be approved by the Compassionate Use Board.

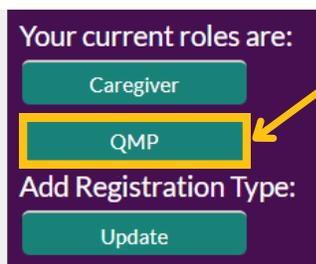
How do I certify a patient?

You'll follow the same steps for submitting initial certifications and renewing certifications.

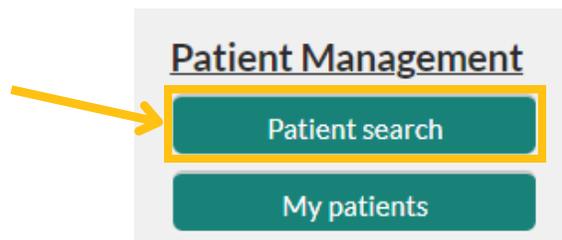
1. Go to evs.utah.gov and click the "Log in" button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "QMP" button on the left hand side.



4. Click the "Patient search" button under the "Patient management" heading.



5. Enter the patient's first name, last name, and date of birth or their patient ID and date of birth. Click the "Get patient details" button.



Patient search

You can search by first and last name OR patient ID (card number). You must always provide a date of birth.

*Date of birth

First name

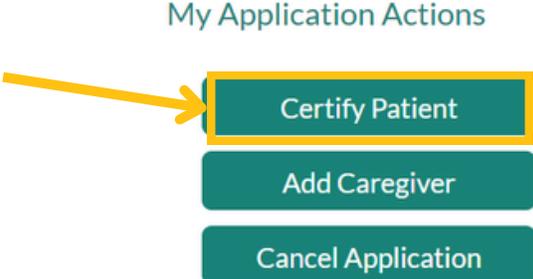
Last name

Patient ID (card number)

Get Patient Details

A yellow arrow points to the "Get Patient Details" button.

6. Check the patient's status in the EVS and make sure the status is "Awaiting certification."
7. Make sure the information you have from the patient matches the information on their EVS profile.
8. Click the "Certify patient" button on the left hand side under "My application actions".



My Application Actions

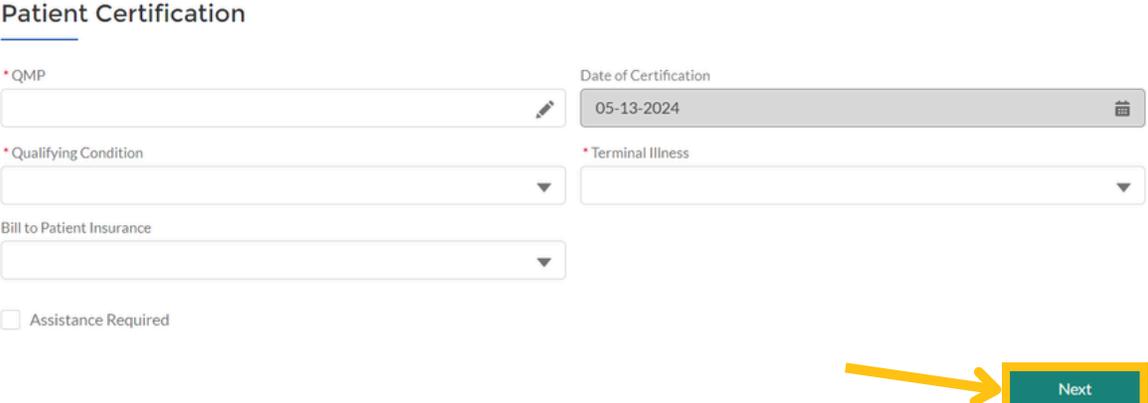
Certify Patient

Add Caregiver

Cancel Application

A yellow arrow points to the "Certify Patient" button.

9. Enter the required fields and click the "Next" button to submit the certification.



Patient Certification

* QMP

Date of Certification

* Qualifying Condition

* Terminal Illness

Bill to Patient Insurance

Assistance Required

Next

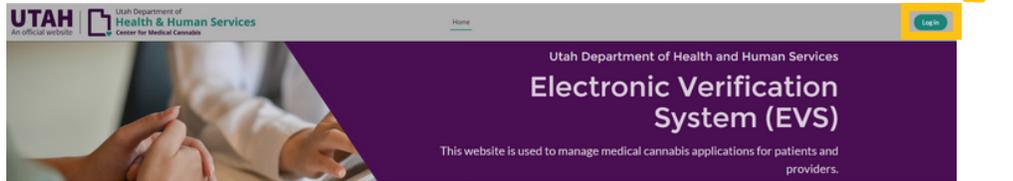
A yellow arrow points to the "Next" button.

How do I add dosing guidelines?

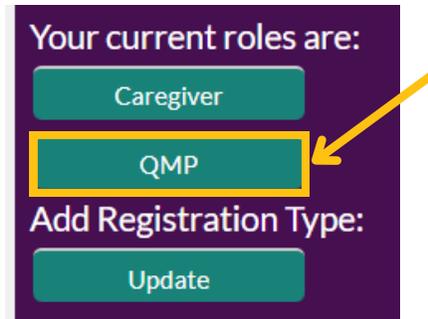
After you submit the certification, you can add dosing guidelines to the patient’s certification. This is not required. If you choose not to add dosing guidelines to the patient’s certification, the patient will work with a medical cannabis pharmacist to figure out the types and amounts of cannabis they should buy.

Follow these instructions to add dosing guidelines to a certification:

1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My patients” button under the “Patient management” heading.

