



Accela Citizen Access

Remove a Caregiver in  Accela

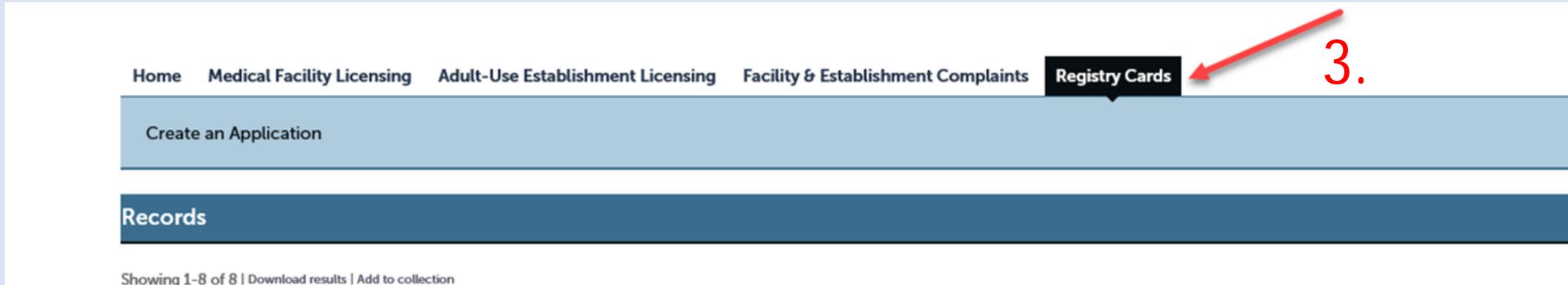
Remove Caregiver

Go to <https://Michigan.gov/MRAonline>. If you do not have an online account, you must Register for an Account and link.

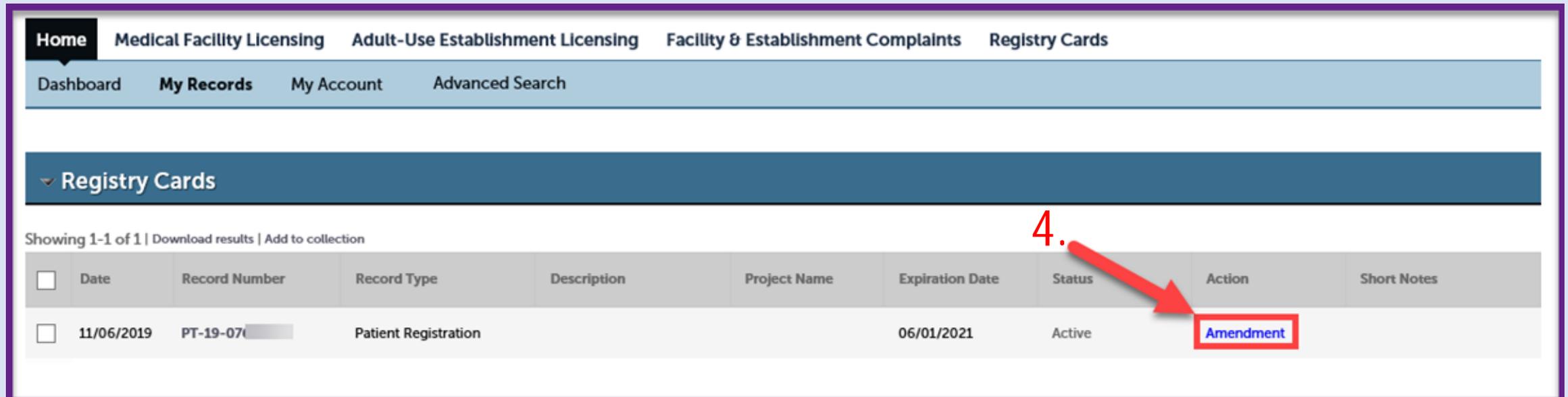
1. Enter your User Name **OR** E-mail associated with your account.
2. Enter your Password. Click **Login**.

