



UTAH DEPARTMENT OF  
**HEALTH**  

---

**Center for Medical Cannabis**

## Qualified Medical Provider User Guide

### Table of Contents

Registering .....	2
Creating a QMP Application .....	8
Editing, Saving and Submitting a QMP Application .....	14
Making a Payment .....	15
Making a Name, Address, or Driver’s License/State ID Number Change Request .....	20
Corrected Documentation .....	22
Address Tab .....	22
CME Tab .....	23
Adding a New Phone Number .....	24
Cancelling an Application .....	25
Patient Certification .....	25
Recommendation Page .....	38
Caregiver Tab .....	39
Patient Petition for Compassionate Use Board .....	39
Patient Purchase History .....	43
QMP Denied Application .....	44
Requests for More Information .....	45

## Registering

*NOTE: You will need a Utah-ID to register. If you do not already have one, please refer to the Utah-ID tutorial.*

1. Visit the Electronic Verification System login page.
  - a. Click 'QMP Registration.'



The image shows a web interface for the Utah Department of Health's Medical Cannabis Electronic Verification System. At the top left is a logo consisting of four stylized human figures in orange, red, yellow, and purple. To the right of the logo, the text reads "UTAH DEPARTMENT OF HEALTH" in a large, bold, serif font, with "Medical Cannabis Electronic Verification System" in a smaller, sans-serif font to its right. Below the logo and text, there are two main sections. The left section is a login form with two input fields labeled "Username" and "Password", and a blue "Sign In" button below them. The right section contains three blue buttons stacked vertically: "Patient Registration", "QMP Registration" (which is circled in red), and "Caregiver Registration".

**Figure 1 - QMP Registration**

2. Fill our registration page.
  - a. Fields marked 'R' are required.
  - b. Utah ID is the same Utah ID username you created earlier.
  - c. When you are done, click 'Register.'



UTAH DEPARTMENT OF  
**HEALTH**

Medical Cannabis Electronic  
Verification System

Registration Type  
QMP

**User Information**

---

Type of Qualified Medical Professional

 R

Utah ID

 R

First Name

 R

Last Name

 R

Suffix

Last Four Digits of SSN

 R

Date of Birth

 R

Email Address

 R

Register

Cancel

**Figure 2 - QMP Registration Form**

You will now see the confirmation page.



**Figure 3 - QMP Confirmation Page**

Click 'Click Here' to continue.

3. Check your email for an email with the subject 'UTEVS User Registration.'

## UTEVS User Registration Inbox x

**System Admin** <AWS-UTEVS-NoReply@micropact.com>  
to me ▾

CMC, thank you for registering with Utah Electronic Verification System

Below is your login information.

**Username:** CMCTest

**Password:** ZZE3s\$MU - *Please type into Password field; do not cut and paste.*

[Click here](#) to login to continue.

Sincerely,

Utah Electronic Verification System

**Figure 4 - QMP Registration Email**

4. Copy the password and return to the EVS login page.
  - a. Enter your username in the 'Username' box.
  - b. Paste or type the password into the 'Password' box.
  - c. Click 'Sign In.'



**Figure 5 - QMP Login**

5. Create a new password.
  - a. Enter the same password from your confirmation email in the 'Current password' box.
  - b. Create a new password and enter it in the 'New password' and 'Confirm password boxes.'

NOTE: Passwords must be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters.

- c. Click 'Change Password.'

[Sign Out](#)

Password has expired. Please change your password to continue using this system.

Password should be at least eight characters long and must contain a combination of uppercase and lowercase letters, numbers, and special characters, and should be different from your last 10 passwords.

Current password

New password

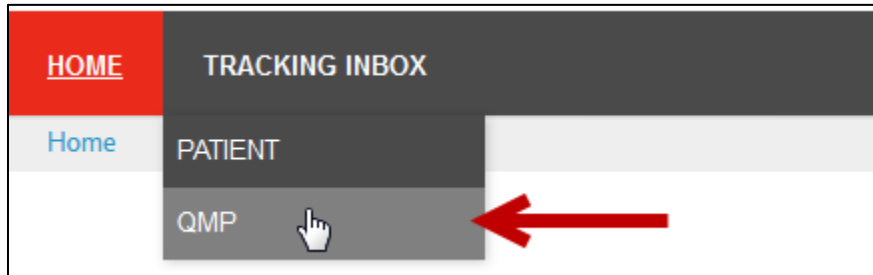
Confirm Password

Change Password

**Figure 6 - Change Password**

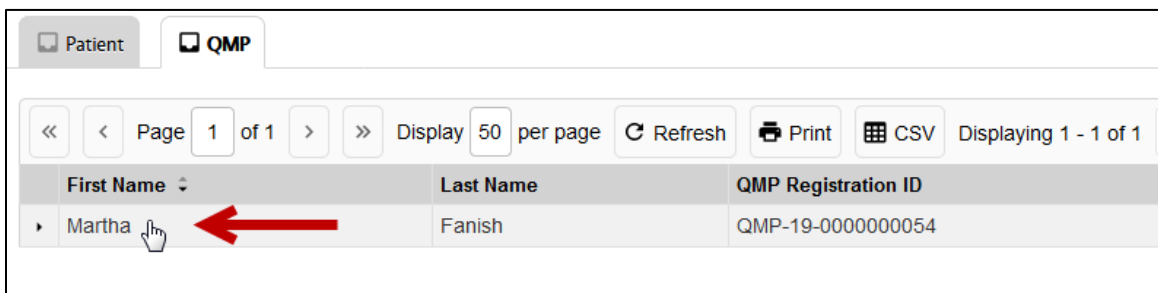
## Creating a QMP Application

1. Hover over the Tracking Inbox and click the QMP tab.



**Figure 7 - QMP Tab**

2. Click your name in the QMP listing.



**Figure 8 - QMP Listing**

3. The QMP page with the New Application form appears.
  - a. Some fields are pre-populated.
  - b. Fill out the rest of the form.
  - c. Do not enter information into the Application Information (Official Use) section.



