

Authorized Practitioner Registration Guide

2024

Foreword

Dear Prospective Practitioners,

As Executive Director of the Kentucky Medical Cannabis Program, I thank you for your interest in becoming an authorized medical cannabis practitioner in the Commonwealth.

On Team Kentucky our goal is to ensure that patients diagnosed and suffering with severe medical conditions have access to safe, quality medical cannabis and that medical cannabis is secure in our communities.



Without **you** we can't fulfill this mission.

As a result, we are pleased to provide this ***Kentucky Medical Cannabis Program Authorized Practitioner Registration Guide***. This Guide provides comprehensive guidance on the practitioner processes for becoming authorized by their state licensing board and then registering to provide written certifications, along with how to provide written certifications recommending use of medical cannabis to qualified Kentucky patients through the Office of Medical Cannabis' ***Medical Cannabis Practitioner Registry Portal***.

Each section also includes references to the relevant regulations. Additionally, practitioners will find resources regarding the processes for cardholders, including registered patients and designated caregivers. The Guide includes a ***Glossary*** with key terms and definitions.

I hope you find this Guide helpful as a future medical cannabis practitioner in the Commonwealth of Kentucky. We created this Guide with **you** in mind.

Respectfully,

A handwritten signature in blue ink, appearing to read 'S. Flynn', written over a light blue circular background.

Sam Flynn
Executive Director

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**Definitions of terms noted in [blue underlined text](#) may be found in the Glossary*

Overview

This document is intended to be used as a guide for prospective and authorized [medical cannabis](#) practitioners. It contains an overview of the eligibility and application requirements to become authorized medical cannabis practitioners, including step-by-step guidance on the processes for **becoming authorized** and **providing written certifications**. It also includes additional resources and information for practitioners on the processes and requirements for qualified patients.

Credentials, documentation, and applications required to become authorized as a medical cannabis practitioner are available through the same state licensing board that issued his or her professional practice license. Once a practitioner becomes authorized by their state licensing board, they must register with the **Medical Cannabis Practitioner Registry** maintained by the Kentucky Office of Medical Cannabis in order to provide written certifications for medical cannabis.

For more information about medical cannabis practitioners in Kentucky, visit the Office of Medical Cannabis website at kymedcan.ky.gov and visit the **"Practitioners"** page at the top menu.

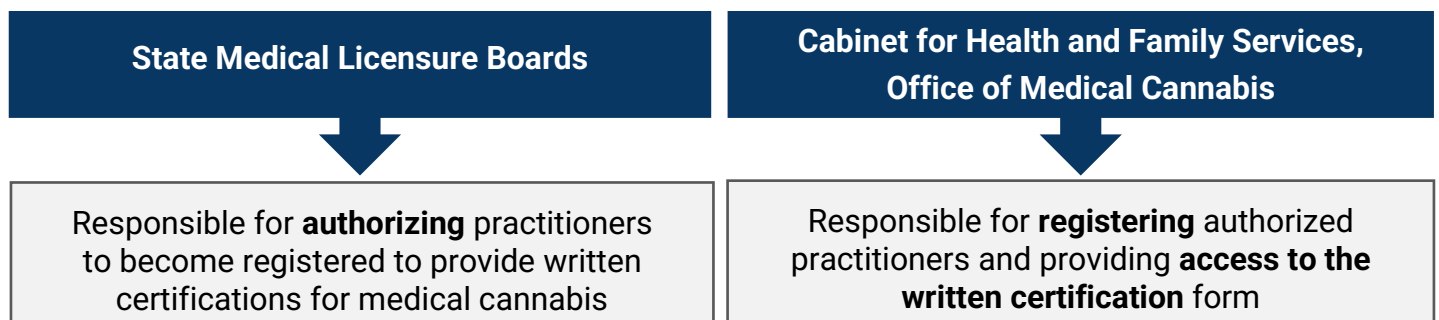
Additional resources and quick links for medical cannabis practitioners can be found below:

- **Kentucky Board of Medical Licensure (KBML)**
<https://kbml.ky.gov/Pages/Medical-Cannabis.aspx>
- **Kentucky Board of Nursing (KBN)**
<https://kbn.ky.gov/>

Practitioner Authorization and Registration

[KRS 218B.050\(1\)](#) requires practitioners to apply with their state licensing boards to become authorized to provide written certifications for medical cannabis to qualified patients.

[KRS 218B.050\(6\)\(a\)](#) requires the Cabinet for Health and Family Services, Office of Medical Cannabis to create the written certification form to be used by medical cannabis practitioners when recommending use of medical cannabis for their qualified patients.



Statutory requirements relevant to practitioners are summarized in the chart below. Practitioners are encouraged to review all applicable statutes and administrative regulations for medical cannabis in Kentucky.

Relevant Statutory Requirements

Statute	Requirement
KRS 218B.050	Written certification form
	Application process
	Renewals
	Bona fide practitioner-patient relationship
	Requirements and Procedures
KRS 218B.055	Requirements for registry ID cards for patients and caregivers
	Written certifications
KRS 218B.010 (Definitions)	Bona fide practitioner-patient relationship
	Qualified patient
	Qualifying medical condition
	Written certification

The **Kentucky Board of Medical Licensure** (“KBML”) and the **Kentucky Board of Nursing** (“KBN”) promulgated regulations establishing how physicians and APRNs can become authorized to provide written certifications for medical cannabis in Kentucky.

The regulation promulgated by KBML for authorizing physicians can be found in [201 KAR 9:067](#) and the regulation promulgated by KBN for authorizing APRNs can be found in [201 KAR 20:067](#).

Relevant Administrative Regulations

State Licensing Board	Administrative Regulation
Kentucky Board of Medical Licensure	201 KAR 9:067
Kentucky Board of Nursing	201 KAR 20:067

The Cabinet for Health and Family Services, through the **Kentucky Office of Medical Cannabis** (“OMC”), has also established regulations for cardholders that are relevant to practitioners.



Regulations related to medical cannabis cardholders and medical cannabis practitioners, including supply limits and written certifications, can be found in [915 KAR Chapter 2](#).

Types of Practitioners and Authorizing Licensing Boards

A [medical cannabis practitioner](#), as defined by **KRS 218B.010**, "means a physician or an advanced practice registered nurse who is authorized to prescribe controlled substances under **KRS 314.042**, who is authorized by his or her state licensing board to provide written certifications pursuant to **KRS 218B.050**." To qualify for a [registry ID card](#) (medical cannabis card) in Kentucky, patients are required to obtain a written certification for a qualifying medical condition listed under **KRS 218B.010(26)** from an authorized medical cannabis practitioner registered with the Office of Medical Cannabis.

Eligible Types of Practitioners

Practitioners must be authorized by their respective state licensing board to provide written certifications for medical cannabis. The following types of medical practitioners that satisfy the requirements set forth by the applicable state licensing board are eligible for authorization:

<p>Physicians</p>  <p>A physician licensed by the Kentucky Board of Medical Licensure ("KBML") with the <u>ability to prescribe controlled substances</u></p>	<p>APRNs</p>  <p>An advanced practice registered nurse ("APRN") licensed by the Kentucky Board of Nursing ("KBN") with the <u>ability to prescribe controlled substances</u></p>
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Eligible practitioners must be licensed in good standing by their state licensing board with the ability to prescribe controlled substances. **Physicians** must be licensed by the KBML and **advance practice registered nurses (APRNs)** must be licensed by the KBN. The KBML and KBN have established the application and processes required for becoming authorized as a medical cannabis practitioner in the state.

Requirements for Authorized Practitioners

Eligibility Requirements for Authorization

For a practitioner to be considered eligible for authorization to provide written certifications for medical cannabis, they must meet the eligibility requirements outlined in the applicable administrative regulation promulgated by their state licensing board.

KBML and KBN require practitioners have the following to be eligible for authorization:



Medical license in good standing with a state licensing board



DEA credentials to prescribe controlled substances



Access to the state's PDMP (Prescription Drug Monitoring Program)



Six hours of continued medical education on medical cannabis



No ownership or investment in or compensation agreement with a licensed cannabis business

Physicians and APRNs should be sure to review all the eligibility requirements provided by the state licensing boards in [201 KAR 9:067, Section 3](#) and [201 KAR 20:067, Section 3](#). If a practitioner meets all the requirements to be eligible for authorization, they may apply to become authorized through the state licensing board in which they are licensed.

Authorization Requirements and Annual Renewal

Authorized practitioners are required to follow all statutory requirements contained in KRS Chapter 218B and regulatory requirements established by the Cabinet and the state licensing boards. [KRS 218B.050](#) contains the statutory requirements for providing written certifications and renewing a practitioner authorization.

Once a practitioner becomes authorized, they must meet the ongoing authorization and renewal requirements to remain in good standing. Some of these requirements include, but are not limited to:

- Maintaining an active registration and account through the OMC's Medical Cannabis Practitioner Registry
- Adhering to all of the standards of care established by their state licensing boards for providing written certifications
- Completing the annual renewal requirements established by their state licensing board

Authorization Permissions and Restrictions

Authorized practitioners **may**:

- Provide written certifications to patients with qualifying medical conditions
- Modify a qualified patient's supply limits and allowable product formats
- Determine that a patient does not have a diagnosis that qualifies them for medical cannabis

Authorized practitioners **may not**:

- Dispense medical cannabis
- Provide written certifications for the use of medical cannabis to yourself or a family member
- Issue written certifications without being authorized by a state licensing board
- Issue written certifications without establishing a bona fide practitioner-patient relationship
- Fail to properly evaluate a patient's medical history and current medical condition
- Fail to use good faith in his or her treatment of the patient
- Serve as an employee, board member, or owner, in part or in whole, of a medical cannabis business

Requirements for Renewal and Compliance

If an authorized medical cannabis practitioner **fails to properly renew their authorization** within the timeframe determined by their state licensing board, their authorization will become inactive.

- Authorized practitioners can find the processes and procedures for renewing an authorization in **Section 5** of the regulations provided by the state licensing boards. Physicians can find authorization renewal requirements for in [201 KAR 9:067, Section 5](#) and APRNs in [201 KAR 20:067, Section 5](#).

Failure to comply with the requirements established by law or the regulations may result in action from their state licensing board or the OMC. Multiple or serious violations may result in the suspension or revocation of an authorization or license to practice medicine depending on the severity of the offense.

- Authorized practitioners can reference **Section 7** of regulations from their state licensing board for the processes and procedures provided for suspending or revoking a medical cannabis authorization. Physicians should reference [201 KAR 9:067, Section 7](#) and APRNs [201 KAR 20:067, Section 7](#).

Medical Cannabis Practitioner Authorization Process

Practitioners must become authorized by a state licensing board and register with the Cabinet's Office of Medical Cannabis (OMC) to provide certifications for medical cannabis. The following steps describe how licensed Kentucky physicians and APRNs can become authorized medical cannabis practitioners that issue certifications recommending use of medical cannabis to qualified patients:

Steps for completing the practitioner authorization process:



Once a practitioner becomes authorized and registers through the OMC's online Medical Cannabis Practitioner Registry portal, they may begin issuing certifications to qualified patients for medical cannabis beginning December 1, 2024.