The screenshot shows the LARA Department of Licensing and Regulatory Affairs website. The header includes the LARA logo and the text 'Department of Licensing and Regulatory Affairs'. Below the header is a navigation bar with links for Home, Dashboard, Search, New, and Help. On the right side of the navigation bar, there are links for Accessibility Support, Register for an Account, and Login. The 'Register for an Account' link is circled in red. Below the navigation bar is a main menu with links for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the main menu is an 'Advanced Search' section. Below the search section is a login form with two input fields: 'User Name or E-mail' and 'Password'. Both input fields are highlighted with red boxes, and red arrows labeled '1.' and '2.' point to them respectively. To the right of the input fields is a 'Login >' button. Below the login form are links for 'Remember me on this computer', 'I've forgotten my password', and 'New Users: Register for an Account'. Below the login form is a 'Welcome to the Citizen Portal' section with a message about online services and a link to 'What would you like to do today?'. Below the 'What would you like to do today?' section is a list of services.

3. Click on **Registry Cards**.



4. Find the active patient Registration record, click **Amendment**.



6. Select **Remove Caregiver**.
7. Click **Continue Application**.

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

Create an Application

Select an Amendment Type

Choose one of the following available amendment types. For assistance or to apply for an amendment type not listed below please contact us.

Search

Change Name or Address

Remove Caregiver

Request Replacement Card

Withdrawal

Continue Application >

8. Click **Continue Application** again.

Remove Caregiver

1 Cardholder Info 2 Address Change Info 3 Residency Info 4 Caregiver Being Removed 5 Supporting Documentation 6 7 8

Step 1: Cardholder Info > Cardholder * indicates a required field.

Contact List

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 1-2 of 2

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
George		Caregiver				Edit
John		Patient				Edit

[Save and resume later](#) **8.**  **Continue Application »**

9. Select **Yes** or **No** if you need to change your address. If you select **Yes**, skip to Step 9.b. on the next page.
10. If you selected **No**, click **Continue Application**.

Custom Fields

ADDRESS CHANGE

Patient Current Address:

• Patient Address Change:

Yes No

9.b. If you selected **Yes** for an address change, fill in the required fields (*) that appear.

10. Click **Continue Application**.

Custom Fields

ADDRESS CHANGE

Patient Current Address: 1 Main, Lansing, MI 48909

*Patient Address Change: Yes No

Patient New Address Line 1: * 1 Capitol St

Patient New City: * Lansing

Patient New State: * MI

Patient New Zip: * 48909

Patient New County: * Ingham

Save and resume later

10. **Continue Application »**

9.b. (pointing to Yes radio button)

9.b. (pointing to new address fields)

"MI" must be capitalized (pointing to MI state field)

10. Select which type of proof of residency you will be using from the drop-down menu.
- If you select **Michigan State Issued Driver's License Number or personal Identification**, continue to Step 10.a.
 - If you select, **I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate**, continue Step 10.b. or c.

Step 3: Residency Info > Residency * indicates a required field.

Custom Fields

RESIDENCY

* Patient Proof of Residency:

10. 

--Select--

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

Michigan State Issued Driver's License Number or Personal Identification

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

10.a. If you selected MI State Driver's License or Personal Identification, Fill in the Required Fields (*). For the Driver's License/PID number, you must use the letter and no spaces or dashes.

11. Click **Continue Application**.

Custom Fields

RESIDENCY

* Patient Proof of Residency:

Michigan State Issued Driver's License Number or I

Patient First Name: * John

Patient Last Name: *

Patient Date of Birth: * [Calendar icon]

Patient Driver's License/PID: * A100100100100

10.a.

Include the letter. No spaces or dashes.

11. →

Save and resume later

Continue Application »

10.b. If you selected Voter ID and do not need a name change, select **No**.

11. Click **Continue Application**.

The screenshot shows a web form titled "Custom Fields" with a sub-section "RESIDENCY". Under "RESIDENCY", there is a field for "Patient Proof of Residency" with a dropdown menu set to "I'll upload my MI Voter Reg and a valid Government ID". Below this is a "Patient Name Change" section with two radio buttons: "Yes" and "No". The "No" radio button is selected and circled in red, with a red arrow pointing to it from the text "10.b.". At the bottom left is a yellow button labeled "Save and resume later". At the bottom right is a dark blue button labeled "Continue Application »" which is also circled in red, with a red arrow pointing to it from the text "11.".

10.c. If you selected Voter ID and you are changing your name, select **Yes**. Fill in the required fields (*), enter your **NEW** name in the respective field(s).