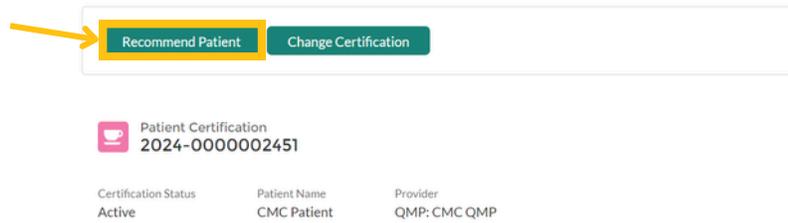


5. Click on the patient ID for the patient you’d like to view. You will be redirected to their application.

Certified Patients : 29

Patient Id	Patient Name	Birthdate	Patient Status	Effective Date	Expiration Date	Certification Status	Date Of Certification
PAT-24-000000031	CMC Patient3	1994-11-23	Awaiting State Review			Active	2024-04-04

6. Click the “Recommend patient” button at the top of the patient certification.

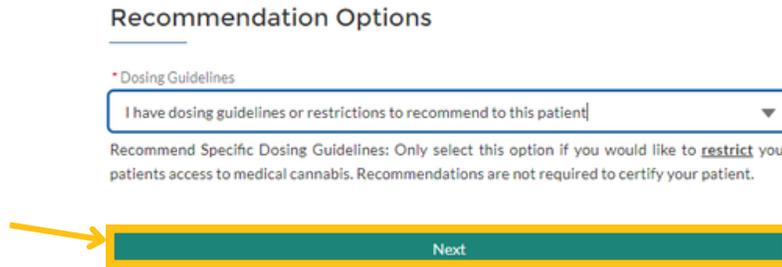


Recommend Patient Change Certification

Patient Certification
2024-0000002451

Certification Status	Patient Name	Provider
Active	CMC Patient	QMP: CMC QMP

7. Select “I have dosing guidelines” from the drop down menu. Click the “Next” button.



Recommendation Options

* Dosing Guidelines

I have dosing guidelines or restrictions to recommend to this patient

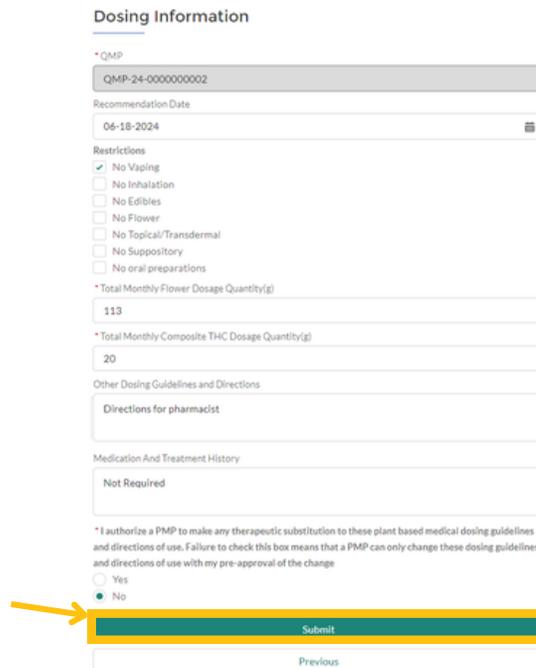
Recommend Specific Dosing Guidelines: Only select this option if you would like to restrict your patients access to medical cannabis. Recommendations are not required to certify your patient.

Next

8. Enter the required fields for dosing information (total monthly flower dosage quantity, total monthly composite dosage quantity). You can also add in a recommendation date, restrictions, dosing guidelines and directions, and treatment history.

9. Check the “yes” box at the bottom of the page if you’ll allow a medical cannabis pharmacist to make changes to your dosing guidelines after meeting with the patient. If you check “no,” the pharmacist will contact you to make any changes.

10. Click the “Submit” button.



Dosing Information

* QMP
QMP-24-0000000002

Recommendation Date
06-18-2024

Restrictions

- No Vaping
- No Inhalation
- No Edibles
- No Flower
- No Topical/Transdermal
- No Suppository
- No oral preparations

* Total Monthly Flower Dosage Quantity(g)
113

* Total Monthly Composite THC Dosage Quantity(g)
20

Other Dosing Guidelines and Directions
Directions for pharmacist

Medication And Treatment History
Not Required

* I authorize a PMP to make any therapeutic substitution to these plant based medical dosing guidelines and directions of use. Failure to check 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

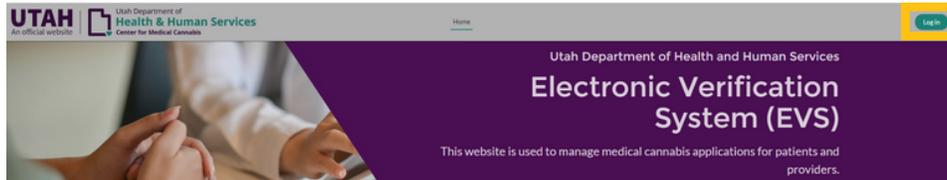
Submit

Previous

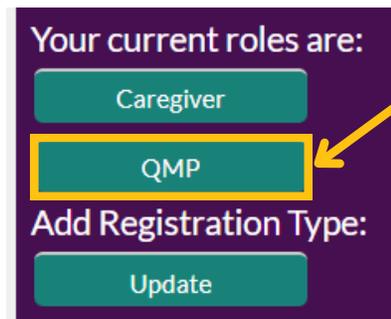
How do I change a certification?

QMPs can update a patient’s medical cannabis certification to change when the patient’s card expires, change the patient’s qualifying condition, or to fix a mistake on the certification.

1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My patients” button under the “Patient management” heading.

