Step by Step Guide for Practitioners/Physicians
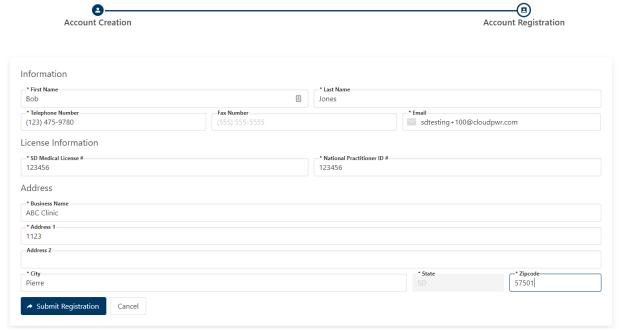
1. Click "Enroll as a Practitioner" then "Create Account"

South Dakota Medical Cannabis Program
Login

Practitioners

Please Enroll to start the Practitioner Process. 🔒 Enroll

South Dakota Resident Interested in Patient or Caregiver Card

Please talk to your Healthcare Practitioner to enroll and initiate the patient card application process.

Non-Resident Interested in Patient or Caregiver Card

The non-resident application process is unavailable at this time. Updates will be provided on this portal. Please check back later.

2. Enter your email address then hit "Send Verification Code". This verification code serves as a two-factor authenticator and provides additional security for the enrollment process.

3. 6-digit verification code will be sent to your email from Microsoft on behalf of South Dakota Medical Cannabis Registry Staging msonlineservicesteam@microsoftonline.com. Please enter it in the "verification code" field and hit "Verify Code".

< Cancel

Verification code has been sent to your inbox. Please copy it to the input box below.

sdtesting+102@cloudpwr.com

Verification Code

Verify code   Send new code

New Password

Confirm New Password

Display Name

Given Name

Surname

Type

Create

4. Once your email is verified, enter the remaining information required to create your account, then hit" Create".
5. Once the account is created, the system will require you to log in.
6. After you log in, enter information to complete your account registration. All fields with asterisks * are required fields.

Account Creation — Account Registration

Information

* First Name	* Last Name
Bob	Jones

* Telephone Number	Fax Number	* Email
(123) 475-9780	(555) 555-5555	sdtesting+100@cloudpwr.com

License Information

* SD Medical License #	* National Practitioner ID #
123456	123456

Address

* Business Name
ABC Clinic

* Address 1
1123

Address 2

* City	* State	* Zipcode
Pierre	SD	57501

➔ Submit Registration   Cancel

7. Upon the completion of Account Registration, the system will automatically have your account in "pending" status until Department of Health (DOH) personnel approve your account.

IMPORTANT: Physicians and Practitioners are allowed to certify patients only AFTER the practitioner account has been approved. The approval process may take several business days, be sure to enroll early if you intend to certify patients.

My Information

Name	**Phone**	**Account Status**
Bob Jones	(123) 475-9780	Pending
Medical License Number	**National ID Number**	
123456	123456	

👥 Patients   +👤 Certify Patient   ⚙ Account Settings

My Certifications

Name	Issue Date	Program Status	Actions
🔍 Filter by Patient Name...			

8. Approval Notification: once your account is approved, you will receive an email from noreply@sd.airlift.app. Please note the notification may go into your junk email folder so please be sure to check your junk folder.

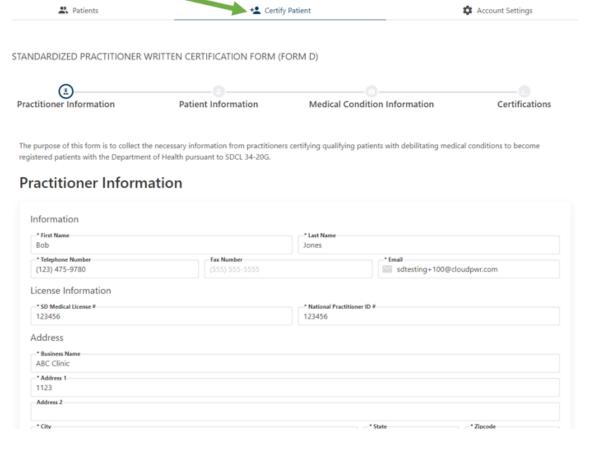9. Go to "Visit the Registry" to log in, and click "Certify Patient" tab.

Application Approved

Your application has been approved. Your card will be sent to the address provided. Thank you.
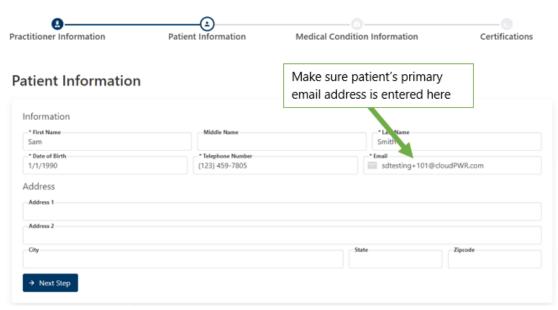
Visit the Registry

South Dakota Medical Cannabis Program Registry
https://medcannabis.sd.gov/

unsubscribe

10. Practitioner Information: The practitioner information will be automatically filled out based on the account information you enter. Please review the information for accuracy
    Your physician ID or practitioner ID will be hidden and kept confidential from patients. Hit "Next Step".

