



# **Request to Access Electronic Recommendation Form**

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**Department of Health**  
**Health Regulation and Licensing Administration**

# Health Regulation and Licensing Administration

1. Log on to the DC DOH MMP website-  
<http://doh.dc.gov/service/medical-marijuana-program>.
2. Next, click the “APRN” option.

## Medical Marijuana Program

All qualifying patients have the right to obtain and use marijuana for medical purposes when his or her primary physician has provided a written recommendation that bears his or her signature and license number. This recommendation must assert that the use of marijuana is medically necessary for the patient for the treatment of a qualifying medical condition or to mitigate the side effects of a qualifying medical treatment.

Below are some useful links regarding the Medical Marijuana Program.

- [Program Statistics](#)
- [Patients](#)
- [Announcements](#)
- [Physicians](#)
- [Advance Practice Registered Nurse \(APRN\)](#)
- [Dentist](#)
- [Physician Education and Training](#)
- [Caregivers](#)
- [Advisory Committee](#)
- [Dispensaries](#)
- [Cultivation Centers](#)
- [Medical Marijuana Certification Provider](#)
- [Application for Director, Owner, Employee, Agent](#)
- [Laws and Regulations](#)

3. Then click “Request to Access Electronic Recommendation Form”.

Director



## Advanced Practice Registered Nurse (APRN)

APRN means “the performance of advanced-level nursing actions, with or without compensation, by a licensed registered nurse with advanced education, knowledge, skills, and scope of practice who has been certified to perform such actions by a national certifying body acceptable to the Board of Nursing.”

Follow the link below to learn how to recommend medical marijuana to a qualifying patient

- [Request to Access Electronic Recommendation Form \(APRN\)](#)

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# Health Regulation and Licensing Administration

## 4. Complete the online application form

Government of the District of Columbia  
Department of Health  
Health Regulation & Licensing Administration Medical Marijuana Program

**Advanced Practice Registered Nurse (APRN) /  
Nurse Practitioner (NP) Request to Access  
Electronic Recommendation Form**

Complete this form electronically. Once this form is submitted, the Department will verify that your DC Healthcare Professional License is active and in good standing. You will receive an email with instructions on how to access the electronic medical marijuana recommendation form. Please allow 1-3 business days to verify your license. For additional information, please visit the DC Medical Marijuana Program website at <http://doh.dc.gov/mmj>.

\* required fields

APRN / NP Information

First Name\*   
Middle Initial   
Last Name\*   
Specialty/area of clinical practice\*   
DC Healthcare Professional License#\*   
Verify DC Healthcare Professional License#\*   
DOB\* mm/dd/yyyy   
SSN Last 4 Digits\*

Business Address

Street\*   
Apt/Suite   
City\*   
State\* DC ▼   
Zip\*   
Phone\*   
Email\*   
Verify Email\*

Signature

By typing my name and the date below, I verify that I am the person identified above and that all information provided is true to the best of my knowledge. I am acknowledging that I am aware of District of Columbia Medical Marijuana Laws and Regulations.

Name\*   
Date\* mm/dd/yyyy

Except as provided in section 5 of the Act, a Healthcare Professional License shall not be subject to any penalty, including arrest, prosecution, or disciplinary proceeding, or denial of any right or privilege, for allowing a qualifying patient about the use of medical marijuana or recommending the use of medical marijuana to a qualifying patient pursuant to the Act and the rules issued pursuant to the Act. The online steps completed to determine that marijuana is a controlled substance and has greater marijuana in Schedule I of the Controlled Substances Act, listing, identifying, and classifying marijuana as any cannabis, other than as part of a federally authorized research program, is a violation of federal law. The District of Columbia, by authorizing the District medical marijuana program, will not enforce any provision of the federal law governing marijuana or authorize any requirement to violate federal law.

