

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. A 6-digit verification code will be sent to your email from Microsoft on behalf of the 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:

* Telephone Number: Fax Number: * Email:

License Information

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

Address

* Business Name:

* Address 1:

Address 2:

* City: * State: * Zipcode:

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

Patients

Certify Patient

Account Settings

My Certifications

Name	Issue Date	Program Status	Actions
<input style="width: 100%;" type="text" value="Filter by Patient Name..."/>			

- 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.
- Go to "Visit the Registry" to log in, and click the "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>

- 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".

Patients
➔
Certify Patient
Account Settings

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

License Information

* SD Medical License # 123456	* National Practitioner ID # 123456
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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 email address entered into the system will receive a notification where the patient will begin their enrollment process. Without this email address, the patient cannot complete their application. Hit "Next Step".

Patient Information

Information

* Email

* First Name

Middle Name

* Last Name

* Date of Birth

* Telephone Number

Address

Address 1

Address 2

City

State

Zipcode

[Next Step](#)

12. Medical Condition Information: Enter the required information related to the patient's medical condition. Hit "Next Step".

- Date when the patient's need for the medical use of cannabis is expected to end is only applicable if the length of time the patient should have access to cannabis is less than 1 year.
- Enter the debilitating condition and click the green **+** sign.
- The system requires a minimum of 1 caregiver if the patient is 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.

Medical Condition Information

Information

* Date of in-person physical examination was conducted

Date when patient's need for the medical use of cannabis is expected to end (if applicable)

Debilitating Conditions

[+](#)

At least one debilitating condition must be added to proceed.

* Number of designated caregiver's this patient's age or medical condition necessitates (if more than one)

[Next Step](#)

13. Certification: Please read each certification carefully and click "Attest and Submit"
STANDARDIZED PRACTITIONER WRITTEN CERTIFICATION FORM (FORM D)



The practitioner completing this form must attest to the following:

1. I certify that the patient is not pregnant.
2. I certify that the patient is not currently breastfeeding or will begin breastfeeding while using medical cannabis.

⇒ Attest



The practitioner completing this form must certify the following:

1. I am a South Dakota physician, physician's assistant, or advanced care registered nurse 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)

✓ 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