A physician or APRN may only issue medical cannabis certifications for qualified patients if they have been authorized and remain in good standing with their state licensing board and are registered with the OMC. **Practitioners that attempt to provide patients with written certifications for medical cannabis without being authorized and in good standing by their state licensing board and registered with the OMC may be subject to sanctions and further penalization.**

Step 1. Apply to your state licensing board

To provide certifications for medical cannabis, a practitioner must first become authorized by their respective state licensing board. Each state licensing board has provided the procedures for submitting an initial application to become authorized as a medical cannabis practitioner in **Section 4** of their regulations. The procedures for becoming authorized as a physician through KMBL can be found in [201 KAR 9:067, Section 4](#) and APRNs can find the procedures for becoming authorized through KBN in [201 KAR 20:067, Section 4](#).

Authorization Processes and Application Requirements

Physician Authorization	APRN Authorization
Kentucky Board of Medical Licensure	Kentucky Board of Nursing
<p>Initial Application for Authorization</p> <p>Physicians can become authorized as a medical cannabis practitioner through KMBL by submitting an Initial Application for Authorization with supporting documentation available here: https://kbml.ky.gov/Pages/Medical-Cannabis.aspx</p>	<p>Authorization to Provide Written Certifications for the Use of Medicinal Cannabis-Initial Application</p> <p>APRNs can become authorized as a medical cannabis practitioner by submitting an Authorization to Provide Written Certifications for the Use of Medicinal Cannabis-Initial Application with supporting documentation through the KBN Nurse Portal here: https://kybn.boardsofnursing.org/kybn</p>
<p>Requirements</p> <ol style="list-style-type: none"> 1. Submit to the board an <u>Initial Application for Authorization</u> to provide written certifications for the use of medicinal cannabis 2. Submit proof of completion of the education requirements 3. Pay \$100 non-refundable fee 	<p>Requirements</p> <ol style="list-style-type: none"> 1. Submit to the board an <u>Authorization to Provide Written Certifications for the Use of Medicinal Cannabis-Initial Application</u> 2. Submit to the board a copy of DEA registration certificate 3. Submit a copy of PDMP master account registration certificate 4. Submit proof of completion of the education requirements 5. Pay \$100 of non-refundable fee

Both state licensing boards **require a non-refundable \$100 fee** to submit an initial medical cannabis practitioner authorization application and to renew on an annual basis. Applications submitted without proper payment will be denied or become inactive until the non-refundable fee has been paid.

Application Review and Authorization Determination

Upon receiving an initial application, the state licensing board in which it was submitted must review the information and materials provided to determine whether the practitioner is eligible and meets the qualifications required to become authorized to provide written certifications for medical cannabis.

KBML established the process to review and approve or deny applications for medical cannabis authorization in [201 KAR 9:067, Section 4](#) and KBN has outlined its review procedures in [201 KAR 20:067, Section 4](#).

During the review process, state licensing boards may choose to further inquire into applicants by:

- Contacting individuals, agencies, or organizations
- Requiring applicants to appear before their board

Physician Authorization Determination

If it is determined by KBML or its staff that an applicant is not qualified to become a medical cannabis practitioner, or if KBML or its staff is unable to independently verify whether an applicant meets the qualifications to become a medical cannabis practitioner, KBML shall notify the licensee of the ground(s) upon which the initial application shall not be approved, as provided by [201 KAR 9:067, Section 4\(2\)\(c\)](#). A physician is authorized to provide written certifications for medical cannabis effective upon written or electronic notification from the board that the initial application has been processed or approved per [201 KAR 9:067, Section 4\(3\)](#).

APRN Authorization Determination

To be considered complete, an APRN must provide all the information and documentation required by [201 KAR 20:067, Section 4\(1\)](#) to KBN and may not be under investigation pursuant to [201 KAR 20:161](#) for a possible violation of [KRS 314.091\(1\)](#). If an application is not complete within six (6) months of the date that the application is received, the applicant will be notified by the board.

If the application is not complete because required information or materials have not been received by the KBN, the board may notify the applicant in writing that the application will be considered abandoned if it is not completed. If an application is abandoned, the board may close the application.

The notice provided to APRN applicants with an incomplete application will contain the following:

- Information or materials required to complete the application and the date by which it must be submitted
- A date that the application may be deemed abandoned if it remains incomplete

If all information or materials are received by KBN within the specific time frame and the application is determined to be complete, the board will process the application.

If an application is determined incomplete because of an investigation for a violation of **KRS 314.091(1)**, KBN will provide a notice to the applicant with the following information:

- Indication that the application is complete but will not be processed pending completion of the investigation; and
- Indication that the application will be processed once the investigation is complete and there has been no violation of **KRS 314.091(1)**

Upon completion of the investigation, if KBN determines that the applicant is not in violation of KRS 314.091(1), the application will be processed. If deemed necessary, KBN may also require updated information.

Step 2. Register as an authorized practitioner

Once a practitioner has been authorized to provide certifications for medical cannabis through their state licensing board, they must register for access to the online Medical Cannabis Practitioner Registry provided by the Cabinet's Office of Medical Cannabis.

The **Medical Cannabis Practitioner Registry** serves as electronic monitoring system established pursuant to **KRS 218B.140(1)(a)(1) and (2)** required for recording and monitoring the issuance of electronic **written certifications** to qualified patients by authorized practitioners. Written certifications are issued to qualified patients by using the form provided by the Office of Medical Cannabis through the online registry portal.

Written certifications provided through the portal are associated to the identification information provided by the patient and will automatically populate when patients apply for a medical cannabis card. Authorized practitioners will not be able to provide qualified patients with written certifications for medical cannabis without an account and access to the practitioner portal.

To create an account and access the online Medical Cannabis Practitioner Registry portal visit the **"How to Register"** tab on the **"Practitioners"** page available at kymedcan.ky.gov.

Registering with the Medical Cannabis Practitioner Registry

Practitioners can use this quick step guide to access the OMC’s Medical Cannabis Practitioner Registry and complete the practitioner registration process to begin issuing written certifications starting on December 1, 2024. **This guide is intended to be used by prospective physicians and APRNs when preparing and submitting a practitioner authorization application to their state licensing board (see above), an authorized practitioner registration to the OMC, or a written certification to qualified patients.**

Where can I access the Medical Cannabis Practitioner Registry?

Get started by visiting the Kentucky Office of Medical Cannabis website at kymedcan.ky.gov. From the Home Page, select the **Practitioners** tab from the header menu and click on the **How to Register** tab on the left-hand panel of the Practitioners Overview page.



In addition to the Authorized Practitioner Registration Guide, applicants will find more resources and materials available for assistance on the Office website under the **Practitioners** menu tab.

Again, to create an account and access the registry, visit the **“How to Register”** tab on the **“Practitioners”** page available at kymedcan.ky.gov.

Creating an Account

- From the **How to Apply** tab on the **Practitioners page**, select the **Medical Cannabis Practitioner Registry** button. This will redirect you to the portal landing page.

Medical Cannabis Practitioner Registration

Physicians and advanced practice registered nurses ("APRNs") **must** be authorized through their respective licensing board in order to register with the Program as a medical cannabis practitioner. You can register as a practitioner through the Medical Cannabis Practitioner Registration Portal.

Click the button below to create an account or access the portal.

Medical Cannabis Practitioner Registration Portal

- Upon entering the portal for the first time, practitioners will need to create a user account. To do this, click **Register** in the top right-hand corner of the portal landing page.

The screenshot shows a web browser window displaying the 'Create an Account' form. At the top left is the 'TEAM KENTUCKY OFFICE OF MEDICAL CANNABIS PROGRAM' logo. At the top right is a 'REGISTER' button with a user icon. The form itself has a dark header with the text 'Create an Account'. Below the header is a yellow warning box: 'WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.' The form fields include: 'Legal First Name *', 'Legal Last Name *', 'Email *', 'Confirm Email *', 'Phone Number *', 'What type of application would you like to get started with? *' (a dropdown menu), 'Password *', and 'Re-enter Password *' (with eye icons for visibility). Below the fields is a checkbox: 'Please read and accept Terms and Conditions before proceeding.' At the bottom are two green buttons: 'CANCEL' and 'REGISTER'. A link at the very bottom says: 'If you didn't receive your verification email, please click here.'

- This will prompt a registration form to **create the user account**. Note: **This account *only* provides the user with access to the registry portal. It does *not* mean the user has registered as a new authorized practitioner with the OMC.**

- Fill out required form fields.** Warning: Some information here will be used in the application and the user will not be able to modify it once the account has been created.

What type of application would you like to get started with? *

Individual (If you are applying as a Practitioner/Patient/Caregiver)

Business (If you are applying for establishing a cannabis business entity.)

Individual (If you are applying as a Practitioner/Patient/Caregiver)

- Be sure to select **Individual** for the type of application.
- Read the **Terms and Conditions**.
- Click **Register** once all form fields are complete and the Terms and Conditions have been read.

Verifying the account

The user will receive an email in the inbox for the email address provided requesting verification.

- Click the **Verify** button to complete the account registration.

Thank you for creating an account for the Kentucky Medical Cannabis Program registration system. Please click the button below to verify your account.

Verify

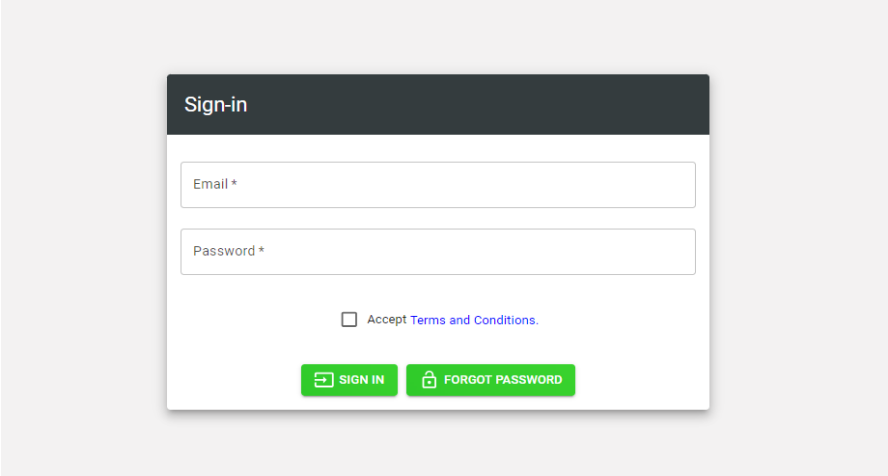
Please note, you must still complete and **submit your application** for review by the CHFS. Creating an account for this system does not constitute any level of compliance with Kentucky Medical Cannabis Program.

If there's anything we can do to help, please don't hesitate to reach us at [at support@kentucky.gov](mailto:support@kentucky.gov) or [\(502\) 875-3733](tel:502-875-3733).

Note: Be sure to check the junk or spam folder. If a verification email cannot not be found, please email support@kentucky.gov or call 502-875-3733.

