

Louisiana State Board of Medical Examiners

Address: 630 Camp Street, New Orleans, LA 70130

Website: www.lsbme.la.gov

THERAPEUTIC MARIJUANA REGISTRATION QUALIFICATIONS / INSTRUCTIONS

(March 3, 2017)

Physicians (MDs and DOs) are permitted to apply to obtain a therapeutic marijuana registration permit if they meet eligibility requirements and provide the Board with all requested information. The Board may refuse to consider any application which is not complete in every detail and may, in its discretion, require a more detailed or complete response to any request for information set forth in this application as a condition to consideration of an application. Please see detailed requirements and instructions below.

Therapeutic marijuana rules can be accessed on the LSBME website chapter 77, “Marijuana for Therapeutic Use by Patients Suffering from a Qualifying Medical Condition”.

Eligibility for Registration

- Hold a current, unrestricted license to practice medicine issued by the board;
- Hold current schedule I authority or such authority as may be designated for therapeutic marijuana by the Louisiana Board of Pharmacy;
- Be domiciled in and practice at a physical practice location in this state; and
- Has completed the Therapeutic Marijuana Rules Review Course

Causes for Being Deemed Ineligible

- Has been convicted, whether upon verdict, judgment, or plea of guilty or *nolo contendere*, of any crime and element of which is the manufacture, production, possession, use, distribution, sale, or exchange of any controlled substance; or who has entered in to a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime;
- Has within the ten years preceding application for registration, abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant; or
- Is the subject of a pending formal investigation or administrative proceeding before the board

*The board may deny registration to an otherwise eligible physician for any causes enumerated by R.S. 37:1285 or any other violation of the provisions of the Act.

APPLICANT CHECKLIST

Applicants must submit the following documents to be considered for issuance of a registration:

1. **Completed Application**
2. **Current Passport Quality Photo taken within the last 60 days.**
3. **Copy, Scan or Printed Online Verification of Applicant's Louisiana Board of Pharmacy authority for Therapeutic Marijuana.**
4. **Criminal Background Check -** *(Required if applicant has not submitted to a criminal background check within last year of the date of this application)*

Applicants are required to use LSBME-issued criminal background check materials (fingerprint cards etc.) Materials can be obtained by calling (540) 568-6820 or emailing lsbmeCBC@lsbme.la.gov. Provide your name, mailing address and identification number (i.e. social security number and issuing state OR national identification number and issuing country) with your inquiry for materials. Additional instructions pertaining to this requirement can be obtained through our website at this link: <http://www.lsbme.la.gov/content/background-check>.
5. **Online Therapeutic Marijuana Rules Course, Quiz, and Certificate of Completion**

All applicants are required to take the online Rules course, successfully complete the associated quiz, and submit a printed copy of their Certificate of Completion to the Board with this application.

 1. Obtain an ENROLLMENT KEY for the course by contacting licensing@lsbme.la.gov; be sure to say for what course you need the key.
 2. Register in the LSBME online eLearning System by visiting, <http://lsbme.mrooms.net/login>.
 3. Click on "Create New Account." Create a username and password for your account.
 4. Check the email account you provided and click on the embedded link in the email message to confirm your new account. You are now registered on the LSBME's eLearning Site.
 5. Click on "Therapeutic Marijuana Registration Rules" to enroll in the course. Enter the ENROLLMENT KEY that was provided to you by licensing. You are now enrolled in the course.
 6. Read the course instructions. Complete the course and quiz.
 7. Print the course Certificate of Completion. Include this Certificate with your registration application.
 8. Contact eLearningSupport@lsbme.la.gov with any enrollment or technical support issues.
6. **Check/money order for non-refundable fee of \$75.00** – Make check/money order payable to Louisiana State Board of Medical Examiners. This fee is non-refundable.

