

Accela Citizen Access

Renew a Patient Only Registry Card in



Applying for Renewal Patient Only Registry Card

Go to <https://www.Michigan.gov/CRAonline>

***If this is your first time renewing online, you must first Create an Account and Link to your existing account.

1. Enter your username **OR** E-mail address associated with your account.
2. Enter your password. You may click **Login**, or press Enter on your keyboard.

The screenshot shows the login interface of the Michigan CRAonline system. At the top, there is a navigation bar with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below this is a blue bar with the text 'Advanced Search'. The main login area has a light blue background and contains the following elements:

- A label 'User Name or E-mail:' followed by a text input field. A red arrow labeled '1.' points to this field.
- A label 'Password:' followed by a text input field. A red arrow labeled '2.' points to this field.
- A dark blue button labeled 'Login »'.
- At the bottom, there is a checkbox labeled 'Remember me on this computer', a link 'I've forgotten my password', and a link 'New Users: Register for an Account'.

3. Click the **Registry Cards** tab.

[Home](#) [Medical Facility Licensing](#) [Adult-Use Establishment Licensing](#) [Facility & Establishment Complaints](#) **Registry Cards**

Create an Application

Records

Welcome to the Michigan Medical Marijuana Program's online system. Please visit our [website](#) for more information about the Program and page-by-page help guides for all the online processes.

This is the location where Patients can:

Apply for a new medical marijuana registry card (Click "Create an Application" from above then click "Registry Cards" from the Record Type List, then "Patient Only Application" from the list)

- Must have proof of MI residency (active Michigan Driver License/Personal Identification card or an image of your MI Voter ID and a government issued document with your name and date of birth that you can upload).
- Must know your Physician's Michigan license number and know if they will be approving you online or if you have a valid physician certification from them (signed within the last six months) that you can upload (already saved to your computer/device).

Renew your current medical marijuana patient registry card (must be within 90 days before the expiration date). Click the "Renew Application" link next to your about to expire patient registry record in your record list. If you have never used this online system, you may have to Link* to your existing records first.

- Must have proof of MI residency (active Michigan Driver License/Personal Identification card or an image of your MI Voter ID and a government issued document with your name and date of birth that you can upload).
- Must know your Physician's Michigan license number and know if they will be approving you online or if you have a valid physician certification from them (signed within the last six month) that you can upload (already saved to your computer/device).

Make a change (change name or address, request a replacement card, remove a current caregiver or withdraw from the program) to your active medical marijuana patient registry card. Click the "Amendment" link next to your current active patient registry card in your record list to start. If you have never used this online system, you may have to Link* to your existing records first.

*If you have never used this online system and don't see your record listed below in the records but have an active Patient record and want to renew or make changes, you will first have to Link to your existing registration. To do so, click "Create an Application" from above, then click "Registry Cards" from the Record Type List, then "Link to an Existing Registration". You will need your current Patient card to complete this step.

Showing 1-2 of 2 | [Download results](#) | [Add to collection](#)

| <input type="checkbox"/> | Date | Record Number | Record Type | Description | Project Name | Expiration Date | Status | Action | Short Notes |
|--------------------------|------------|---------------|----------------------|-------------|--------------|-----------------|--------|--|-------------|
| <input type="checkbox"/> | 05/17/2022 | PT-22-0 | Patient Registration | | | 05/19/2022 | Active | Renew Application Amendment | |

5. Click **Renew Application**.

| <input type="checkbox"/> | Date | Record Number | Record Type | Description | Project Name | Expiration Date | Status | Action | Short Note |
|--------------------------|------------|---------------|-------------|----------------------|--------------|-----------------|--------|--|------------|
| <input type="checkbox"/> | 11/06/2019 | PT-19- | | Patient Registration | | 12/01/2019 | Active | Renew Application Amendment | |

6. Click **Continue Application**.

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Create an Application

Renewal Record

1 Patient Info

2 App Specific Info

3 Supporting Documentation

4 Review

5 Pay Fees

6

Step 1: Patient Info > Patient Only

* Indicates a required field.

Contact List

This is an application for the renewal of your Michigan Medical Marijuana Patient Registry Card. You must have a medical evaluation from an active Michigan physician before your renewal will be issued.

If you have a name or address change please click Continue Application and you will have an opportunity to update these fields before submitting.

