

Instructions for Registration to Single Sign-On and Subscription to Michigan Automated Prescription System (MAPS) Online

Access the Single Sign On (SSO) by opening your web browser and going to <https://sso.state.mi.us/>.

Select *Register* from the State of Michigan Single Sign On screen.

The screenshot shows the 'State of Michigan Single Sign On' login page. At the top, there is a header with the title and a Michigan state graphic. Below the header, there are two input fields: 'User ID' and 'Password'. A 'Login' button is positioned below the password field. Below the login fields, there is a message: '* If you do not have a User ID, please click' followed by a 'Register' button. A link 'I forgot my Password' is also present below the message.

Complete the requested information and select *Continue*.

The screenshot shows the 'State of Michigan Single Sign On' registration page, Step 1. The header is the same as the login page. Below the header, it says 'REGISTRATION- Step 1' and '* Indicates required field'. There are four input fields: 'First Name *', 'Middle Initial', 'Last Name *', and 'Email Address *'. Below these fields, there is a note: 'NOTE: Users who have been assigned a State of Michigan email address must use this address to register.' At the bottom, there are 'Continue' and 'Clear' buttons. The footer says 'Copyright © 2008 State Of Michigan. All rights reserved'.

Enter a four digit number of your choice OR generate a random four digit number to create your User ID. Confirm the number shown in the blue box by entering it into the empty box. Select *Continue*.

The screenshot shows the 'State of Michigan Single Sign On' registration page, Step 2. The header is the same as the previous pages. Below the header, it says 'REGISTRATION- Step 2'. There are two options for creating a User ID: 'Please Enter a four digit number to create a unique User ID' (with an input field) and 'Please generate a random four digit number for me' (with radio buttons for 'Yes' and 'No'). A link 'Why should I enter this number?' is next to the first option. Below these options, there is a message: 'Enter the number as it is shown in the box below *' followed by an input field. At the bottom, there are 'Back', 'Continue', and 'Clear' buttons. A blue box displays the number '64372'. The footer says 'Copyright © 2008 State Of Michigan. All rights reserved'.

A *User Registration Confirmation* screen will appear. Confirm all information and select *Submit*.



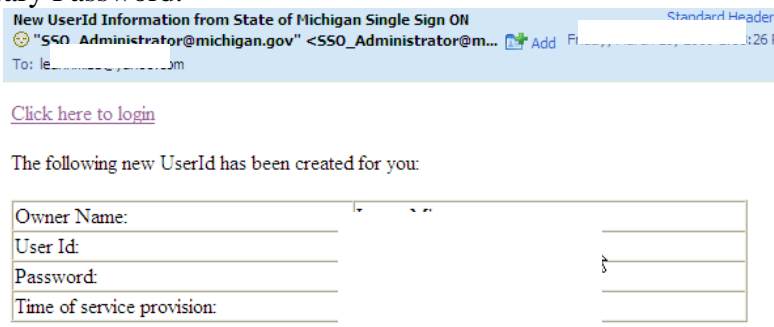
The screenshot shows the 'State of Michigan Single Sign On' header with a bridge graphic. Below the header is the title 'USER REGISTRATION CONFIRMATION'. The main text says 'Please review the following information. Click Submit'. There are four rows of information to be confirmed: 'First Name', 'Initial', 'Last Name', and 'Email Address', each followed by a colon and a text input field. Below these is 'Your User Id will be' followed by a colon and a text input field. At the bottom left are two buttons: 'Back' and 'Submit'. At the very bottom is the copyright notice: 'Copyright © 2008 State Of Michigan. All rights reserved'.

You will receive a message stating your request is being processed. Select *Close*.



The screenshot shows the 'State of Michigan Single Sign On' header with a bridge graphic. Below the header is the message: 'Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with your User Id and password.' Below the message is a single button labeled 'Close'. At the bottom is the copyright notice: 'Copyright © 2008 State Of Michigan. All rights reserved'.