Accessing the portal

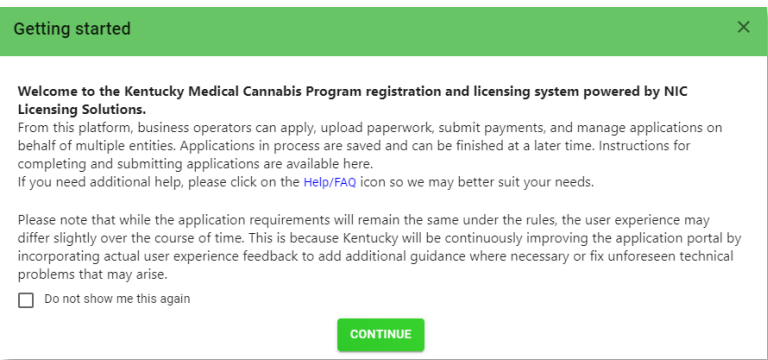
- Clicking the **Verify** button will automatically redirect the user back to the portal landing page to sign in. If the portal does not automatically open, the user can access the sign in page from the **How to Register** tab under the Practitioners page of the Office website.
- Enter the Email Address and the **Password** provided for the account.
- Check the box to **Accept** the Terms and Conditions.
- Click **Sign In** once all form fields are complete, and the Terms and Conditions have been accepted.



Note: Selecting **Forgot Password** will send an email to the user for a password reset.

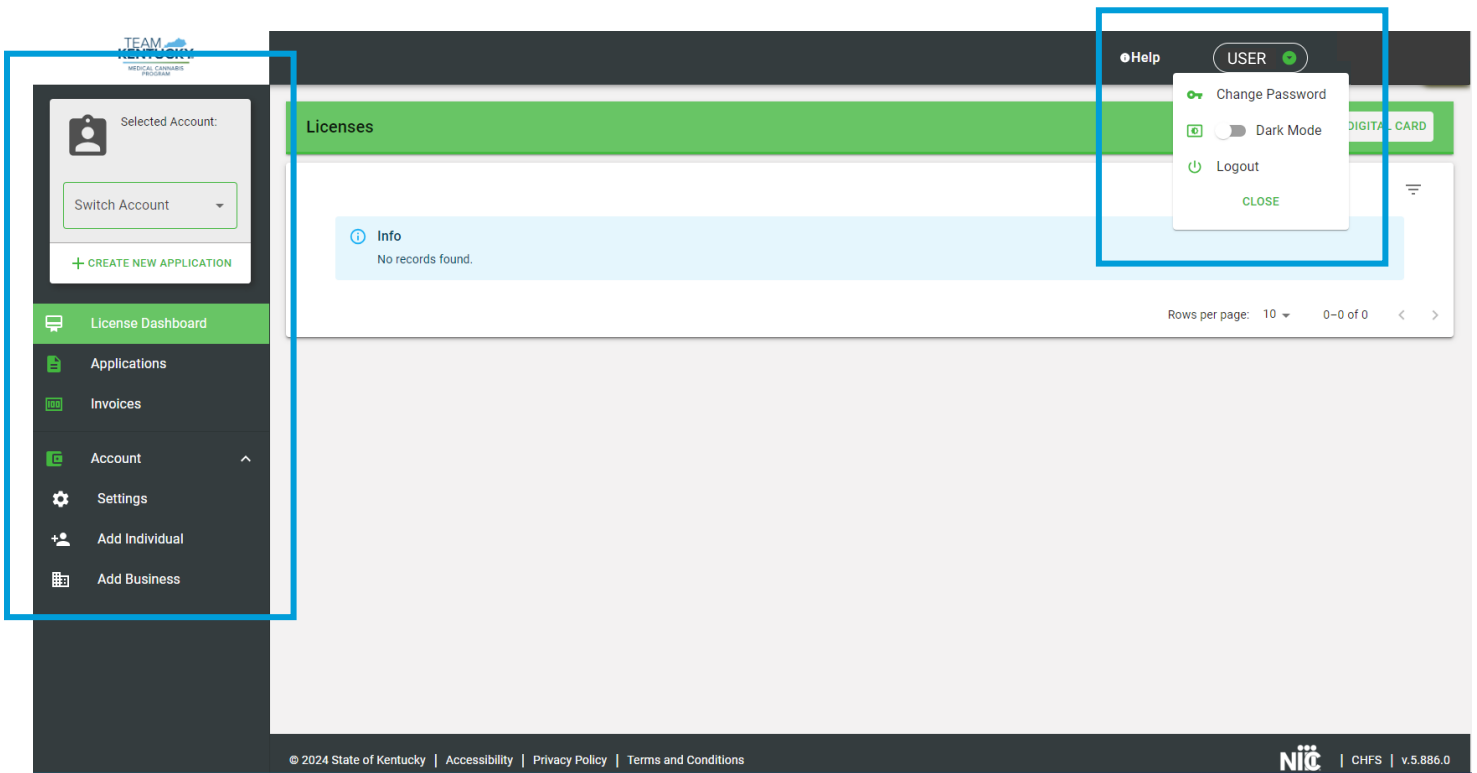
Navigating the portal

- Clicking **Sign In** will take the user to the application portal. Before entering, the user will see a box titled “Getting Started” with general information on navigating the application portal.
- Review the information provided.
- Click **Continue** to proceed to the portal.



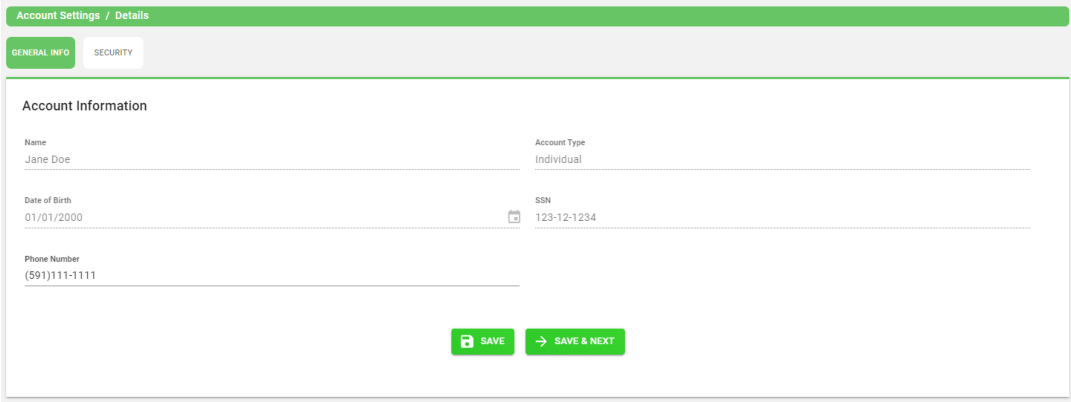
The **Medical Cannabis Practitioner Registry Portal** provides practitioners with a user dashboard. All information and documentation for medical cannabis practitioner registrations and written certifications will be submitted through the practitioner registry portal.

The user will automatically enter the **License Dashboard** when opening the Medical Cannabis Practitioner Registry Portal. From the License Dashboard, the user can navigate to Applications, Invoices, and Account using the menu panel on the left side of the screen. The **Applications** tab will provide a list of open New Practitioner Registration and Practitioner Electronic Certification applications for the account.



At the top of the portal, you will see the first name provided for the account. Selecting this will open a drop-down menu with the options to **Change Password**, turn on **Dark Mode**, or **Logout** of the account.

The **Help** icon will provide you with links and contact information for assistance.



The screenshot shows the 'Account Settings / Details' page with the 'GENERAL INFO' tab selected. The 'Account Information' section contains the following fields:

Field	Value
Name	Jane Doe
Account Type	Individual
Date of Birth	01/01/2000
SSN	123-12-1234
Phone Number	(591)111-1111

At the bottom of the form, there are two buttons: 'SAVE' and 'SAVE & NEXT'.

The **Account** tab opens a **Settings** tab with **General Information** tab for the account and a **Security** tab to manage or add new users. The General Information tab includes the information provided when registering and creating the account. Here you can update the account **phone number** by changing it in the fields and selecting save or save and next.

Under the **Security** tab, you can view current user and email address assigned to the account. **Practitioners will not have the ability to +Add User or View Removed Users.**

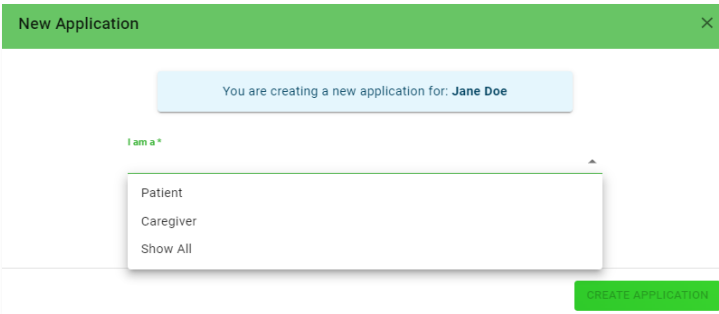
The **Account** tab also allows the user to **Add Business** or **Add Individual**, which will create a new and separate account for the portal. **Please read the warning before proceeding.**

If you create multiple accounts, or are added to manage multiple accounts, you can toggle between them using the gray box in the left-hand panel under **Selected Account**.

Note: Only accounts created under a Practitioner application with the required credentials will have the ability to access the New Practitioner Registration and Electronic Practitioner Certification.

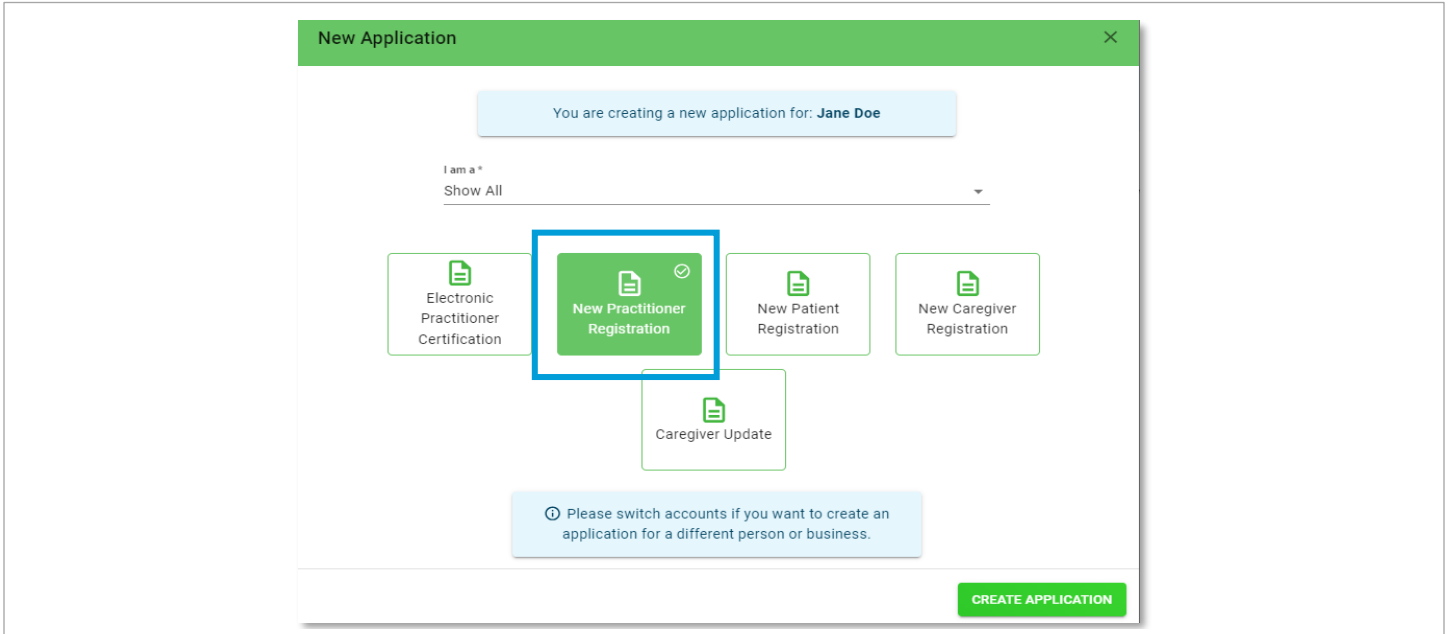
New Practitioner Registration

If an authorized practitioner user is entering the portal for the first time, they will need to **register** before providing certifications. To do this, click **+Create New Application** to create a new application.