QMP		Change of Information	Corrected Documentation	QMP Address	CME	Certification/Recommendation	Phone Number	Payment
<b>Registration Information (Official Use)</b>				<b>QMP Proof of Identity</b>				
Utah ID	mfanish			State of ID	Utah			
QMP Registration ID	QMP-19-0000000054			State ID Type				
Status	Draft			ID Number				
Effective Date				ID Issue Date	<input type="text"/> (mm/dd/yyyy)			
Expiration Date				ID Expiration Date	<input type="text"/> (mm/dd/yyyy)			
<b>Qualified Medical Provider Information</b>				<b>Qualified Medical Provider Credentials</b>				
First Name	Martha			Type of Qualified Medical Provider	Physician			
Last Name	Fanish			Utah Professional License Number				
Suffix				Utah Controlled Substance License Number				
Last 4 Digits of SSN	6080			American Medical Board Certification	<input type="radio"/> Yes <input type="radio"/> No			
Date of Birth	11/22/1975 (mm/dd/yyyy)			Patient Limit				
Gender				Are you employed or contracted for a specific purpose of hospice and palliative care?	<input type="radio"/> Yes <input type="radio"/> No			
Email Address	mfanish@hmed.net			Do you Authorize UDOH to publish your information on our website so Patients can contact a registered QMP?	<input type="radio"/> Yes <input type="radio"/> No			
QMP PIN				<b>Acknowledgement</b>				
<b>Addresses</b>								
Type	Status	Address	City					


**Figure 9 - QMP Application**

- For the Addresses and Phone Numbers Records sections, click the appropriate links to reveal the data panel where you can enter the information.

**Addresses** ▼

Type ▲	Status ▼	Address ▼	City ▼
No data available in table			


Showing 0 to 0 of 0 entries Previous Next

[+ New Address](#) 

**Phone Numbers** ▼

Phone ▲	Type ▼
No data available in table	

Showing 0 to 0 of 0 entries Previous Next

[+ New Phone Number](#) 

**Figure 10 - New Address and New Phone Number Links**

New Address

Address Status  
Active

Address Type  
Office

Address  
1000 Medical Street

Apt/Suite#  
100

City  
Ephraim

State  
Utah

County  
Sanpete

Zip Code  
84627

Save

products. In c  
our peer revie  
work produc  
. Performance  
ivities and to

**Figure 11 - New Address Panel**

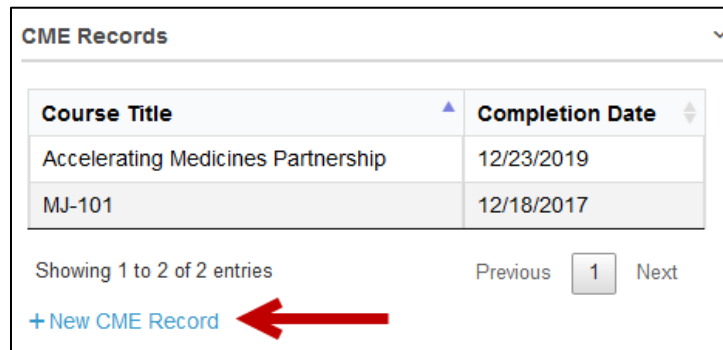
5. Click Save.
6. The new Addresses record appears in the Address section.

---

**Note:** Before submitting the application for payment, you will need to enter an Office and Home Address.

---

7. To add a CME, click the New CME Record link.



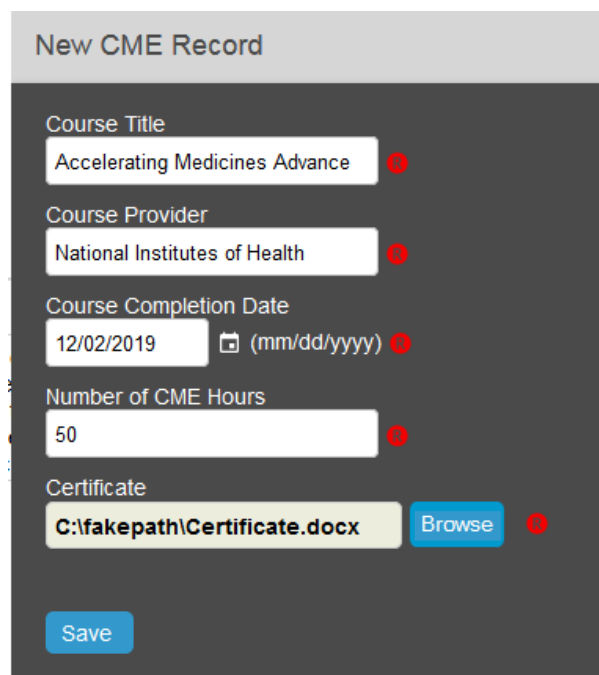
Course Title	Completion Date
Accelerating Medicines Partnership	12/23/2019
MJ-101	12/18/2017

Showing 1 to 2 of 2 entries      Previous 1 Next

[+ New CME Record](#)

**Figure 12 - CME Records**

8. Complete the fields.



**New CME Record**

Course Title  
Accelerating Medicines Advance

Course Provider  
National Institutes of Health

Course Completion Date  
12/02/2019 (mm/dd/yyyy)

Number of CME Hours  
50

Certificate  
C:\fakepath\Certificate.docx Browse

Save

**Figure 13 - CME Panel**

9. Click Save in the panel.
10. The new CME record appears in the CME section.
11. Complete the other Required fields and Optional fields as needed.

QMP Change of Information Corrected Documentation QMP Address CME Certification/Recommendation Phone Number Payment

**Registration Information (Official Use)**

Utah ID: mfanish  
 QMP Registration ID: QMP-19-000000054  
 Status: Draft  
 Effective Date:  
 Expiration Date:

**Qualified Medical Provider Information**

First Name: Martha  
 Last Name: Farish  
 Suffix:  
 Last 4 Digits of SSN: 6080  
 Date of Birth: 11/22/1975 (mm/dd/yyyy)  
 Gender:  
 Email Address: scotthicks2@verizon.net  
 QMP PIN: 4048

**Addresses**

Type	Status	Address	City
Office	Active	1000 Medical Street	Ephraim
Residential	Active	100 Mountain View Road	Ephraim

Showing 2 of 2

**QMP Proof of Identity**

State of ID: Utah  
 State ID Type: Driver's License  
 ID Number: 13592468  
 ID Issue Date: 12/18/2017 (mm/dd/yyyy)  
 ID Expiration Date: 12/17/2020 (mm/dd/yyyy)

**Qualified Medical Provider Credentials**

Type of Qualified Medical Provider: Physician  
 Utah Professional License Number: 18222-2422  
 Utah Controlled Substance License Number: CS14599  
 American Medical Board Certification:  Yes  No  
 Patient Limit: 175  
 Are you employed or contracted for a specific purpose of hospice and palliative care?  Yes  No  
 Do you Authorize UDOH to publish your information on our website so Patients can contact a registered QMP?  Yes  No

**Acknowledgement**

**QMP Acknowledgement**

MicroPact is currently in the process of reviewing your application for certification. Deliverable Certification: MicroPact will review deliverable work products to contractual requirements before certifying the deliverable for submission. Performance Approach: MicroPact will review deliverable work products to contractual requirements before certifying the deliverable for submission. Performance Approach to collect and report metrics on the status of quality control activities and to facilitate continuous improvement.