Showing 1-1 of 1

| Full Name | Business Name | Contact Type | Work Phone | Fax | E-mail | Action |
|-----------|---------------|--------------|------------|-----|--------|--------|
| Apri | | Patient | | | | Edit |

Save and resume later

6. [Continue Application »](#)

Complete this page only if you currently have a Caregiver

C1. If you currently have a Caregiver you will be asked if you would like to remove your caregiver at this time. If you select **No** you need to send in a paper application renewing with your caregiver. If you want to renew without your caregiver, select **Yes**. If you currently do not have a Caregiver, you will not see this option.

C2. Click **Continue Application**.



The screenshot shows a form titled "CAREGIVER AMEND". Below the title is the question "Would you like to Remove your caregiver from this License?: *". To the right of the question are two radio buttons: "Yes" (which is selected) and "No". A red box highlights the "Yes" radio button, and a red arrow labeled "C1." points to it. Below the question is a yellow button labeled "Save and resume later". To the right of the "Save and resume later" button is a red arrow labeled "C2." pointing to a blue button labeled "Continue Application »". The "Continue Application »" button is also highlighted with a red box.

7. Review Patient Current Address.
8. Select **Yes** or **No** for Patient Address Change. If you Select **Yes**, skip to Step 8.b..
9. Click **Continue Application**.

Renewal Record

| | | | | | |
|----------------|---------------------|----------------------------|----------|------------|---|
| 1 Patient Info | 2 App Specific Info | 3 Supporting Documentation | 4 Review | 5 Pay Fees | 6 |
|----------------|---------------------|----------------------------|----------|------------|---|

Step 2: App Specific Info > Address Change

* Indicates a required field.

Address Info

ADDRESS CHANGE

Patient Current Address:

* Will you be changing your address at this time?: ☐ Yes ☒ No

[Save and resume later](#) [Continue Application >](#)

The screenshot shows a web form titled 'Renewal Record' with a progress bar at the top. The progress bar has six steps: 1 Patient Info (green), 2 App Specific Info (yellow), 3 Supporting Documentation (grey), 4 Review (grey), 5 Pay Fees (grey), and 6 (grey). Below the progress bar, the current step is 'Step 2: App Specific Info > Address Change'. A note states '* Indicates a required field.' The main form area is titled 'Address Info' and contains a section 'ADDRESS CHANGE'. Under this section, there is a label 'Patient Current Address:' followed by a text input field containing '123 Test, Test, MI 48875'. Below this is a question '* Will you be changing your address at this time?:' with two radio button options: 'Yes' and 'No'. The 'No' option is selected. At the bottom of the form, there are two buttons: 'Save and resume later' (yellow) and 'Continue Application >' (dark blue). Red arrows and numbers are overlaid on the image: a red arrow labeled '7.' points to the address input field; a red arrow labeled '8.' points to the 'No' radio button; and a red arrow labeled '9.' points to the 'Continue Application >' button, which is also enclosed in a red rectangular box.

8.b. If **Yes** was selected, fill in all required (*) fields.

9. Click **Continue Application**.

Renewal Record

1 Patient Info

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Step 2: App Specific Info > Address Change

* Indicates a required field.

Address Info

ADDRESS CHANGE

Patient Current Address: 123 Test, Test, MI 48875

* Will you be changing your address at this time?: ☒ Yes ☐ No

Patient New Street Address (include Apt #/Lot #): *

Patient New City: *

Patient New State: *

Patient New Zip: *

Patient New County: *

MI

--Select--

8.b. State is a READ ONLY field.

Save and resume later

9. Continue Application »

10. From the drop-down menu, select the type of **Proof of Residency** you will use.
- 11.a. If you select **Michigan State Issued Driver's License Number or Personal Identification**, fill in the required (*) fields.
- **Please Note:** The Driver's License/PID number must contain the letter and no dashes or spaces.
- If you select **I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate**, continue to step 11.b. **or** 11.c. on the next page. **** Later in the application you will need to complete Steps 11.d -11.h. to upload your Proof of Residency documents.**
12. Click **Continue Application**.
- **Please Note:** If you receive an error when submitting your Driver License/ID info, select the **"I'll upload my MI Voter..."** option and follow steps 11.b **or** c.

Renewal Record

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Step 2: App Specific Info > Proof Residency

* Indicates a required field.

Proof of Michigan Residency

RESIDENCY

From the drop-down menu, select the type of Proof of Michigan Residency you will use.

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.

****Please Note:** The Driver License/PID number must contain the letter and no dashes or spaces.

b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents.