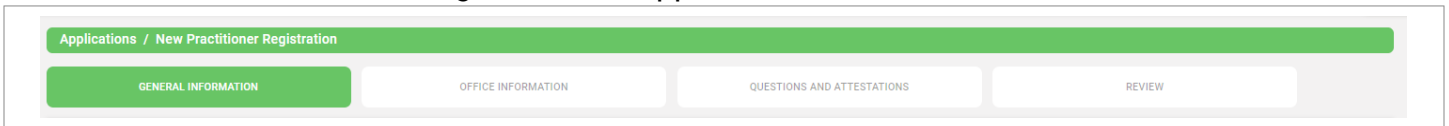


The screenshot shows a 'New Application' dialog box. At the top, it says 'You are creating a new application for: Jane Doe'. Below this, there is a dropdown menu labeled 'I am a *' with the following options: 'Patient', 'Caregiver', and 'Show All'. At the bottom right of the dialog box, there is a green button labeled 'CREATE APPLICATION'.

This will prompt a box titled “New Application” in which the user must select **Show All**. The expanded box will include additional application options, including New Practitioner Registration and Electronic Practitioner Certification. Select the option for a **New Practitioner Registration**.



A blank application will populate with **header tabs** indicating which section is currently in view. The header tabs can be used to navigate to each application section.



Each section requires information related to the title and can be viewed or completed at any time while preparing the application, **with the exception of the General Information tab which is initially required for saving and proceeding through the application.**

Editing and Saving a Registration Application

Once an application is created, it can be saved by clicking **save** or **save & next** before leaving each section and edited at any time. Note that some sections allow multiple entries, and each entry will need to be saved separately within the section.

The saved application will be accessible in the **Applications** tab from the License Dashboard. Once the application has been submitted it cannot be edited unless it is deemed deficient and the Program requests additional information or documentation.

Completing and Submitting a Registration Application

Specifically, the New Practitioner Registration application form contains the following sections for information related to the practitioner and the credentials in which they are authorized:

General Information

The first tab on the application requires **General Information** about the authorized practitioner including full name, email, phone number, practitioner type, Federal Drug Enforcement Administration (DEA) Number, and state license number with expiration date.

The screenshot shows the 'General Information' tab of the 'New Practitioner Registration' application. The form includes the following fields:

- Applicant Information section header
- First Name * (text input)
- Middle Name (text input)
- Last Name * (text input)
- Email Address * (text input)
- Phone Number * (text input)
- Practitioner Type * (dropdown menu)
- State License Number * (text input)
- State License Expiration Date * (calendar picker)
- Federal Drug Enforcement Administration Number * (text input)

Office Information

The next tab on the application requires the **Office Information** for the authorized practitioner including the street address for the office in which they currently practice and a mailing address. Here a user may upload multiple addresses by selecting **Save Record** after completing all the required address fields. The user must enter the primary address as the first entry.

The screenshot shows the 'Office Information' tab of the 'New Practitioner Registration' application. The form includes the following elements:

- Instruction: "Enter all applicable physical office addresses using this tab. You must enter the primary address as your first entry."
- Section header: "Office Street Address"
- Toggle: "Is this your primary street address?" (set to "No")
- Street Address * (text input)
- Unit No/ Apt No (text input)
- City * (text input)
- County * (dropdown menu)
- State * (dropdown menu)
- Zip Code * (text input)
- Toggle: "Address Verified? *" (set to "No")
- Button: "VERIFY ADDRESS" (green)
- Button: "SAVE RECORD" (green)

Questions and Attestations

The final tab before reviewing the complete application form requires the authorized practitioner to answer and attest to the following:

- Do you verify that you are the practitioner listed who is requesting to establish this account?
- Do you attest that you are licensed and in good standing with your state licensing board?
- Do you attest that you are authorized by your state licensing board to provide written certifications to patients to use medicinal cannabis?

Once all questions and attestations have been answered truthfully, the practitioner is required to provide an electronic signature.

The screenshot shows the 'Questions and Attestations' tab selected in the application process. The tab bar at the top includes 'GENERAL INFORMATION', 'OFFICE INFORMATION', 'QUESTIONS AND ATTESTATIONS' (highlighted in green), and 'REVIEW'. The main content area contains three questions, each with radio button options for 'Yes' and 'No':

- Do you verify that you are the practitioner listed who is requesting to establish this account? *
- Do you attest that you are licensed and in good standing with your state licensing board? *
- Do you attest that you are authorized by your state licensing board to provide written certifications to patients to use medicinal cannabis? *

Below the questions is a signature field with the prompt 'Please sign with your full legal name' and a 'Signature Date' field showing '08/01/2024'.

Review

A user can review the entire application in the **Review** tab to ensure it has been properly completed with the correct information required. The **red X** indicates missing information. Once the application has been reviewed and all fields are filled correctly, select **Submit** to submit your application.

The screenshot shows the 'Review' tab selected in the application process. The tab bar at the top includes 'GENERAL INFORMATION', 'OFFICE INFORMATION', 'QUESTIONS AND ATTESTATIONS', and 'REVIEW' (highlighted in green). A yellow warning banner is displayed at the top of the content area, stating: 'Warning : if any items are marked with a red X you will not be able to file your application. Confirm the completeness and accuracy of your application before filing.' Below the banner, the 'General Information' and 'Applicant Information' sections are visible.

If the application has been successfully submitted, a banner will populate at the top of the application indicating that the application has been submitted, along with an **application reference code** and the date and time in which the application was recorded as submitted.

Applications / New Practitioner Registration

Your application has been submitted to the Kentucky Medical Cannabis Program.
Your application reference code is [redacted]. Please retain this for your records.
Application Submission Date: [redacted]

● If you do not receive email notifications, please check your spam folder.

The user will also receive an automated email confirming that the registration application has been submitted successfully along with the application reference number. The user does not need to take any action after receiving this email.

TEAM KENTUCKY
MEDICAL CANNABIS PROGRAM

New Practitioner Registration Application Submitted Successfully

Thank you for submitting your New Practitioner Registration application. Your application has been submitted and is pending review.

Your application reference number is [redacted]

You will receive an email notification when your application is approved or denied.

If you have any questions, please contact the Kentucky Medical Cannabis Program through its website (<http://kymedcan.ky.gov>) or email kymedcan@ky.gov.

Get More Information:
[Login to your Licensing Portal](#)
[Email the KY Medical Cannabis Program](#)

This email is automatically generated from the Kentucky Medical Cannabis Program Licensing System. Please do not reply to this email. This mailbox is not monitored, and you will not receive a response. For technical support, please contact Tyler Kentucky at support@kentucky.gov or (502) 875-3733.

A **New Practitioner Registration** application that has been created or submitted will remain in the **Application** tab on the user dashboard. Registration applications that are open for editing and have not been submitted will not be assigned an Application ID or an applicable Submitted Date.

Applications + CREATE NEW APPLICATION					
Application ID	Title	Status	Application Type	Submitted Date ↑	Actions
Not Applicable	Practitioner 1	Open	New Practitioner Registration	Not Applicable	
Not Applicable	Practitioner 2	Open	New Practitioner Registration	Not Applicable	
[redacted]	[redacted]	Submitted	New Practitioner Registration	[redacted]	

New Practitioner Registration applications that have been submitted to the OMC will be assigned the **application reference code** provided for the **Application ID** with the application submission date shown under **Submitted Date**.

Registration Application Approval

Following the submission of a New Practitioner Registration application through the Medical Cannabis Practitioner Registry portal, the OMC will review the application to ensure the information provided is correct and that the practitioner is properly authorized to register in the portal.



When the OMC has reviewed the registration application and determined that the practitioner has completed the requirements for registration, the user will receive automated email confirmation that their application has been approved and they have been registered as an authorized practitioner with the OMC.

Status	Application ID	Title	License Type	License Number	Expiry Date ↑	Actions
✔ Approved	1540	Alyssa Erickson	New Practitioner Registration	PRAC000040	Not Applicable	☰

Rows per page: 10 | 1-1 of 1

The **New Practitioner Registration** application will now be marked approved and available in the **Licenses** tab with an associated **license number**. To view the license information, select the **License Number** which is hyperlinked to the approved registration application.

Step 3. Provide medical cannabis certifications

Following the approval of your registration application by the OMC, a practitioner may log into the registry and begin providing medical cannabis certifications to qualified patients on December 1, 2024.

Individuals applying as in-state qualified patients or minor qualified patients must first obtain an initial **written certification** from an authorized **medical cannabis practitioner** during an in-person examination.¹

- ▶ Subsequent certifications for the purpose of renewing a medical cannabis card may be provided by the medical cannabis practitioner electronically or during the course of a **telehealth consultation**.

Requirements and Criteria for Certifications

Before a patient can be issued a written certification recommending medical cannabis use, the patient's medical cannabis practitioner must perform the following:²

1. Establish a **bona fide practitioner-patient relationship** with the patient.
2. Diagnose the patient with, or confirm a diagnosis of a **qualifying medical condition**, provided by another health care provider.
3. Review a **report from the Kentucky All Schedule Prescription Electronic Reporting (KASPER)** system related to the patient for at least the previous twelve (12) months.
4. Consult with the patient (or the patient's custodial parent or legal guardian if the patient is a minor) about **potential risks and side effects of medical cannabis use**, including possible interactions between medical cannabis and any other medications that the patient is taking.
5. If the patient is a minor, **obtain consent of the patient's custodial parent or legal guardian**.
6. After performing the above actions, the medical cannabis practitioner must **record a written certification** in the state's medical cannabis practitioner registry within 24 hours of the patient's in-person examination.³

¹ KRS 218B.050; 915 KAR 2:030, Section 2(2)

² KRS 218B.050(4)

³ KRS 218B.050(6)(d)

Medical Cannabis Patient Certification Process

Once a practitioner becomes authorized and has registered through the OMC's Medical Cannabis Practitioner Registry portal, they can begin providing written certifications for medical cannabis as of December 1, 2024. A physician or APRN may only write medical cannabis certifications for patients if they have been authorized and remain in good standing with their state licensing board.

