

Accela Citizen Access

Request Replacement Card in Accela

Request Replacement Card

Go to <u>https://Michigan.gov/MRAonline</u>. 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.

Department of Licensing and Regulatory Affairs	
A Home ■ Dashboard Q Search + New + ② 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:	

4. Click on **Registry Cards.**

Home	Medical Facility Licensing	Adult-Use Establishment Licensing	Facility & Establishment Complaints	Registry Cards
Create	an Application			•
Record	S			

5. Find the active patient Registration record, click Amendment.

Hor	ne Medica	I Facility Licensing	Adult-Use Establishme	ent Licensing Facility	& Establishment Co	mplaints Regis	try Cards		
Das	hboard N	y Records My Ace	count Advanced Se	arch					
-	✓ Registry Cards								
Showi	ng 1-1 of 1 Do	wnload results Add to collec	tion				5.		
	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Notes
	11/06/2019	PT-19-07(Patient Registration			06/01/2021	Active	Amendment	

6. Select Request Replacement Card.

- 7. Click Continue Application.
- 8. On the Contact List page, click 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			
Current Address:	1 Main, Lansing, MI 48909		
*Address Change:		9.	
Save and resume later			Continue Application »

9.b. If you need an address change, elect **Yes** and fill in all required fields (*) that appear.

Custom Fields	
ADDRESS CHANGE	
Current Address:	1 Main, Lansing, MI 48909
*Address Change:	<u>● Yes</u> ∩ No 9 , 0 ,
New Address Line 1: *	1 Capitol St
New City: *	Lansing
New State: *	MI
New Zip: *	"IVII" must be capitalized
New County: *	Ingham
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 Gov't Issued Document with my name and birthdate, continue to Step 11.b. or c.



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.



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

12. Click Continue Application.

Custom Fields	
RESIDENCY • Patient Proof of Residency: Patient Name Change: *	I'll upload my MI Voter Reg and a valid Governmer Yes No
Save and resume later	12. Continue Application »

11.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.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.



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



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.



T.g. Click Save.					1
		O y a	nly complete the ste ou are uploading a V dditional document	eps on this page /oter ID with or MI ID card.	if
Attachment			~		
The maximum file size allowed is 500 MB. html;htm;mht;mhtml are disallowed file types to upload.	fine for the second sec			\checkmark	
No records found.	Size Latest Update	Action			
• Type: Michigan Voter Registration & Additi▼				Remove	
File: John Voter ID.jpg 111.g. Save Add Remove All					
Save and resume later				Continue Application »	

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

	The attachm It may take a	ent(s) has/have been few minutes before ch	successfully uploade nanges are reflected.	d.		Only complete the steps on this page if you are uploading a
R	equest Replacement Card	1				Voter ID with additional
1	2 Address Change Info	3 Reside	ncy Info	4 Supporting Documentation	5 Review	document or MLID card
s	itep 4 : Supporting Do	ocumentation > Docu	imentation			* indicates a required field.
	Attachment					
	The maximum file size allowed html;htm;mht;mhtml are disal	l is 500 MB . lowed file types to upload.				
	Name	Туре	Size	Latest Update	Action	
	John Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/13/2019	Actions 🗸	
	Add					
	Save and resume later				11.h. –	Continue Application »

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

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

Custom Fields								
ADDRESS CHANGE						Edit		
Current Address:		1 Main, La	nsing, MI 48909			\sim		
Address Change:		No						
Custom Fields								
RESIDENCY						Edit		
Patient Proof of Reside	ncy:	III upload	I my MI Voter Reg and a	valid Government Issued Docum	ent with my name and birthdate			
Patient Name Change:		No						
Attachment						Edh		
The maximum file size allowed hem@hem?mhemlare doub Name	in 500 MB. Lowed file types to upload. Type	Size	Lawren Updawe	Action				
John Voter ID jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/20/2019	Actions 🗸				
I attest the information provided is true and accurate and the I will comply with the requirements of the Michigan Medical Manhuana Act (initiated Law 1 of 2008, MCL 33326421 et seq.) and associated administrative rules. I understand that fabilited or fraudulent information may be reported to law enforcement and result in criminal prosecution.								
y checking this box, I a	gree to the above certification	L		13.	Date			
Save and resume late	ĸ				Cont	inue 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.

(Home M	edical Facility	Licensing A	Adult-Use Esta	blishment Licensing	Facility & Establishment Complaints	Registry Cards			
	Create an Ap	plication					•			
	Request Repl	acement Card	I							
	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 us Your Record N	ing our online sen lumber is AMEN	ND-19-0001	\supset						
	You have successfully submitted your record for review.									
	View Reco	rd Details »								

Click on Registry Cards.

Create an	Application		•
Records			

	- F	Registry C	ards							
You can then see the	Showi	ng 1-2 of 2 Do	wnload results Add to colled	tion						
status of your		Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short I
pending.		12/20/2019	AMEND-19-0001	Request Replacement Card			\langle	Pending		
		11/06/2019	PT-19-	Patient Registration			02/01/2020	Active	Renew Application Amendment	