



Accela Citizen Access

Remove a Caregiver in 

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 department name. Below the header is a navigation bar with links: Home, Dashboard, Search, + New, and Help. On the right side of the navigation bar, there are links for Accessibility Support, Register for an Account (circled in red), and Login. Below the navigation bar is a section for Advanced Search. Underneath the search bar, there are two input fields: 'User Name or E-mail:' and 'Password:'. Red arrows labeled '1.' and '2.' point to these fields respectively. To the right of the password field is a 'Login »' button. Below the input 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 of the page, 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.

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 »

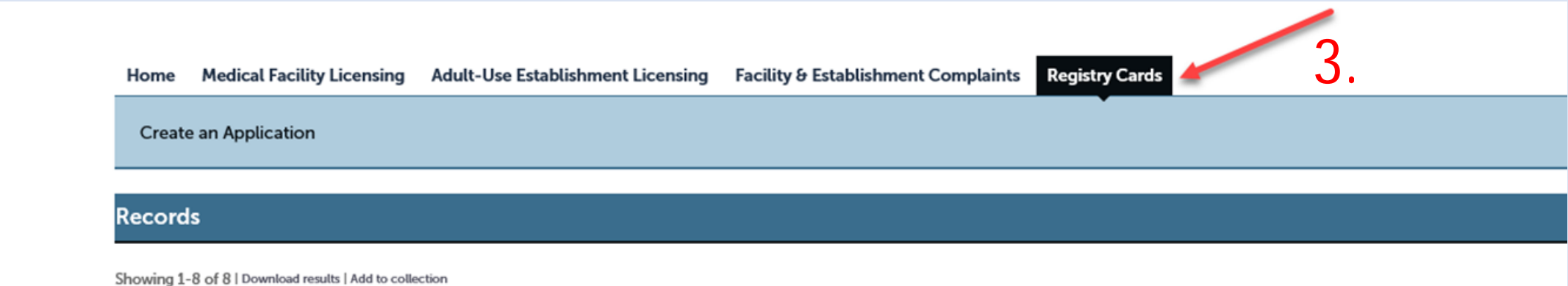
☐ Remember me on this computer I've forgotten my password New Users: Register for an Account

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.

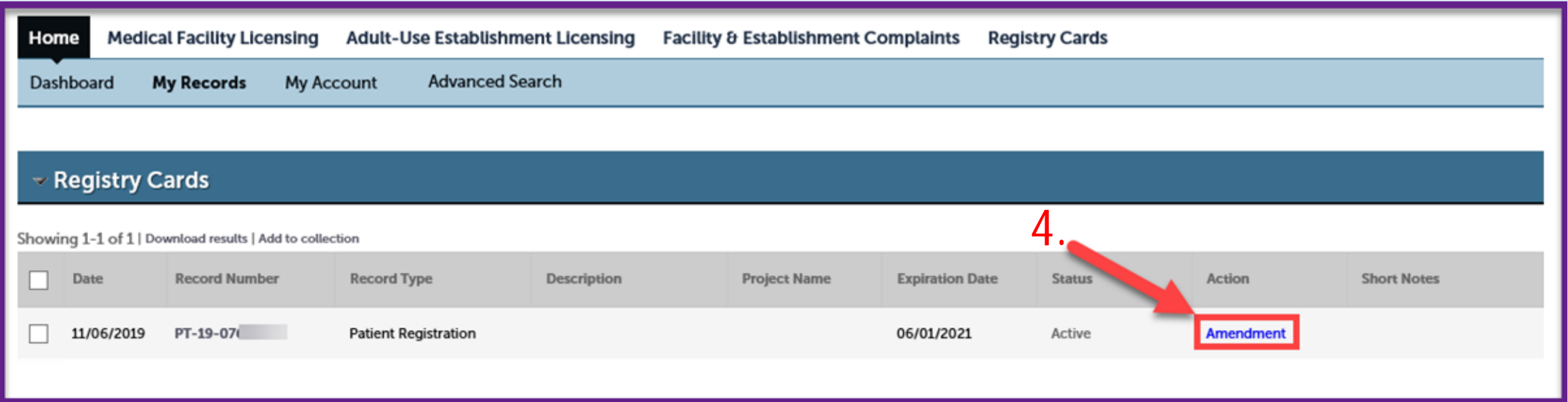
In partnership with Accela, Inc., we are fulfilling our promise to deliver powerful e-government services and provide valuable information about the community while making your interactions with us more efficient, convenient, and interactive. To use ALL the services we provide you must register and create 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**.



