




# Accela Citizen Access

Remove a Caregiver in  Accela

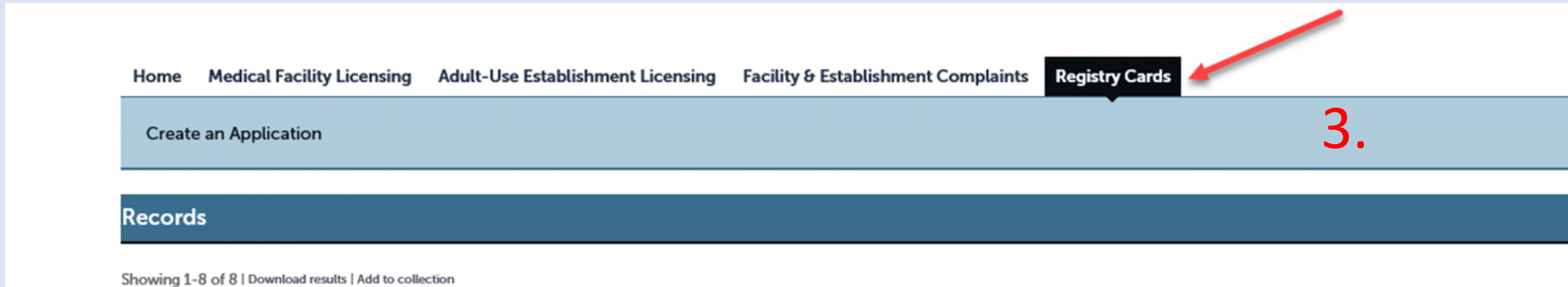
# Remove Caregiver

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

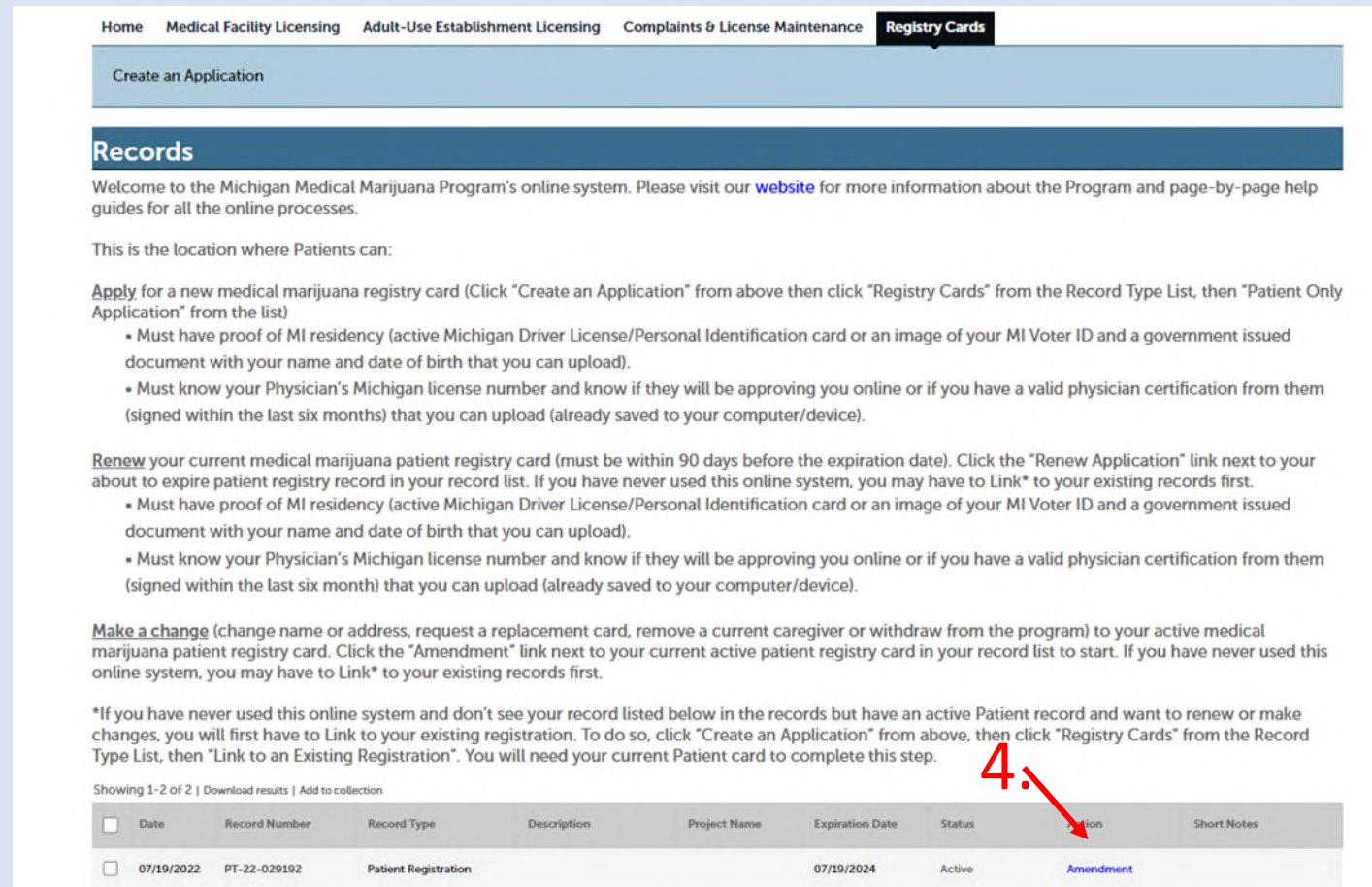
1. Enter your User Name **OR** E-mail associated with your account.
2. Enter your Password. Click **Login**.