Submit

Connect With Us  
[doh.dc.gov/contact](http://doh.dc.gov/contact)  
Email: [ask@dc.gov](mailto:ask@dc.gov)

Address  
690 North Capitol Street NE  
Washington, DC 20002

Office Hours  
Monday to Friday  
8:15 am to 4:45 pm

Ask the Director  
[doh.dc.gov/director](http://doh.dc.gov/director)

**DOH**  
DEPARTMENT OF HEALTH  
Promote. Prevent. Protect.

# Health Regulation and Licensing Administration

**5. Allow 1-3 business days for APRN information verification.**

**6. Once verified , a Quick Base invitation will be sent to the email address provided by the physician on the initial electronic recommendation application completed.**

DOH MMP: Your request has been received Inbox x



**Tamika (DOH) Wells invites  
you to join DOH Medical  
Marijuana Applications**



doh.mmp@dc.gov (via Quick Base) <notify@quickbase.com>

9:44 AM (31 minutes ago) ☆



to me ▾

Dear APRN. Doe ,

The Department of Health Medical Marijuana Program has received your request to access the electronic Medical Marijuana Recommendation Form. Please allow the Department 1-3 business days to confirm that your medical license is active and in good standing in the District of Columbia. Once your license is confirmed, you will receive an email containing instructions to set up your account and to access the recommendation form.

If you have any additional questions, please visit the Medical Marijuana Website at <http://doh.dc.gov/mmp> or send an email to [doh.mmp@dc.gov](mailto:doh.mmp@dc.gov)

Thank you.

I want to share the QuickBase "DOH Medical Marijuana Applications" app with you.

[GO TO THIS APP IN QUICKBASE](#)

This was sent by Intuit QuickBase. If you have trouble using the links above, copy and paste the following link into your browser's address bar: <https://octo.quickbase.com/db/main?a=pv&uid=59339408&pp=bvcvgk3ke5cp77ibbb94pniic4qastid283tytcwxxh9vd7gupiudn377mw!abkqcpdft5&dbid=biwv2t5h7>

For security reasons, this link will expire in six months.

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# Health Regulation and Licensing Administration

7. Click the “Sign in” button (indicated by the blue arrow)

The screenshot shows the user interface of the DOH Medical Marijuana Applications portal. At the top right, there are two buttons: "+ New" and "Sign in". A large blue arrow with a red outline points directly to the "Sign in" button. Below the buttons is a blue navigation bar with a "My Apps" link and a "Home" button. Underneath the navigation bar, the text "DOH Medical Marijuana Applications" is visible. The main content area features a dark blue header with the Government of the District of Columbia logo, the text "Government of the District of Columbia", "Department of Health", and "Health Regulation & Licensing Administration". Below this header, there is a section with contact information, address, office hours, and social media links. The footer includes the DOH logo and the tagline "Promote. Prevent. Protect."

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+ New Sign in

My Apps

Home

DOH Medical Marijuana Applications

Government of the District of Columbia  
Department of Health  
Health Regulation & Licensing Administration

Connect With Us  
Phone [\(202\) 442-5955](tel:(202)442-5955)  
Fax [\(202\) 442-4795](tel:(202)442-4795)  
TTY 711