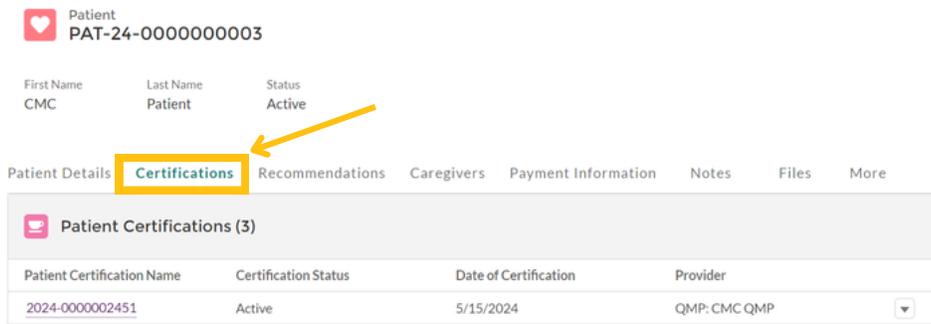


5. Click on the patient ID for the patient you’d like to view. You will be redirected to their application.

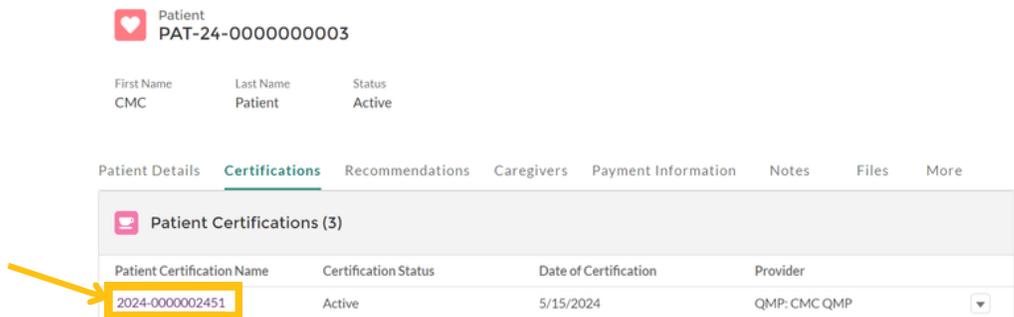
Certified Patients : 29

Patient Id	Patient Name	Birthdate	Patient Status	Effective Date	Expiration Date	Certification Status	Date Of Certification
PAT-24-000000031	CMC Patient3	1994-11-23	Awaiting State Review			Active	2024-04-04

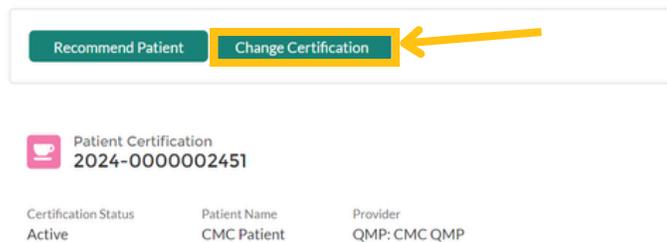
6. Click the “Certifications” tab at the top of the application.



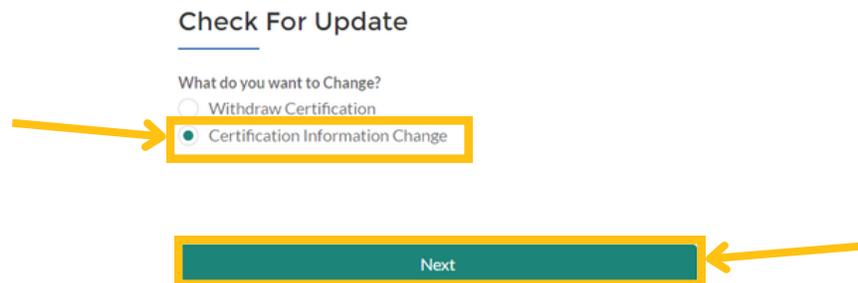
7. Click on their active certification. This should be at the top of the list.



8. Click the “Change certification” button at the top of the application.



9. Select “Certification information change” and click the “Next” button.



10. Fill in the required fields. Required information includes what you’re updating, the reason why it’s being updated, and the date. Click the “Submit” button.

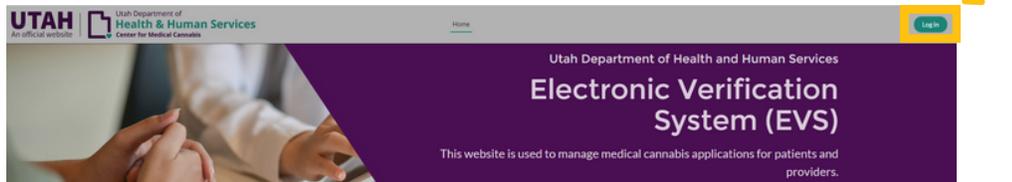
11. You will hear back from us about the change request by the next business day.

How do I withdraw a certification?

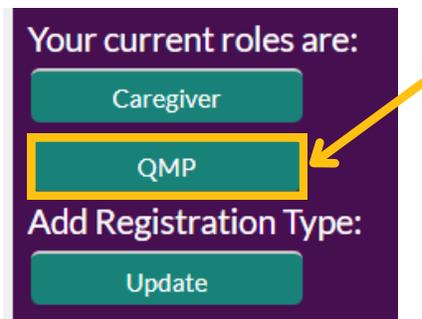
QMPs can withdraw a patient’s medical cannabis certification if the patient has any contraindications for using cannabis, if the patient passes away, or for other reasons at the QMP’s discretion. Withdrawing a certification inactivates the patient’s medical cannabis card immediately.

Follow these steps to withdraw a certification:

1. Go to evs.utah.gov and click the “Log in” button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My patients” button under the “Patient management” heading.

