

State of Michigan
 Department of Licensing and Regulatory Affairs
 Bureau of Professional Licensing
Michigan Automated Prescription System (MAPS)
 P.O. Box 30670, Lansing, Michigan 48909
 Telephone: (517) 373-1737 Fax: (517) 241-5072 E-Mail: BPL-MAPS@michigan.gov
 Website: www.michigan.gov/mimapsinfo

REQUEST FOR ACCESS TO MAPS ON-LINE – Pharmacy Benefit Manager

Authority: P.A. 44 of 2012
 Completion: Voluntary

Agency Name		
Name	Title	
Street Address		
City	State	Zip Code
Telephone Number with Area Code	Fax Number with Area Code	
Secure Email Address		
Supervisor's Name	Supervisor's Title	
Supervisor's Telephone Number with Area Code	Supervisor's Secure Email Address	

CERTIFICATION

I certify that the information obtained from the Michigan Automated Prescription System shall be used only for bona fide controlled substance-related criminal investigatory or evidentiary purposes; for the purpose of ensuring patient safety and investigating fraud and abuse; or for the investigatory or evidentiary purposes in connection with the functions of a disciplinary subcommittee of one or more of the licensing or registration boards created under Article 15. I shall not provide this information to any other person or entity except by order of a court of competent jurisdiction.

I acknowledge and understand my assigned User ID and Password are confidential and shall not be provided to any other person. I understand that failure to keep this information secure will result in revocation of my access to MAPS Online and possible legal action. **I agree to complete and submit an updated application on January 1st of each year to provide current employment information. I understand failure to submit an updated application may result in account deactivation.**

Signature of User	Date
Signature of Supervisor	Date

Upon approval of this request, online registration instructions will be emailed to the applicant. Please note that online registration is required to be completed by the applicant within **30 days of approval**. A new form will be required for online registration access past 30 days.

For Department of Licensing and Regulatory Affairs use only: Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAPS Authorized Signature: _____	Date: _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.