ATTENTION

Practitioners that attempt to provide patients with certifications for medical cannabis without being authorized, in good standing with their state licensing board and registered with the OMC could be penalized for medical malpractice or criminal activity.

The following steps illustrate how an authorized practitioner provides a qualified patient with a certification for medical cannabis.

Steps for providing medical cannabis certifications:



If an authorized practitioner determines during the initial in-person exam that a patient meets the criteria for a medical cannabis card, the authorized physician must **submit an electronic certification** through the registry within 24 hours of the exam.

Step 1. Establish a bona fide practitioner-patient relationship

To provide a qualified patient with a medical cannabis certification, a practitioner must first **establish a practitioner-patient relationship** with the individual seeking the certification.

Bona Fide Practitioner-Patient Relationship Requirements

The following steps must be completed during an initial in-person examination for the purposes of **establishing a practitioner-patient relationship** for a diagnosis that qualifies them for a certification to register for a medical cannabis card. As defined by [KRS 218B.010](#), a bona fide practitioner-patient relationship means a treating or consulting relationship, during which the practitioner has:

1. Completed an initial in-person examination and assessment of the patient's medical history and current medical condition;
2. Consulted with the patient with respect to the possible medical, therapeutic, and palliative properties of medical cannabis;
3. Advised the patient of the possible risks and side effects associated with the use of medical cannabis, including possible interactions between medical cannabis and any other drug or medication that the patient is taking at that time; and
4. Established an expectation that the practitioner will provide follow-up care and treatment to the patient in accordance with administrative regulations.

A bona fide practitioner-patient relationship must be **established during an initial in-person visit**. Subsequent visits for certification renewals can be conducted via telehealth.

Step 2. Confirm diagnosis of qualifying medical condition

For a patient to qualify for a medical cannabis card (including in-state qualified patient, minor qualified patient, and visiting qualified patient applicants), the practitioner must determine that they **meet the criteria for at least one (1) of the qualifying conditions** approved for medical cannabis under [KRS 218B.010, Section 26](#).

The current list of qualifying conditions includes the following:

- ▶ Any type or form of cancer
- ▶ Chronic or severe pain
- ▶ Epilepsy or other intractable seizure disorder
- ▶ Multiple sclerosis, muscle spasms, or spasticity
- ▶ Chronic nausea or cyclical vomiting syndrome
- ▶ Post-traumatic stress disorder

Standards of Care

When determining if a patient has a diagnosis that qualifies for a medical cannabis certification, a practitioner should adhere to the **Standards of Care** set forth by KBML in [201 KAR 9:067, Section 8](#) and by KBN in [201 KAR 20:067, Section 8](#). These standards provide the information and documentation required for the criteria used to evaluate and determine if the patient meets the qualification for certification.

Patient Medical Record

Prior to providing a certification, the medicinal cannabis practitioner must **obtain and document all relevant information in a patient's medical record** in a legible manner and in sufficient detail to enable the board to determine whether the licensee is conforming to the legal and regulatory requirements of KRS Chapter 218B and the administrative regulations.

1	<input type="checkbox"/> The patient's medical history, including: <ul style="list-style-type: none"> <input type="checkbox"/> The patient's mental health and psychiatric history; <input type="checkbox"/> The patient's history of drug use, including a documented review of the patient's current medication to identify possible drug interactions, including benzodiazepines and opioids; <input type="checkbox"/> Prior treatments; and <input type="checkbox"/> Diagnostic, therapeutic, and laboratory results;
2	<input type="checkbox"/> A focused physical examination relevant to the patient's medical condition;
3	<input type="checkbox"/> Evaluations and consultations;
4	<input type="checkbox"/> Diagnosis of the patient's qualifying medical condition;
5	<input type="checkbox"/> Treatment objectives with use of medicinal cannabis;
6	<input type="checkbox"/> Discussion of risk, benefits, limitations, and alternatives to the of use of medicinal cannabis;
7	<input type="checkbox"/> Written informed consent;
8	<input type="checkbox"/> Instructions and agreements;
9	<input type="checkbox"/> Periodic reviews of the patient's file;
10	<input type="checkbox"/> Follow up evaluations; and
11	<input type="checkbox"/> Results and analysis of the patient's PDMP information.

Prescription Drug Monitoring Program (PDMP) Report

Prior to providing an initial written certification or renewing a written certification, the medicinal cannabis practitioner must **query and review a Prescription Drug Monitoring Program (“PDMP”) report** for the patient for the twelve (12) month period immediately preceding the written certification and appropriately utilize that information in the evaluation and treatment of the patient.

Follow Up Care

The practitioner must also **provide the availability for follow-up care and treatment to the patient**, including physical examinations relevant to the patient's condition to determine the efficacy of medical cannabis in treating the patient's qualifying medical condition. If the qualifying condition was indicated as a terminal illness in the prior six (6) months, the medicinal cannabis practitioner must confirm whether the patient's condition continues to be a terminal illness.

Drug Screen (if applicable)

Based on any evidence or behavioral indicating that the patient has a history of addiction or drug abuse, the practitioner must obtain a drug screen on the patient using discretion to decide 1) the nature of the screening and 2) the type of drug(s) to be screened.

Pregnancy (if applicable)

If the patient is a female of childbearing potential and age, the practitioner must recommend a pregnancy test, factoring the results into the clinical decision on the diagnosis and certification for medical cannabis.

Terminating or Declining to Issue New Certifications

An authorized medical practitioner shall terminate or decline to issue a new medical cannabis certification to a patient, and must notify the cabinet in writing of the patient's name if:

1. The patient no longer has the diagnosis of or symptoms of the qualifying medical condition;
2. The medical cannabis practitioner is not authorized to issue a certification;
3. The medical cannabis practitioner has reason to believe that the patient or a caregiver is abusing or diverting medicinal cannabis; or
4. The patient is deceased.

If the practitioner is unable to conform to the professional standards (Standards of Care) established due to circumstances beyond their control, or if the practitioner makes a professional determination that it is not appropriate to comply with a specific standard based upon the individual facts applicable to a specific patient's diagnosis and treatment, the practitioner shall document those circumstances in the patient's record and **only provide a written certification to the patient if the patient's record appropriately justifies the use of medicinal cannabis under the circumstances.**

Step 3. Identify patient prescription drug history

To identify the prescription drug history associated with a patient, practitioner must review a report from the **Kentucky All Schedule Prescription Electronic Reporting (KASPER)** system related to the patient for at least the previous twelve (12) months.

About the KASPER reporting database

KASPER is a controlled substance prescription monitoring system designed to assist practitioners and pharmacists with providing medical and pharmaceutical patient care using controlled substance medications. It also serves as an investigative tool for law enforcement and regulatory agencies to assist with authorized reviews and investigations. KASPER is not intended to prevent patients from receiving needed controlled substance medications. Learn more about KASPER by visiting the Cabinet website at <https://www.chfs.ky.gov/agencies/os/oig/dai/deppb/Pages/kasper.aspx>.

Accessing the KASPER reporting database

Authorized medical cannabis practitioners are required to have access to the KASPER reporting database. To access KASPER, a practitioner must establish an account via the Cabinet's single sign-on system, [Kentucky Online Gateway](#), then register as an uploader in the KASPER Data Collection System. A practitioner that does not have the credentials to access KASPER may not provide certifications for medical cannabis.

If you already have a KASPER account and no longer have access, please do not create a new account. Follow the instructions in the Links here: [Mandatory KASPER-KOG Account Instructions](#).

Note: State government employees with @ky.gov email addresses should contact their supervisor/branch manager to add the KASPER app for enrollment.

Creating a KASPER Account

To obtain a **new** KASPER account follow these steps:

Step 1: Create a KOG account - KOG Help Desk (502)564-0104, ext. 2:

- a. Kentucky Online Gateway (KOG) account is the security portal to access all Cabinet for Health and Family Services protected systems (KASPER, kynect, Vitals, Death Registry, etc.). Go to the [Kentucky Online Gateway](#) website and create a citizen or business partner account. Remember your KOG username (email) and password. Passwords are case sensitive and expire every 90 days. These credentials are required to access KASPER.

- b. After submitting your KOG information you will receive a KOG account activation email. You must activate your KOG account within four hours of receipt of the activation email. [KOG-FAQ](#)

Step 2: Create your KASPER account application:

- a. Sign in to your KOG account, click on All Apps and search (by the letter K) for Kentucky All Schedule Prescription Electronic Reporting and click the Enroll link to go to the Account Request Onboarding screen. Do not enter any information in the KASPER User Name/Password fields.
- b. Click on the Request a KASPER Account link at the bottom of the screen and follow the instructions to create your KASPER account application.

Step 3: Submit your KASPER account application:

During the account request process, you may choose to either:

- a. Upload electronic copies of your required support documents and electronically sign your application ([Paperless Application Process Video](#)) or
- b. Mail the hard-copy application, signed Terms of Account Use and required support documents (follow instructions on application form).

Your KASPER account registration is not complete until your application is processed by the Cabinet and you receive a Welcome to KASPER email. If you have not received this email within 14 days of submitting your account request, please contact the KASPER Business Office at (502) 564-7985 or [via email](#).

[Link to Request a New KOG and KASPER Account](#)

Reviewing a KASPER report

The KASPER report provided for the patient should be considered when a practitioner is determining if the patient meets the qualifications and criteria for medical cannabis. A practitioner should evaluate the KASPER report to identify any patterns of prescription drug history. **Based on the KASPER report evaluation, the practitioner may find that a patient is not suitable to be qualified for medical cannabis.**

Step 4. Share potential risks and side effects

During initial and follow-up examinations, a practitioner must **consult with the patient about the potential risks and side effects** of medical cannabis use, including possible interactions between medical cannabis and any other medications that the patient is currently taking. If the patient is a minor, the practitioner must consult with the patient's custodial parent or legal guardian and take additional measures to ensure qualification.

Continuing Education Requirement

To receive and renew an authorization to provide certifications for medical cannabis, a practitioner is required to complete the minimum hours of continuing education on an annual basis. Section 6 of [201 KAR 9:067](#) and [201 KAR 20:067](#) provide the continuing education requirements for authorized medical cannabis practitioners, including **education on the characteristics of medical cannabis with possible drug interactions and indications of cannabis use disorder**.