****Please Note:** If you upload documents, MMMP must manually review them before the Physician Certification can be reviewed.

*** Patient Proof of Residency:**

Patient First Name: *

Patient Last Name: *

Patient Date of Birth:

Patient Driver's License/PID: *

Michigan State Issued Driver's License Number or Personal Identification

MM/DD/YYYY

A123123123123

10.

11.a.

Must use letter and no spaces or dashes

12.

Save and resume later

Continue Application >

11.b. (No Name Change) – If you do not need to change your name select **No**.
12. Click **Continue Application**.

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 2: App Specific Info > Proof Residency

* Indicates a required field

Proof of Michigan Residency

RESIDENCY
From the drop-down menu, select the type of Proof of Michigan Residency you will use.

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.
**Please Note: The Driver License/PID number must contain the letter and no dashes or spaces.

b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents.
**Please Note: If you upload documents, MMMP must manually review them before the Physician Certification can be reviewed.

* Patient Proof of Residency:
I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate

Patient Name Change: *

☐ Yes ☒ No

Save and resume later

Continue Application »

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

11.c. (Name Change) – If you need to change your name, select **Yes**. Fill in the required fields (*) with your **new Name** and **Date of Birth**.
12. Click **Continue Application**.

* Patient Proof of Residency:
I'll upload my MI Voter Reg and a valid Government

Patient Name Change: *

☒ Yes ☐ No

Patient First Name: *

Thomas

Patient Last Name: *

New Last Name

Patient Date of Birth: *

01/01/1900

Save and resume later

Continue Application »

13. Select from the **dropdown list** whether your physician will certify you online or if you will upload a copy of the paper certification.
- 13 a.) Type in the **Michigan Physician License Number** then press **tab**. (Physician's info will auto populate)
14. Click **Continue Application**.

Renewal Record

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Step 2: App Specific Info > Physician Info

Physician Info

PHYSICIAN INFO

Please select one of the below options from the drop-down list regarding how your doctor will fill out your Physician Certification. A medical evaluation must be completed by this physician within the last six months.

If you pick "My physician is registered online, they will approve my application online", once you have submitted your application, the physician you designate will be notified by email to login and certify you qualify for the medical use of marijuana. If your physician doesn't certify your application within 15 days, your application will be denied.

If you picked "My Physician is not registered online, I will upload my physician certification for manual review", the Medical Marijuana Program will manually review your application and certification.

The MMMP has 15 business days from the date of full application receipt to approve or deny your application.

* Physician Certification Question:

--Select--

* Michigan Physician License Number:

* Physician Name (Read Only):

* Physician License Status (Read Only):


Save and resume later

14Continue Application >

11.d. If you selected, **I'll Upload my MI Voter Reg and a Government Issued Document with my name and birthdate** for proof of residency **or I will upload my Physician Certification** you will now be asked to upload those documents. Make sure your documents are downloaded to your computer or device before moving on. Click **Add**.

[Home](#) [Medical Facility Licensing](#) [Adult-Use Establishment Licensing](#) [Facility & Establishment Complaints](#) **Registry Cards**

Create an Application



An error has occurred.
Please click the "Add" button below to upload the following document(s) that are required based on the information you provided. ONLY upload the below document(s). These documents must already be saved to your computer/device.

1. Michigan Voter Registration & Additional Proof of Valid Gov't ID, Gov't ID must include Date of Birth
2. Physician Certification

Renewal Record

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Step 3: Supporting Documentation > Documentation

Attachment

The maximum file size allowed is 500 MB.
ade;adp;ba;chm;cmd;com;cpl;exe;hlc;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;plf;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wst;wsh are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |