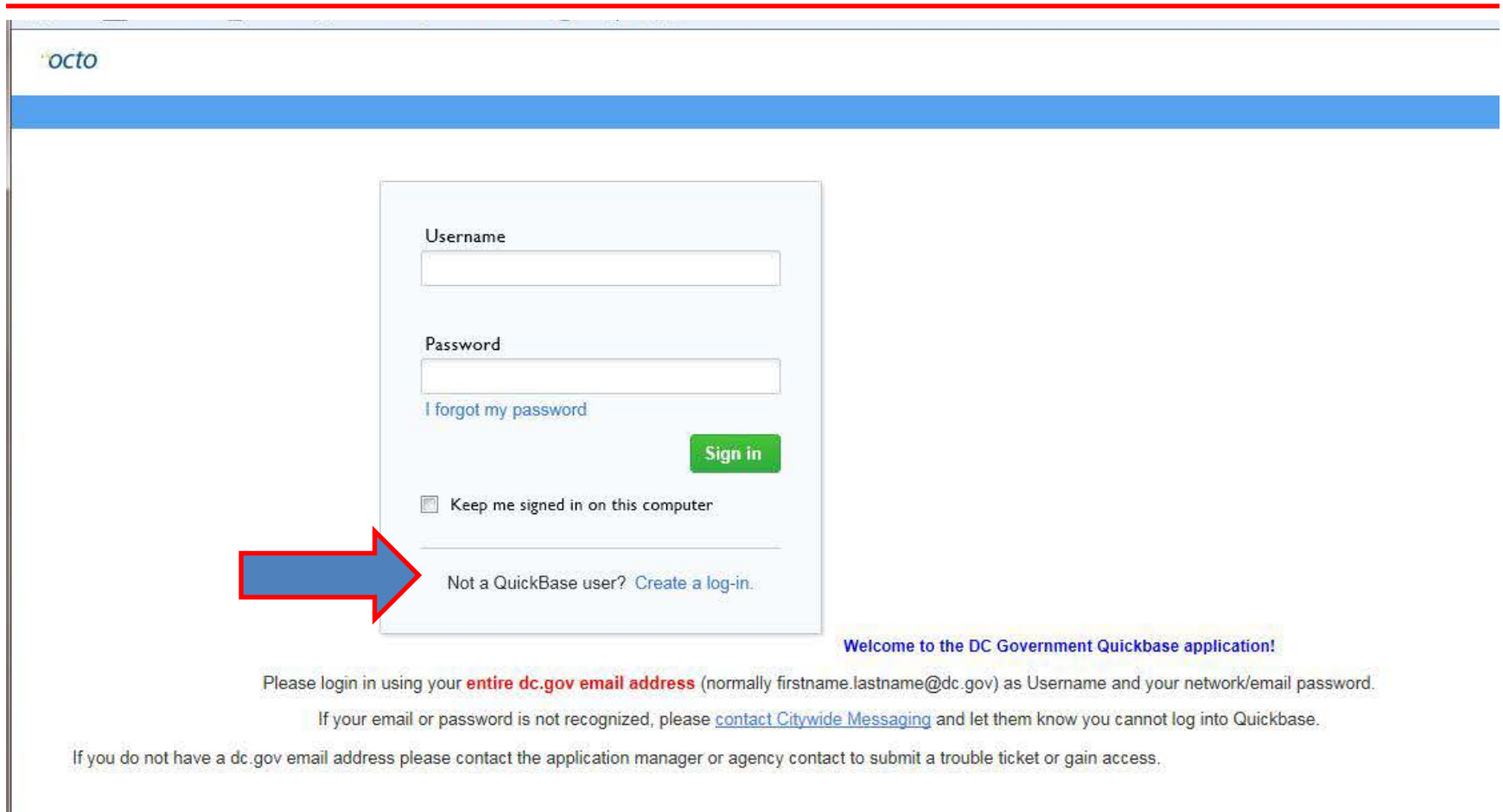
Address  
899 North Capitol Street NE  
Washington, DC 20002

Office Hours  
Monday to Friday  
8:15 am to 4:45 pm

Ask the Director  
[Agency Performance](#)

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**DOH**  
DEPARTMENT OF HEALTH  
Promote. Prevent. Protect.

## 8. Health Regulation and Licensing Administration



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Username

Password

[I forgot my password](#)

**Sign in**

☐ Keep me signed in on this computer

Not a QuickBase user? [Create a log-in](#)

**Welcome to the DC Government Quickbase application!**

Please login in using your **entire dc.gov email address** (normally firstname.lastname@dc.gov) as Username and your network/email password.

If your email or password is not recognized, please [contact Citywide Messaging](#) and let them know you cannot log into Quickbase.

If you do not have a dc.gov email address please contact the application manager or agency contact to submit a trouble ticket or gain access.

## 9. Then, complete the “Sign Up for Quick Base” form

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### Sign Up for QuickBase

All fields marked with an asterisk (\*) are required.

First name\*

Last name\*

Email address

Choose a password\*

Retype password\*

Password strength:

✓ Must be at least 8 characters

✓ Must include both numbers and letters

Please set up a security question in case you ever need to reset your password.