11. Click **Continue Application**.

The screenshot shows the same "Custom Fields" form as above, but with the "Patient Name Change" radio buttons set to "Yes" (circled in red). Below the radio buttons, a red box highlights three input fields: "Patient First Name" (containing "John"), "Patient Last Name" (containing "New Last Name"), and "Patient Date of Birth" (containing "01/01/1900" and a calendar icon). Red arrows point from the text "10.c." to the "Yes" radio button and the "New Last Name" field. At the bottom right, the "Continue Application »" button is circled in red, with a red arrow pointing to it from the text "11.".

12. Confirm the name of the Caregiver you would like to remove and click **Continue Application**.

Step 4: Caregiver Being Removed > Current Caregiver * indicates a required field.

Custom Fields

CURRENT CAREGIVER

Name of Caregiver being Removed:

[Save and resume later](#) 12.  [Continue Application »](#)

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

An error has occurred.
The following documents are required based on the information you have provided:

1. Michigan Voter Registration & Additional Proof of Valid Gov't ID: Gov't ID must include Date of Birth

Remove Caregiver

1 2 3 Residency Info 4 Caregiver Being Removed 5 Supporting Documentation 6 Review 7 Pay Fees

Step 5: 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
No records found.				

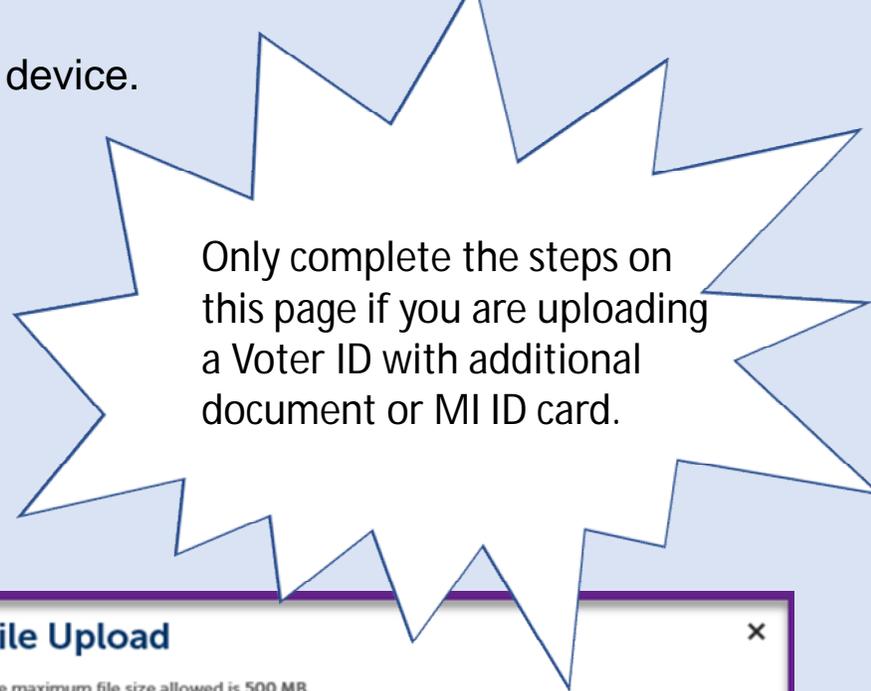
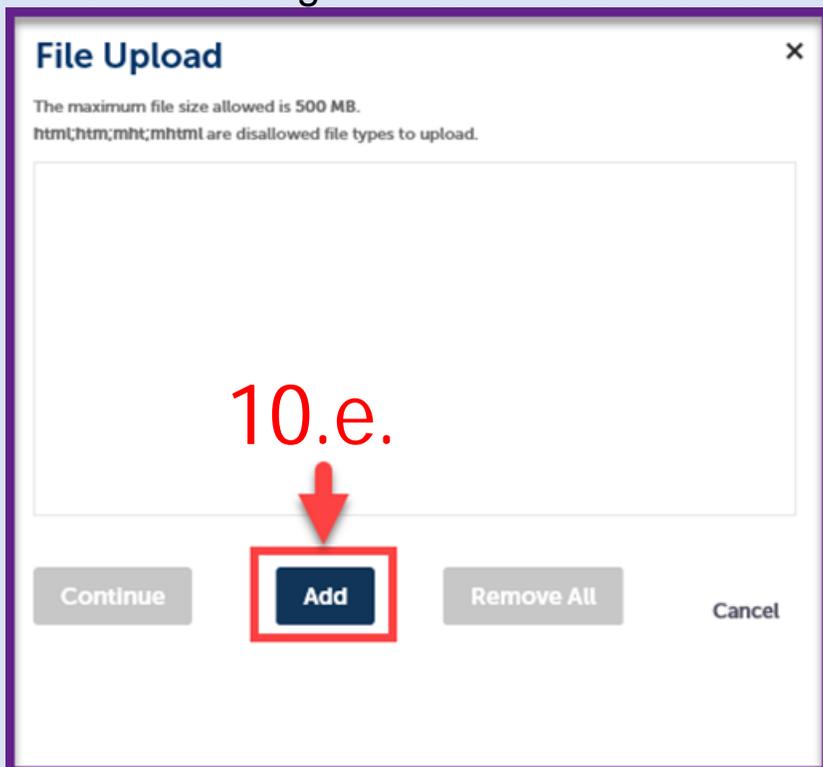
Add