Add

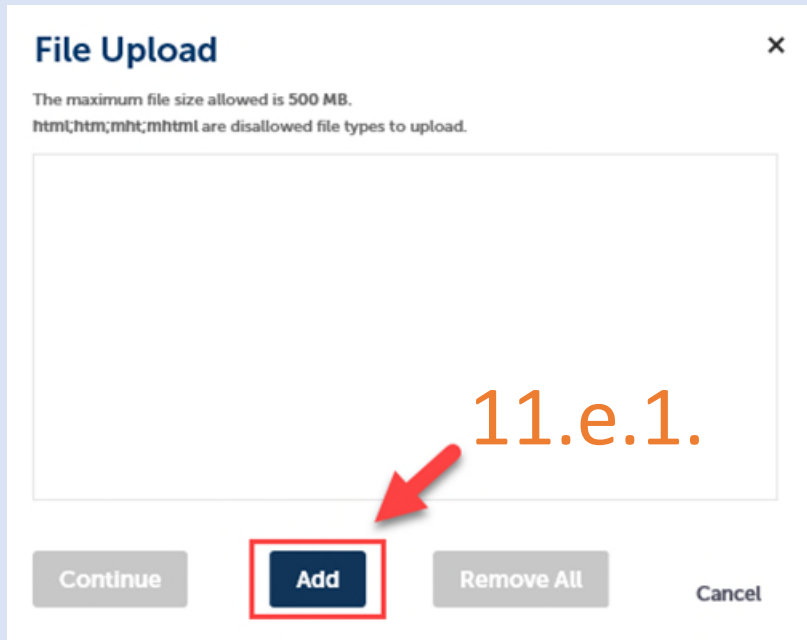
Save and resume later

Continue Application >

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card or a Physician Certification.

11.d.

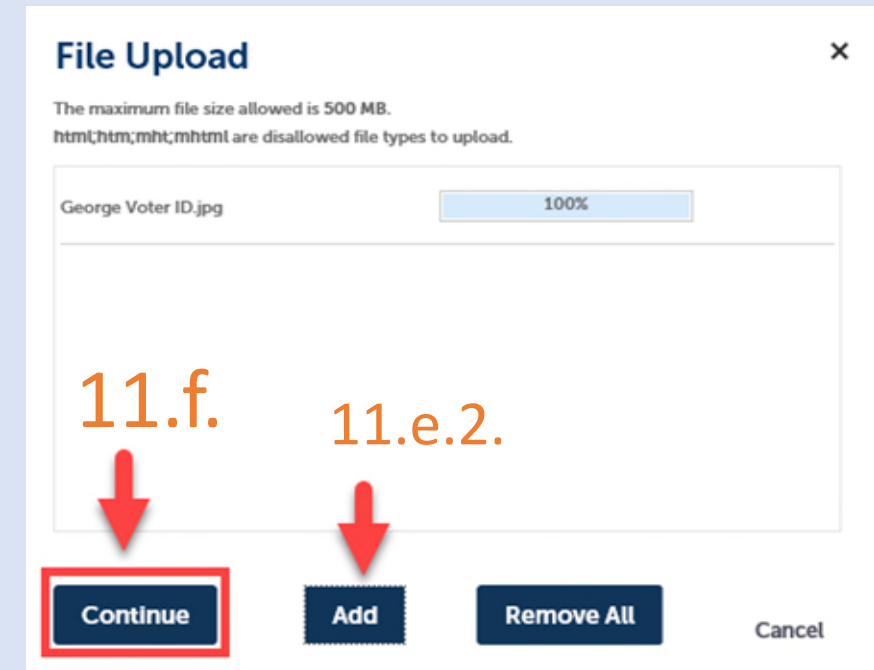
11.e.1. Click **Add** again. You will then select the documents that are saved on your device.



Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card or a Physician Certification.

11.e.2. Once you have uploaded a document it will be visible in the window. If you need to upload more than one, click **Add** again.

11.f. Once all documents are uploaded. Click **Continue**.



Please Note: Above the Save button, you can see what documents you have uploaded. If you need to add additional documents, you can click **Add**.

11.g. Select the applicable **record type** for each document you uploaded from the drop-down list.

11.h. If all documents are uploaded, click **Save**. Once you have saved, you will get a confirmation when the documents are successfully uploaded.

11.i. Click **Continue Application**.

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;...

| Name | Type | Size |
|-------------------|------|------|
| No records found. | | |

Type:
Michigan Voter Registration & Additi

File:
CF Sample.pdf
100%

Type:
Physician Certification

File:
CF Sample.pdf
100%

SaveAddRemove All

✓

The attachment(s) has/have been successfully uploaded.
It may take a few minutes before changes are reflected.

confirmation

Renewal Record

1 Patient Info2 App Specific Info3 Supporting Documentation4 Review

Step 3: Supporting Documentation > Documentation

Attachment

The maximum file size allowed is 500 MB.
html;htm;mht;mhtml are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|---------------------|--|---------|---------------|---------|
| George Voter ID.jpg | Michigan Voter Registration & Additional Proof of Valid Gov't ID | 7.22 KB | 12/02/2019 | Actions |

Add

Save and resume later

Continue Application »

Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card or a Physician Certification.