The screenshot shows the LARA website interface. At the top, the LARA logo and 'Department of Licensing and Regulatory Affairs' are displayed. Below the navigation bar, there are links for 'Home', 'Dashboard', 'Search', '+ New', and 'Help'. On the right side, 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, there are tabs for 'Home', 'Medical Facility Licensing', 'Adult-Use Establishment Licensing', 'Facility & Establishment Complaints', and 'Registry Cards'. An 'Advanced Search' bar is present. The login section features two input fields: 'User Name or E-mail' and 'Password', both highlighted with red boxes. Red arrows labeled '1.' and '2.' point to these fields respectively. A 'Login »' button is located to the right of the password field. Below the login fields, there are links for 'Remember me on this computer', 'I've forgotten my password', and 'New Users: Register for an Account'. At the bottom, there is a 'Welcome to the Citizen Portal' section with a brief message and a 'What would you like to do today?' section with a list of services.

### 3. Click on Registry Cards.



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**.

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

Create an Application

Remove Caregiver

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

Step 2: Address Change Info > Address Change

\* indicates a required field.

### Address Info

ADDRESS CHANGE

Patient Current Address: 888 Eight St, Test, MI 48888

\* Will you be making an Address Change at this time?:  
 Yes  No

Save and resume later

Continue Application »

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

10. Click **Continue Application**.

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

Create an Application

Remove Caregiver

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

Step 2: Address Change Info > Address Change

\* indicates a required field.

**Address Info**

ADDRESS CHANGE

Patient Current Address: 888 Eight St, Test, MI 48888

\* Will you be making an Address Change at this time?:  Yes  No

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

Patient New City: \*

Patient New State: \* MI

Patient New Zip: \*

Patient New County: \* --Select--

Save and resume later

10. Continue Application >



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. You will be asked to upload copies of those documents later in this process. Make sure those documents are downloaded to your computer or device.

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

Create an Application

Remove Caregiver

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

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

### Residency Info

**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. These documents must already be saved to your computer.

\* Patient Proof of Residency: **10.**

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



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**.

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

Create an Application

Remove Caregiver

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

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

### Residency Info

**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. These documents must already be saved to your computer.

\* Patient Proof of Residency: Michigan State Issued Driver's License Number or Personal Identification

Patient First Name: \* Brad

Patient Last Name: \* Smith

Patient Date of Birth: \* 01/01/2000

Patient Driver's License/PID: \* A123123123123

10.a. Include the letter. No spaces or dashes.