**Figure 14 - Completed QMP Application Form**

**Note:**

If the American Medical Board Certification field = No, the patient limit is set to 175.

If the American Medical Board Certification field = Yes, you must complete additional fields:

American Medical Board Certification	<input checked="" type="radio"/> Yes <input type="radio"/> No	R
Patient Limit	175	
American Medical Board Certification Number	<input type="text"/>	R
Indicate American Medical Board Certification Specialty	<input type="text"/>	R

And, patient limit is set to 300.


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

**QMP Acknowledgement**

---

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

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

Qualified Medical Provider Acknowledgement 

**Figure 15 - Acknowledgement Section**

13. Click Save & Keep in Draft.
14. Your application Status changes to *Draft*. You can still edit your application form.

## Editing and Saving & Submitting a QMP Application

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

*To Save and Submit the Application:*

1. Sign-on to EVS.
2. Hover over the Tracking Inbox and click the QMP tab.



**Figure 16 - QMP Tab**

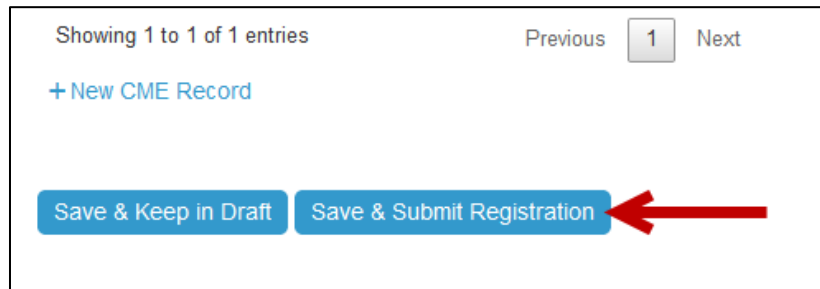
3. Click your name in the QMP listing.

First Name	Last Name	QMP Registration ID
Martha	Fanish	QMP-19-0000000054

The image shows a QMP listing table with a red arrow pointing to the name 'Martha' in the first row. Above the table, there are navigation controls including 'Patient' and 'QMP' tabs, and a pagination bar showing 'Page 1 of 1', 'Display 50 per page', and buttons for 'Refresh', 'Print', and 'CSV'.

**Figure 17 - QMP Listing**

4. Review and edit the application form as needed.
5. When you have completed revising the application, click the Save & Submit Registration button.



**Figure 18 - Save & Submit Patient Registration button**

After Saving & Submitting, the following occurs:

- The Status changes to Awaiting Payment.
- The next step is for the QMP to make a payment.

## Making a Payment

After you Save and Submit your application, the next step is to make a payment.

During the Application process and Renewal process you will need to pay for your Utah Medical Cannabis Card:

1. Hover over Payment and click New Payment.



**Figure 19 - New Payment Tab**

---

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

---

2. Click the Click Here to Pay button.

Patient Patient Certification Patient Petition Compassionate Use Board **Payment**

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

[Click Here to Pay](#)

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

**Figure 20 - Click Here to Pay Button**

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



## Credit Card Payment

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

### Credit Card Information

Card Number:\* 4111111111111111 VISA Visa

CVV Number:\* 123 Where's this?

Expiration Date:\* 01 - January / 2020

### Account Holder Information

Name on Card:\* John Clare

Country:\* United States

Address:\* 1502 Shelly Lane

Address Line 2:

City:\* Park City

State:\* Utah

Postal Code:\* 84060

Email Address: jclare@penny.com

**Figure 21 - Credit Card Payment page**

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

How much would you like to put on this card?

The Total Amount: \$15.00

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

Other Amount:

CANCEL PAYMENT CONTINUE

*\* Are Required Fields.*

**Figure 22 - Total Amount is Auto-Selected**

6. Click the Continue button.

How much would you like to put on this card?

The Total Amount: \$15.00

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

Other Amount:

CANCEL PAYMENT CONTINUE

*\* Are Required Fields.*

**Figure 23 - Continue Button**

7. The Verify page appears.

## Verify Credit Card Payment Information

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

### Credit Card Information

Card Type:	Visa
Card Number:	*****1111
Expiration Date:	05/2020

### Account Holder information

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

### Your Order

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

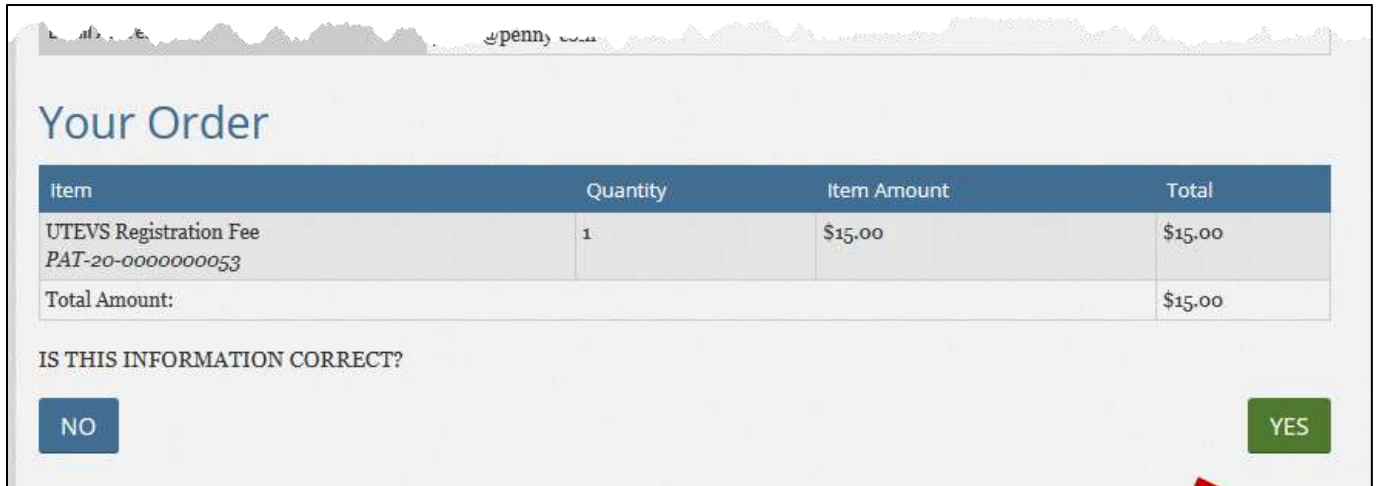
IS THIS INFORMATION CORRECT?

