



# Accela Citizen Access

Withdraw from the Michigan Medical Marijuana Program in



# Withdraw from MMMP

Go to [www.Michigan.gov/CRAonline](http://www.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 address associated with your account.
2. Enter your Password. Click **Login**.

The screenshot displays the LARA website's login interface. At the top, the LARA logo and department name are visible. A navigation bar includes links for Home, Dashboard, Search, New, and Help. On the right, there are links for Accessibility Support, Register for an Account, and Login. The main content area features a navigation menu with Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below this is an Advanced Search bar. The login section contains two input fields: 'User Name or E-mail:' and 'Password:'. Red arrows labeled '1.' and '2.' point to these fields respectively. A 'Login »' button is positioned 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, a 'Welcome to the Citizen Portal' message is displayed, followed by a 'What would you like to do today?' section with a list of services.

**LARA**  
Department of Licensing and Regulatory Affairs

Home Dashboard Search New Help

Accessibility Support Register for an Account Login

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

Advanced Search

User Name or E-mail: Password: Login »

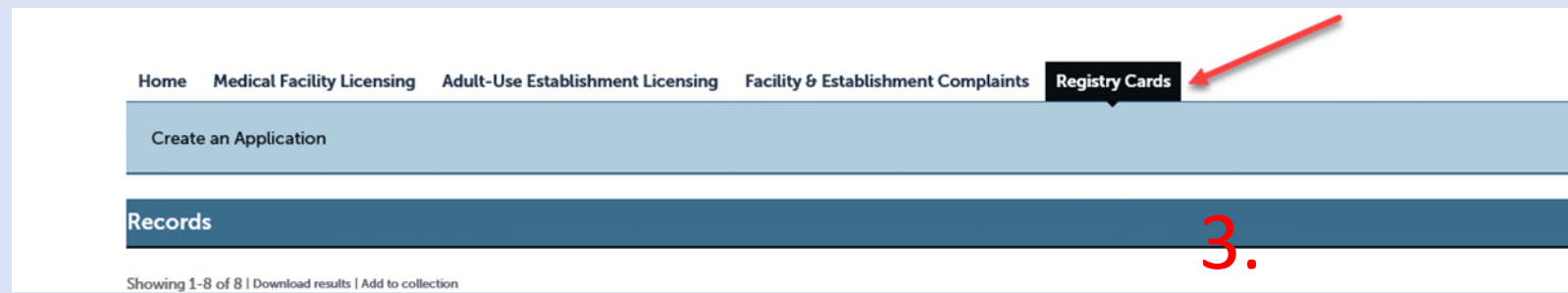
☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

**Welcome to the Citizen Portal**  
We are pleased to offer our citizens, businesses, and visitors access to government services online, 24 hours a day, 7 days a week.

In partnership with Accela, Inc., we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create a user account. You can view information, get questions answered and have limited services as an anonymous user. We trust this will provide you with a new, higher level of service that makes living and working in our community a more enjoyable experience.

**What would you like to do today?**  
To get started, select one of the services listed below:

### 3. Click on **Registry Cards**.



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

Home Medical Facility Licensing Adult-Use Establishment Licensing Complaints & License Maintenance **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"/>	07/19/2022	PT-22-029192	Patient Registration			07/19/2024	Active	<a href="#">Amendment</a>	

6. Select **Withdrawal** as the Amendment Type.

7. Click **Continue Application**.

The screenshot shows a web application interface for creating an application. At the top is a navigation bar with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the navigation bar is a header section titled 'Create an Application'. The main content area is titled 'Select an Amendment Type' and includes a sub-instruction: 'Choose one of the following available amendment types. For assistance or to apply for an amendment type not listed below please contact us.' There is a search bar with a 'Search' button. Below the search bar are four radio button options: 'Change Name or Address', 'Remove Caregiver', 'Request Replacement Card', and 'Withdrawal'. The 'Withdrawal' option is selected, indicated by a red square around the radio button and a red arrow pointing to it with the number '6.'. At the bottom of the form is a 'Continue Application »' button, which is highlighted with a red rectangle and a red arrow pointing to it with the number '7.'.