Question:\*

Answer:\*

Retype Answer:\*

✓ Security answers must match

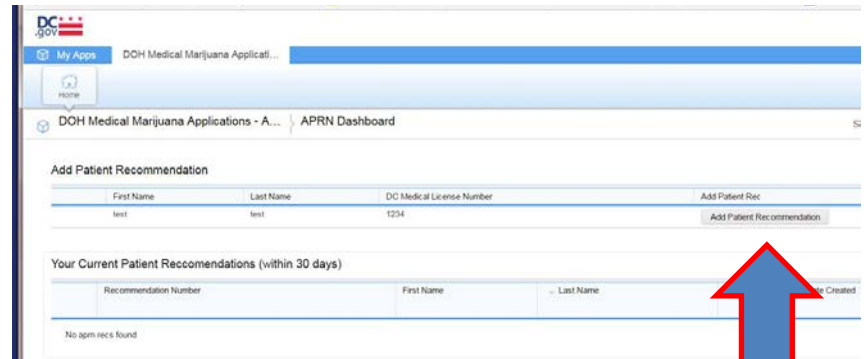
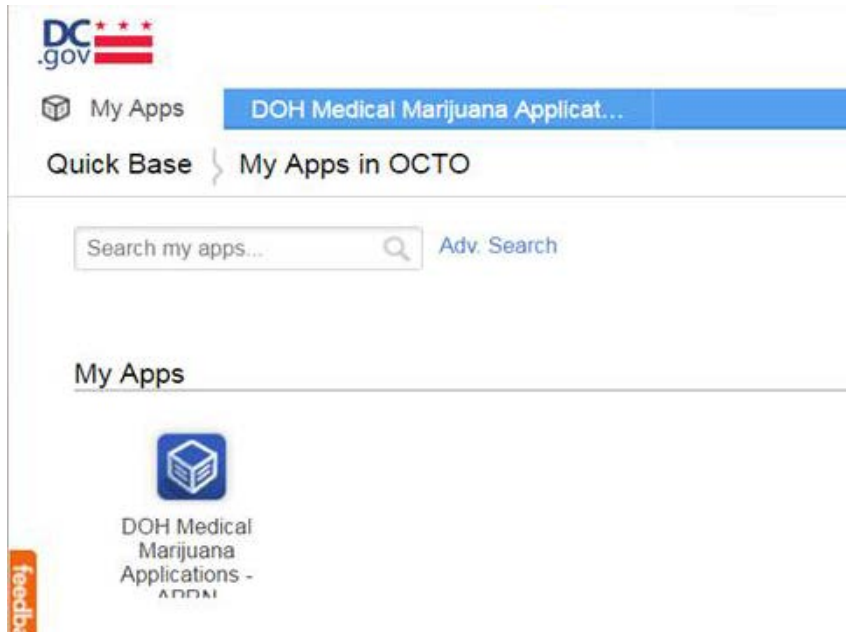
Your answer is not case sensitive.

☐ I have read and agree to the QuickBase [Terms of Service](#)

Register

10. When you have successfully logged in, click “Add Patient Recommendation” to enter.

When the patient information is entered, click “Submit” and an email will be sent to the patient for confirmation.






**11. If your user ID is already registered then you will see the following message**  
**“Your user account is already registered and verified. Please sign in”.**

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Your user account is already registered and verified.  
Please sign in.

Welcome to the DC Government Quickbase application!

Username

Password

[I forgot my password](#)