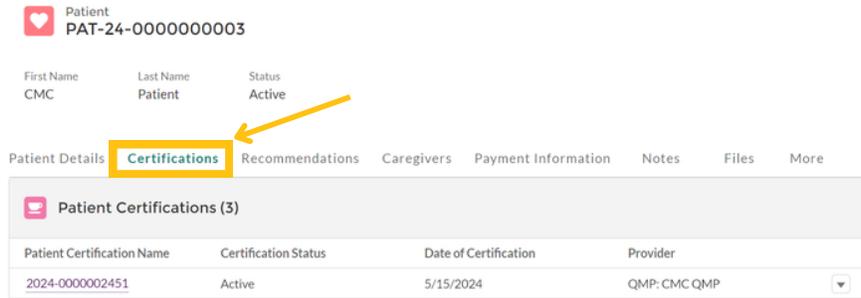


5. Click on the patient ID for the patient you’d like to view. You will be redirected to their application.

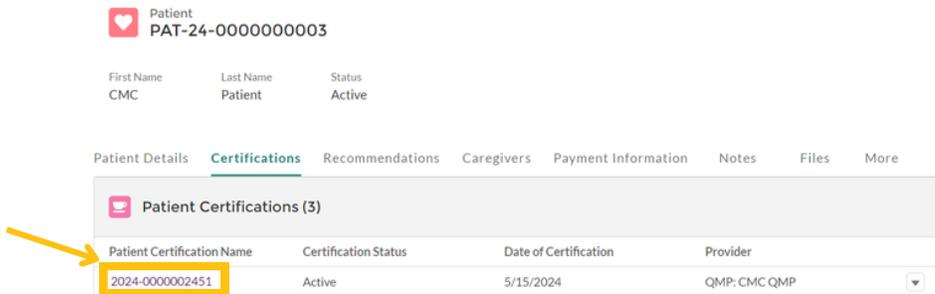
Certified Patients : 29

Patient Id	Patient Name	Birthdate	Patient Status	Effective Date	Expiration Date	Certification Status	Date Of Certification
PAT-24-0000000031	CMC Patient3	1994-11-23	Awaiting State Review			Active	2024-04-04

6. Click the “Certifications” tab at the top of the application.



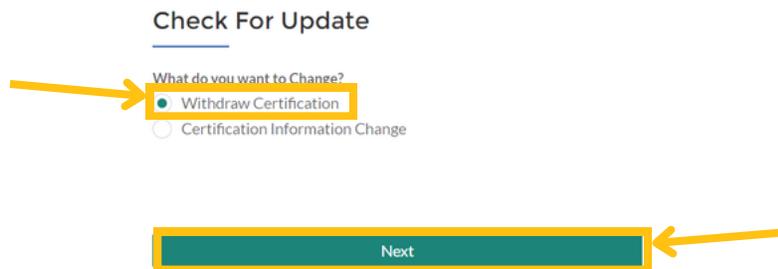
7. Click on their active certification. This should be at the top of the list.



8. Click the “Change certification” button at the top of the application.



9. Select “Withdraw certification” and click the “Next” button.



10. Enter the reason you are withdrawing the certification. This will be visible to the patient.

11. Click the “Submit” button.

12. The patient will receive an email from us explaining that their medical cannabis card isn't active anymore. They won't be able to legally buy, possess, or use medical cannabis.

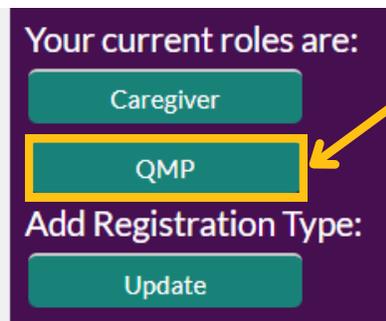
How do I add a patient note?

You can add a note to the patient's account if there's information that you want other QMPs or pharmacists to know about the patient. Pharmacists are required to read all of the notes on a patient's account when they help the patient. You can only type information into a note. You can't upload pictures or documents to the notes tab.

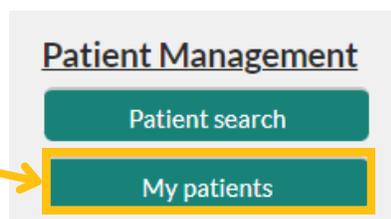
1. Go to evs.utah.gov and click the "Log in" button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "QMP" button on the left hand side.



4. Click the "My patients" button under the "Patient management" heading.

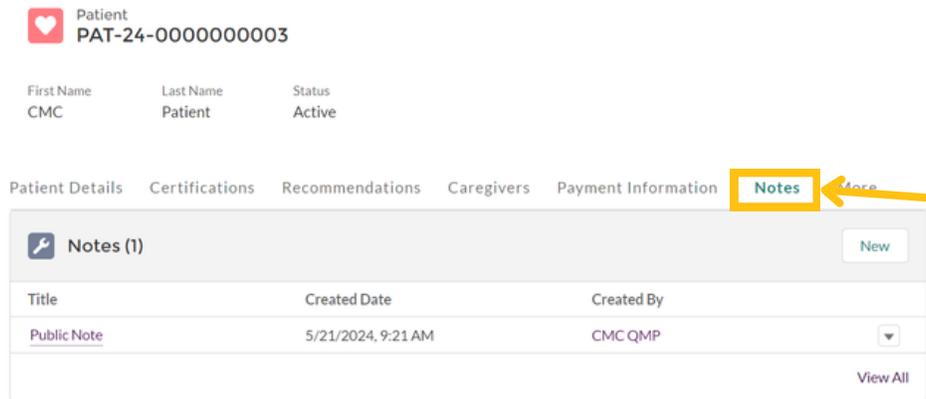


5. Click on the patient ID for the patient you'd like to view. You will be redirected to their application.

Certified Patients : 29

Patient Id	Patient Name	Birthdate	Patient Status	Effective Date	Expiration Date	Certification Status	Date Of Certification
PAT-24-0000000031	CMC Patient3	1994-11-23	Awaiting State Review			Active	2024-04-04