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**.

**Withdrawal**

1 Applicant Info

2 Address Change Request

3 Residency Info

4 Withdrawal Information

5 Supporting Documentation

6

7

**Step 1: Applicant Info > Applicant**

\* 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** for an address change. If you select **Yes**, skip to Step 9.b. on the next page, other wise select **No**.
10. Click **Continue Application**.

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

Create an Application

Withdrawal

1 Applicant Info

2 Address Change Request

3 Residency Info

4 Withdrawal Information

5 Supporting Documentation

6

7

Step 2: Address Change Request > Address Change

\* Indicates a required field.

Address Info

ADDRESS CHANGE

Current Address:

888 Eight St, Test, MI 48888

\* Will you be changing your address at this time?:

☐ Yes

☒ No

Save and resume later

10. 

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

Withdrawal

1 Applicant Info

2 Address Change Request

3 Residency Info

4 Withdrawal Information

5 Supporting Documentation

6

7

Step 2: Address Change Request > Address Change

\* Indicates a required field.

Address Info

ADDRESS CHANGE

Current Address: 888 Eight St, Test, MI 48888

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

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

New City: \*

New State: \*

New Zip: \*

New County: \*

--Select--

Save and resume later

10. [Continue Application >](#)



11. 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 11.a.
- 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 c. You will then complete steps 11.d-11.i. later in the withdrawal. Make sure those documents are downloaded to your computer or device.

The screenshot shows the 'Registry Cards' section of a web application. A navigation bar at the top includes links for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Complaints & License Maintenance, and Registry Cards. Below this is a 'Create an Application' button. A 'Withdrawal' progress bar shows seven steps: 1. Applicant Info, 2. Address Change Request, 3. Residency Info (highlighted in yellow), 4. Withdrawal Information, 5. Supporting Documentation, 6, and 7. The main heading is 'Step 3: Residency Info > Residency'. A note states '\* Indicates a required field.' The 'Residency Info' section contains instructions for selecting a proof of residency. A red '11.' with an arrow points to the 'Patient Proof of Residency' dropdown menu, which currently shows '--Select--'. At the bottom are two buttons: 'Save and resume later' and 'Continue Application »'.

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

Create an Application

Withdrawal

1 Applicant Info 2 Address Change Request 3 Residency Info 4 Withdrawal Information 5 Supporting Documentation 6 7

**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: \* **11.** --Select--

Save and resume later Continue Application »



11.a. If you selected MI 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.

12. Click **Continue Application**.

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

Create an Application

Withdrawal

1 Applicant Info 2 Address Change Request 3 Residency Info 4 Withdrawal Information 5 Supporting Documentation 6 7

**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

11.a.

Include the letter. No spaces or dashes

12. Continue Application »

Save and resume later

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

12. Click **Continue Application**.

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 ← 11.b.

Save and resume later 12. → Continue Application »

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

12. Click **Continue Application**.

### 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 11.c.

Patient First Name: \* Brad

Patient Last Name: \* Smith

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

Save and resume later 12. → Continue Application »

13. Select **one** Withdrawal option.

-If you wish to withdrawal **only** your Patient Registration, select **Withdraw Patient Registration**.

-If you wish to withdrawal your patient **and** your caregiver registrations, select **Withdrawal All Patient and Caregiver Registrations**.

14. Click **Continue Application**.

The screenshot shows a multi-step process for withdrawing a license. At the top, a progress bar indicates seven steps: 1 (selected), 2 Address Change Request, 3 Residency Info, 4 Withdrawal Information (current step), 5 Supporting Documentation, 6 Review, and 7. Below the progress bar, the title 'Step 4: Withdrawal Information > Withdrawal Information' is displayed. A note states '\* indicates a required field.' The main section is titled 'Withdrawal Info' and contains the heading 'WITHDRAW LICENSE'. Under this heading, there are two options, each with a checkbox: 'Withdraw Patient Registration:' and 'Withdraw All Patient and Caregiver Registrations:'. A red box highlights these two checkboxes, with a red arrow pointing to them from the number '13.' and the text 'Pick one box'. 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 >', with a red arrow pointing to it from the number '14.'