NO

YES

**Figure 24 - Verify Page**

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



**Figure 25 - Yes Button**

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

---

**After you make a payment:**

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

An Approver will review your application.

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

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

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

---

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

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

To change your patient information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



**Figure 26 - QMP Tab**

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

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

A screenshot of the 'Change of Information' page. At the top, there are three tabs: 'QMP', 'Change of Information' (active), and 'Corrected Documentation'. The page is divided into two sections: 'Name Change' and 'State Information Change'.  
**Name Change Section:**  
- First Name:   
- Last Name:   
- Suffix:  (with a dropdown arrow)  
**State Information Change Section:**  
- State of ID:  (with a dropdown arrow)  
- State ID Type:  (with a dropdown arrow)  
- ID Number:   
- ID Issue Date:  (with a calendar icon and '(mm/dd/yyyy)')  
- ID Expiration Date:  (with a calendar icon and '(mm/dd/yyyy)')  
At the bottom left, there is a blue 'Save' button.

**Figure 27 - Change of Information Page**

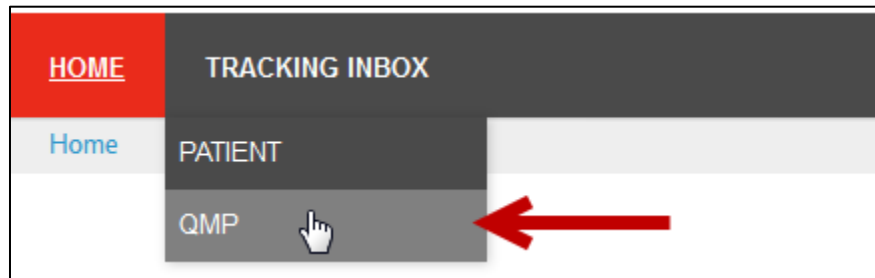
6. Click Save.

## Corrected Documentation

When an EVS Approver finds an error with any of a QMP's uploaded documents (*Photo ID, State Driver's License/State ID Card, Proof of Residency document, etc.*), the QMP will supply the correct valid identification.

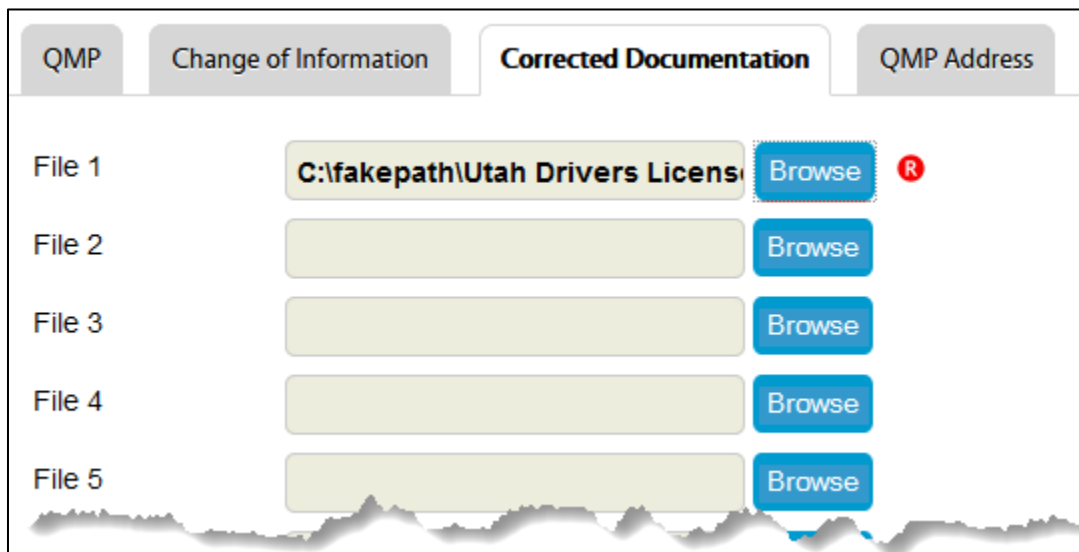
To provide corrected information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



**Figure 28 - QMP Tab**

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



**Figure 29 - Corrected Documentation Page**

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

## Address Tab

To add a new address:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



**Figure 30 - QMP Tab**

3. In the QMP Listing, click your name.
4. Complete the Required fields and Optional field as needed.

A screenshot of a web form titled 'QMP Address'. The form has four tabs at the top: 'QMP', 'Change of Information', 'Corrected Documentation', and 'QMP Address'. The 'QMP Address' tab is selected. The form contains several input fields, each with a red 'R' icon indicating it is a required field. The fields are: 'Address Status' (dropdown menu with 'Active' selected), 'Address Type' (dropdown menu with 'Mailing' selected), 'Address' (text input with 'PO Box 19'), 'Apt/Suite#' (text input), 'City' (text input with 'Provo'), 'State' (dropdown menu with 'Utah' selected), 'County' (dropdown menu with 'Utah' selected), and 'Zip Code' (text input with '84601'). A blue 'Save' button is located at the bottom left of the form.

**Figure 31 - QMP Address**

5. Click Save. The new address is added to the Addresses section in the QMP page.

## **CME Tab**

To add CME information:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.



**Figure Error! No text of specified style in document.2 - QMP Tab**

3. In the QMP Listing, click your name.
4. Hover over the CME tab and click New CME.
5. Complete all of the Required fields.

A screenshot of the 'New CME' form in the 'QMP' section. The breadcrumb trail is 'Tracking Inbox > QMP > New CME'. The form has several tabs: 'QMP', 'Change of Information', 'Corrected Documentation', 'QMP Address', 'CME', and 'C'. The 'CME' tab is selected. The form contains the following fields:

- Course Title: Accelerating Medicines Partnership (Required)
- Course Provider: National Institutes of Health (Required)
- Course Completion Date: 12/23/2019 (mm/dd/yyyy) (Required)
- Number of CME Hours: 100 (Required)
- Certificate: C:\fakepath\Accelerating Medici (Required) with a 'Browse' button.

