Update Your Electronic Prescribing Status

- 1. Log into your MQA Online Services Portal: <u>https://mqaonline.doh.state.fl.us/datamart/voservicesportal/</u>
- 2. On your "My Dashboard," view "Manage My License" and select "Electronic Prescribing" from the dropdown menu.
- 3. Press "Select" to move to the next screen.

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	Update Account Logoff Contact Us
My Dashboard	
Important information about your dashboard:	
 When your profession opens for renewal a "Renew My License" option will become available no later than 90 days prior t the "Renew My License" option, please check back later. 	o your license expiration date. If you do not see
 If your profession is not in renewal and you need a duplicate license, to request a name change or perform any other licens option under "Manage My License". 	se maintenance activity, please choose your
 If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Ap Activities" section below. 	plication" option under the "Additional
To begin, choose an option then hit the "Select" button. You will return to this dashboard after you have finished	License Number:
	License Type: Medical Doctor
Manage My License	
Medical Doctor Electronic Prescribing Select	
My Application	
To start a new application or resume a previously saved application.	
Choose a Board/Council	
Choose a Profession V	
Choose an Application V	
Additional Activities	
Authorized Representative Select	
Add My License or Previous Application Select	
Check Application Status Select	
View Exam Results Select	
Emergency/Disaster Volunteer Select	
Licensure Documents Choose a License Type	
Physician Workforce Survey Medical Doctor # Select	
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	HEALTH

4. Review the introduction about the new law and select "next" to move to the next screen.

	Online Services	
Medical Doctor License #	Logged in as Test, 831 Test	
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Introduction	Electronic Prescribing - Introduction	
Electronic Health Records / Prescribing	Section 458.42(3), Florida Statutes (F.S.), requires a health care practitioner licensed by law to prescribe medicinal drugs, including controlled substances, who maintains a system of electronic health records as defined in section 408.051(2)(a), F.S., or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her caoacity as such an owner, an employee, or a contractor, may only electronically	
Summary (pre-lees)	transmit prescriptions for such drugs.	
	Press "Next" to continue.	
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5. You are introduced with a mandatory question:

Do you maintain a system of electronic health records or are you an owner, employee, or a contractor of a licensed health care facility or practice that maintains electronic health records?





6) If you answered "Yes" to "Do you prescribe electronically?" then skip to page 7.

7) If you answered "No" to "Do you prescribe electronically" you will be presented with the ability to "Request a Waiver" from the electronic prescribing requirement due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance demonstrated by the practitioner.

• Select all the reasons you may need a waiver then attest you have provided truthful information.

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HEALTH	
Medical Doctor License #	Logged in as Test, 831 Te
	<u>Update Account Logoff Contact L</u>
Introduction	Electronic Prescribing - Electronic Health Records / Prescribing
Electronic Health Records / Prescribing	Electronic Health Records / Prescribing
Summary (pre-fees)	Do you maintain a system of electronic health records or are you an owner, employee, or * a contractor of a licensed health care facility or practice that maintains electronic health records? Wes No
	Do you prescribe electronically?
	Electronic Prescribing Waiver
	A health care practitioner who maintains a system of electronic health records and is unable to electronically transmit prescriptions for medicinal drugs may request a waiver from the electronic prescribing requirement due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance demonstrated by the practitioner. A waiver may not exceed one year.
	Choose all of the reasons you are applying for a waiver from electronically transmitting prescriptions and provide an explanation.
	Economic Hardship: O Yes O No
	Technology Limitations: O Yes O No
	Exceptional Circumstance:
	I, the undersigned, state that I am the person referred to in this Request for Waiver of Electronic Prescribing Requirement in the state of Florida. I recognize that providing failse information may result in disciplinary action against my license, pursuant to section 456.067, Florida Statutes:
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• Select "Next" to move to the next screen.

8) You will then be prompted to provide an explanation for each reason you are applying for a waiver.

- In complete sentences, provide an explanation that fully demonstrates your need to have a waiver.
- Select "Next" to move to the next screen.