6. Click the "Notes" tab at the top of the application.



Patient
PAT-24-000000003

First Name: CMC Last Name: Patient Status: Active

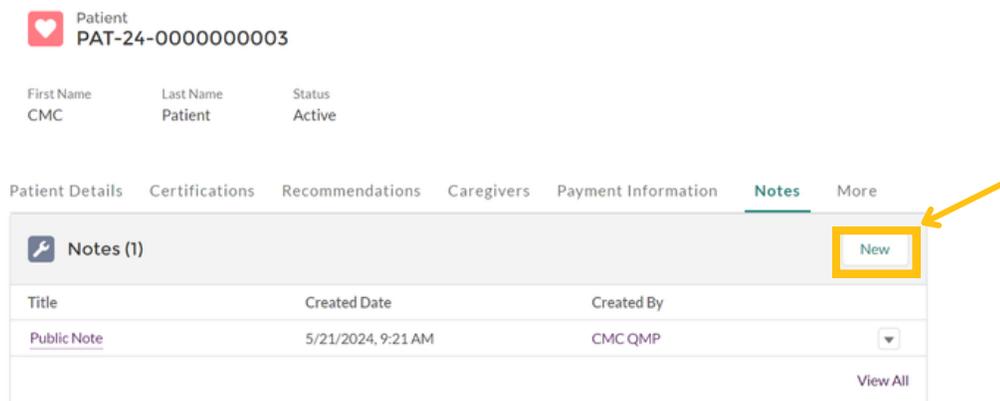
Patient Details Certifications Recommendations Caregivers Payment Information **Notes** More

Notes (1) [New](#)

Title	Created Date	Created By
Public Note	5/21/2024, 9:21 AM	CMC QMP

[View All](#)

7. Click the "New" button on the right hand side.



Patient
PAT-24-000000003

First Name: CMC Last Name: Patient Status: Active

Patient Details Certifications Recommendations Caregivers Payment Information **Notes** More

Notes (1) [New](#)

Title	Created Date	Created By
Public Note	5/21/2024, 9:21 AM	CMC QMP

[View All](#)

8. Type your note in the text field.

9. Click the "Save" button.

New Note

* = Required Information

Information

* Title IsPrivate

Type

Comment

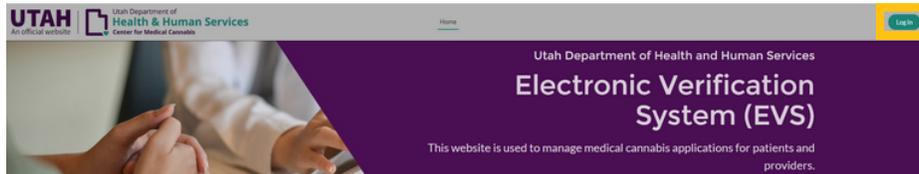
[Cancel](#) [Save & New](#) [Save](#)

How do I manage my account?

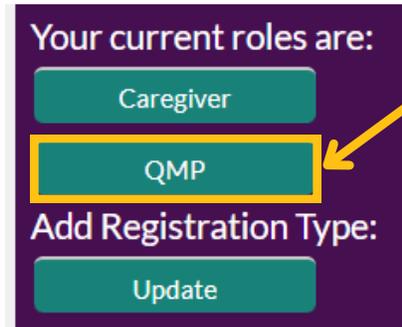
There are many ways that you can manage your electronic verification system (EVS) account. You can update your information, change your name, and update your published office location.

How do I update my information?

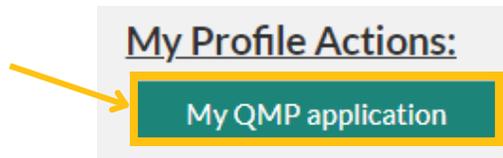
1. Go to evs.utah.gov and click the “Log in” button at the top right.



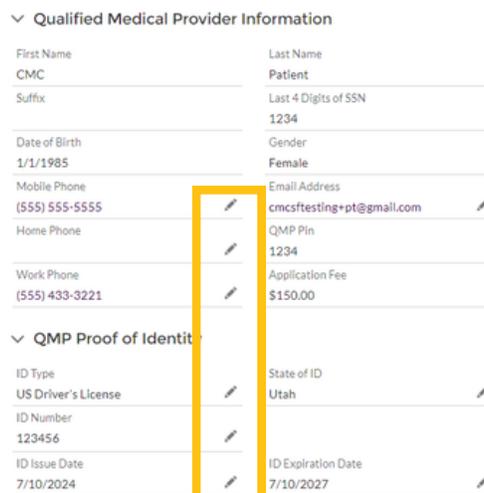
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My QMP application” button under the “My profile actions” heading.



5. Click on the pencil icon on the right side of the field you want to update.

A screenshot of the "Qualified Medical Provider Information" form. The form is divided into two sections: "Qualified Medical Provider Information" and "QMP Proof of Identity". The "Qualified Medical Provider Information" section includes fields for First Name, Last Name, CMC, Patient, Suffix, Last 4 Digits of SSN, Date of Birth, Gender, Mobile Phone, Home Phone, Work Phone, and Email Address. The "QMP Proof of Identity" section includes fields for ID Type, State of ID, ID Number, ID Issue Date, and ID Expiration Date. A yellow box highlights the pencil icons on the right side of the form, indicating where to click to edit the information.

- Update the information for the field you'd like to update. The field will be highlighted in yellow. When you are finish with your updates, click the "Save" button.

▼ Qualified Medical Provider Information

First Name	CMC	Last Name	Patient
Suffix		Last 4 Digits of SSN	1234
Date of Birth	1/1/1985	Gender	Female
Mobile Phone	5555555556	* Email Address	cmcsftesting+pt@gmail.com
Home Phone		QMP Pin	1234
Work Phone	5554333221	Application Fee	\$150.00

▼ QMP Proof of Identity

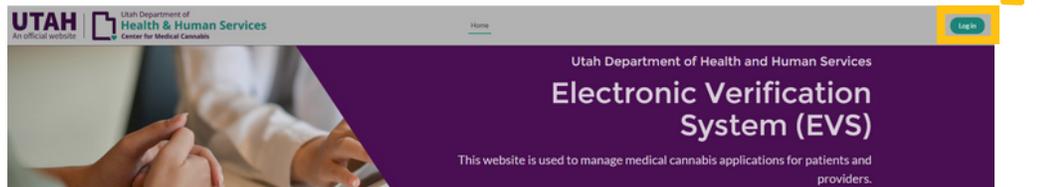
* ID Type	US Driver's License	State of ID	Utah
ID Number	123456	ID Issue Date	

Cancel Save

How do I change my name?

