



Request to Access Electronic Recommendation Form

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

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.

- [Marijuana Private Club Task Force](#)
- [Program Statistics](#)
- [Patients](#)
- [Announcements](#)
- [Physicians](#)
- [Physician Education and Training](#)
- [Caregivers](#)
- [Advisory Committee](#)
- [Dispensaries](#)
- [Cultivation Centers](#)
- [Medical Marijuana Certification Provider](#)
- [Application for Director, Owner, Employee, Agent](#)
- [Laws and Regulations](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Freedom of Information Act \(FOIA\)](#)
- [Marijuana Working Group Status Report](#)



Physicians

Physicians

“Primary physician” means a physician who maintains in good standing a license to practice medicine in the District of Columbia who has primary responsibility for the care and treatment of the qualifying patient.” Follow the link below to learn how to recommend medical marijuana to a qualifying patient.

- [Request to Access Electronic Recommendation Form](#)
- [Frequently Asked Questions \(FAQs\) for Physicians \[PDF\]](#)

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4. Complete the online application form

Physician Request to Access Electronic Recommendation Form

Complete this form electronically. Once this form is submitted, the Department will verify that your DC Medical 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 day to verify your license. For additional information, please visit the DC Medical Marijuana Program website at <http://doh.dc.gov/mmp>.

* required fields

Physician Information

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Specialty/area of clinical practice *	<input type="text"/>
DC Medical License # *	<input type="text"/>
Verify DC Medical License Number *	<input type="text"/>
DOB *	<input type="text"/>
SSN Last 4 Digits *	<input type="text"/>

Business Address

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5. Allow 1-3 business days for physician 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.



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

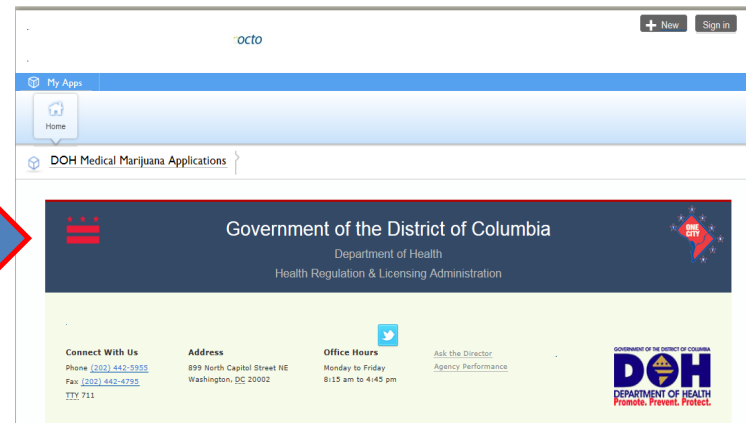
I want to share the QuickBase "DOH Medical Marijuana Applications"
app with you.

[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=pr&uid=59339408&pp=bvcvgk3ke5cp77ihbb94pmic4qastid283tvtcwxxh9vd7gupjudn377mwlabkqcpdft5&dbid=bjwv2t5b7>

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

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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 "My Apps" and a "Home" button. Underneath, a breadcrumb trail shows "DOH Medical Marijuana Applications". The main content area has 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". The footer contains contact information, address, office hours, and social media links, along with the DOH logo and tagline.

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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.

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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 tamika8907@hotmail.com

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


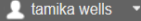
Your answer is not case sensitive.

☐ 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.

 Alerts 

My Apps


DOH Medical Marijuana Applicat...

New App

 Home

DOH Medical Marijuana Applications

Physician Dashboard

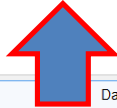
Show QuickBase Performance Bar  Print this page

Add Patient Recommendation

First Name	Last Name	DC Medical License Number	Add Patient Rec
tamika	wells	MD79128	<div>Add Patient Recommendation</div>


Your Current Patient Recommendations (within 30 days)

Recommendation Number	First Name	Last Name	Date Created	Physician Rec age (days)
No physician recs found				



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.](#)

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

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Forgot my Password

Don't worry, it happens to everyone. We'll get you back into QuickBase right away.

Email or user name

[Back to Sign In](#)

[Reset my Password](#)

Contact

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