

APPLICATION PROCESS FOR MEDICAL PRACTITIONERS

Application Process

- Fill and complete the necessary application form/s. Complete entirety and gather any necessary supporting documentation. Please note that all pages of this application must be filled and signed
- Fill and complete the Attestation Statement. Each applicant must submit this document and it must be signed
- Once your forms are complete and you have collected all necessary documentation, contact the programme to meet with a background investigator and submit your application.

All applications must meet each of the following statutory requirements:

- Must be resident of Uganda at the time of application and for two years immediately prior to application,
- Must be over 21 years of age,
- At least 10 years of medical practice
- May not have any Controlled Substance felony convictions that have not been fully discharged in the ten years immediately preceding the date of application,
- May not have any other felony convictions that have not been fully discharged for five years prior to applying for your business license,
- May not have a criminal history that indicates that she or he is not of good moral character,
- May not employ, be assisted by or financed in whole or in part by any other person whose criminal history indicates he or she is not of good character and reputation.

The following information will be needed for EACH APPLICANT:

1. National ID
2. Practicing license
3. License expiration date
4. Ministry of Health recommendation letter
5. Uganda Police Force clearance
6. Legal address/ location
7. If the applicant has any pending investigation(s)
8. Applicants must be present; all forms must be complete and include all necessary supporting documentation and all application and licensing fees must be paid.

Medical conditions included are a combination of qualifying conditions named in the statute establishing the program and qualifying conditions that have been added since then.

Bona fide physician-patient relationship. The physician's written certification must be made in the course of a bona fide physician-patient relationship as indicated by the existence of an evaluation, treatment plan, periodic review and documentation and other professional principles of treatment, after the physician has completed a full assessment of the patient's medical history.

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The physician must demonstrate that a bona fide relationship between the patient and physician exists. The physician must agree to monitor the patient's on-going need for the medical use of cannabis.

Records. The physician must agree to retain and maintain records that support the decision to recommend the medical use of cannabis, including records of the diagnosis of the debilitating medical condition for which the medical use of cannabis is recommended, including:

1. A description of the ordinary medical or surgical measures for intractable pain that the patient has not responded to for more than 6 months; or
2. A description of the symptoms resulting from a chronic or debilitating disease or medical condition or its treatment that satisfies the criteria in Section 3 of these rules.
3. A nonbinding estimate of the length of time that the medical use of cannabis is needed for the treatment of the debilitating medical condition.

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FORM3: MEDICAL PROVIDER REGISTRATION FORM

To ensure confidentiality, information regarding application status will not be given over the phone. Once applications are processed, communication will be sent to the applicant address.

Application fees: 200,000 ugx

STAPLE TWO
PHOTOS HERE

SECTION1: MEDICAL PROVIDER INFORMATION

FIRST NAME		LAST NAME	
DATE & PLACE OF BIRTH		ADDRESS	
TELEPHONE		EMAIL	
Registration #:		Medical License #:	
BOARD CERTIFIED SPECIALTY:		MCRP #:	

APPLICANT ATTESTATION STATEMENT

Applicant Signature: I have included a copy of my national ID. By signing below, I agree that: All the information given above is complete and correct. I will follow the limits and restrictions on the right to have and use medical cannabis under the laws of The Republic of Uganda.

* All original pages of the application, a photocopy of the National ID and supporting documents should be sent together. The applicant shall not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege for recommending the medical practice, use of cannabis or providing written certification for the medical use of cannabis as per statute.

APPLICANT NAME:	For Official Use
SIGNATURE:	
DATE	