11. Continue Application »

Save and resume later

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

11. Click **Continue Application**.

The screenshot shows the 'Registry Cards' section of a web application. At the top, there is a navigation bar with links for 'Home', 'Medical Facility Licensing', 'Adult-Use Establishment Licensing', 'Complaints & License Maintenance', and 'Registry Cards'. Below this is a blue bar with the text 'Create an Application'. A progress bar below that shows eight steps: 1 Cardholder Info, 2 Address Change Info, 3 Residency Info (highlighted in yellow), 4 Caregiver Being Removed, 5 Supporting Documentation, 6, 7, and 8. The main content area is titled 'Step 3: Residency Info > Residency'. It includes a sub-header 'Residency Info' and a section 'RESIDENCY' with instructions on how to select a type of Proof of Michigan Residency. A dropdown menu is set to 'I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate'. Below this, there is a 'Patient Name Change: \*' section with radio buttons for 'Yes' and 'No'. The 'No' option is selected and highlighted with a red box and an arrow labeled '10.b.'. At the bottom left is a yellow button 'Save and resume later', and at the bottom right is a dark blue button 'Continue Application >' with a red arrow labeled '11.' pointing to it. A legend indicates that an asterisk (\*) denotes a required field.

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

Create an Application

Remove Caregiver

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

Step 3: Residency Info > Residency

\* indicates a required field.

### Residency Info

**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. These documents must already be saved to your computer.

\* 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

11. Continue Application >

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 'Registry Cards' section of a web application. At the top, there are navigation links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Complaints & License Maintenance, and Registry Cards. Below this is a 'Create an Application' button. A progress bar shows eight steps: 1 Cardholder Info, 2 Address Change Info, 3 Residency Info (highlighted in yellow), 4 Caregiver Being Removed, 5 Supporting Documentation, 6, 7, and 8. Below the progress bar, the current step is 'Step 3: Residency Info > Residency'. A note indicates that an asterisk (\*) denotes a required field.

The 'Residency Info' section is titled 'RESIDENCY' and instructs the user to select a type of Proof of Michigan Residency from a drop-down menu. Two options are listed:

- 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. These documents must already be saved to your computer.

The user has selected option 'b'. The form fields are as follows:

- \* Patient Proof of Residency: I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate (selected)
- Patient Name Change: \* **10.c.**  Yes  No (The 'Yes' radio button is circled in red, and the text '10.c.' has two red arrows pointing to it.)
- Patient First Name: \* Brad
- Patient Last Name: \* Smith
- Patient Date of Birth: \* 01/01/2000

At the bottom of the form, there is a 'Save and resume later' button on the left and a 'Continue Application >' button on the right. A red arrow points from the text '11.' to the 'Continue Application >' button.

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

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

Create an Application

Remove Caregiver

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


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

**Caregiver Info**

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**.

Home Medical Facility Licensing Adult-Use Establishment Licensing Complaints & License Maintenance **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

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.  
ade;adp;bat;chm;cmd;com;cpl;exe;heic;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mss;msp;mst;pages;php;pif;scr;scrt;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