You will receive an email from SSO_Administrator@michigan.gov which will provide you with your User ID and Temporary Password.



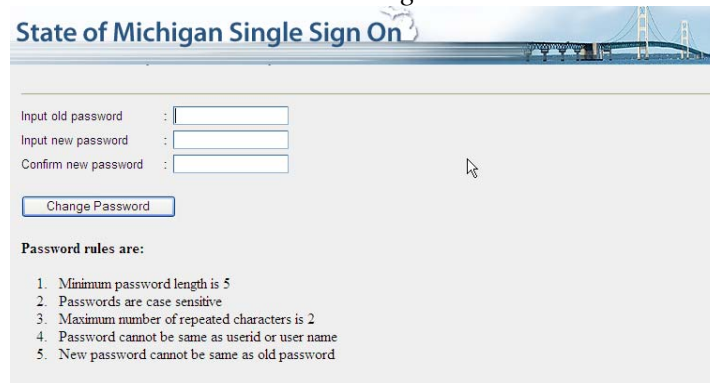
The screenshot shows an email interface. The header says 'New UserId Information from State of Michigan Single Sign ON'. The email is from 'SSO_Administrator@michigan.gov' with a subject line 'SSO_Administrator@michigan.gov'. Below the header is a link 'Click here to login'. The main text says 'The following new UserId has been created for you:'. Below this is a table with four rows: 'Owner Name:', 'User Id:', 'Password:', and 'Time of service provision:'. Each row has a text input field. At the bottom right is a 'Register' button.

Access the SSO website at <https://sso.state.mi.us/> and enter your assigned User ID and Temporary Password. Select *Login*.



The screenshot shows the 'State of Michigan Single Sign On' header with a bridge graphic. Below the header are two text input fields: 'User ID' and 'Password'. Below the 'Password' field is a 'Login' button. Below the login fields is a message: '* If you do not have a User ID, please click' followed by a 'Register' button and a link 'I forgot my Password'.

Your **Temporary** Password will automatically expire and you will be prompted to create a new password. Complete the information and select *Change Password*.



State of Michigan Single Sign On

Input old password :

Input new password :

Confirm new password :

[Change Password](#)

Password rules are:

1. Minimum password length is 5
2. Passwords are case sensitive
3. Maximum number of repeated characters is 2
4. Password cannot be same as userid or user name
5. New password cannot be same as old password

You will be presented with a *Change Challenge/Response Answers* screen. Complete questions and confirm answers. This action will allow you to reset your password in the event you forget your password. Select *OK*.



State of Michigan Single Sign On

[Sign Off](#)

Change Challenge/Response Answers
Change your answers and click OK. You must provide an answer to each challenge.

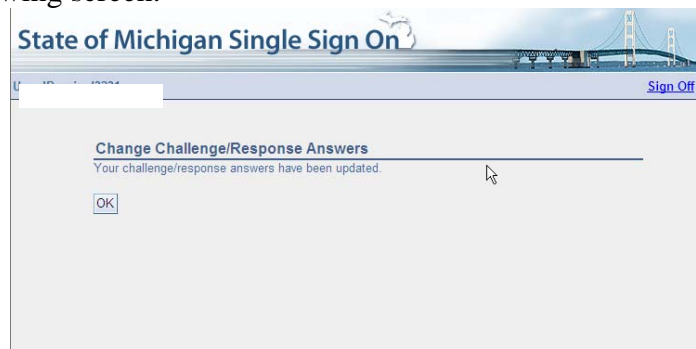
What is the name of the city in which you were born?
Answer: Confirm Answer:

What are the last four (4) digits of your social security number?
Answer: Confirm Answer:

What is your mothers maiden name?
Answer: Confirm Answer:

What is your fathers middle name?
Answer: Confirm Answer:

Select *OK* for the following screen.