A 'Save' button is located at the bottom left of the form.

**Figure Error! No text of specified style in document.3 - CME Page**

6. Click Save. The new CME is added to the CME section in the QMP page.

---

**Note:** You can also use the New CME Record link in the QMP page.

---

## Adding a New Phone Number

To add a phone number:

1. Sign-in to the system.
2. Hover over the Tracking Inbox and click the QMP tab.





**Figure Error! No text of specified style in document.4 - QMP Tab**

3. In the QMP Listing, click your name.
4. Hover over the Phone Number tab and click New Phone Number.
5. Complete the Required and Optional fields.
6. Click Save. The new phone number is added to the Phone Numbers section in the QMP page.

## Cancelling an Application

A QMP has the option to Cancel an Application if the applications has the following statuses:

- Awaiting Payment
- Awaiting State Review
- Active
- Pending Renewal
- Renewal Completed

If the QMP cancels his or her application, the Designated QMP name is removed from the Patient's page.

To cancel an application:

1. Open the Application page.
2. Click the Cancel My Registration button.
3. A confirmation email is sent to the QMP.

## Patient Certification: Reviewing and Certifying a Patient

The QMP completes the Certification/Recommendation page. The QMP can select a Qualifying Condition or a Non-Qualifying Condition for the patient. This section describes how to do both.

### Reviewing a Patient's Information and Selecting a Qualifying or Non-Qualifying Condition for the Patient

The QMP will review the Patient information.

4. Sign-in to the system.

5. In the Enhanced Inbox section, ensure that Patients is selected in the Inbox Group Selection dropdown.
6. Select a patient.

Enhanced Inbox

Inbox Group Selection: Patients  
Inbox Selection: Patients with Active Certifications (8)

Patient First Name	Patient Last Name	Patient DOB	Patient Card Status
Mile	Hart	12/16/1952	Active
John	Hawk	12/12/1960	Active
Jane	Forest	12/18/1962	Active
Rita	Heyward	10/31/1970	Active
Tom	Minor	08/17/2005	Active
Jane	Jones	11/12/1968	Active
John	Hill	12/18/1958	Active
Mark	Pulman	02/02/2006	Active

Showing 1 to 8 of 8 entries

**Figure 35 - Enhanced Inbox**

7. Review the Patient page.

Patient		Patient Purchase History		Caregiver		Patient Certification		Patient Notes		Patient Petition Compassionate Use Board	
<b>Registration Information (Official Use)</b>						<b>Guardian Information</b>					
Utah ID	jjones					First Name					
Patient Registration ID	PAT-20-0000000007					Last Name					
Registration State						Suffix					
Status	Awaiting Certification					Date of Birth					
Effective Date						Gender					
Expiration Date						Address					
<b>Patient Information</b>						Apt/Suite#					
Applicant Type	I am applying for myself					City					
First Name	Jane					State	Utah				
Last Name	Jones					County					
Suffix						Zip Code					
Last 4 Digits of SSN	1488					Email Address					
Date of Birth	11/12/1968					Phone Number	--				
Gender	Female					<b>Patient Proof of Identity</b>					
Address	105 Snow Street					State of ID	Utah				
Apt/Suite#						State ID Type	Driver's License				
City	Park City					Other Type of ID					
State	Utah					ID Number	860945624				
						ID Issue Date	01/02/2019				
						ID Expiration Date	01/03/2022				

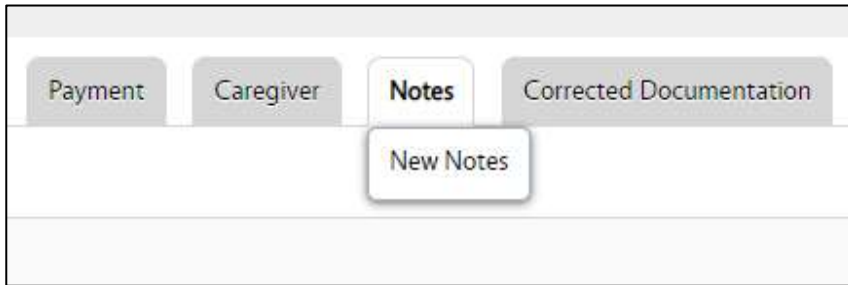
**Figure 36 – Patient Page**

8. Record the following information from the Patient page since you will need it for the Certification/Recommendation page:
  - Last four digits of the Patient’s SSN
  - Patient’s First and Last Names
  - Patient’s Date of Birth

- **NOTE: If you do not wish to define medical cannabis dosage parameters for your patient**, you may now upload Medication and Treatment History information as documents into the “Notes” tab on this page.

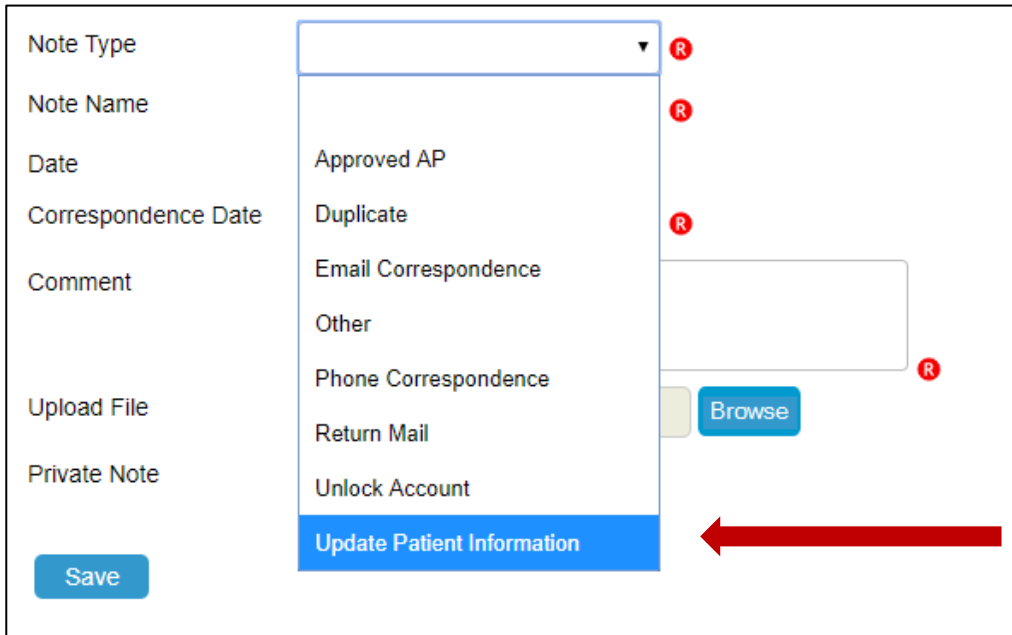
## Uploading Medication and Treatment History in the Patient profile (accessed from Enhanced Inbox)