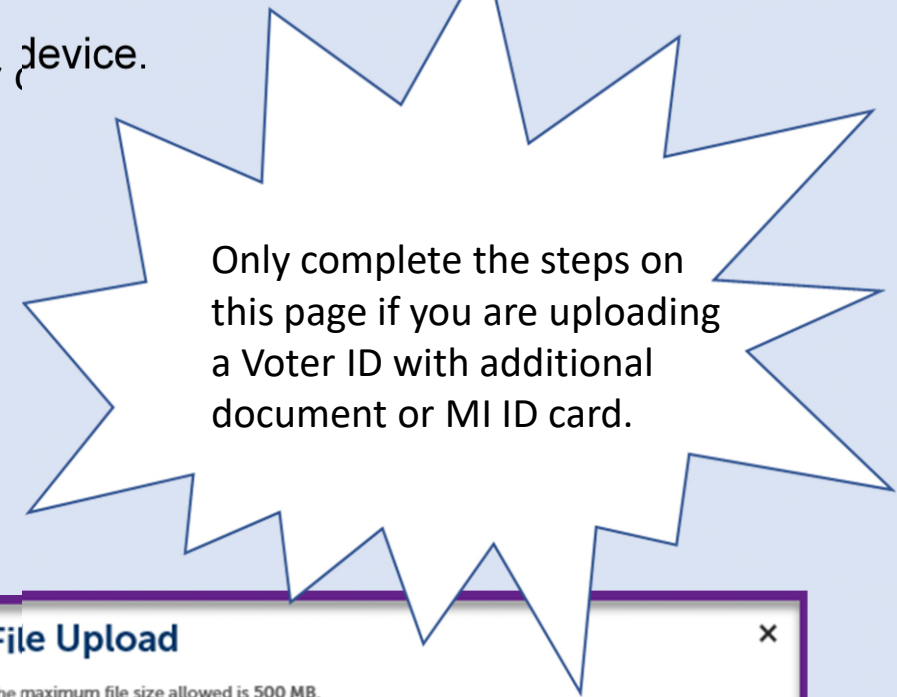
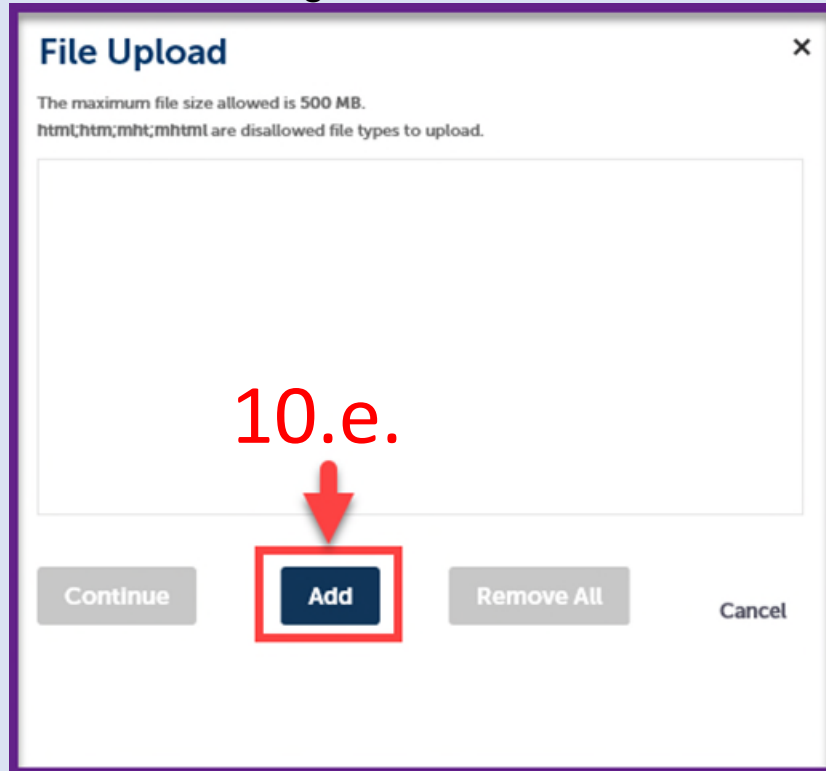
**Add**

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.

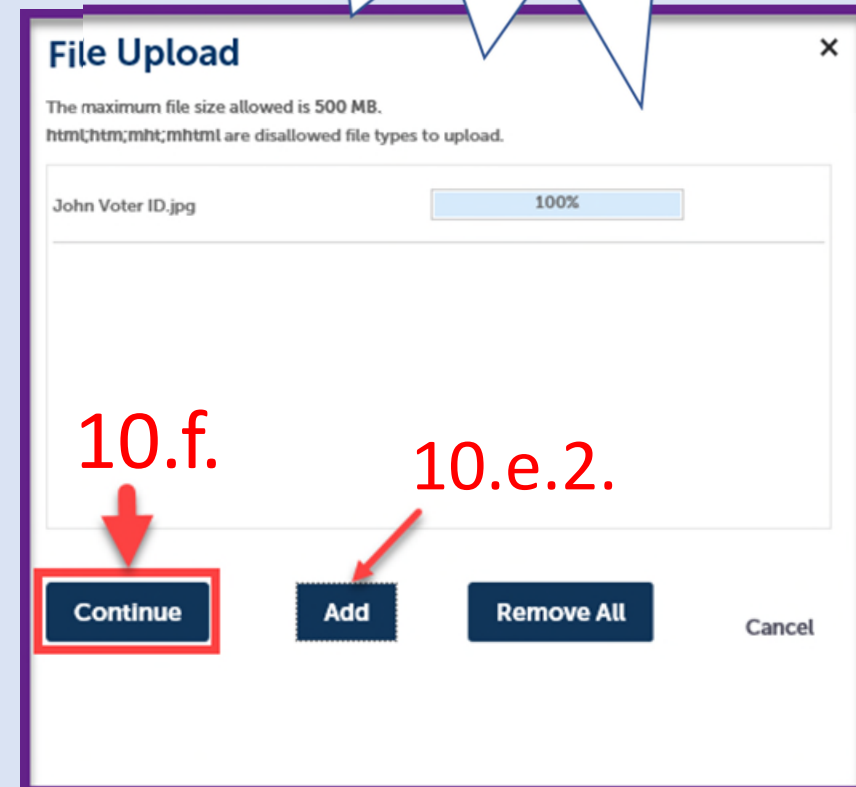
← 10.d.