Specifically, these hours must provide the practitioner with education regarding:

- Diagnosing qualifying conditions
 - Treating qualifying medical conditions with medical cannabis
 - The characteristics of medicinal cannabis, possible drug interactions, and indications of cannabis use disorder
-

Step 5. Receive parental consent for minors (if applicable)

If the patient is a minor, a practitioner must **obtain the consent of the patient's custodial parent or legal guardian**. Additionally, per [KRS 218B.055, Section 7](#), to apply for or renew a registry identification card, a qualified patient who is under eighteen (18) years of age must also receive documentation of diagnosis of a qualifying medical condition by a practitioner other than the medical cannabis practitioner who provided the written certification for the use of medical cannabis.

Signed Statement Requirement

A custodial parent or legal guardian with responsibility for health care decisions for the qualified patient must also provide a signed statement attesting to the fact that they agree to:

1. Allow the qualified patient to use medicinal cannabis;
2. Serve as the qualified patient's designated caregiver; and
3. Control the acquisition, dosage, and frequency of use of medicinal cannabis by the qualified patient.

Step 6. Record written certification (submitted electronically)

After performing all actions required and determining that a patient meets the criteria for a diagnosis which qualifies them for medical cannabis treatment, a practitioner must **record a certification in the state's medical cannabis practitioner registry within 24 hours** of the patient's in-person examination.⁴ Record a certification in the registry by following these steps:

Creating a New Practitioner Certification

To start a **New Practitioner Certification**, a practitioner must have access to the practitioner registry with an approved New Practitioner Registration available in the license dashboard.

From the **How to Apply** tab on the **Practitioners** page, select the **Practitioner Authorization Registration Portal** button. This will redirect you to the portal landing page.

Medical Cannabis Practitioner Registration

Physicians and advanced practice registered nurses ("APRNs") **must** be authorized through their respective licensing board in order to register with the Program as a medical cannabis practitioner. You can register as a practitioner through the Medical Cannabis Practitioner Registration Portal.

Click the button below to create an account or access the portal.

Medical Cannabis Practitioner Registration Portal

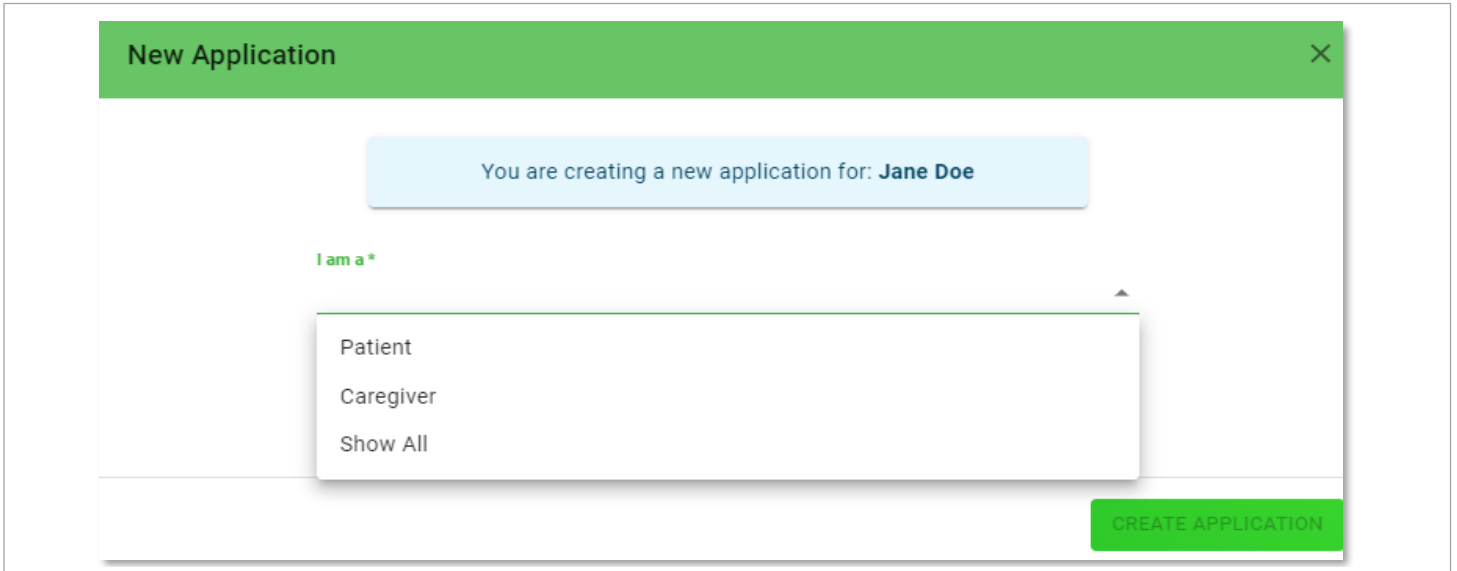
To access the registry, provide the **email address** and **password** provided for the user account.

The screenshot shows a 'Sign-in' form with the following elements:

- Sign-in** header
- Email *** input field
- Password *** input field
- Accept Terms and Conditions.**
- SIGN IN** button (with a key icon)
- FORGOT PASSWORD** button (with a lock icon)

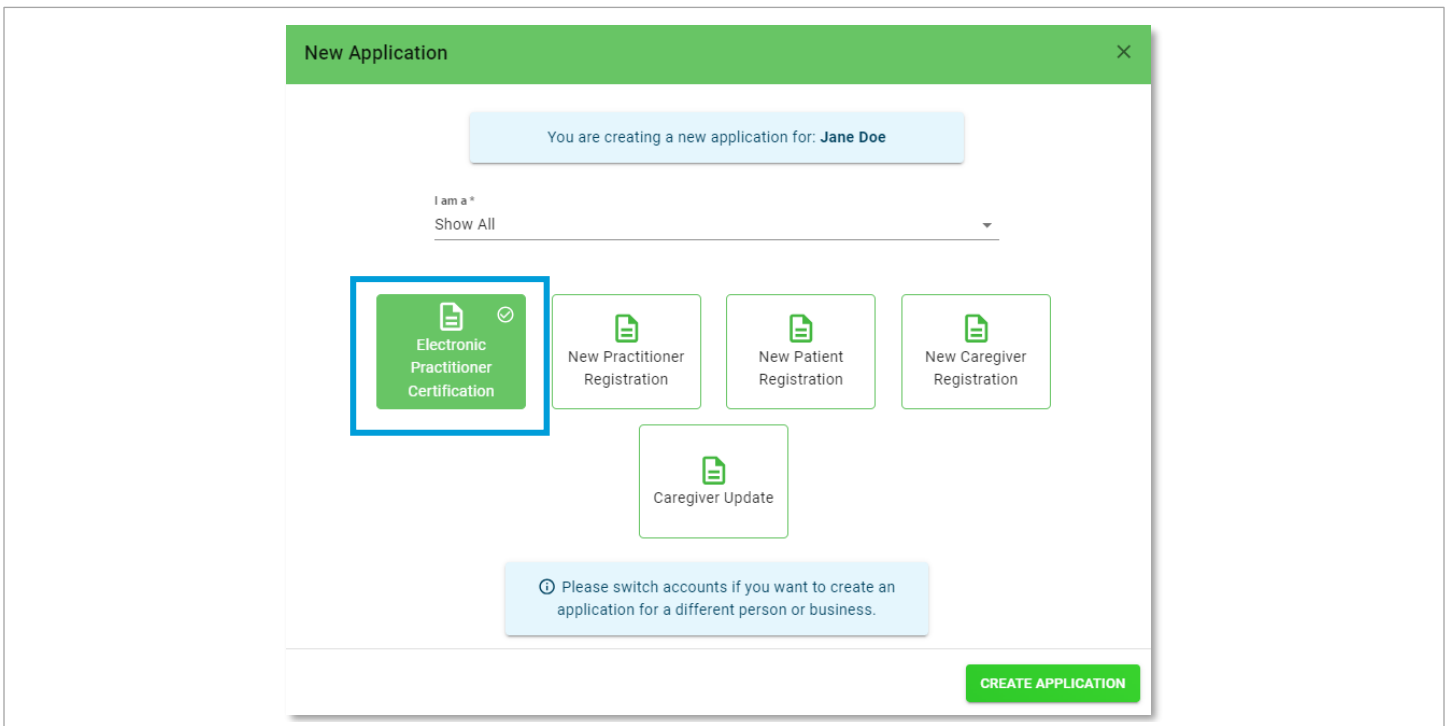
⁴ KRS 218B.050(6)(d)

Once you have logged into your account, select **+Create New Application** from left panel on the dashboard. This will prompt the “New Application” box in which the user must select **Show All**.

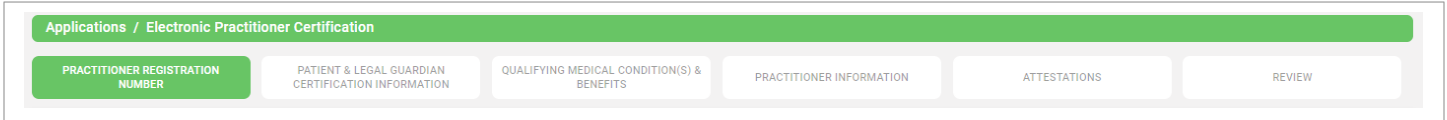


The expanded box will include additional application options, including New Practitioner Registration and Electronic Practitioner Certification.

Select the option for **Electronic Practitioner Certification**.



A blank written certification form will populate with **header tabs** indicating which section is currently in view. The header tabs can be used to navigate to each application section.



The screenshot shows a horizontal navigation bar with a green background. At the top left, it says "Applications / Electronic Practitioner Certification". Below this, there are six tabs: "PRACTITIONER REGISTRATION NUMBER" (highlighted in green), "PATIENT & LEGAL GUARDIAN CERTIFICATION INFORMATION", "QUALIFYING MEDICAL CONDITION(S) & BENEFITS", "PRACTITIONER INFORMATION", "ATTESTATIONS", and "REVIEW".

Each section requires information related to the title and can be viewed at any time while preparing the certification form, **with the exception of the Practitioner Registration Number tab which is initially required for saving and proceeding through the application.**

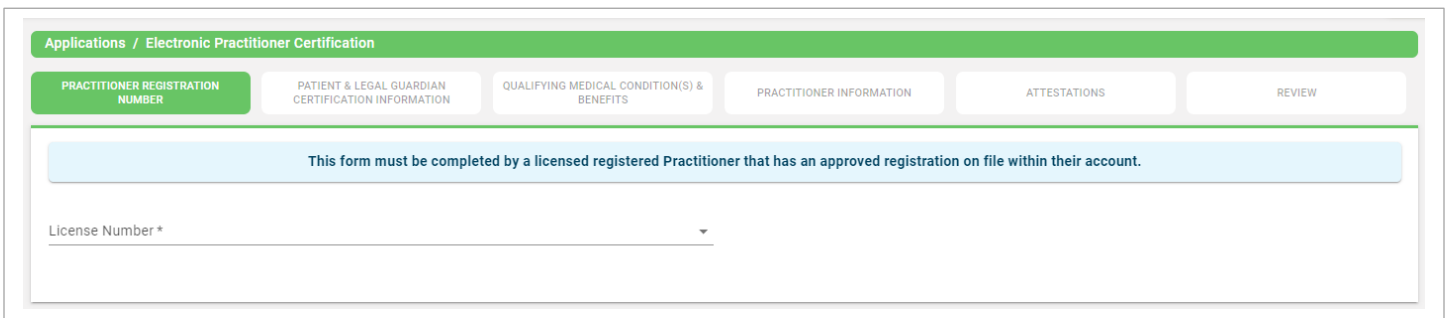
Completing and Submitting a Certification

The **New Practitioner Certification** form contains the following sections for information related to the practitioner and the credentials in which they are authorized:

Practitioner Registration Number

The first tab on the New Practitioner Certification requires an active practitioner registration. The practitioner must select the **license number** associated with the active practitioner registration that will be associated with the certification from the drop-down menu.