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: 1 Main, Lansing, MI 48909

• Patient Address Change:

☐ 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**.

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

9.b. →

9.b.

“MI” must be capitalized

10. → **Continue Application »**

Save and resume later


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: *

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 the 'Custom Fields' section of a web form. Under the 'RESIDENCY' heading, there is a section 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, the 'Patient Name Change' section has two radio buttons: 'Yes' and 'No'. The 'No' button is selected and highlighted with a red box. A red arrow points from the text '10.b.' to this box. At the bottom left is a yellow 'Save and resume later' button. At the bottom right is a blue 'Continue Application »' button, which is also highlighted with a red box. A red arrow points from the text '11.' to this button.

- 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 'Custom Fields' section of a web form. Under the 'RESIDENCY' heading, there is a section 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, the 'Patient Name Change' section has two radio buttons: 'Yes' and 'No'. The 'Yes' button is selected and highlighted with a red box. A red arrow points from the text '10.c.' to this box. Below the radio buttons, there is a red-bordered box containing three input fields: 'Patient First Name' (with 'John' entered), 'Patient Last Name' (with 'New Last Name' entered), and 'Patient Date of Birth' (with '01/01/1900' entered and a calendar icon). A red arrow points from the text '10.c.' to this box. At the bottom left is a yellow 'Save and resume later' button. At the bottom right is a blue 'Continue Application »' button, which is also highlighted with a red box. A red arrow points from the text '11.' to this button.