Withdrawal

1 2 Address Change Request 3 Residency Info 4 Withdrawal Information 5 Supporting Documentation 6 Review 7

Step 4: Withdrawal Information > Withdrawal Information

\* indicates a required field.

Withdrawal Info

WITHDRAW LICENSE

Withdraw Patient Registration: ☐

Withdraw All Patient and Caregiver Registrations: ☐

13. Pick one box


14. Continue Application >

Save and resume later

11.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 on 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

Attachment

The maximum file size allowed is 500 MB.  
ade;adp;bat;chm;cmd;com;cp;exe;hlc;hta;htm;html;ins;isp;jar;js;se;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;pic;scr;sct;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

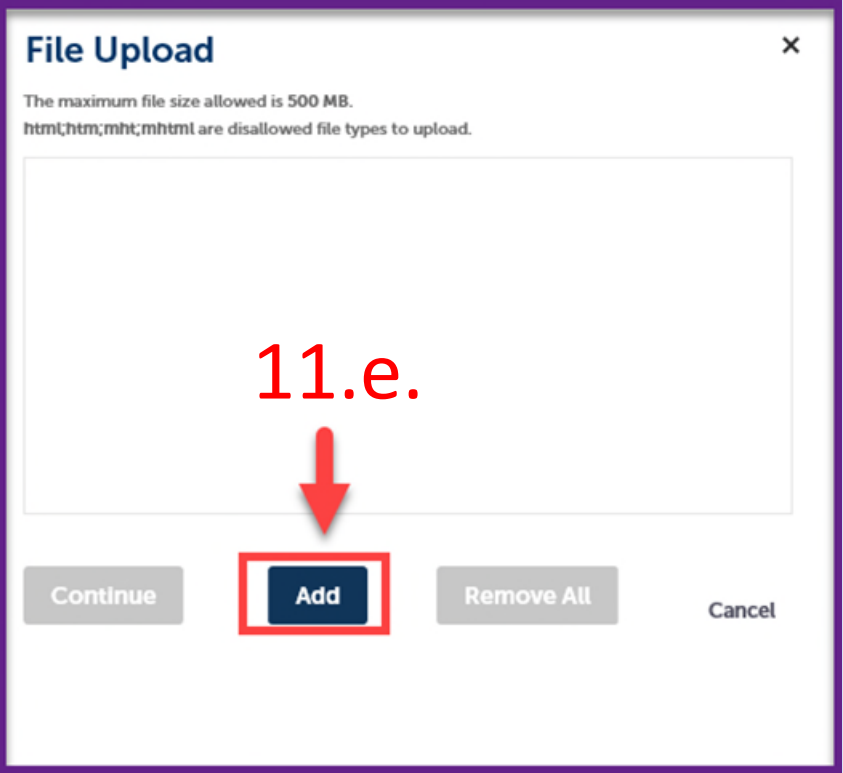
Save and resume later

Continue Application >

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

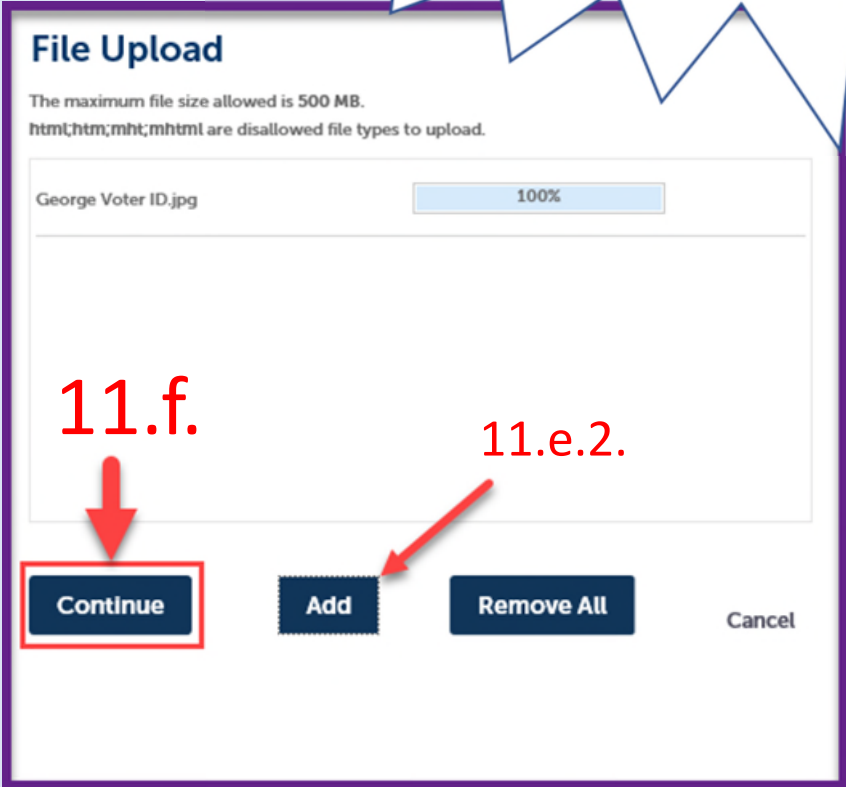
11.d.

11.e. Click **Add** again. You will then select the documents 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.

- 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**.



11.g. From the drop-down, select the **Type** of document you are uploading.  
11.h. 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

File:

George Voter ID.jpg

100%

Save

Add

Remove All

Remove

Save and resume later

Continue Application »

11.g.


11.h.

14



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

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



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

**Withdrawal**

1

2

3 Residency Info

4 Withdrawal Information

5 Supporting Documentation

6 Review

*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
George Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	01/06/2020	Actions ▼

Add

Save and resume later

11.i. → **Continue Application »**

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



Review the Amendment, you may edit each section with an Edit button if necessary. Print a copy for your records.

15. Read the Attestation, then check the **Attestation Box**.

16. Click **Continue Application**.

### Residency Info

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

