



LABRA

Department of Licensing and Regulatory Affairs

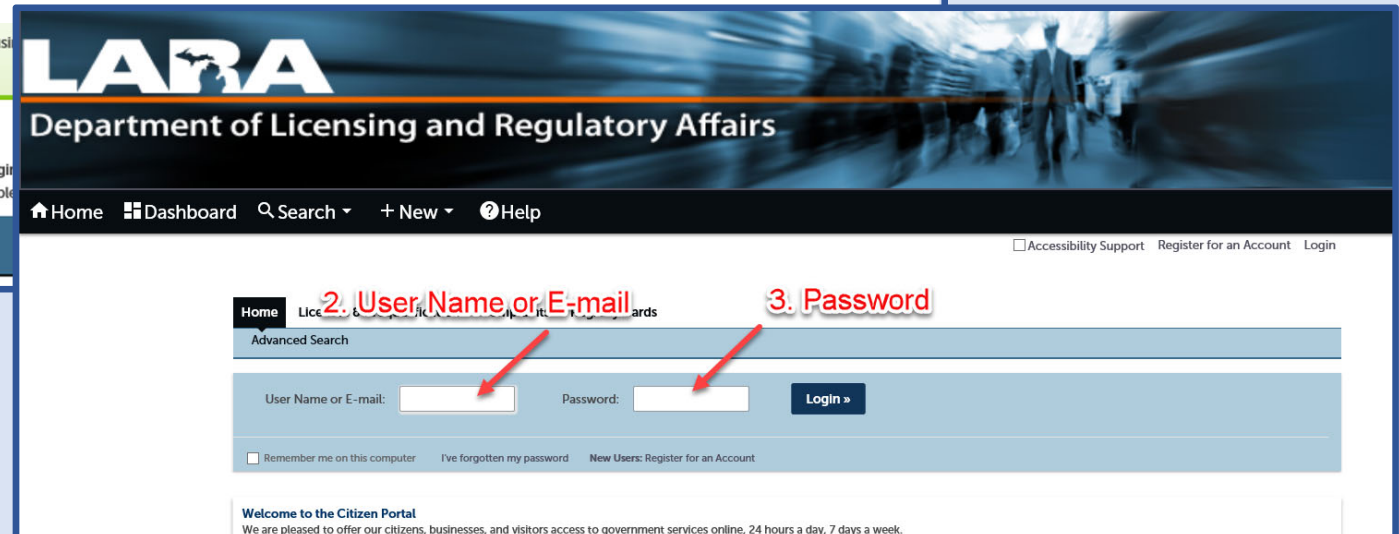
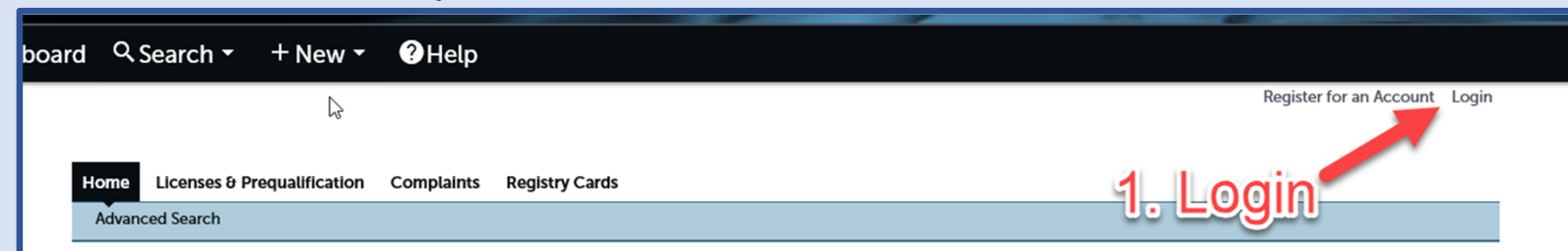
Accela Citizen Access (ACA)

