

## Medical Provider Enrollment

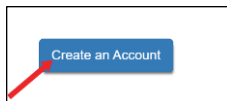
You may complete the enrollment process if you are a practitioner of medicine or osteopathy, or a physician assistant, licensed by the Board of Medicine, or a nurse practitioner jointly licensed by the Board of Medicine and the Board of Nursing to register with the Board of Pharmacy prior to issuing a written certification for medical cannabis to a patient for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.

The Virginia Medical Cannabis Portal is expected to be fully operational in the next few weeks and at that time, you will be required to issue the written certification from the portal.

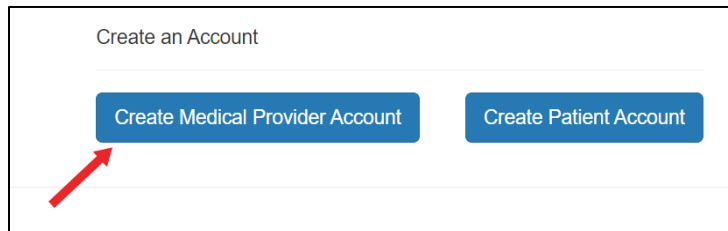
### **1. Enrollment**

To access the Patient Registry System, use the following hyperlink <https://patients.va.biotr.ac/>

The next step is to create an Account in the System; this can be performed by clicking on the “Create an Account” button



Then select the “Create Medical Provider Account” button.



### Creating an Account

The Medical Practitioner must complete the following:

First Name

Last Name

Date of Birth

* First Name	<input type="text"/>
* Last Name	<input type="text"/>
* Date of Birth	<input type="text" value="MM-DD-YYYY"/>

Select the checkbox titled "I am a Medical Practitioner and I have a valid Virginia State Medical License"

Virginia State Medical License # (This is ***NOT*** the registered practitioner for medical cannabis number but your primary medical license number).

<input checked="" type="checkbox"/> I am a Medical Practitioner and I have a valid Virginia State Medical License	
* Virginia State Medical License #	<input type="text"/>

### Email

*Note: The email address entered here will be the email address to access your account and which all electronic correspondence and notifications will be delivered*

### Password

The System requires a combination of numbers and letters.

* First Name	Password should be more than 8 characters and contains at least one character from each next character set: abcdefghijklmnopqrstuvwxyz ABCDEFGHIJKLMNOPQRSTUVWXYZ 1234567890
* Last Name	
* Email	
* Password	<input type="text"/>
* Password confirmation	<input type="text"/>

### Account Confirmation

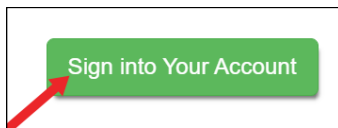
Upon submitted the required fields necessary to create an account, the Applicant will then be sent an email (using the email previously entered) from the system. This email is to confirm your enrollment.

*Note: Check your email spam folder for the confirmation email*

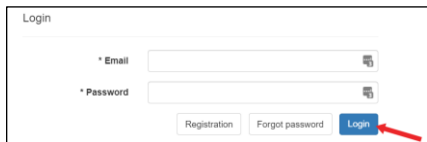
*Note: Click on the link **only once** to validate your account*

### Account Sign-In

To access your account use the “Sign into Your Account” in the bottom right hand corner of the Patient Registry Homepage



The User will then be prompted to enter the same email and password created during the account enrollment process



### Forgot Password

In the event that the User fails to remember the Password; click on the “Forgot Password”



On the next screen, the System requires the Applicant’s System email and the System will email a “Reset Password” email to change the Applicants Password.

An Applicant may request a new password once per hour.