10.d.

Save and resume later **Continue Application »**

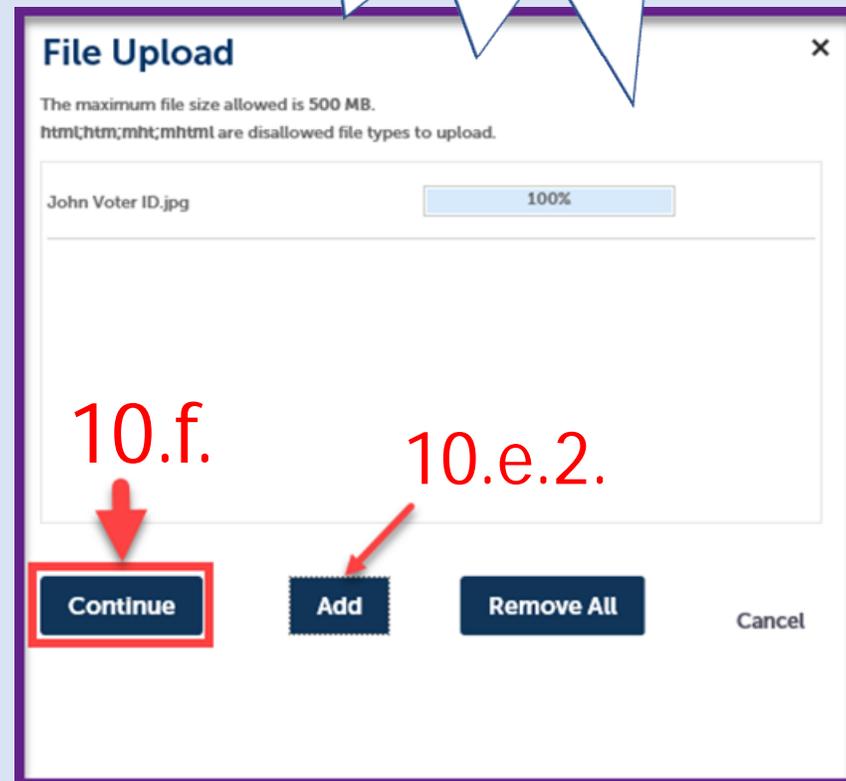
Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card.

10.e. Click **Add** again. You will then select the documents saved on your device.



10.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.

10.f. Once all documents are uploaded, click **Continue**.



10.g. Click **Save**.

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

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
No records found.				

*Type: Michigan Voter Registration & Additi Remove

File:
John Voter ID.jpg
100%

Save **Add** **Remove All**

Save and resume later **Continue Application »**

10.g.

Once you have saved, you will get a confirmation when the documents are successfully uploaded.

10.h. Click **Continue Application**.

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

Create an Application

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

Remove Caregiver

1 2 3 Residency Info 4 Caregiver Being Removed 5 Supporting Documentation 6 Review 7 Pay Fees 8

Step 5: Supporting Documentation > Documentation * indicates a required field.

Attachment

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

Name	Type	Size	Latest Update	Action
John Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/09/2019	Actions ▾

Add

Save and resume later **10.h.** **Continue Application »**

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

13. Review the amendment, you may edit each section with an **Edit** button if necessary. Print a copy for your records, then check the **Attestation Box**.