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**.

**Residency Info** Edit

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: Yes

Patient First Name: Brad

Patient Last Name: Smith

Patient Date of Birth: 01/01/2000

**Caregiver Info** Edit

CURRENT CAREGIVER

Name of Caregiver being Removed: Fel [redacted]

**Attachment** Edit

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

Name	Type	Size	Latest Update	Action
[redacted]	Michigan Voter Registration & Additional Proof of Valid Gov't ID	254.60 KB	07/19/2022	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

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

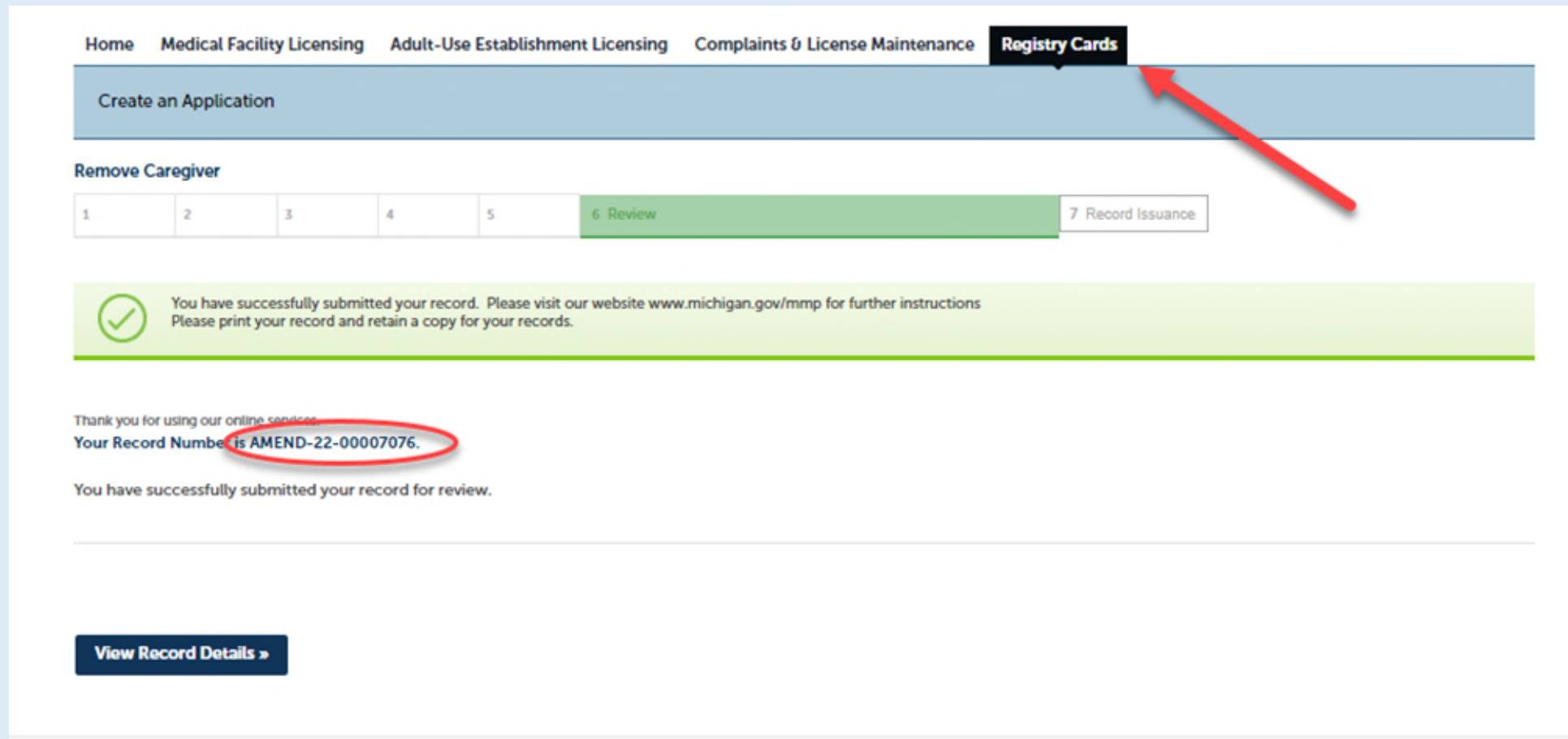
Date: \_\_\_\_\_

Save and resume later **13.** **14.** Continue Application >

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.