State of Michigan Single Sign On

[Sign Off](#)

Change Challenge/Response Answers
Your challenge/response answers have been updated.

[OK](#)

Select *Done* for the following screen.



State of Michigan Single Sign On

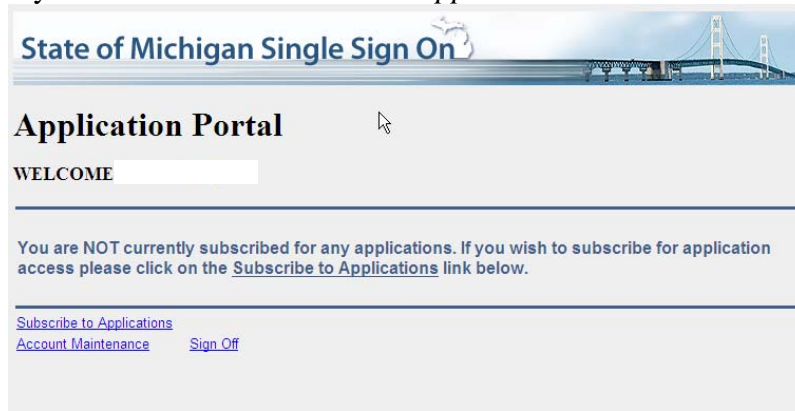
[Sign Off](#)

Account Maintenance

- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

[Done](#)

You will automatically be routed to the *SOM-DCH Application Portal*. Select *Subscribe to Applications*.



State of Michigan Single Sign On

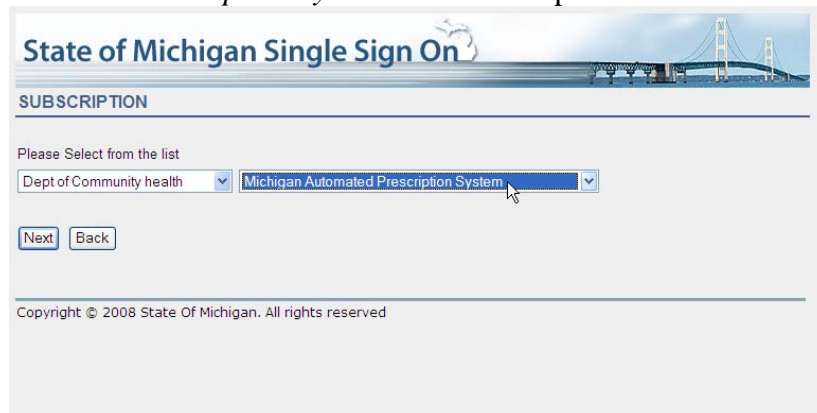
Application Portal

WELCOME

You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the [Subscribe to Applications](#) link below.

[Subscribe to Applications](#) [Account Maintenance](#) [Sign Off](#)

Select *Michigan Automated Prescription System* from the drop down menu and select *Continue*.



State of Michigan Single Sign On

SUBSCRIPTION

Please Select from the list

Dept of Community health Michigan Automated Prescription System

Next Back

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Enter your work telephone and select *Continue*.



State of Michigan Single Sign On

Subscription For: Michigan Automated Prescription System

* Indicates required field

Work Phone* Your E-mail*

555-555-5555

(Include area code eg: 517-123-3456)

Continue Reset Back

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Confirm information and select *Confirm*.



State of Michigan Single Sign On

User Enrollment Confirmation For: Michigan Automated Prescription System

Please review the following information Click Confirm or Back.