If there is not an active practitioner registration available, the practitioner will not be able to proceed forward with the certification.



The screenshot shows the "Practitioner Registration Number" tab selected. Below the navigation bar, there is a light blue message box that reads: "This form must be completed by a licensed registered Practitioner that has an approved registration on file within their account." Below the message box is a form field labeled "License Number *" with a dropdown arrow.

Patient & Legal Guardian Certification Information

The next tab requires the **personal identification and contact information for the qualified patient and legal guardian of any minor qualified patient.** The form fields for legal guardian information will only populate if the practitioner indicates that the qualified patient is a minor.

Applications / Electronic Practitioner Certification

PRACTITIONER REGISTRATION NUMBER

PATIENT & LEGAL GUARDIAN CERTIFICATION INFORMATION

QUALIFYING MEDICAL CONDITION(S) & BENEFITS

PRACTITIONER INFORMATION

ATTESTATIONS

REVIEW

Patient Certification Information

Patient First Name *

Patient Middle Name ⓘ

Patient Last Name *

Patient Date of Birth * ⓘ

Patient Social Security Number * ⓘ

Patient Email Address

Date of Patient Examination * ⓘ

Is this Patient 18 years or older? *
 Yes
 No

The practitioner must provide personal identification and contact information including full name, date of birth, social security number, and email address, along with the date of the initial examination. If the patient is a minor, the practitioner will need to include the form fields that automatically populate after selecting “no” to “Is this Patient 18 years or older?”

Custodial Parent or Legal Guardian Certification Information

First Name *

Middle Name

Last Name *

Date of Birth * ⓘ

Social Security Number *

Email Address

Phone Number *

If the qualified patient is a **minor**, the practitioner will need to provide the full name, date of birth, social security number, email address, and phone number for the qualified patient’s legal guardian.

This contact will also be assigned to the qualified minor patient as the designated caregiver responsible for purchasing and administering the medical cannabis on behalf of the minor.


Qualifying Medical Conditions and Benefits

Next the practitioner must provide **attestations and specifications for the qualifying medical condition(s) and benefits** for which the patient will be issued the certification recommending use of medical cannabis.

Applications / Electronic Practitioner Certification

PRACTITIONER REGISTRATION NUMBER PATIENT & LEGAL GUARDIAN CERTIFICATION INFORMATION **QUALIFYING MEDICAL CONDITION(S) & BENEFITS** PRACTITIONER INFORMATION ATTESTATIONS REVIEW

Qualifying Medical Conditions

Has the patient been diagnosed with a qualifying medical condition? * 

Yes

No

Benefits

Do you believe this patient may receive therapeutic or palliative benefits from the use of medicinal cannabis? *

Yes

No

30-Day Recommendations

Default Recommended Amounts: Concentrate: 28g; Infused: 3900mg; Raw Plant Material: 112g

Concentrate *	Infused *
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

Raw Plant Material *

Yes

No

Are any of the entered 30 day recommended amounts of Concentrate, Infused, or Raw Plant material greater than the default recommended amounts? *

Yes

No

The practitioner must attest under “Qualifying Medical Conditions” that the patient has been diagnosed with a qualifying medical condition, and under “Benefits” that they may receive therapeutic or palliative benefits from the use of medical cannabis.

In the “30-day Recommendation” section of the qualifying medical conditions(s) and benefits tab, the practitioner has the ability to select the standard 30-day supply limits established by the Cabinet for the patient or adjust based on the patient’s diagnosis and medical history.

Supply limits and associated product formats

A medical cannabis practitioner may recommend an amount of medical cannabis for a thirty (30) day supply that is higher than the established supply limits if the practitioner reasonably believes that the established limits would not provide uninterrupted therapeutic or palliative relief to the qualified patient.⁵

The following table includes the forms of medical cannabis, corresponding product types, and supply limits that medical cannabis cardholders (excluding minor qualified patients) are allowed to purchase.⁶ The 10-day and 30-day supply limit amounts are displayed in units of mass (i.e., grams and milligrams) for each form.

Form of medical cannabis	30-day supply limit*	Example products
Raw plant material	112 grams	N/A
Concentrates	28 grams	<ul style="list-style-type: none"> ▶ Vape cartridges ▶ Nebulizer solutions
THC-infused products	3,900 milligrams	<ul style="list-style-type: none"> ▶ Edibles ▶ Pills ▶ Capsules ▶ Oils ▶ Liquids ▶ Beverages ▶ Tinctures ▶ Suppositories ▶ Dermal patches
Non-consumable (topical) products	No limit**	<ul style="list-style-type: none"> ▶ Gels ▶ Creams/lotions ▶ Ointments ▶ Cosmetics ▶ Soaps

*** Non-consumable products will not count toward a qualified patient's supply limits.⁷*

A practitioner may select “Yes” or “No” underneath a product format to **allow or prohibit the patient to purchase the types of medical cannabis** that fall within that category. By selecting “Yes,” the supply limit for the associated product format will autofill with the established 30-day limit. By selecting “No,” the practitioner may prohibit the patient from purchasing the type of products within that category.

⁵ 915 KAR 2:020, Section 1(3)

⁶ 915 KAR 2:020, Section 1

⁷ 915 KAR 2:020, Section 1(2)

The practitioner then has the option to increase or decrease the supply limits for each allowable product format. If the practitioner determines that the patient would benefit from an alternative supply limit for a specific product format, they **may choose to adjust the amount in which the patient may purchase for a 30-day supply**. If the practitioner increases one or more supply limits for a product format beyond the established 30-day limit, the practitioner must (1) attest that they reasonably believe the established 30-day supply limit would be insufficient in providing the patient with uninterrupted therapeutic or palliative relief and (2) provide detailed reasons supporting that determination. The form will auto-populate additional fields for the practitioner to provide this attestation and reasoning for the adjustment.

The following medical cannabis consumption methods are **prohibited** by KRS Chapter 218B:



- ▶ Consuming medical cannabis by combustion, such as smoking, by any patient⁸
- ▶ For patients under 21 years old, medical cannabis products intended for consumption by vaporizing are not allowed⁹

Practitioner Information

The Practitioner Information tab **does not require any information input**. It automatically populates with the practitioner information provided for the active registration within the registry. If a practitioner needs to make changes to an active practitioner registration, such as updating contact information or office address, please contact the OMC's Division of Licensure and Access.

Applications / Electronic Practitioner Certification

PRACTITIONER REGISTRATION NUMBER
PATIENT & LEGAL GUARDIAN CERTIFICATION INFORMATION
QUALIFYING MEDICAL CONDITION(S) & BENEFITS
PRACTITIONER INFORMATION
ATTESTATIONS
REVIEW

Practitioner First Name *

Practitioner Middle Name

Practitioner Last Name *

State License Number *

Practitioner License Type *
Physician (MD) ▼

Practitioner Phone Number *

Practitioner Email Address *

Practitioner Office Address

Street *

Unit No.

County * ▼

City *

State *
Kentucky ▼

Zip Code *

⁸ KRS 218B.035(1)(g) and (3)(a)

⁹ KRS 218B.110(2)(f)

Attestations

Before submitting a New Practitioner certification, a practitioner must attest, in accordance with KRS Chapter 218B, that they have:

- Established a bona fide practitioner-patient relationship;
- Diagnosed the patient, or confirmed a diagnosis provided by another healthcare provider, with a qualifying condition for which the medicinal cannabis practitioner believes that the patient is likely to receive safe and effective therapeutic or palliative benefit from the use of medicinal cannabis;
- Reviewed a report of information from KASPER related to the patient for a period of time that covers at least the twelve (12) months immediately preceding the date of the report;
- Consulted with the patient, or the patient’s custodial parent or legal guardian responsible for providing consent to treatment if the patient is a minor, with respect to the possible risks and side effects associated with medicinal cannabis, including possible interactions between medicinal cannabis and any other drug or medication that the patient is taking at that time.

Applications / Electronic Practitioner Certification

PRACTITIONER REGISTRATION NUMBER
PATIENT & LEGAL GUARDIAN CERTIFICATION INFORMATION
QUALIFYING MEDICAL CONDITION(S) & BENEFITS
PRACTITIONER INFORMATION
ATTESTATIONS
REVIEW

In accordance with the KRS Chapter 218B, I attest as the patient's medicinal cannabis practitioner I have:

Established a bona fide practitioner-patient relationship with the patient; *

Yes

No

Diagnosed the patient, or confirmed a diagnosis provided by another healthcare provider, with a qualifying medical condition for which the medicinal cannabis practitioner believes that the patient is likely to receive safe and effective therapeutic or palliative benefit from the use of medicinal cannabis; *

Yes

No

Reviewed a report of information from KASPER related to the patient for a period of time that covers at least the twelve (12) months immediately preceding the date of the report; *

Yes

No

Consulted with the patient, or the patient's custodial parent or legal guardian responsible for providing consent to treatment if the patient is a minor, with respect to the possible risks and side effects associated with medicinal cannabis, including possible interactions between medicinal cannabis and any other drug or medication that the patient is taking at that time; *

Yes

No

Practitioner's Signature Line *
Effective Date of Written Certification *
 Expiration Date of Recommendation *

The practitioner is required to **provide a signature** along with the **effective date of the certification** and the **recommended expiration date**. The effective date of the certification must be the date the exam was provided, and the recommended expiration will auto populate to one year from the effective date, but can be edited to be shorter if the practitioner believes the qualified patient would benefit from the use of medical cannabis until a specified earlier date.

Review

A practitioner can review the entire certification form in the **Review** tab to ensure it has been properly completed with the correct information required. The **red X** indicates missing information. Once the certification form has been reviewed and all fields are filled correctly, select **Submit** to register.

Applications / Electronic Practitioner Certification

Practitioner Registration Number | Patient & Legal Guardian Certification Information | Qualifying Medical Conditions & Benefits | Practitioner Information | Attestations | **REVIEW**

Warning: If any items are marked with a red X you will not be able to file your application. Confirm the completeness and accuracy of your application before filing.

