Step by Step Guide for Practitioners/Physicians

1. Click “Enroll as a Practitioner” then “Create Account”

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 msonlineservicesteammicrosoftonline.com. Please enter it in the “verification code” field and hit “Verify Code”.

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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.

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.
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.

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”.
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".

Make sure patient’s primary email address is entered here

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.
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 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-1(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