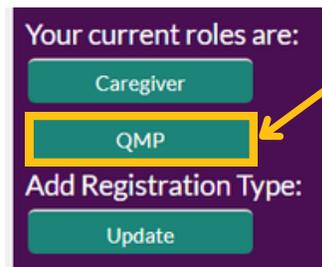
Changing your name requires approval from the DHHS team. It may take up to two business days to process a name change.

- Go to evs.utah.gov and click the "Log in" button at the top right.

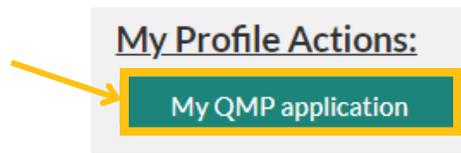


- You will be taken to the UtahID log in page. Log in with your UtahID.

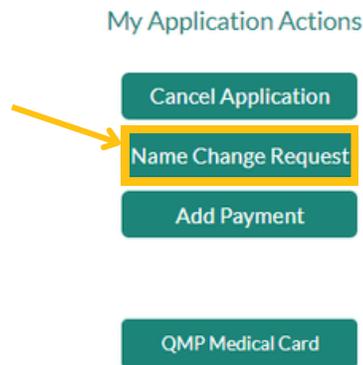
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My QMP application” button under the “My profile actions” heading.



5. Click on the “Name change request” button under the “My application actions” heading.

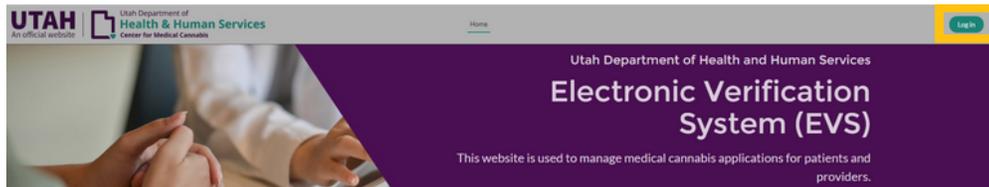


6. Enter your new first and last name. Upload a file with proof of your name change. This can be an ID or passport or a legal document proving your name change.
7. Click the “Submit” button. Your request will be reviewed within 2 business days.

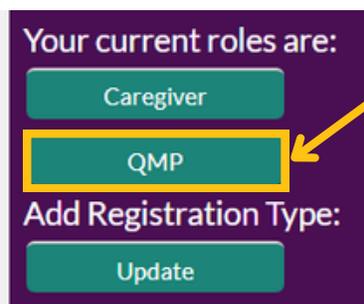
A form titled "QMP Name Change" with a blue underline. It contains two input fields: "* New First Name" and "* New Last Name". Below these is a section titled "Upload a file with evidence of name change" containing an "Upload Files" button with an upward arrow icon and a help icon. At the bottom right of the form is a teal "Submit" button, which is highlighted with a yellow border and has a yellow arrow pointing to it from the right.

How do I update my published office location?

1. Go to evs.utah.gov and click the “Log in” button at the top right.



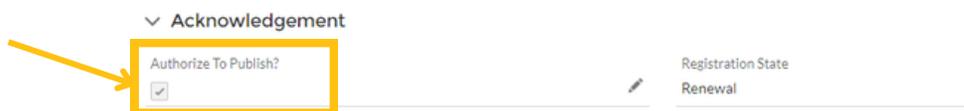
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



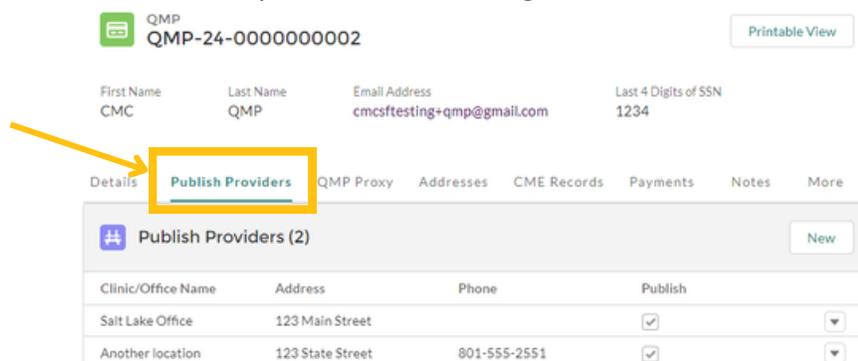
4. Click the “My QMP application” button under the “My profile actions” heading.



5. Scroll to the “Acknowledgment” heading at the bottom of your application. Make sure “Authorize to publish” is checked.



6. Click on the “Publish providers” heading.



7. Click on the down arrow on the right side of the address you would like to change and select "Edit".

QMP-24-0000000002 Printable View

First Name: CMC Last Name: QMP Email Address: cmcstesting+qmp@gmail.com Last 4 Digits of SSN: 1234

Details **Publish Providers** QMP Proxy Addresses CME Records Payments Notes More

Publish Providers (2) New

Clinic/Office Name	Address	Phone	Publish	
Salt Lake Office	123 Main Street		<input checked="" type="checkbox"/>	▼
Another location	123 State Street	801-555-2551	<input checked="" type="checkbox"/>	▼

[View All](#)

8. Find the field you want to update and update your information. The field you are updating will be highlighted in yellow.
9. Click the "Save" button once you have updated your information and if you don't have any other changes to make. If you'd like to add another location, click the "Save & new" button.