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Florida MO	A Online Servi	ices	
HEALTH			
Medical Doctor License #			Logged in as Test, 831 Test
			Update Account Logoff Contact Us
Introduction	Electronic Prescribing - Electronic Health Re-	cords / Prescribing	
Electronic Health Records /	Electronic Health Records / Prescribing		
Summary (pre-fees)	Do you maintain a system of electronic * a contractor of a licensed health care fa records?	health records or are you an owner, employee, or cility or practice that maintains electronic health	🖲 Yes 🔘 No
	Do you prescribe electronically?		◯ Yes ⊛ No
	Electronic Prescribing Waiver		
A health care practitioner who maintains a system of electronic health records and is unable to electronically transmit prescriptions for medicinal drugs may request a waiver from the electronic prescribing requirement due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance demonstrated by the practitioner. A waiver may not exceed one year.			
	Choose all of the reasons you are applying for a waiver from electronically transmitting prescriptions and provide an explanation.		
	Economic Hardship:		🖲 Yes 💭 No
	Explanation: 🤢		11
	Technology Limitations:		Yes No
	Explanation: 😡		1
	Exceptional Circumstance:		Yes No
	Explanation: 😡		1
I, the undersigned, state that I am the person referred to in this Request for Waiver of Electronic Prescribing Requirement in the state of Florida. I recognize that providing fake information may result in disciplinary action against my license, pursuant to section 456.087, Florida Statutes: Back Next Cancel			
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9) Please review your information to make sure all answers are correct. Then press "Continue" to move to the next screen.

	Online	Services	
HEALTH			
Medical Doctor License #			Logged in as Test, 831 Test
			Update Account Logoff Contact Us
Introduction	Electronic Prescribing -	Application Summary	
Electronic Health Records / Prescribing	Review the data and press	"Continue" to submit this application.	
Summary (pre-fees)	Press "Back" to the return Press "Cancel" to cancel t	to the previous section.	
ouninary (pre recor	Tress Gander to cander	is application and retain to the main menu.	
	Application Details	License Type: Medical Doctor Applicati	on Date: 12/19/2019
	Electronic Health Records / Prescribing	Do you maintain a system of electronic health rec are you an owner, employee, or a contractor of a health care facility or practice that maintains elect	Edit ords or licensed ronic
		health records?	Yes
		Do you prescribe electronically?	No
		A health care practitioner who maintains a system of and is unable to electronically transmit prescriptions request a waiver from the electronic prescribing req demonstrated economic hardship, technological lim reasonably within the control of the practitioner, or a circumstance demonstrated by the practitioner. A way year.	of electronic health records s for medicinal drugs may juirement due to itations that are not another exceptional aiver may not exceed one
		Choose all of the reasons you are applying for a wa	iver from electronically
		Economic Hardship:	yes
		Explanation: Tes	t
		Technology Limitations:	Yes
		Explanation: test	t i i i i i i i i i i i i i i i i i i i
		Exceptional Circumstance:	Yes
		Explanation: Tes	t
		I, the undersigned, state that I am the person refe in this Request for Waiver of Electronic Prescribin Requirement in the state of Florida. I recognize th providing false information may result in disciplina against my license, pursuant to section 456.087, f Statutes:	erred to 19 Lat ary action Florida Yes
		1	Back Continue Cancel
	Priva	cy_Statement Disclaimer Feedback Email #	Advisory

10) Please certify the information you have provided is true and correct. Providing false information may result in disciplinary action against your license, pursuant to section 456.067, Florida Statutes.

Click "Continue" to complete the process.

	A Online Services	
Medical Doctor License #		Logged in as Test, 831 T Update Account Logoff Contact
Introduction Electronic Health Records / Prescribing Summary (pre-fees)	Electronic Prescribing - Attestation Press "Back" to return to the previous section. Press "Continue" to continue. Press "Cancel" to cancel this application and return to the main menu.	
	I certify the information in this form is true and correct. Yes No	Back Continue Cancel
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