Practitioner Registration Number

✓ License Number:

Patient & Legal Guardian Certification Information

Patient Certification Information

✗ Patient First Name: Patient Middle Name: ✗ Patient Last Name:

✗ Patient Date of Birth: ✗ Patient Social Security Number: Patient Email Address:

✗ Date of Patient Examination: ✗ Is this Patient 18 years or older?:

Qualifying Medical Condition(s) & Benefits

Qualifying Medical Conditions

✗ Has the patient been diagnosed with a qualifying medical condition?:

Benefits

✗ Do you believe this patient may receive therapeutic or palliative benefits from the use of medicinal cannabis?:

30-Day Recommendations

✗ Concentrate: ✗ Infused:

30-Day Recommendations

✗ Concentrate: ✗ Infused:

✗ Raw Plant Material:

✗ Are any of the entered 30 day recommended amounts of Concentrate, Infused, or Raw Plant material greater than the default recommended amounts?:

Practitioner Information

✓ Practitioner First Name: ✓ Practitioner Middle Name: ✓ Practitioner Last Name:

✓ State License Number: ✓ Practitioner License Type: ✓ Practitioner Phone Number:

✓ Practitioner Email Address: alyssa.ericson@ky.gov

Practitioner Office Address

✓ Street: ✓ Unit No.: ✓ County:

✓ City: ✓ State: Kentucky ✓ Zip Code:

Attestations

✗ Established a bona fide practitioner-patient relationship with the patient: ;

✗ Diagnosed the patient, or confirmed a diagnosis provided by another healthcare provider, with a qualifying medical condition for which the medicinal cannabis practitioner believes that the patient is likely to receive safe and effective therapeutic or palliative benefit from the use of medicinal cannabis: ;

✗ Reviewed a report of information from KASPER related to the patient for a period of time that covers at least the twelve (12) months immediately preceding the date of the report: ;

✗ Consulted with the patient, or the patient's custodial parent or legal guardian responsible for providing consent to treatment if the patient is a minor, with respect to the possible risks and side effects associated with medicinal cannabis, including possible interactions between medicinal cannabis and any other drug or medication that the patient is taking at that time: ;

✗ Practitioner's Signature Line: ✗ Effective Date of Written Certification: ✗ Expiration Date of Recommendation: ;

CANCEL **SUBMIT**

If the certification has been successfully submitted, a banner will populate at the top of the application indicating that the form has been submitted, along with a **reference code** and the date and time in which the form was recorded as submitted.

Applications / Electronic Practitioner Certification

Your application has been submitted to the Kentucky Medical Cannabis Program.
Your application reference code is [redacted] Please retain this for your records.
Application Submission Date: [redacted]

📢 If you do not receive email notifications, please check your spam folder.

Practitioner Certification Approval

Once the certification has been approved, the practitioner will receive an automated email confirming that the certification has been submitted successfully and is ready to be claimed by the qualified patient. This email will also include a certification reference number. The user does not need to take action after receiving the email.



A **New Practitioner Certification** that has been created or submitted will remain in the **Application** tab on the user dashboard. Practitioner certifications that are open for editing and have not been submitted will not be assigned an Application ID or an applicable Submitted Date.

Licenses							PRINT DIGITAL CARD
Status	Application ID	Title	License Type	License Number	Expiry Date ↑	Actions	
✓ Approved	[Redacted]	[Redacted]	New Practitioner Registration	[Redacted]	[Redacted]	[Menu Icon]	
✓ Approved	[Redacted]	[Redacted]	Electronic Practitioner Certification	[Redacted]	[Redacted]	[Menu Icon]	

New Practitioner Certification **applications that have been submitted and approved** will be available in the medical cannabis practitioner registry under the **Licenses** tab with a license number.

Note: Patients should wait until the medical cannabis practitioner submits the certification (up to 24 hours after the examination) to start filling out an online application. The certification will automatically populate in the patient’s application based on the patient’s date of birth and social security number.

Information for Reference

Qualifying medical conditions

In order for an individual to be eligible for a qualified patient medical cannabis card in Kentucky (including in-state qualified patient, minor qualified patient, and visiting qualified patient applicants), they must be diagnosed with one (1) of the following qualifying medical conditions:¹⁰

- ▶ Any type or form of cancer
- ▶ Chronic or severe pain
- ▶ Epilepsy or other intractable seizure disorder
- ▶ Multiple sclerosis, muscle spasms, or spasticity
- ▶ Chronic nausea or cyclical vomiting syndrome
- ▶ Post-traumatic stress disorder

Written certifications

Individuals applying as in-state qualified patients or minor qualified patients must first obtain an initial [written certification](#) from an authorized [medical cannabis practitioner](#) during an in-person examination.¹¹

- ▶ Subsequent written certifications for the purpose of renewing a registry ID card may be provided by the medical cannabis practitioner electronically or during the course of a [telehealth](#) consultation.

Before a patient can be issued a written certification for medical cannabis use, the patient's medical cannabis practitioner must perform the following:¹²

1. Establish a [bona fide practitioner-patient relationship](#) with the patient.
2. Diagnose the patient with, or confirm a diagnosis of a [qualifying medical condition](#) provided by another health care provider.
3. Review a report from the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system related to the patient for at least the previous twelve (12) months.
4. Consult with the patient (or the patient's custodial parent or legal guardian if the patient is a minor) about potential risks and side effects of medical cannabis use, including possible interactions between medical cannabis and any other medications that the patient is taking.
5. If the patient is a minor, obtain consent of the patient's custodial parent or legal guardian.

¹⁰ KRS 218B.010(26)

¹¹ KRS 218B.050; 915 KAR 2:030, Section 2(2)

¹² KRS 218B.050(4)

Where and when qualified patients may apply

Qualified patients and designated caregivers may begin submitting online applications through the patient and caregiver registry portal on kymedcan.ky.gov beginning January 1, 2025. The Cabinet will also accept paper applications beginning January 1, 2025.

Patients must submit their initial application within 60 days of receiving their written certification in order to ensure their written certification is still valid upon application submission. A medical cannabis practitioner may extend the validity of an existing initial written certification for up to three (3) additional periods of up to sixty (60) days each.¹³ In order for practitioners to extend the validity of an existing initial written certification, they must reenter the appropriate information and resubmit the certification through the medical cannabis practitioner registry. After three (3) 60-day period extensions, the patient must be re-examined by the medical cannabis practitioner (in person or via telehealth).¹⁴

More information regarding patient and caregiver cardholder requirements can be found at:

kymedcan.ky.gov

¹³ KRS 218B.050(6)(c)

¹⁴ KRS 218B.050(6)(c)

Glossary

Bona fide practitioner-patient relationship – is defined by KRS 218B.010(1) as a treating or consulting relationship, during the course of which a medical cannabis practitioner has:

- Completed an initial in-person examination and assessment of the patient's medical history and current medical condition
- Consulted with the patient with respect to the possible medical, therapeutic, and palliative properties of medical cannabis
- Advised the patient of the possible risks and side effects associated with the use of medical cannabis, including possible interactions between medical cannabis and any other drug or medication that the patient is taking at that time
- Established an expectation that he or she will provide follow-up care and treatment to the patient in accordance with administrative regulations promulgated pursuant to KRS 218B.050(10)

May be established following a referral from the patient's primary care provider and may be maintained via telehealth

Good standing – means a license this is at the time of initial application or renewal:

- Active;
- Not the subject of a pending board investigation;
- Not probated, limited, restricted, suspended, revoked, or subject to peer assistance; and
- Not held by a person who has ever been subject to disciplinary action by a licensing entity of any jurisdiction, including the board or the U.S. Drug Enforcement Administration (DEA), that was based, in whole or in part, on the person's inappropriate prescribing, dispensing, diverting, administering, supplying, or selling a controlled substance or other dangerous drug.

Immediate family member – means husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; spouse of a grandparent or grandchild; or any person residing in the same residence as the medicinal cannabis practitioner

Medical cannabis (also referred to as ***medicinal cannabis***) as defined by KRS 218B.010(15) means – Marijuana (as defined in the glossary entry above) when acquired, administered, possessed, transferred, transported, or consumed by a cardholder in accordance with KRS Chapter 218B

- Includes medical cannabis products and raw plant material
- Use of medical cannabis does not include:
 - Cultivation of marijuana by a cardholder
 - The use or consumption of marijuana by smoking
 - The use of industrial hemp or industrial hemp products

Medical cannabis practitioner – A physician or an advanced practice registered nurse who is authorized to prescribe controlled substances under [KRS 314.042](#), who is authorized by his or her state licensing board to provide written certifications pursuant to [KRS 218B.050](#)

PDMP – the electronic prescription drug monitoring program system for monitoring scheduled controlled substances and medical cannabis currently in use in Kentucky pursuant to KRS 218A.202, including the Kentucky All Schedule Prescription Electronic Reporting (KASPER) System

Qualified patient – is defined by [KRS 218B.010\(25\)](#) as a person who has obtained a written certification from a medicinal cannabis practitioner with whom he or she has a bona fide practitioner-patient relationship

Qualifying medical condition – Any one of the following medical conditions that have been defined under Kentucky law in [KRS 218B.010\(26\)](#) as warranting treatment with medical cannabis:

- Any type or form of cancer regardless of stage
- Chronic, severe, intractable, or debilitating pain
- Epilepsy or any other intractable seizure disorder
- Multiple sclerosis, muscle spasms, or spasticity
- Chronic nausea or cyclical vomiting syndrome that has proven resistant to other conventional medical treatments
- Post-traumatic stress disorder

Registered qualified patient – means a qualified patient who has applied for, obtained, and possesses a valid registry identification card issued by the cabinet as defined by [KRS 218B.010\(28\)](#)

Registry identification card (also known as a medical cannabis card) – means a document issued by the cabinet that identifies a person as a registered qualified patient, visiting qualified patient, or designated caregiver as defined by [KRS 218B.010\(29\)](#)

Smoking – means the inhalation of smoke produced from the combustion of raw plant material when ignited by a flame as defined by [KRS 218B.010\(34\)](#)

Telehealth – is defined by [KRS 211.332\(5\)](#) as a mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location.

Shall not include:

- The delivery of health care services through electronic mail, text, chat, or facsimile unless a state agency authorized or required to promulgate administrative regulations relating to telehealth determines that health care services can be delivered via these modalities in ways that enhance recipient health and well-being and meet all clinical and technology guidelines for recipient safety and appropriate delivery of services; or
- Basic communication between a health care provider and a patient, including but not limited to appointment scheduling, appointment reminders, voicemails, or any other similar communication intended to facilitate the actual provision of healthcare services either in-person or via telehealth
- Unless waived by the applicable federal authority, shall be delivered over a secure communications connection that complies with the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d to 1320d-9

Written certification – (also known as **Practitioner Certification** or **electronic certification**) is defined by KRS 218B.010(39) as a document dated and signed by a medical cannabis practitioner, that:

- States, that in the medical cannabis practitioner's professional medical opinion, the patient may receive medical, therapeutic, or palliative benefit from the use of medical cannabis;
- Specifies the qualifying medical condition or conditions for which the medical cannabis practitioner believes the patient may receive medical, therapeutic, or palliative benefit; and
- Affirms that the medical cannabis practitioner has a bona fide practitioner-patient relationship with the patient