Edit PP-00000906

* = Required Information

QMP: × Publish:

Clinic/Office Name: Accepting patients under 21 years old?:

Address: Email for Publication Purpose:

State: ▼ Phone: ↻

City: Clinic Website:

Zip:

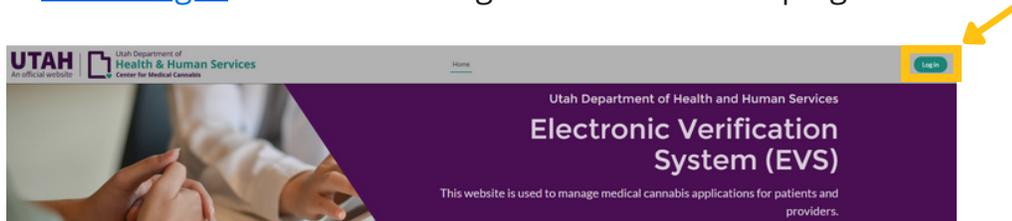
What is a QMP proxy?

A QMP proxy is a staff member who is chosen by the QMP to help with patient management. QMPs can have up to 3 QMP proxies.

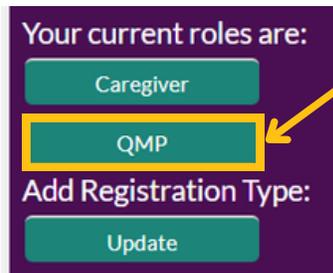
QMP proxies have access to the QMP's patients in the EVS. QMP proxies can add a certification, withdraw a certification, add patient notes, and enter recommendations.

How do I add a QMP proxy?

1. Go to evs.utah.gov and click the "Log in" button at the top right.



2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the "QMP" button on the left hand side.



4. Click the "My QMP application" button under the "My profile actions" heading.



5. Click the "Add QMP proxy" button under "My application actions".

My Application Actions



6. Enter all the required details. Required information is marked with a red star. Make sure you enter this information exactly as your QMP proxy does.
7. Click the "Submit" button.

Add QMP Proxy

* First Name

* Last Name

* Email

* ConfirmationEmail

* Date of Birth

8. You can view a list of your QMP proxies by clicking the "QMP proxy" tab on your QMP application.

 QMP
QMP-24-0000000002 Printable View

First Name	Last Name	Email Address	Last 4 Digits of SSN	Status
CMC	QMP	cmcsftesti...	1234	Active

Details Publish Providers **QMP Proxy** Addresses CME Records Payments More

 QMP Proxy (2)

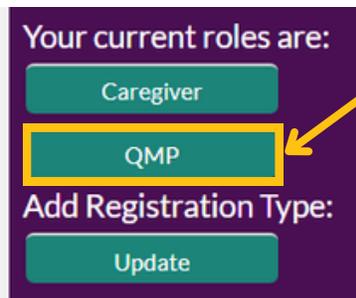
QMP Relationship ID	First Name	Last Name	End Date
QMPR-00000011	Robert	Parkinson	
QMPR-00000047	Crystal	Columbus	

How do I remove a QMP proxy?

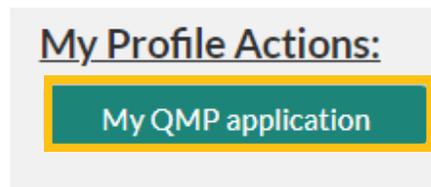
1. Go to evs.utah.gov and click the “Log in” button at the top right.



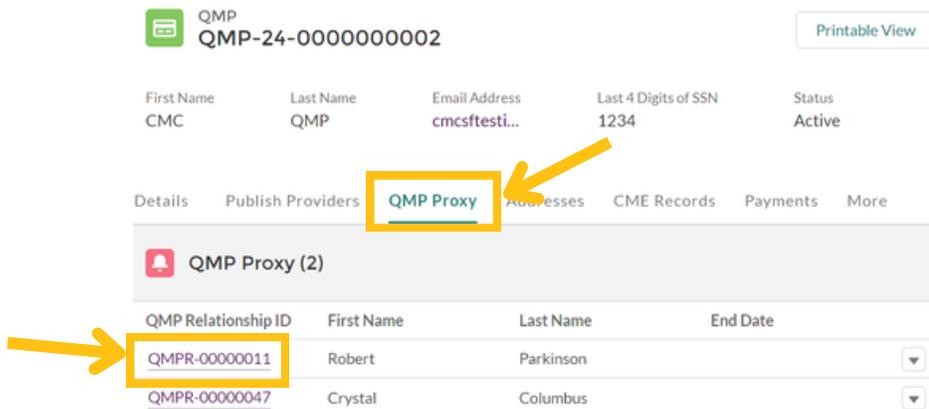
2. You will be taken to the UtahID log in page. Log in with your UtahID.
3. On your electronic verification system (EVS) account page, click the “QMP” button on the left hand side.



4. Click the “My QMP application” button under the “My profile actions” heading.



5. Select the “QMP proxy” tab and click on the QMP proxy ID that you would like to remove.



6. Select the date that you'd like the QMP proxy to be removed. Click the "Save" button.

The screenshot displays a web interface for managing a QMP Relationship. At the top left, there is a red notification bell icon and the text "QMP Relationship QMPR-0000011". To the right are "Edit" and "Printable View" buttons. The main content area is divided into two columns. The left column contains the following fields: "QMP Relationship ID QMPR-0000011", "QMP QMP-24-000000002", "QMP Proxy QMP-24-000000034", "Begin Date 4/11/2024", "My Relationship", "My Proxy", and a note "This field is calculated upon save". The right column features a calendar for May 2024. The calendar grid shows dates from 28 to 8. The date 20 is highlighted with a light blue circle. Below the calendar is a date input field with a calendar icon. At the bottom of the interface, there are "Cancel" and "Save" buttons. A yellow arrow points from the left towards the "Save" button.