User Info	
User ID	
Email Address	
Full Name	
Phone Number	

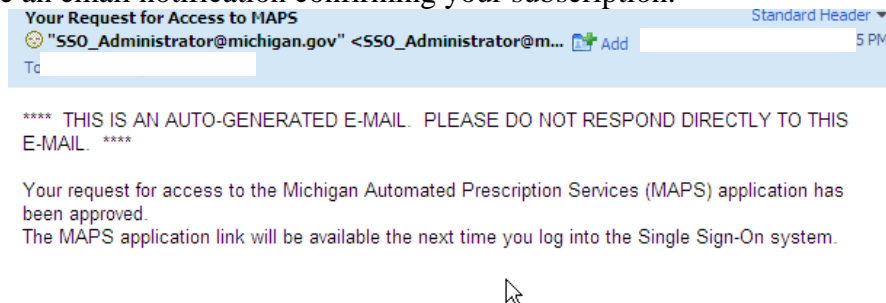
Confirm Back

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At this time, your subscription request has been submitted. Select *Close*.



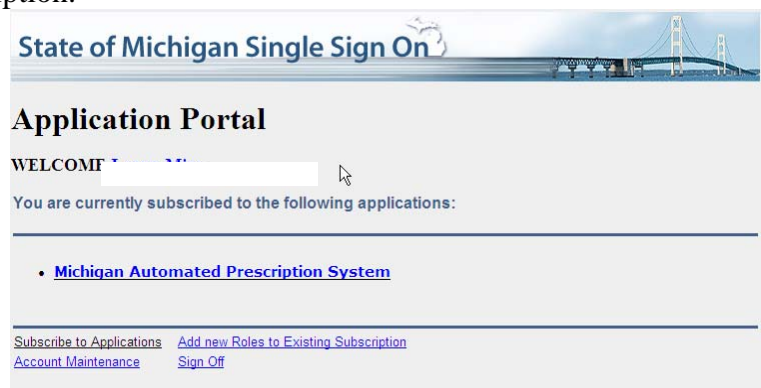
You will receive an email notification confirming your subscription.



Once you received email notification of your subscription confirmation, access the SSO (<https://sso.state.mi.us/>) and log in using your assigned User ID and Password. Select *Login*.



The Michigan Automated Prescription System link will be available at this time. Select this link to finalize your subscription.



The following *User Details* screen will appear and you will need to finalize your subscription. Select “NO” for the question *Do you work for MDCH?* and complete one of the three following options pertaining to your licensed profession.

NOTE

- **DEA #s** will begin with two letters and consist of seven numbers (i.e. **AB0101010**)
- **License #s** will begin with a prefix of two numbers pertaining to each type of license and then an additional eight numbers:

Medicine 43 (4301234567-a total of 10 numbers)

Osteopathic 51

Podiatric 59

Pharmacist/Pharmacy 53

Registered Nurse 47

Physician Assistant 56

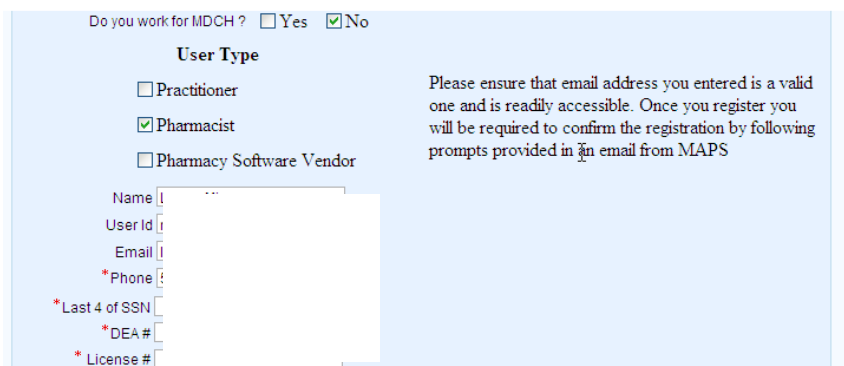
IF YOU ARE A PRACTITIONER WHO DOES NOT DISPENSE CONTROLLED SUBSTANCES IN YOUR OFFICE complete as shown in the following box:

The screenshot shows a web form titled "User Type". At the top, there are three radio button options: "Practitioner" (which is selected with a green checkmark), "Pharmacist", and "Pharmacy Software Vendor". To the right of these options is a text box that reads: "Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS". Below the radio buttons are several input fields: "Name", "User Id", "Email", "*Phone", "*Last 4 of SSN", "*DEA #", and "* License #". A note below the license field states "(10 Digit License Number.No Alpha Characters)".