8a. Hover over Notes and then click “New Notes”



**Figure 36a – Patient Page – Notes Tab**

8b. Select “Update Patient Information” as Note Type

A screenshot of a form titled "New Note". The form has several fields: "Note Type" (a dropdown menu), "Note Name", "Date", "Correspondence Date", "Comment", "Upload File" (with a "Browse" button), and "Private Note" (a checkbox). A "Save" button is at the bottom left. The "Note Type" dropdown menu is open, showing options: "Approved AP", "Duplicate", "Email Correspondence", "Other", "Phone Correspondence", "Return Mail", "Unlock Account", and "Update Patient Information". The "Update Patient Information" option is highlighted in blue. A red arrow points to this option. There are also red "R" icons next to the "Note Type", "Note Name", "Date", "Correspondence Date", and "Comment" fields.

**Figure 36b – Patient Page – New Note**

8c. Input a note name, date of correspondence, and a comment. You may then upload a file. Select “No” for the Private Note selection.

Note Type: Update Patient Information R

Note Name: History and Physical Doc R

Date: 02/27/2020

Correspondence Date: 02/18/2021 (mm/dd/yyyy) R

Comment: Attached is the History and Physical document. R

Upload File: Browse

Private Note:  Yes  No R ←

Save

**Figure 36c – Patient Page – New Note**

8d. Click “Save.” **You may repeat this process and add as many patient notes as is necessary** to provide full medication and treatment history for medical cannabis pharmacy reference purposes.

9. Hover over Tracking Inbox and click QMP.



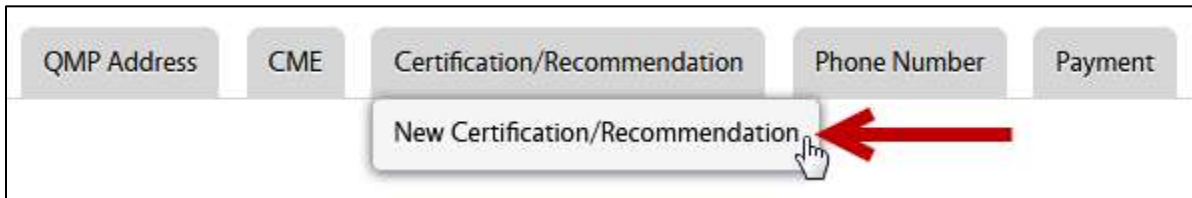
**Figure 37 - Tracking Inbox QMP Tab**

10. From the QMP listing, select your name.

First Name	Last Name	QMP Registration ID
Martha	Fanish	QMP-19-0000000054

**Figure 38 - QMP Listing**

11. Hover over Certification/Recommendation and click New Certification/Recommendation.



**Figure 39 - New Certification/Recommendation Tab**

### Selecting a Qualifying Condition

12. Select a Qualifying Condition.

Patient DOB	12/18/1958	(mm/dd/yyyy) <b>R</b>
Qualifying Condition	Autism	<b>R</b>
Terminal illness	<input type="radio"/> Yes <input checked="" type="radio"/> No <b>R</b>	

**Figure 40 - Qualifying Condition**

13. In the Certification/Application page, complete the Required and Optional fields as needed.

QMP	Change of Information	Corrected Documentation	QMP Address	CME	Certification/Recommendation
QMP Certification Number					
Date of Certification	01/07/2020	📅 (mm/dd/yyyy)			R
Last four of Patient's SSN	1488				R
Patient First Name	Jane				R
Patient Last Name	Jones				R
Patient Suffix					
Patient DOB	11/12/1968	📅 (mm/dd/yyyy)			R
Qualifying Condition					R
Terminal illness	<input type="radio"/> Yes <input checked="" type="radio"/> No				R
Length of Program Participation					
QMP PIN	4048				R
Certification Status	_____				
<input type="button" value="Save"/>					

**Figure 41 - Certification/Recommendation Page**

---

**Notes:**

If the Terminal Illness field = Yes, the Patient's Card will not expire.

The Length of Program Participation is entered when the patient should participate in the program for a less amount of time than the Card's default of 30 days (initial card) or 6 months. You should enter the number of days the patient is to participate in the program. If a number larger than the default amount of time is entered, they system uses the default.

---

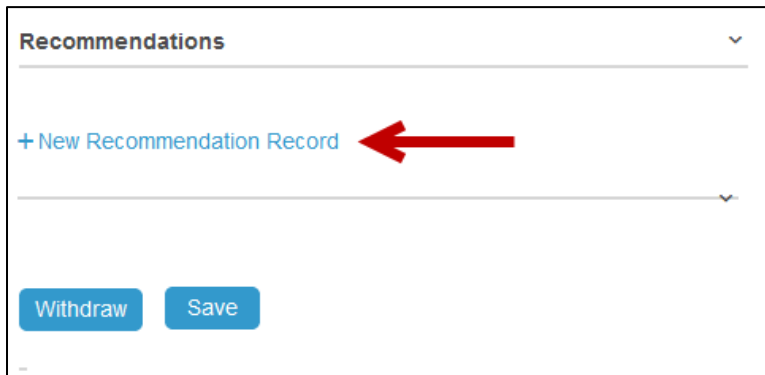
14. Click Save. The Status changes to *Eligible*.

15. The following appear:

- The Recommendation tab
- The Recommendations section.
- The Withdraw button.

- **NOTE:** At this point, the recommendation is complete. If you would like to add dosage parameters to a recommendation, click the “New Recommendation” link. Otherwise, leave this section blank and refer to page 28 of this guide for “uploading Medication and Treatment History” instructions.