13

15. Review the application info, edit each section if needed and print a copy for your records. Read the Attestation, then **check the Attestation Box.**

16. Click **Continue Application.**

Proof of Michigan Residency

RESIDENCY

Patient Proof of Residency:

I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate

Patient Name Change:

No

Physician Info

PHYSICIAN INFO

Physician Certification Question:

My Physician is not registered online, I will upload my physician certification for manual review

Michigan Physician License Number:

Physician Name (Read Only):

Physician License Status (Read Only):

Active

Attachment

The maximum file size allowed is 500 MB.
ade,adp,bac,chn,cmd,com,cpl,exe,html,htm,htm,html,ins,jar,jsp,jse,lib,link,mde,mhc,mhtml,msc,msp,msx,pages,php,pif,scr,scs,shb,sys,vb,vbe,vbs,vad,wsc,wsf,wsn are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|------|--|----------|---------------|---------|
| | Physician Certification | 14.01 KB | 05/17/2022 | Actions |
| | Michigan Voter Registration & Additional Proof of Valid Gov't ID | 14.01 KB | 05/17/2022 | Actions |

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

I authorize the Michigan Secretary of State's office to forward my photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card.

I authorize the release of my protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marijuana Program.

☐ By checking this box, I agree to the above certification.

Date:

Save and resume later

Continue Application »

17. Once you have reviewed the application fee, click **Continue Application.**

Renewal Record

1

2 App Specific Info

3 Supporting Documentation

4 Review

5 Pay Fees

6 Record Issuance

Step 5: Pay Fees

Listed below are fees based upon the information you've entered.

Application Fees

| Fees | Qty. | Amount |
|-----------------------|------|---------|
| Patient - Renewal Fee | 40 | \$40.00 |

TOTAL FEES: \$40.00

Continue Application »

14

18. Select your method of payment.
19. Click **Next**.
20. Fill in all **Required Fields (*)** for payment.
21. Click **Next**.

18. 19.

* Indicates required field

Choose method of payment

☐ Pay by electronic check

* Account Type: Personal

☐ Pay by credit card

VISA MasterCard American Express Discover

Back Next Exit

Electronic Check Fields

* Indicates required field

Billing Address

☐ Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

State: Select State

*Zip:

*Country: UNITED STATES

Phone:

*E-Mail:

Payment Details

*Payment Amount: 40.00 USD

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 11:59 PM ET will be executed on the next valid banking day.

Payment Method

*Name On Account:

*Account Number: [What's This?](#)

*Re-Type Account Number:

*Routing Number: [What's This?](#)

*Account Type: ☒ Checking ☐ Savings

Back Next Exit

20. 21.

Credit Card Fields

* Indicates required field

Billing Address

☐ Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

State: Select State

*Zip:

*Country: UNITED STATES

Phone:

*E-Mail:

Payment Details

*Payment Amount: 40.00 USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date:

*Month:

*Year:

*Card Verification Value(CVV2): [What's This?](#)

Back Next Exit

20. 21.

22. Click **Pay Now**.

Address

Billing Address:
John A
1 Main
Lansing, MI 48909

Payment Method

Credit Card

Payment Amount

Amount: 40.00 USD
Total: 40.00 USD

Back

Pay Now

Exit

22.



Once your payment has been successfully submitted, you will receive confirmation our application has been submitted. Write this record number on the summary you printed, or you may print this page for your records.

Renewal Record

1 Patient Info

2 App Specific Info

3 Supporting Documentation

4 Review

5 Record Issuance

You have successfully submitted your record. Please visit our website www.michigan.gov/mmp for further instructions. Please print your record and retain a copy for your records.

Thank you for using our online services.

Your Record Number is PT-19-R-02

You have successfully submitted your record for review.