7. The QMP proxy will no longer have access to your patients in the EVS on the requested date.

What is the Compassionate Use Board (CUB)?

The Compassionate Use Board (CUB) reviews petitions to decide if some patients should be allowed to use medical cannabis. They review petitions for all patients younger than 21 years and for patients who don't have a qualifying condition to use cannabis, but who could still benefit from it. You will submit a petition to the CUB for your patient after you submit their certification. The CUB meets monthly to review petitions and make decisions for each one.

How do I submit a petition to the Compassionate Use Board (CUB)?

A petition for the Compassionate Use Board (CUB) can be submitted once a certification is entered for the patient. You will be directed to complete a CUB petition if your patient is under the age of 21 or has selected "Other" as a qualifying condition.

Follow these instructions to complete the CUB petition:

- 1. Read the CUB petition notice and select the "I have read and understood the above notice" box. Then click the "Next" button.

Compassionate Use Board Patient Petition

This form must be completed by the qualified medical provider (QMP). Information requested is required under Utah Code Annotated 26B-1-421. Per this code, the Compassionate Use Board (CUB) can only recommend medical cannabis for an individual if the condition:

- 1. Is intractable,
- 2. Substantially impairs the individual's quality of life, and
- 3. Has not adequately responded to conventional treatments.

It is important that the information provided, and the documents submitted, address all three conditions above. Without the supportive information, the CUB cannot make a determination whether medical cannabis treatment is in the patient's best interest when weighing the benefits vs. the risks. **Incomplete petitions will not be reviewed.**

I have read and understood the above notice.

You may visit our website for more information
Visit Compassionate Use Board website [Click Here](#)
Visit Utah Center for Medical Cannabis website [Click Here](#)

[Previous](#) [Next](#)

- 2. Check that your information is correct and choose your specialty from the "Specialty" drop-down menu. Click the "next" button.

Demographic Information

* Today's Date
08-16-2024

Qualified Medical Provider (QMP) Demographics

* QMP Full Name
* License Type
APRN
* Specialty
* Email Address

Patient Demographics

* Patient Full Name
Tom Haverford
* Date of Birth
08-01-2020
* Age
4
* Gender
Male
* Patient's EVS Registration ID
PAT-24-0000011898

[Previous](#) [Next](#)

3. Enter the required information (marked by a red star) on the following pages. Hover over the “i” next to each section to see more information about filling it out. Click the “Next” button to go to the next page.

Medical Information

*Year condition diagnosed ⓘ Qualifying Medical Condition
Pain - Persistent

*Specific diagnosis related to qualifying medical condition: ⓘ

*What symptoms or behaviors is the medical cannabis being requested for? ⓘ
e.g. anxiety, nerve pain, insomnia

Medical Team

NAME	SPECIALITY	ARE THEY AWARE OF THE PETITION?	ARE THEY IN SUPPORT OF THE PETITION?
<input type="text"/>			

Medical Condition Description

NOTE: Answers should be specific to the patient, not general information about a condition.

*Describe the patient's diagnosis history ⓘ

*Describe how the diagnosis/symptoms have affected the patient's quality of life ⓘ

*Describe why the benefits of medical cannabis outweigh the risks for this patient ⓘ

Tried Interventions

To demonstrate the diagnosis as being intractable, list all interventions that have been trialed to minimize/alleviate the symptoms, e.g. therapy, massage, chiropractic, sleep hygiene, dietary changes, lifestyle changes, etc (do not enter medications here, they will be listed in the next question)

List all previously tried medications for listed symptoms

MEDICATION NAME	INDICATION	FOR HOW LONG?
<input type="text"/>		

Vaporization of medical cannabis

Is the patient requesting the use of vaporized forms of medical cannabis for the treatment of their condition?

Cannabis History

*Prior Cannabis History ⓘ

Has the patient previously or currently used cannabis? (this includes medical, non-medical, and CBD products) If yes, complete the cannabis history section for each type of cannabis that they have trialed (CBD only, THC only, and CBD:THC combination).

Other Information

Patient Allergies

*List of all current problems

List patient's current medication

MEDICATION NAME	INDICATION	FOR HOW LONG?	PRESCRIBING PROVIDER'S NAME
<input type="text"/>			

4. Upload the required documents. Read the acknowledgement statement and click the “I acknowledge” box. Then click the “Submit” button.

Documents

Attach QMP SOAP note

- NOTE: The QMP's SOAP note is required. The SOAP note should include the patient's name, date of service, name of QMP, and detailed assessment of the medical condition (e.g. physical, mental, etc.).
- Other documentation should include the patient's medical history, physical exam findings, any lab or radiologic findings, medication lists, behavioral health records, and consultation notes.
- Additional supportive medical records
- (OPTIONAL) Cite research evidence that supports your recommendation for your patient's use of medicinal cannabis (scientific reports, studies, and/or educational materials. You may cite these materials here and/or upload them as attachments to this petition).

Attach Persistent Pain Treatment History (Physical Therapy, Chiropractor, Surgical Reports, or Radiological Reports)

As a QMP, I have notified the patient of the risks of medical cannabis and reviewed the patient in the controlled substance database.

I Acknowledge

Previous

Submit

5. You will be redirected to a confirmation screen once you've submitted the CUB petition.

Confirmation

Patient certification 2024-0000002647 & CUB Survey CUBSurvey-00000837 is submitted successfully. The Center for Medical Cannabis will review the petition and reach out with any further questions or updates. The review and determination process may take up to 90 days.

[View Certification](#)

6. We will reach out to you with questions or requests for more information. Then the board will review the application and send a decision to you and the patient. If a petition is denied, an email will be sent out on how to appeal the denial.