Renew a Patient Only Registry Card in



Applying for Patient Only Renewal Registry Card

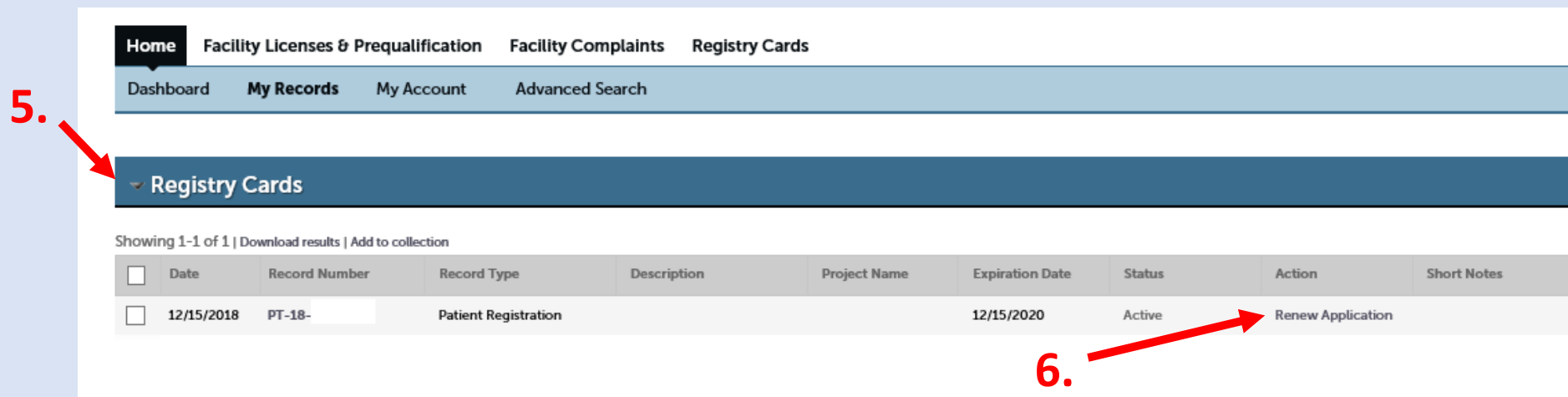
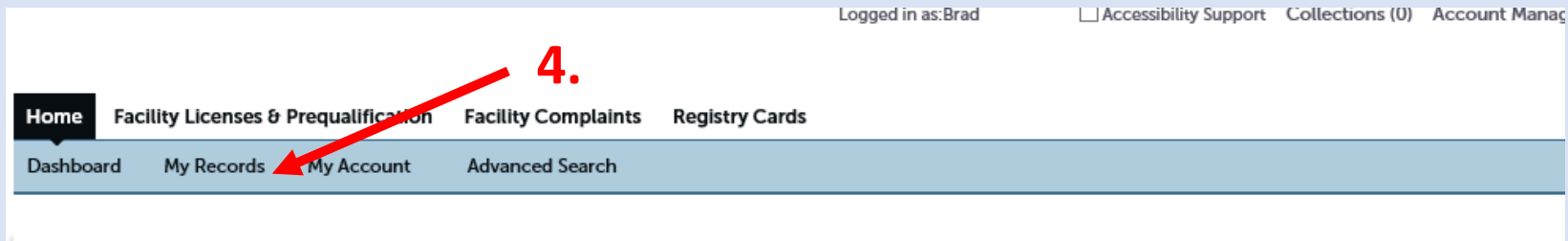
1. Click **Login**.
2. Enter User Name or E-mail you created.
3. Enter Password you created.



4. Click on **My Records**.

5. Click on **small triangle** next to Registry Cards to view your records.

6. Click on **Renew Application** to start the renewal process.



7. Click on **Continue Application**.

Renewal Record

- 1 Patient Info
- 2 App Specific Info
- 3 Supporting Documentation
- 4 Review
- 5 Pay Fees
- 6

Step 1: Patient Info > Patient Only

* 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 1-1 of 1

Full Name	Business Name	Contact Type	Workphone	Fax	E-mail	Action
Johnny I Vaughn		Patient			IgnVJ12@123.com	Edit

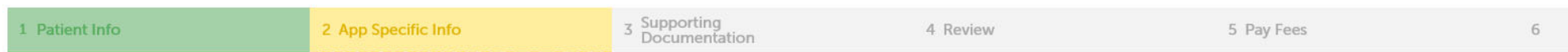


Continue Application »

8. If you currently have a Caregiver you will be asked if you would like to remove your caregiver at this time. If you select **No** you need to send in a paper application renewing with your caregiver. If you want to renewal without your caregiver, select **Yes**. If you do not have a Caregiver, you will not see this option.