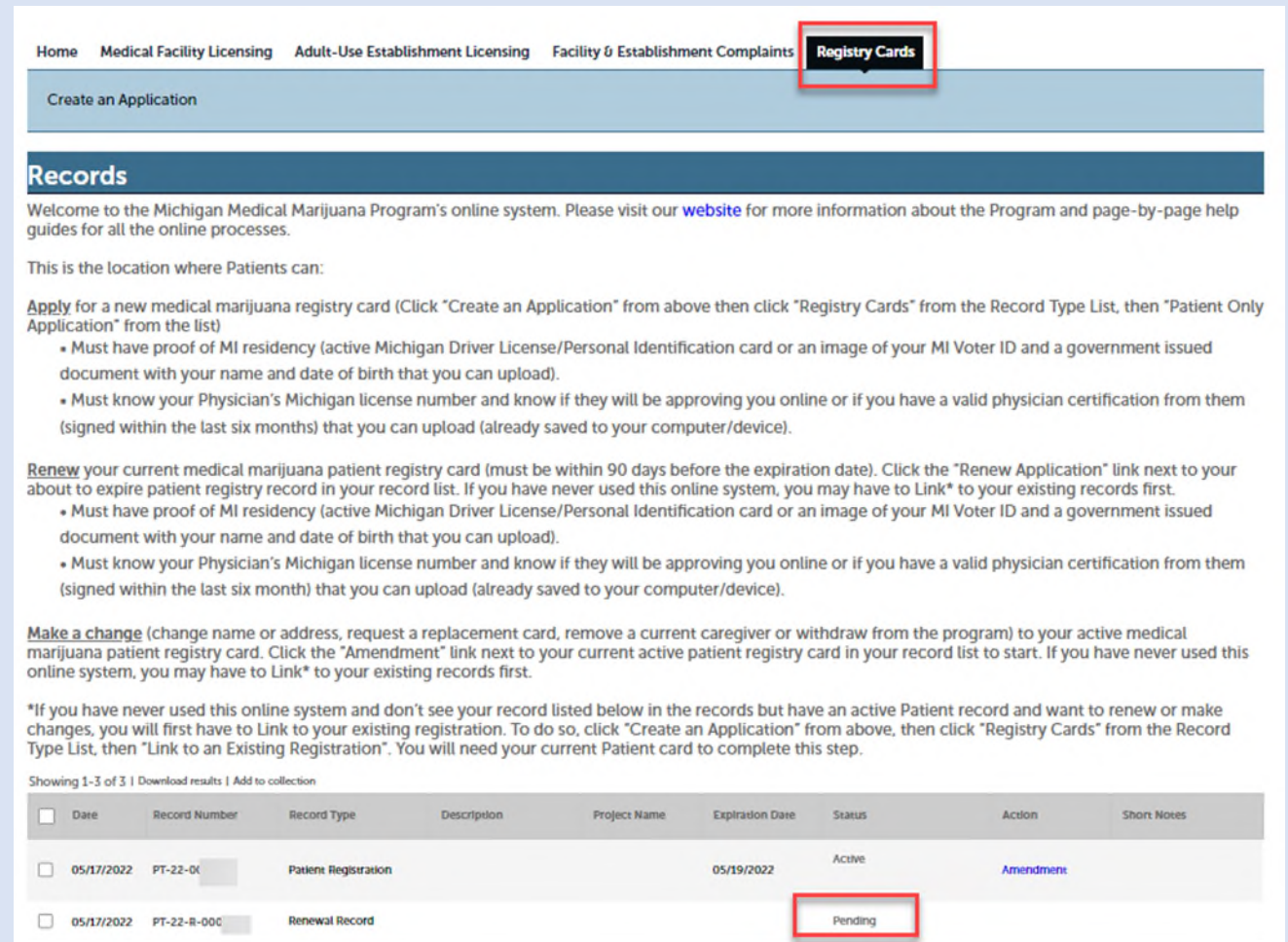


Write this record number on the summary you printed, or you may print this page for your records.

- If you picked “My Physician will approve me online”, once the Physician receives notice of your pending application, they have 15 days to complete their portion of your application.
- If you picked “I will upload my Physician Certification”, the Michigan Medical Marijuana Program has 15 business days to review your application.
- Once your application has been processed, you will receive an e-mail from **noreply@accela.com**. This E-mail may go to your Spam or Junk folder.

To Review your renewal application status:

You may check the status at any time by logging into the Accela Citizen Access Portal and click on the **Registry Card** tab.



Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints **Registry Cards**

Create an Application

Records

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Showing 1-3 of 3 | Download results | Add to collection

| <input type="checkbox"/> | Date | Record Number | Record Type | Description | Project Name | Expiration Date | Status | Action | Short Notes |
|--------------------------|------------|---------------|----------------------|-------------|--------------|-----------------|---------|---------------------------|-------------|
| <input type="checkbox"/> | 05/17/2022 | PT-22-01 | Patient Registration | | | 05/19/2022 | Active | Amendment | |
| <input type="checkbox"/> | 05/17/2022 | PT-22-R-000 | Renewal Record | | | | Pending | | |