

Montana Medical Marijuana Request for Access Procedures

****Please Note:** You must submit the OM300B in an electronic signature format. Please follow the below instructions on how to properly fill out the form and create your electronic signature.

1. Fill in the dispatcher's information at the top of the OM300B form. **Leave the Logon ID blank, one will be generated for you.**

* LEGAL Name of Individual Requiring Access: _____ <i>(Please Print)</i> <i>First</i> <i>MI</i> <i>Last</i>		
Logon ID: _____	Create Logon ID: <input type="checkbox"/>	
* Start Date: _____	End Date (if applicable): _____	
Employed/worked with DPHHS before: <input type="checkbox"/> Other Name(s) Used (Maiden or previous married name) _____		
* Employer: _____	* Work Phone: _____	
* Work Address: _____	County: _____	
_____	Job Title: _____	
* E-mail Address: _____	* Date of Birth (to be used as unique identifier): _____	

2. The dispatcher will digitally sign and date the Confidentiality/Consent Statement.

CONFIDENTIALITY/CONSENT STATEMENT: *(To be read and signed by the individual requiring access.)*

I hereby certify that I am entitled to the confidential client information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose purposes it was originally provided. Further release of this information may only be done upon authorization by the client whose privacy interest is involved or it may be released to others if specifically permitted by law. I understand that a violation of this policy may subject me to disciplinary action by my employer and may result in termination of my employer's contract with DPHHS.

I have read the DPHHS Internet Policy, Information Security & Data Access Policy, and the State of Montana's Computer Use Policies (Section PL4) and I agree to comply with all terms and conditions. These policies can be found electronically at the following link. <https://dphhs.mt.gov/tsd/securityforms>

I agree that all network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana. I understand that the State and Department reserve the right to monitor and log all network activity including E-mail and Internet use, with or without notice, and therefore, I should have no expectations of privacy in the use of these resources.

*** Signature of Employee:** _____ **Date:** _____

3. To create a digital ID, click on the red "sign here" tab highlighted in yellow above. Select "Create a new Digital ID" then Continue.

Configure a Digital ID for signing [X]

A Digital ID is required to create a digital signature. The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device**
Configure a smart card or token connected to your computer
- Use a Digital ID from a file**
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

[?] [Cancel] [Continue]

4. Select "Save to File" then Continue.

Select the destination of the new Digital ID [X]

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

Save to File
Save the Digital ID to a file in your computer

Save to Windows Certificate Store
Save the Digital ID to Windows Certificate Store to be shared with other applications

5. Enter dispatcher name and email address then Continue

Create a self-signed Digital ID [X]

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name Dispatcher First & Last Name

Organizational Unit Enter Organizational Unit...

Organization Name Enter Organization Name...

Email Address Dispatcher Email Address

Country/Region US - UNITED STATES

Key Algorithm 2048-bit RSA

Use Digital ID for Digital Signatures

[?] [Back] [Continue]

6. Select the location you wish you save your Digital ID. Enter a password. The password must contain at least 6 characters but no additional formatting restrictions. Then select Save

Save the self-signed Digital ID to a file [X]

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location :

G:\JohnDispatcher.pfx [Browse]

Apply a password to protect the Digital ID:

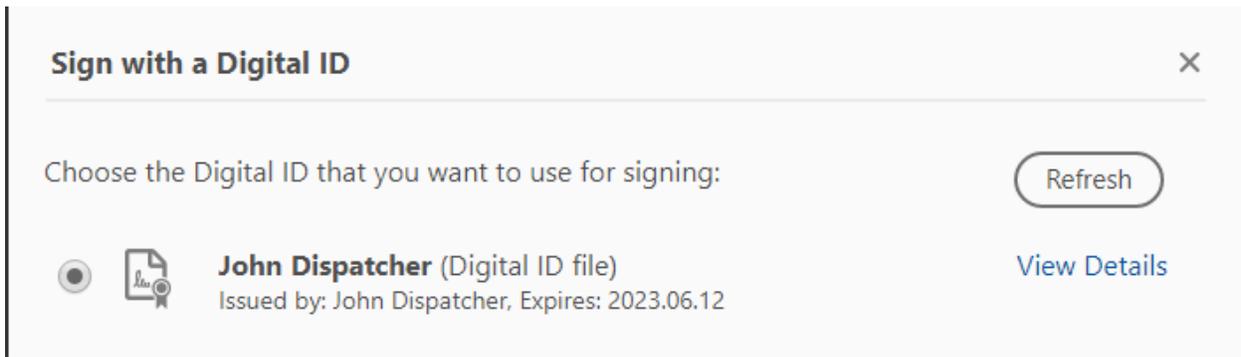
.....

Confirm the password:

.....

[?] [Back] [Save]

7. Once your Digital ID is saved, you will not have to create a new digital ID for future OM300B's. Select your digital ID and then Continue.



- Review your digital ID for any errors. If there are errors, please create a new Digital ID. If there are not any errors, enter your password, then Sign.



- Save the PDF and once saved your Digital ID will automatically be saved on the form. Ensure the date has been entered.

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*** Signature of Employee:** _____ **Date:** _____

- Forward the completed and signed OM300B to your supervisor. Supervisors will enter their printed name, date, then complete steps 3-8 above to set up their Digital ID to sign as Supervisor.

****Supervisor:** Access for this individual is allowed for six months. I realize I will have to contact the DPHHS Network Security Unit if this employee needs access beyond the six months. I understand that it is my responsibility to inform the DPHHS Network Security Unit immediately when this employee terminates or no longer needs access.**

Printed Name of Supervisor: _____ **Phone:** _____

Signature of Supervisor: _____ **Date:** _____

11. **DO NOT FAX THE FORM TO NCB AS INDICATED AT THE TOP OF THE FORM.** Once the employee (dispatcher) and supervisor have signed the form, please email the completed form to mtmarijuanaprogram@mt.gov. Once forms are received, they will be processed and access granted.
12. Once access is granted, you will receive two (2) emails. Complia, the registry system, will come from MMMP. METRC, the seed to sale tracking system, will come from METRC. Please complete the steps indicated in the email to complete your access. Refer to the Montana Medical Marijuana Dispatcher System Access Procedure to run a query on the systems.

Please note: Email notifications from Complia and METRC may go to your spam/junk folder.