9. Click **Continue Application**.

Renewal Record



Step 2: App Specific Info > Remove Caregiver

*Indicates a required field.

Custom Fields

CAREGIVER AMEND

Would you like to Remove your caregiver from this License?: *

 Yes No

8.

9.

Continue Application »

10. Review Patient Current Address.

11. Select Patient Address Change.

- a. If **Yes**, fill in required * fields then click **Continue Application**
- b. If **No**, click Continue Application.

Renewal Record

1 Patient Info | 2 App Specific Info | 3 Supporting Documentation | 4 Review | 5 Pay Fees | 6

Step 2: App Specific Info > Address Change * indicates a required field.

Custom Fields

ADDRESS CHANGE

Patient Current Address:

* Patient Address Change: Yes No

Patient New Address Line 1: *

Patient New City: *

Patient New State: *

Patient New Zip: *

Patient New County: *

12. Select I'll upload my Voter Reg and valid Government Issued Document with my name and birthdate (go to step 13) or Michigan State Issued Driver's License Number or Personal Identification. (go to step 14)

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 2: App Specific Info > Proof Residency * indicates a required field.

12.

Custom Fields

RESIDENCY

Patient Proof of Residency:

--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

If selected I'll upload my MI Voter Reg and Valid Government Issued Document with my name and birthdate. (step 18 will ask you to upload your Documents)

13. Click **Yes or No** for Patient Name Change

a. If **Yes**, fill in **required fields*** then click **Continue Application**.

b. If **No**, click **Continue Application**

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 2: App Specific Info > Proof Residency

* indicates a required field.

Custom Fields

RESIDENCY

Patient Proof of Residency: I'll upload my MI Voter Reg and a valid Government

Patient Name Change: * **13.** → Yes No

Patient First Name: * Johnny

Patient Last Name: * Vaughn ← **a.**

Patient Date of Birth: 04/19/1961

b. ↓

Continue Application »

14. If you selected **Michigan driver license or personal identification card**, you will type in the **required fields*** from the driver license or identification card. Must be an exact active match with Michigan Secretary of State before you can move forward.

15. Click **Continue Application**.

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 2: App Specific Info > Proof Residency

* indicates a required field.

Custom Fields

RESIDENCY

Patient Proof of Residency: Michigan State Issued Driver's License Number or I

Patient First Name: * Johnny

Patient Last Name: * Vaughn

Patient Date of Birth: 04/19/1961

Patient Driver's License/PID: *

Continue Application »

16. Type in the **Michigan Physician License Number** then press **tab**. The physician must have an active license and an active account with MMMP to continue.

- Once you press tab the Physician's info will auto populate.

17. Click **Continue Application**.

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 2: App Specific Info > Physician Info

When you submit your application, your application certifying physician will be notified by email to logon and certify you qualify for the medical use of marihuana.

Your application is not considered complete until the physician certifies your medical use of marihuana. The MMMP has 15 business days from the date your physician certifies you to approve or deny your application.

* indicates a required field.

Custom Fields

PHYSICIAN INFO

* Michigan Physician License Number: ← 16.

Physician Name:

Physician License Status:

17. **Continue Application »**

If you chose Voter ID as your proof of residency, you will now be asked to upload your **Voter Reg and valid Government Issued Document with my name and birthdate**. If you selected Driver's License or Identification Card, you will not be given this option.

18. Click **Add**

19. Click **Add**. Once you click Add you will be able to select your documents.

20. When you have added all your documents click **Continue**.

The image displays three sequential screenshots of a web application interface, illustrating the document upload process. The first screenshot shows the 'Renewal Record' page with a navigation bar (1 Patient Info, 2 App Specific Info, 3 Supporting Documents) and a 'Step 3: Supporting Documentation > Documentation' section. Below this is an 'Attachment' section with a table and an 'Add' button highlighted by a red box and a red arrow labeled '18.'. The second screenshot shows the 'File Upload' dialog with the text 'The maximum file size allowed is 100 MB. html;htm;mht;mhtml are disallowed file types to upload.' and an 'Add' button highlighted by a red box and a red arrow labeled '19.'. The third screenshot shows the 'File Upload' dialog with a file 'Test ACCELA.docx' and a progress bar at 100%, with a 'Continue' button highlighted by a red box and a red arrow labeled '20.'.

