

Uniform Certification - Things to Know

NOTICE:

The Uniform Certification Form DOES NOT Replace the CDPHE's Physician Certification.

[House Bill 21-1317](#) (Concerning the Regulation of Marijuana for Safe Consumption) required creation of a Uniform Certification by January 1, 2022, to be used by recommending physicians when authorizing a patient to purchase more than the statutory daily sales limit of Medical Marijuana flower, product, or concentrate. Medical Marijuana Stores cannot transfer more than the statutory daily sales limits to a patient unless the Store is presented with the Uniform Certification completed by the patient's recommending physician. If a Medical Marijuana Store is presented with a Uniform Certification from a patient seeking to purchase more than the statutory limits, the Store shall not exceed the quantity(ies) specified in the Uniform Certification. Recommending physicians may complete the Uniform Certification **ONLY** for a medical marijuana patient for which the physician recommends that the patient exceed the statutory daily sales limit of:

- 2 ounces per day of medical marijuana flower
- 20,000 milligrams per day of medical marijuana edibles
- 8 grams per day of medical marijuana concentrates (**for patients 21+**)
or 2 grams (**for patients 18-20**)

Please note that this Uniform Certification does **NOT** replace physician certification requirements established under Section 25-1.5.106, C.R.S. For additional information regarding the Medical Marijuana Registry and physician certification requirements, please visit the [Colorado Department of Public Health and Environment's Medical Marijuana Registry Webpage](#).

For Questions from Medical Marijuana Stores Regarding Use of This Form:

The Marijuana Enforcement Division

Visit the [MED Contact Us Webpage](#)

Submit your question using the [MED Inquiry Form](#)

For Questions Regarding the Medical Marijuana Registry Process:

If you are a medical marijuana patient or caregiver - please contact:

CDPHE's Medical Marijuana Registry

Visit the [CDPHE's Medical Marijuana Registry Webpage](#)

medical.marijuana@state.co.us

If you are a medical marijuana recommending health care provider - please contact:

CDPHE's Medical Marijuana Registry

Visit the [CDPHE's Medical Marijuana Registry Webpage \(for Providers\)](#)

physician.medicalmarijuana@state.co.us

Uniform Certification Form

For Use Only When Recommending More Than Statutory Daily Sales Limits

Patient Name	Expiration Date
Age: <input type="checkbox"/> 18 to 20 Years of Age <input type="checkbox"/> Under 18 or Over 21 Years of Age	
Recommending Physician's Name Printed	
Recommending Physician's Contact Information	
Recommending Physician's Signature	

<input type="checkbox"/> Medical Marijuana Flower if more than 2 ounces per day	
Recommend daily sales limit of	ounces
of Medical Marijuana per day with a maximum THC potency of	%

<input type="checkbox"/> Medical Marijuana Products if more than 20,000 milligrams per day	
Recommend daily sales limit of	mgs
of Medical Marijuana Product per day with a maximum THC potency of	mg

<input type="checkbox"/> Medical Marijuana Concentrate if more than 8 grams for patient 21+ or under 18 or more than 2 grams for patient 18-20	
Recommend daily sales limit of	grams
of Medical Marijuana Concentrate per day with a maximum THC potency of	%

Basis to exceed statutory daily limit (required for Medical Marijuana Concentrate):
<input type="checkbox"/> Homebound Patient <input type="checkbox"/> Patient certified for medical marijuana registry card prior to age 18 <input type="checkbox"/> Recommending physician determination based on patient need <input type="checkbox"/> Physical Hardship (check at least one below): <ul style="list-style-type: none"> <input type="checkbox"/> The patient has been diagnosed with a chronic or debilitating disease or disabling medical condition or limited physical condition that restricts the mobility of the patient; <input type="checkbox"/> The patient does not have the ability to obtain a driver's license based on the patient's medical condition; <i>or</i> <input type="checkbox"/> The patient cannot use, or it would be onerous for the patient to use public transportation or another ride sharing service based on the patient's medical condition. <input type="checkbox"/> Geographic Hardship <ul style="list-style-type: none"> i. <input type="checkbox"/> The patient does not reside in: Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, or Pueblo; <i>and</i> ii. <input type="checkbox"/> At least one of the following circumstances (check at least one below): <ul style="list-style-type: none"> <input type="checkbox"/> The patient resides in a county that does not permit the operation of Medical Marijuana Stores and that county is not listed above; <i>or</i> <input type="checkbox"/> The patient does not have a means of transportation and resides in an area without public transportation or Medical Marijuana Stores cannot be accessed by a patient using public transportation; <i>or</i> <input type="checkbox"/> The physician recommended a Medical Marijuana Concentrate that is not available from a Medical Marijuana Store located in the patient's county of residence.

RETAIN THIS FORM – IT IS REQUIRED BY THE MEDICAL MARIJUANA STORE.