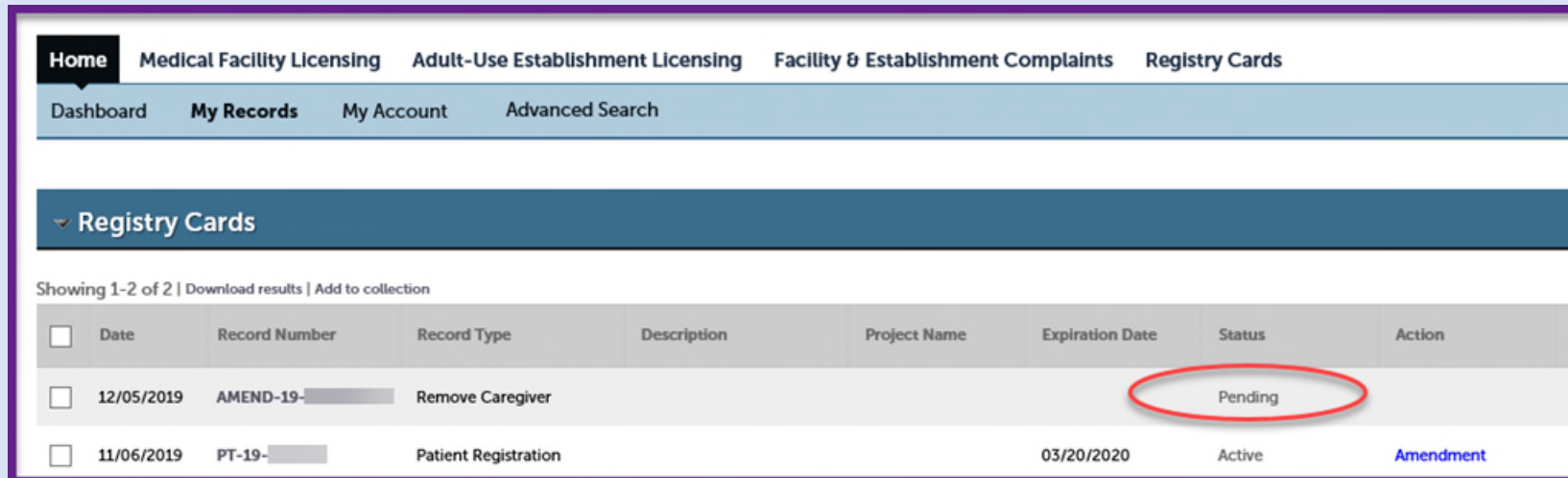
- Once your amendment has been processed, you will receive an e-mail from **noreply@accela.com**. This email may go to your Spam or Junk folder.

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



The screenshot shows the Michigan Medical Marijuana Program (MMP) website interface. At the top, there is a navigation menu with the following items: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Complaints & License Maintenance, and **Registry Cards**. A red arrow points to the 'Registry Cards' menu item. Below the navigation menu is a blue bar with the text 'Create an Application'. Underneath that is a section titled 'Remove Caregiver' with a progress bar showing steps 1 through 7. Step 6, 'Review', is highlighted in green, and step 7, 'Record Issuance', is in a white box. Below the progress bar is a green confirmation message with a checkmark icon: 'You have successfully submitted your record. Please visit our website [www.michigan.gov/mmp](http://www.michigan.gov/mmp) for further instructions. Please print your record and retain a copy for your records.' Below this message, it says 'Thank you for using our online services.' and 'Your Record Number is **AMEND-22-00007076**.' The record number is circled in red. Below that, it says 'You have successfully submitted your record for review.' At the bottom left, there is a dark blue button with the text 'View Record Details »'.

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



The screenshot shows a web application interface with a navigation menu at the top. The main content area is titled "Registry Cards" and displays a table of records. The table has columns for Date, Record Number, Record Type, Description, Project Name, Expiration Date, Status, and Action. The first row shows a record dated 12/05/2019 with the status "Pending", which is circled in red. The second row shows a record dated 11/06/2019 with the status "Active" and an "Amendment" link.

<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	<a href="#">Amendment</a>