20. Click **Save**.

21. Click **Continue Application**.

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6

Step 3: Supporting Documentation > Documentation

* indicates a required field

Attachment

The maximum file size allowed is 100 MB.
html;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Test ACCELA.docx	Michigan Voter Registration & Additional Proof of Valid Gov't ID	11.60 KB	08/29/2018	Actions ▾

Select from Account Add

21. → Continue Application »

20. → Save Select from Account Add Remove All

Continue Application »

22. Review the application info and select the **Attestation Box**.

23. Click **Continue Application**.

24. Review fee then click **Continue Application** again.

Attachment

The maximum file size allowed is 100 MB.
html;htm;mht;mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Test ACCELA.docx	Michigan Voter Registration & Additional Proof of Valid Gov't ID	11.60 KB	08/29/2018	Action

I attest the information provided is true and accurate and the I will comply with the requirements of the Michigan Medical administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result i which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Mar

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

22. →

Renewal Record

1 2 App Specific Info 3 Supporting Documentation 4 Review 5 Pay Fees 6 Record Issuance

Step 5: Pay Fees

Listed below are fees based upon the information you've entered.

Application Fees

Fees	Qty.	Amount
Patient - Renewal Fee	1	\$60.00

TOTAL FEES: \$60.00

Continue Application »

← 24.

23. →

Continue Application »

25. Next select **method of payment**.

26. Click **Next**.

27. Fill in all **Required Fields** for payment. (All required fields have an asterisk(*))

28. Click **Next**.

29. Click **Pay Now**.

25. * Indicates required field

Choose method of payment

Pay by electronic check

* **Account Type:** Personal ▾

Pay by credit card

VISA MASTERCARD DISCOVER

Back **Next** Exit

* Indicates required field

Billing Address

Use Business Name

*First Name: *

M.I.:

*Last Name: *

Street Line 1:

Street Line 2:

City:

State: Select State ▾

Zip:

Country: UNITED STATES ▾

Phone:

*E-Mail: *

Payment Details

*Payment Amount: 60.00 USD

Payment Method

*Name on Card: *

*Card Number: *

*Expiration Date: * Month ▾ * Year ▾ *

*Card Verification Value (CVV2): * What's This?

Back **Next** Exit


Address

Billing Address:

██████████

██████████

Payment Method

Credit Card  **VISA**

Testing

x1111 04/23

Payment Amount

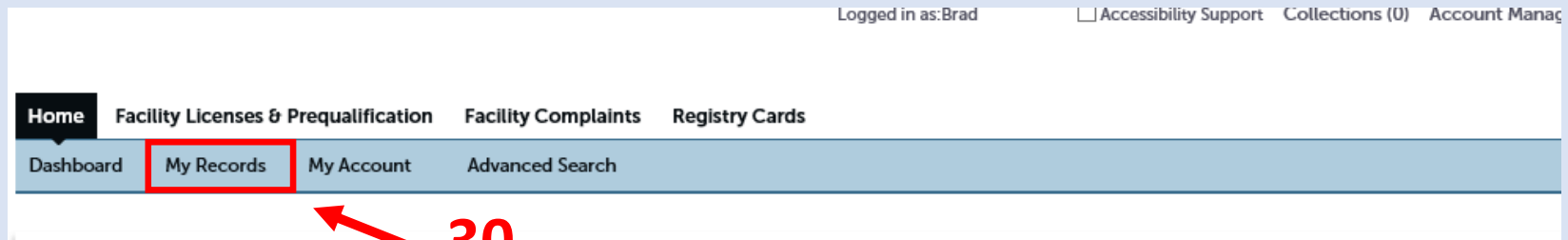
Amount: 60.00 USD

Total: 60.00 USD

Back **Pay Now** Exit

30. Click **Registry Cards**.

- Now the **Status** of the application will show on this screen. It will show pending till Certifying physician approves the app and State reviews the app.



Home Licenses & Prequalification Complaints Registry Cards

Create an Application

Records

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"/>	08/29/2018	PT-18-R-000136	Renewal Record				Pending		
<input type="checkbox"/>	08/28/2018	PT-18-000640	Patient Registration			08/29/2018	Active Renewal: Deferred Payment	Amendment	

Status