IMPORTANT – Your medical license and therapeutic marijuana registration must be renewed on or before the expiration of the current license and registration you hold. **NOTE** – Your current license and registration expire on the last day of your birth month. Your therapeutic marijuana registration is **INVALID** without an active medical license, therefore, failure to renew your medical license will result in the cancellation of your therapeutic marijuana registration.

Louisiana State Board of Medical Examiners

APPLICATION FOR THERAPEUTIC MARIJUANA REGISTRATION

The Board may refuse to consider any application which is not complete in every detail and may, in its discretion, require a more detailed or complete response to any request for information set forth in this application as a condition to consideration of an application. The application shall be accompanied by a non-refundable fee of Seventy-Five Dollars (\$75.00)

FILL IN ONLINE PRIOR TO PRINTING

| | | | | | | | |
|---------------------------------|---|--------------------------|--|---|----------------------------|-------------------------|--|
| Name: Last _____ | | First _____ | | Middle _____ | Suffix (Sr., Jr.) _____ | Suffix (MD/DO) _____ | |
| MD License Number: _____ | | | | Louisiana Board of Pharmacy Authority Number (Modified CDS 1): _____ | | | |
| Social Security Number _____ | | | | Date of Birth _____ | | | |
| Email Address _____ | | | Fax Number _____ | | Cell Phone Number _____ | | |
| Addresses | Louisiana Physical Practice Location | Street & Number _____ | | City _____ | | State <u>LA</u> | |
| | | Zip + 4 _____ | County/Parish _____ | Telephone (Area code, number). _____ | | | |
| | Louisiana Domicile / Home Address | Street & Number _____ | | City _____ | | State <u>LA</u> | |
| | | Zip + 4 _____ | County/Parish _____ | Telephone (Area code & #) _____ | | | |
| | If you have additional practice locations, list at the bottom of this page. | | | | | | |
| | Education and Training | | MD/DO graduation date: _____ Residency Training Dates (year only) From: _____ To: _____ Primary Specialty: _____ Board Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Additional Practice Locations:

| Street Address | Room/Suite # | City, State, Zip Code | Telephone # |
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ANSWER THE FOLLOWING QUESTIONS:

IF ANSWER IS YES, ATTACH A DETAILED EXPLANATION

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you been convicted, whether upon verdict, judgment, or plea of guilty or <i>nolo contendere</i> , of any crime and element of which is the manufacture, production, possession, use, distribution, sale, or exchange of any controlled substance; or who has entered into a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you within the ten years preceding application for registration, abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant; or | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you the subject of a pending formal investigation or administrative proceeding before this board? | <input type="checkbox"/> | <input type="checkbox"/> |

ACKNOWLEDGEMENTS

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. I have read and understand the rules on Therapeutic Marijuana. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I acknowledge I personally completed the online Therapeutic Marijuana Rules Course and Quiz. | <input type="checkbox"/> | <input type="checkbox"/> |

OATH OR AFFIRMATION OF APPLICANT

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a registration to practice in Louisiana, I swear that I shall observe and abide by the laws of the State of Louisiana and the Boards rules and regulations concerning therapeutic marijuana and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said registration and surrender of the rights and privileges accorded me thereunder.

I HEREBY authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local or state) to release to the Louisiana State Board of Medical Examiners any information, files or records requested by the Board. I further authorize Louisiana State Board of Medical Examiners to release to any such organization, individual or group having reasonable need therefore any information supplied to or obtained by the Board connection with my application or relative to the status of any registration issued to me as a result of such application.

I CERTIFY under oath my acknowledgment and understanding that I am solely responsible for the proper and legitimate use of my therapeutic marijuana registration. By my subscription hereto, I acknowledge that I fully understand that failure to adhere to the laws of the State of Louisiana or the Board's rules and regulations on therapeutic marijuana may constitute violation of State law, subjecting me to criminal investigation and prosecution by State authorities, as well as action against my Louisiana medical license by the Board.

***This form shall ONLY be completed and signed by the applicant!**

Signed: _____
Full Name

Date: _____