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

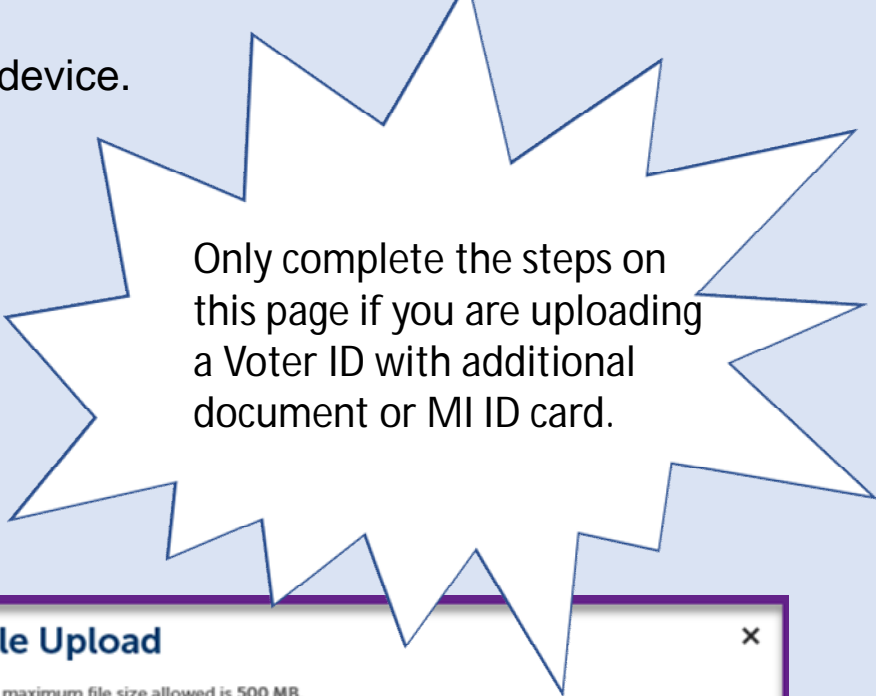
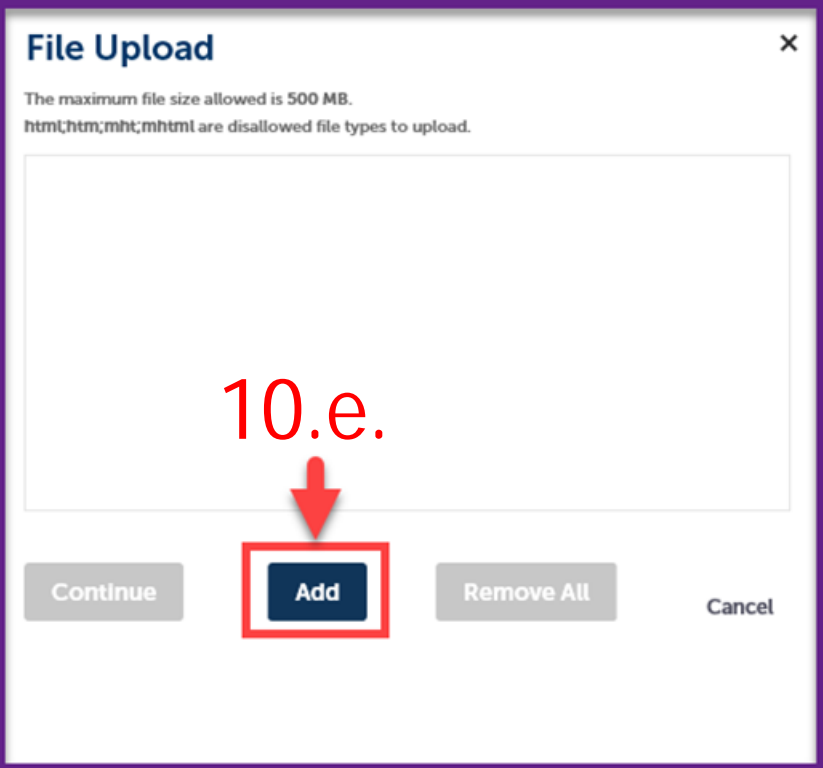
Save and resume later

Continue Application »

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

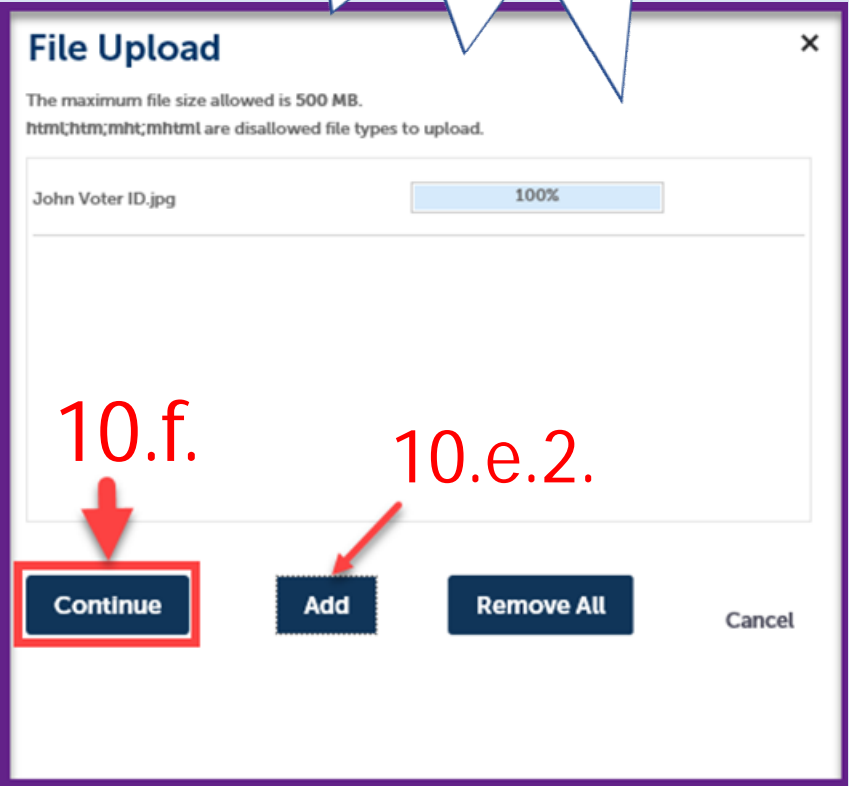
10.d.