IF YOU ARE A PRACTITIONER WHO DISPENSES CONTROLLED SUBSTANCES IN YOUR OFFICE complete as shown in the following box:

This screenshot shows the same "User Type" form as the previous one, but with additional changes. At the top, the question "Do you work for MDCH?" is followed by "Yes" and "No" radio buttons, with "No" being selected. Under the "User Type" section, both "Practitioner" and "Pharmacist" are selected with green checkmarks, while "Pharmacy Software Vendor" remains unselected. The input fields for "Name", "User Id", "Email", "*Phone", "*Last 4 of SSN", and "*DEA #" are present. The "* License #" field is also present, but instead of a note, it has the instruction "(Enter practitioner License #)" written next to it.

IF YOU ARE A PHARMACIST/PHARMACY complete as shown in the following box:



Do you work for MDCH ? ☐ Yes ☒ No

User Type

☐ Practitioner

☒ Pharmacist

☐ Pharmacy Software Vendor

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name

User Id

Email

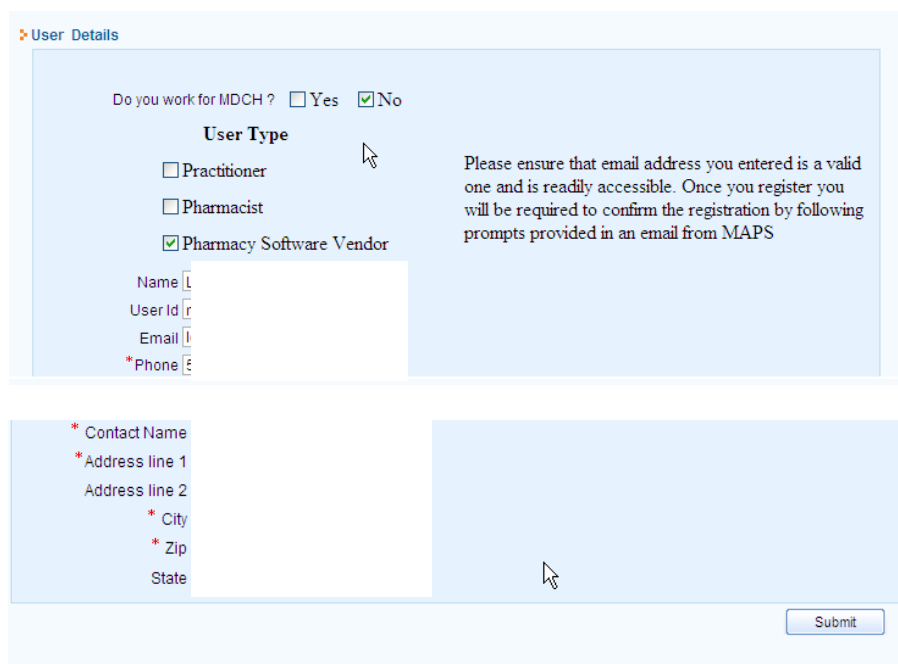
*Phone

*Last 4 of SSN

*DEA #

*License #

IF YOU ARE A PHARMACY SOFTWARE VENDOR complete as shown in the following box:



User Details

Do you work for MDCH ? ☐ Yes ☒ No

User Type

☐ Practitioner

☐ Pharmacist

☒ Pharmacy Software Vendor

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name

User Id

Email

*Phone

* Contact Name

* Address line 1

Address line 2

* City

* Zip

State

Once you select *Submit* your subscription will be activated at which time you will be able to request MAPS reports on patients and/or submit prescription data information.