☐ Keep me signed in on this computer

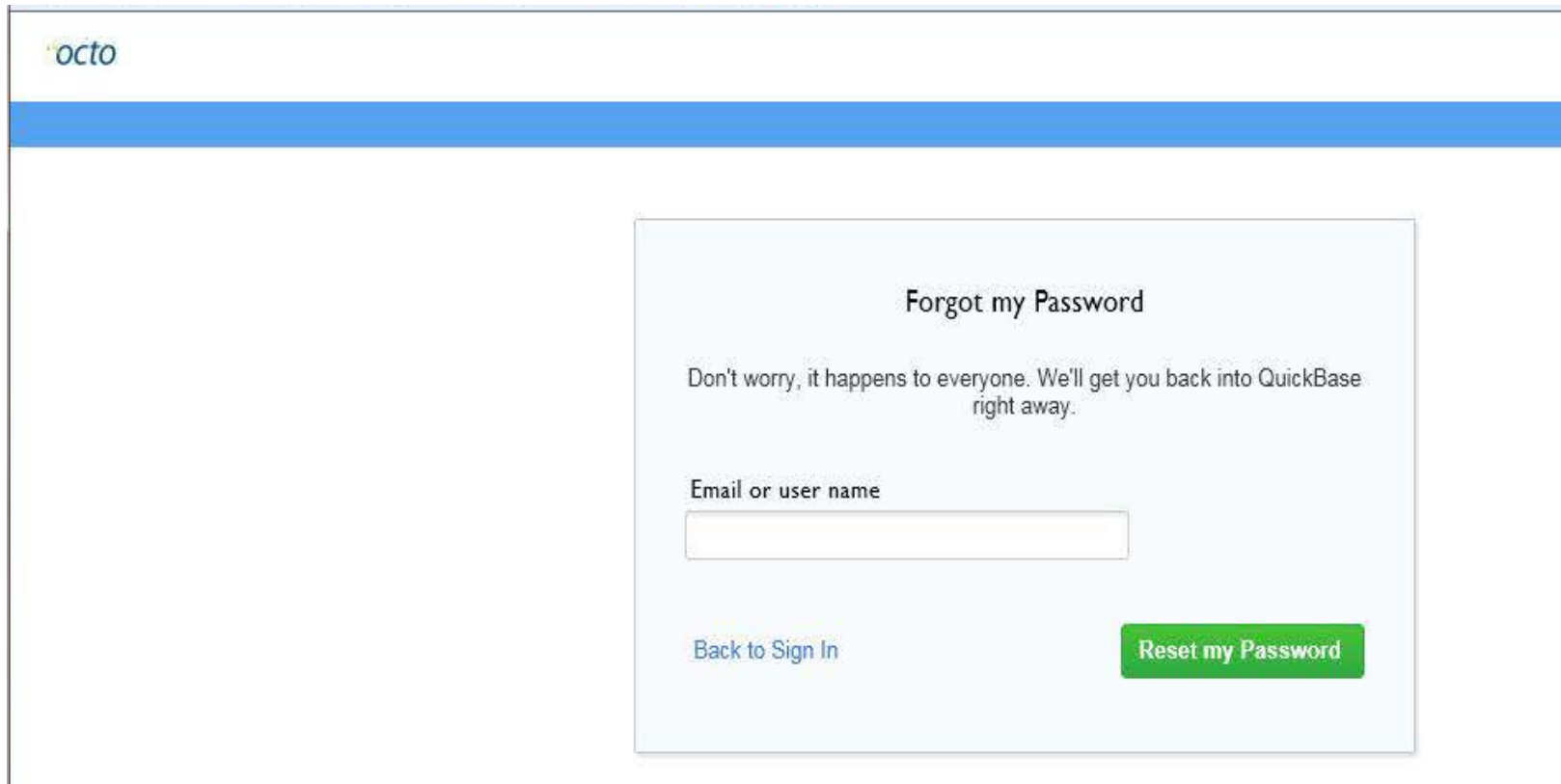
Not a QuickBase user? [Create a log-in.](#)

Please login in using your **entire dc.gov email address** (normally firstname.lastname@dc.gov) as Username and your network/email password.

If your email or password is not recognized, please [contact Citywide Messaging](#) and let them know you cannot log into Quickbase.

If you do not have a dc.gov email address please contact the application manager or agency contact to submit a trouble ticket or gain access.


12. To reset your password, click “Forgot my Password” to regain access to Quick base



The screenshot shows the 'Forgot my Password' page within the QuickBase interface. The page has a light blue header with the 'octo' logo on the left. Below the header is a solid blue horizontal bar. The main content area is white and contains a light blue rectangular box with a thin border. Inside this box, the title 'Forgot my Password' is centered at the top. Below the title is a paragraph of text: 'Don't worry, it happens to everyone. We'll get you back into QuickBase right away.' Underneath this text is a label 'Email or user name' followed by a white text input field with a light gray border. At the bottom of the box, there are two options: a blue text link 'Back to Sign In' on the left and a green rectangular button with white text 'Reset my Password' on the right.

### 13. Enter a new password




 My Apps

Quick Base } Choose a new password

Choose a new password for your user account at  
octo.quickbase.com:

Enter New Password:

Retype New Password:

Password strength: 

✓ Must be at least 8 characters

✓ Must include both numbers and letters

OK

# Contact

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- **Medical Marijuana Program Website :** <http://doh.dc.gov/mmp>
- **Email :** [doh.mmp@dc.gov](mailto:doh.mmp@dc.gov)
- **Fax :** [877-862-4252](tel:877-862-4252)
- **Address:**  
Medical Marijuana Program  
899 North Capitol Street NE, 2<sup>nd</sup> Floor  
Washington , DC 20002