16. Click the New Recommendation link.



**Figure 42 - New Recommendation Link**

17. Complete the fields in the Recommendations panel.



×
New Recommendation Record

Qmp Recommendation Number

Recommendation Date  
12/30/2019

Dosage Form  

●

Total Dosage Quantity

Total Dosage Measurement

Total mg or ml count (CBD)

Total mg or ml count (THC)

Ratio of THC to CBD

Number of Dosage Days

Frequency To Take Medication

If you do not wish to include dosing parameters, please provide relevant medical history for pharmacy reference.

Medication and Treatment History

**Figure 43 - Recommendation Panel**

18. The information appears in the Recommendations section

Recommendations		
Recommendation Date ▲	Dosage Form ◄	Dosage Quantity ◄
12/30/2019	Concentrated oil	10

Showing 1 to 1 of 1 entries      Previous 1 Next

[+ New Recommendation Record](#)

**Figure 44 - Recommendations Section**

### Selecting a Non-Qualifying Condition

The patient's illness may require you to add select a Non-Qualifying Condition. To select a Non-Qualifying Condition:

- In the Qualifying Condition dropdown, click *Other*.

Patient DOB	<input type="text" value="02/02/2006"/> <input type="button" value="📅 (mm/dd/yyyy)"/> <span style="color: red;">R</span>
Qualifying Condition	<input type="text" value="Other"/> <span style="color: red;">R</span> ←
Non Qualifying Condition	<input type="text"/> <span style="color: red;">R</span>
Terminal illness	<input type="radio"/> Yes <input type="radio"/> No <span style="color: red;">R</span>

**Figure 45 - Qualifying Condition = Other**

- Enter the Non-Qualifying Condition.

Patient DOB	<input type="text" value="02/02/2006"/> <input type="button" value="📅 (mm/dd/yyyy)"/> <span style="color: red;">R</span>
Qualifying Condition	<input type="text" value="Other"/> <span style="color: red;">R</span>
Non Qualifying Condition	<input type="text" value="Neuropathy"/> <span style="color: red;">R</span> ←
Terminal illness	<input type="radio"/> Yes <input type="radio"/> No <span style="color: red;">R</span>
Length of Program Participation	<input type="text"/>

- In the rest of the Certification/Application page, complete the Required and Optional fields as needed.

QMP	Change of Information	Corrected Documentation	QMP Address	CME	Certification/Recommendation
QMP Certification Number					
Date of Certification	01/07/2020		(mm/dd/yyyy)		
Last four of Patient's SSN	1488				
Patient First Name	Jane				
Patient Last Name	Jones				
Patient Suffix					
Patient DOB	11/12/1968		(mm/dd/yyyy)		
Qualifying Condition					
Terminal illness	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
Length of Program Participation					
QMP PIN	4048				
Certification Status	<hr/>				
<input type="button" value="Save"/>					

**Figure 46 - Certification/Recommendation Page**

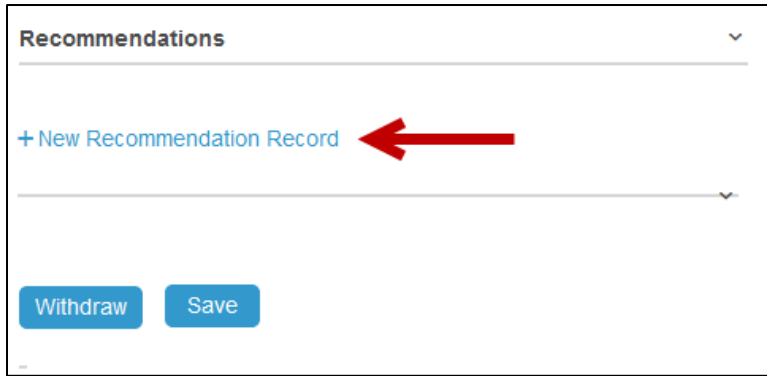
22. Click Save.

23. The following appear:

- The Recommendation tab
- The Recommendations section.
- The Withdraw button.

- **NOTE: At this point, the recommendation is complete. If you would like to add dosage parameters to a recommendation, click the “New Recommendation” link. Otherwise, leave this section blank and refer to page 28 of this guide for “uploading Medication and Treatment History” instructions.**

24. Click the New Recommendation link.



**Figure 47 - New Recommendation Link**

25. Complete the fields in the Recommendations panel.

New Recommendation Record ×

Qmp Recommendation Number

Recommendation Date  
12/30/2019

Dosage Form  
Concentrated oil ▼ !

Total Dosage Quantity  
50

Total Dosage Measurement  
mg ▼

Total mg or ml count (CBD)

Total mg or ml count (THC)

Ratio of THC to CBD

Number of Dosage Days

Frequency To Take Medication  
As needed ▼

If you do not wish to include dosing parameters, please provide relevant medical history for pharmacy reference.

Medication and Treatment History

**Figure 48 - Recommendation Panel**

26. The information appears in the Recommendations section

Recommendations		
Recommendation Date ▲	Dosage Form ◄	Dosage Quantity ◄
12/30/2019	Concentrated oil	10

Showing 1 to 1 of 1 entries      Previous 1 Next

[+ New Recommendation Record](#)

**Figure 49 - Recommendations Section**

27. Click Save.

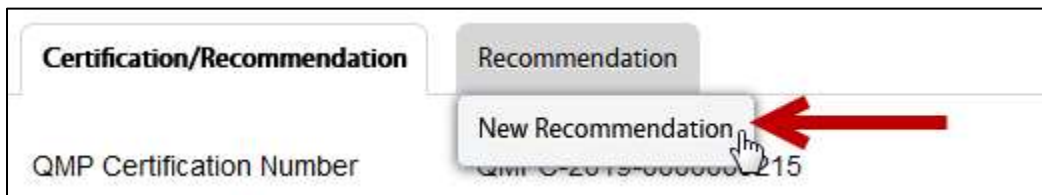
28. Click the Withdraw button to remove the recommendation.

## The Recommendation Page

You can add recommendations in the Recommendations page as well.