STANDARDIZED PRACTITIONER WRITTEN CERTIFICATION FORM (FORM D)

Practitioner Information — Patient Information — Medical Condition Information — Certifications

The purpose of this form is to collect the necessary information from practitioners certifying qualifying patients with debilitating medical conditions to become registered patients with the Department of Health pursuant to SDCL 34-20G.

Practitioner Information

Information

* First Name	* Last Name
Bob	Jones

* Telephone Number	Fax Number	* Email
(123) 475-9780	(555) 555-5555	sdtesting+100@cloudpwr.com

License Information

* SD Medical License #	* National Practitioner ID #
123456	123456

Address

* Business Name
ABC Clinic

* Address 1
1123

Address 2

* City	* State	* Zipcode

11. Patient Information: Fill out required information marked with an asterisk* for the patient. IMPORTANT: Make sure that the email for the patient is their correct primary email address. The address entered into the system will receive a notification where the patient will begin their enrollment process. Without this email address, patient cannot complete their application. Hit "Next Step".

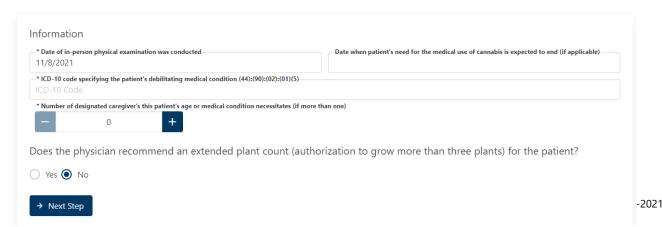STANDARDIZED PRACTITIONER WRITTEN CERTIFICATION FORM (FORM D)

Practitioner Information — Patient Information — Medical Condition Information — Certifications

Patient Information

Make sure patient's primary email address is entered here

Information

* First Name: Sam
Middle Name:
* Last Name: Smith
* Date of Birth: 1/1/1990
* Telephone Number: (123) 459-7805
* Email: sdtesting+101@cloudPWR.com

Address

Address 1:
Address 2:
City:
State:
Zipcode:

→ Next Step

12. Medical Condition Information: Enter the required information related to patient's medical condition. Hit "Next Step".
   a. Date when patient's need for the medical use of cannabis is expected to end is only applicable if the length of time patient should have access to cannabis is less than 1 year.
   b. ICD Code is only for internal record. Patients do not have access to this information.
   c. The system requires a minimum of 1 caregiver if the patient is a younger than 18 years old. If a patient is 18 years old or older and another individual is responsible for making medical decisions for that patient, that individual shall be the designated caregiver for the patient.

STANDARDIZED PRACTITIONER WRITTEN CERTIFICATION FORM (FORM D)

Practitioner Information — Patient Information — Medical Condition Information — Certifications

Medical Condition Information

Information

* Date of in-person physical examination was conducted: 11/8/2021
Date when patient's need for the medical use of cannabis is expected to end (if applicable):
* ICD-10 code specifying the patient's debilitating medical condition (44):(90):(02):(01)(5): ICD-10 Code
* Number of designated caregiver's this patient's age or medical condition necessitates (if more than one): — 0 +

Does the physician recommend an extended plant count (authorization to grow more than three plants) for the patient?

○ Yes ● No

→ Next Step

-2021

13. Certification: Please read each certification carefully and click "Attest and Submit"

STANDARDIZED PRACTITIONER WRITTEN CERTIFICATION FORM (FORM D)

Practitioner Information — Patient Information — Medical Condition Information — Certifications

The practitioner completing this form must certify the following:

1. I am a South Dakota physician licensed to prescribe drugs to humans. 34-20G-1(20)
2. I have conducted an in-person physical examination of the patient. 34-20G-1(2)(a)
3. I have assessed the patient's medical history and current medical condition. 34-20G-1(2)(a)
4. I have made or confirmed a diagnosis of a debilitating medical condition, as defined by 34-20G-1(8). 34-20G-1(2)(b)
5. I have discussed treatment options for the patient's debilitating medical condition, including the therapeutic or palliative benefits and risks associated with the medical use of cannabis, with the patient, or in the case of a patient under 18, the patient's parent or legal guardian. 34-20G-51(1)
6. In the case of a patient under 18, I have consulted with the patient's parents or legal guardians to determine how many designated caregivers are needed to manage the acquisition, dosage, frequency of use, and, if applicable, cultivation of cannabis and must indicate the number of designated caregivers on the written certification. 34-20G-33
7. I am available for further consultation with the patient, patients' parents, or legal guardians as required. 34-20G-1(2)(c)
8. In my professional opinion, the patient is likely to receive therapeutic or palliative benefits from the medical use of cannabis to alleviate the patient's debilitating medical condition or symptom associated with the debilitating medical condition. 34-20G-1(23)

✓ Attest and Submit

14. Once you complete the certification, the patient will receive an automatic email stating that their account was created, and the patient can begin their portion of the application.

Please note: the patient application must be completed before the caregiver application process can start.

Dashboard: Once the patient certification is completed, your patient along with their certification details will show up on the "My Certification" dashboard. Here you can do the following:

- Edit certification details including the number of caregivers, or extended plant count information
- Revoke or reactivate revoked patient