14. Click **Continue Application**.

The screenshot shows a web application interface with several sections:

- Record Type**: A dark blue header bar.
- Contact List**: A section with an **Edit** button. It displays a table with 2 rows and 7 columns: Full Name, Business Name, Contact Type, Work Phone, Fax, E-mail, and Action. The first row shows a redacted name, "Caregiver", and an "Edit" button. The second row shows "John", "Patient", and an "Edit" button.
- Custom Fields**: A dark blue header bar.
- ADDRESS CHANGE**: A section with an **Edit** button. It contains two rows: "Patient Current Address: 1 Main, Lansing, MI 48909" and "Patient Address Change: No".
- Custom Fields**: A dark blue header bar.
- RESIDENCY**: A section with an **Edit** button. It contains two rows: "Patient Proof of Residency: I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate" and "Patient Name Change: No".
- Custom Fields**: A dark blue header bar.
- CURRENT CAREGIVER**: A section with an **Edit** button. It contains a row: "Name of Caregiver being Removed: [redacted]".
- Attestation Box**: A large text area containing two paragraphs of certification text. A red arrow labeled "13." points to the bottom-left corner of this box.
- Agreement**: A checkbox with the text "By checking this box, I agree to the above certification." A red arrow labeled "14." points to the "Continue Application >" button.
- Buttons**: A yellow "Save and resume later" button and a dark blue "Continue Application >" button.

You will receive confirmation that your Amendment was successfully submitted. The State will review the Amendment that you have submitted, and you will receive notification once it has been processed. Write down the Amendment record number (circled below) for your records.

- Once your amendment has been processed, you will receive an e-mail from **noreply@accela.com**. This email may go to your Spam or Junk folder.

To check the status of your Amendment while pending, click **Home**.

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

Create an Application

Change Name or Address

1 2 3 4 5 Review 6 Record Issuance

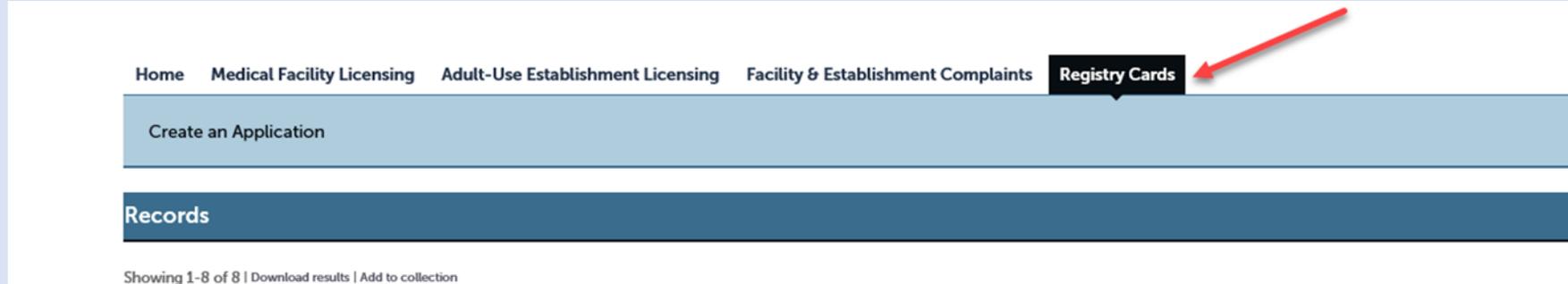
You have successfully submitted your record. Please visit our website www.michigan.gov/mmp for further instructions. Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is **AMEND-20-0000**.

You have successfully submitted your record for review.

[View Record Details »](#)

Click on **Registry Cards**.



Seeing all your records, you can review the status of your Amendment while pending.

The screenshot shows the 'Registry Cards' page. The navigation bar includes Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the navigation bar is a light blue bar with the text 'Dashboard', 'My Records', 'My Account', and 'Advanced Search'. Below that is a dark blue bar with the text 'Registry Cards'. Below the dark blue bar is a light blue bar with the text 'Showing 1-2 of 2 | Download results | Add to collection'. Below the light blue bar is a table with the following columns: Date, Record Number, Record Type, Description, Project Name, Expiration Date, Status, and Action. The table contains two rows of data. The second row has a 'Pending' status, which is circled in red.

<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action
<input type="checkbox"/>	12/05/2019	AMEND-19-	Remove Caregiver				Pending	
<input type="checkbox"/>	11/06/2019	PT-19-	Patient Registration			03/20/2020	Active	Amendment