- **NOTE: This step is only required if you would like to add dosage parameters to a recommendation. Otherwise, leave this section blank and refer to page 28 of this guide for “uploading Medication and Treatment History” instructions.**

29. Hover over Recommendation and click New Recommendation.



**Figure 50 - New Recommendation Tab**

30. Complete the Required field and Optional fields as needed.

Certification/Recommendation

**Recommendation**

Qmp Recommendation Number

Recommendation Date 12/23/2019

Dosage Form 

▼
R

Total Dosage Quantity

Total Dosage Measurement 

▼

Total mg or ml count (CBD)

Total mg or ml count (THC)

Ratio of THC to CBD

Number of Dosage Days

Frequency To Take Medication 

▼

If you do not wish to include dosing parameters, please provide relevant medical history for pharmacy reference.  
Medication and Treatment History

**Figure 51 - Recommendation Tab**

31. Click Save. The Recommendation information will appear for the patient.

## Caregiver Tab

To view the Caregiver records:

1. Click the Caregiver tab.
2. Select a Caregiver.
3. Review the information.

## Patient Petition for Compassion Use Board

To apply to the Patient Petition Compassionate Board:

1. Sign-in to EVS.
2. In the Home Dashboard, go to the Enhanced Inbox and select a patient.

Enhanced Inbox

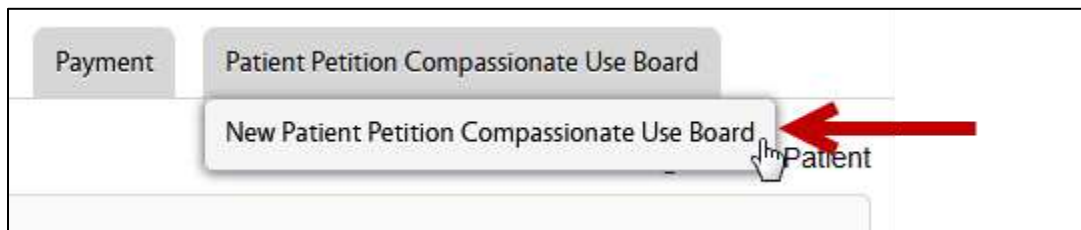
Inbox Group Selection: Patients | Inbox Selection: Patients with Active Certifications (8)

Patient First Name	Patient Last Name	Patient DOB	Patient Card Status
Mile	Hart	12/16/1952	Active
John	Hawk	12/12/1960	Active
Jane	Forest	12/18/1962	Active
Rita	Heyward	10/31/1970	Active
Tom	Minor	08/17/2005	Active
Jane	Jones	11/12/1968	Active
John	Hill	12/18/1958	Active
Mark	Pulman	02/02/2006	Active

Showing 1 to 8 of 8 entries

**Figure 52 - Enhanced Inbox**

3. Sign-in to EVS.
4. Hover over the Patient Petition Compassionate Use Board tab and click New Patient Petition Compassionate Use Board.




**Figure 53 - Patient Petition Compassionate Use Board Tab**

5. Click the Browse button and search for the file.



**Petition** ▼

---

File 1 for Compassionate Use Board Review   

File 2 for Compassionate Use Board Review

File 3 for Compassionate Use Board Review

File 4 for Compassionate Use Board Review

File 5 for Compassionate Use Board Review

Note for Petition

Qualifying Condition

**Figure 54 - Browse Button**

6. The file is added to the Upload field.

**Petition** ▼

---

File 1 for Compassionate Use Board Review

File 2 for Compassionate Use Board Review


File 3 for Compassionate Use Board Review

File 4 for Compassionate Use Board Review

File 5 for Compassionate Use Board Review

Note for Petition

Qualifying Condition



**Figure 55 - Browse Button**

7. Add a note to the Note for Petition field.
8. Click Save.
9. A link for the file appears. To open the file, click the link. Click the Replace link to replace the file.

Patient Petition Compassionate Use Board

**Petition** ▼

---

File 1 for Compassionate Use Board Review

File 2 for Compassionate Use Board Review

File 3 for Compassionate Use Board Review

File 4 for Compassionate Use Board Review

File 5 for Compassionate Use Board Review

Note for Petition

Qualifying Condition

📎 Patient Petition Compassionate Use Board.docx [ Replace ]

Browse

Browse

Browse

Browse

Please consider my petition.

Chronic Pain

Save

**Figure 56 - File Links**

## Patient Purchase History

1. Sign-in to EVS.
2. In the Home Dashboard, go to the Enhanced Inbox and select a patient.

Enhanced Inbox

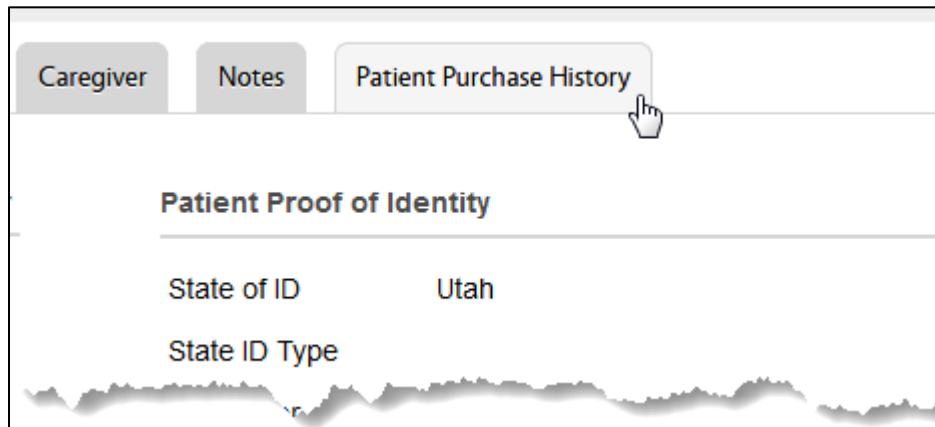
Inbox Group Selection: Patients  
 Inbox Selection: Patients with Active Certifications (8)

Patient First Name	Patient Last Name	Patient DOB	Patient Card Status
Mile	Hart	12/16/1952	Active
John	Hawk	12/12/1960	Active
Jane	Forest	12/18/1962	Active
Rita	Heyward	10/31/1970	Active
Tom	Minor	08/17/2005	Active
Jane	Jones	11/12/1968	Active
John	Hill	12/18/1958	Active
Mark	Pulman	02/02/2006	Active

Showing 1 to 8 of 8 entries

**Figure 57 - Enhanced Inbox**

3. Click the Patient Purchase History tab.



**Figure 58 - Patient Purchase History Tab**

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

## QMP Denied Application

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

Dear Mary Clark,

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

Thank you,

Center for Medical Cannabis  
Utah Department of Health  
801-538-6504  
[medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov)

### **Figure Error! No text of specified style in document.-1 Application Denied Email**

The Status of your Application changes to *Denied*.

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

## **Requests for More Information**

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

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

To edit to your application:

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