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**.

HomeMedical Facility LicensingAdult-Use Establishment LicensingFacility & Establishment ComplaintsRegistry 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

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
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**.

Record Type

Remove Caregiver

Contact List

Edit

Showing 1-2 of 2

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

Custom Fields

ADDRESS CHANGE

Edit

Patient Current Address:1 Main, Lansing, MI 48909

Patient Address Change:No

Custom Fields

RESIDENCY

Edit

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

Custom Fields

CURRENT CAREGIVER

Edit

Name of Caregiver being Removed:

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.

13.

14.

Date:

Save and resume later

Continue Application »

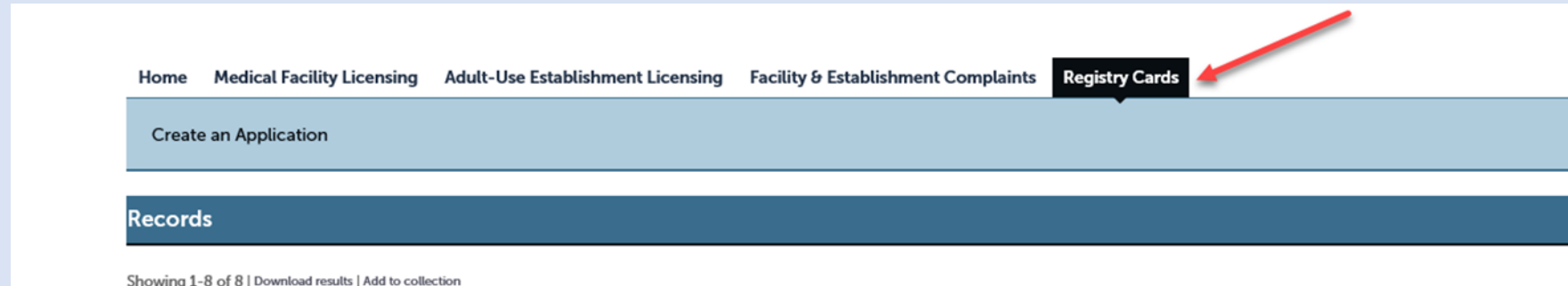
You will receive confirmation that your Amendment was successfully submitted. The State will review the Amendment that you have submitted, and you will receive notification once it has been processed. Write down the Amendment record number (circled below) for your records.

- 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 **Home**.

The screenshot displays the Accela online services interface. At the top, a navigation bar includes links for Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. The Home link is highlighted with a red box and a red arrow. Below the navigation bar, a blue banner reads "Create an Application...". Underneath, a section titled "Change Name or Address" features a progress bar with six steps: 1, 2, 3, 4, 5 Review (highlighted in green), and 6 Record Issuance. A green banner with a checkmark icon contains the message: "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." A red arrow points to this message. Below the banner, a thank-you message states: "Thank you for using our online services. Your Record Number is **AMEND-20-0000**." The record number is circled in red. Further down, it says "You have successfully submitted your record for review." At the bottom left, there is a button labeled "View Record Details »".

Click on **Registry Cards**.



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

A screenshot of the 'Registry Cards' page. The page has 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 light blue bar with links: 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, Action, and S. The table contains two rows of data. The first row has the following values: 12/05/2019, AMEND-19-[REDACTED], Remove Caregiver, [REDACTED], [REDACTED], [REDACTED], Pending, [REDACTED], and [REDACTED]. The second row has the following values: 11/06/2019, PT-19-[REDACTED], Patient Registration, [REDACTED], [REDACTED], 03/20/2020, Active, Amendment, and [REDACTED]. The 'Pending' status in the first row is circled in red.

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