Edit

### Withdrawal Info

WITHDRAW LICENSE

Withdraw Patient Registration:

Yes

Withdraw All Patient and Caregiver Registrations:

No

Edit

### Attachment

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;mst;pages;php;plf;scr;scx;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
	Michigan Voter Registration & Additional Proof of Valid Gov't ID	234.60 KB	07/19/2022	Actions ▼

I attest the information provided is true and accurate and the 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 release of my protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marihuana Program.

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

Date: 07/19/2022

Save and resume later

15.

16.

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 the **Registry Card** tab.

The screenshot shows the Accela online services portal. At the top, there is a navigation bar with the following tabs: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Complaints & License Maintenance, and **Registry Cards**. Below the navigation bar, there is a blue button labeled "Create an Application". A red arrow points from the "Registry Cards" tab to the "Create an Application" button.

Below the button, there is a section titled "Withdrawal" with a progress bar. The progress bar has seven steps: 1, 2, 3 Residency Info, 4 Withdrawal Information, 5 Supporting Documentation, 6 Review, and 7 Record Issuance. Step 7 is highlighted in blue.

Below the progress bar, there is a section titled "Step 7: Record Issuance". It contains a green checkmark icon and the text: "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."

At the bottom, there is a message: "Thank you for using our online services. Your Record Number is **AMEND-22-00007080**." The record number is circled in red.

Below the message, there is a line of text: "You have successfully submitted your record for review."

You can then see the status of your Amendment while pending.

Registry Cards

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
<input type="checkbox"/>	01/06/2020	AMEND-20-	Withdrawal				Pending	
<input type="checkbox"/>	11/06/2019	PT-19-07	Patient Registration			06/01/2021	Active	<a href="#">Amendment</a>