



Accela Citizen Access

Renew a Patient Only Registry Card in



Applying for Renewal Patient Only Registry Card

Go to <https://www.Michigan.gov/CRAonline>

***If this is your first time renewing online, you must first Create an Account and Link to your existing account.

1. Enter your username **OR** E-mail address associated with your account.
2. Enter your password. You may click **Login**, or press Enter on your keyboard.

The screenshot shows the login interface of the Michigan CRAonline website. At the top, there is a navigation menu with links: Home, Medical Facility Licensing, Adult-Use Establishment Licensing, Facility & Establishment Complaints, and Registry Cards. Below the navigation is an 'Advanced Search' bar. The main login area features two input fields: 'User Name or E-mail:' and 'Password:'. A dark blue 'Login »' button is positioned to the right of the password field. Below the input fields, there is a checkbox for 'Remember me on this computer', a link for 'I've forgotten my password', and a link for 'New Users: Register for an Account'. Two red arrows with orange numbers '1.' and '2.' above them point to the 'User Name or E-mail:' and 'Password:' input fields, respectively.

3. Click the **Registry Cards** tab.

Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints **Registry Cards** ← 3.

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"/>	05/17/2022	PT-22-0		Patient Registration		05/19/2022	Active	Renew Application Amendment	

5. Click **Renew Application**.

<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Note
<input type="checkbox"/>	11/06/2019	PT-19-		Patient Registration		12/01/2019	Active	Renew Application Amendment	

6. Click **Continue Application**.

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

Create an 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

This is an application for the renewal of your Michigan Medical Marijuana Patient Registry Card. You must have a medical evaluation from an active Michigan physician before your renewal will be issued.

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	Work Phone	Fax	E-mail	Action
Apri		Patient				Edit

Save and resume later

6. [Continue Application »](#)

Complete this page only if you currently have a Caregiver

C1. 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 renew without your caregiver, select **Yes**. If you currently do not have a Caregiver, you will not see this option.

C2. Click **Continue Application**.

The screenshot shows a form titled "CAREGIVER AMEND". The main question is "Would you like to Remove your caregiver from this License?: *". Below the question are two radio buttons: "Yes" (which is selected) and "No". A red box highlights the "Yes" radio button, and a red arrow labeled "C1." points to it from the right. At the bottom left of the form is a yellow button labeled "Save and resume later". At the bottom right is a dark blue button labeled "Continue Application »". A red box highlights this button, and a red arrow labeled "C2." points to it from the left.

7. Review Patient Current Address.

8. Select **Yes** or **No** for Patient Address Change. If you Select **Yes**, skip to Step 8.b..

9. 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.

Address Info

ADDRESS CHANGE

Patient Current Address: 123 Test, Test, MI 48875

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

Save and resume later

Continue Application >

8.b. If **Yes** was selected, fill in all required (*) fields.

9. 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.

Address Info

ADDRESS CHANGE

Patient Current Address: 123 Test, Test, MI 48875

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

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

Patient New City: *

Patient New State: * MI ← State is a READ ONLY field.

Patient New Zip: *

Patient New County: * --Select--

Save and resume later

9. → **Continue Application >**

10. From the drop-down menu, select the type of **Proof of Residency** you will use.

11.a. If you select **Michigan State Issued Driver's License Number or Personal Identification**, fill in the required (*) fields.

****Please Note:** The Driver's License/PID number must contain the letter and no dashes or spaces.

→ 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 11.c. on the next page. **** Later in the application you will need to complete Steps 11.d -11.h. to upload your Proof of Residency documents.**

12. Click **Continue Application**.

****Please Note:** If you receive an error when submitting your Driver License/ID info, select the **"I'll upload my MI Voter..."** option and follow steps 11.b or c.

The screenshot shows a web form titled "Proof of Michigan Residency" within a "Renewal Record" progress bar. The progress bar has six steps: 1 Patient Info, 2 App Specific Info (highlighted), 3 Supporting Documentation, 4 Review, 5 Pay Fees, and 6. The form content includes instructions for residency proof, a dropdown menu for "Patient Proof of Residency" (set to "Michigan State Issued Driver's License Number or Personal Identification"), and input fields for "Patient First Name", "Patient Last Name", "Patient Date of Birth", and "Patient Driver's License/PID". A red box highlights the date and license/PID fields. Red arrows and text annotations point to the dropdown menu (labeled "10."), the date field (labeled "11.a."), the license/PID field (labeled "Must use letter and no spaces or dashes"), and the "Continue Application" button (labeled "12."). A "Save and resume later" button is also visible.

11.b. (No Name Change) – If you do not need to change your name select **No**.

12. Click **Continue Application**.

The screenshot shows the 'Proof of Michigan Residency' section of a renewal record. At the top, a progress bar indicates the current step is '2 App Specific Info'. Below the progress bar, the title 'Step 2: App Specific Info > Proof Residency' is displayed. The main heading is 'Proof of Michigan Residency'. Underneath, there are instructions for selecting a type of residency proof. A dropdown menu for '*Patient Proof of Residency:' is set to 'I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate'. 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 '11.b.' to this box. At the bottom right, the 'Continue Application >' button is highlighted with a red box, with a red arrow pointing from the text '12.' to it. A 'Save and resume later' button is on the bottom left.

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

11.c. (Name Change) – If you need to change your name, select **Yes**. Fill in the required fields (*) with your **new Name and Date of Birth**.

12. Click **Continue Application**.

This screenshot shows the 'Patient Name Change' section of the form. The 'Patient Proof of Residency:' dropdown is the same as in the previous screenshot. The 'Patient Name Change:' section has the 'Yes' radio button selected and highlighted with a red box. A red arrow points from the text '11.c.' to this box. Below this, there are three required fields: 'Patient First Name:' (containing 'Thomas'), 'Patient Last Name:' (containing 'New Last Name'), and 'Patient Date of Birth:' (containing '01/01/1900'). These three fields are grouped together in a red box. At the bottom right, the 'Continue Application >' button is highlighted with a red box, with a red arrow pointing from the text '12.' to it. A 'Save and resume later' button is on the bottom left.

13. Select from the **dropdown list** whether your physician will certify you online or if you will upload a copy of the paper certification.

13 a.) Type in the **Michigan Physician License Number** then press **tab**. (Physician's info will auto populate)

14. 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

* Indicates a required field.

Physician Info

PHYSICIAN INFO
Please select one of the below options from the drop-down list regarding how your doctor will fill out your Physician Certification. A medical evaluation must be completed by this physician within the last six months.

- If you pick "My physician is registered online, they will approve my application online", once you have submitted your application, the physician you designate will be notified by email to login and certify you qualify for the medical use of marijuana. If your physician doesn't certify your application within 15 days, your application will be denied.
- If you picked "My Physician is not registered online, I will upload my physician certification for manual review", the Medical Marijuana Program will manually review your application and certification.

The MMMP has 15 business days from the date of full application receipt to approve or deny your application.

* Physician Certification Question:

* Michigan Physician License Number:

* Physician Name (Read Only):

* Physician License Status (Read Only):

[Save and resume later](#) **14** [Continue Application >](#)

11.d. If you selected, **I'll Upload my MI Voter Reg and a Government Issued Document with my name and birthdate** for proof of residency **or I will upload my Physician Certification** you will now be asked to upload 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 Facility & Establishment Complaints **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 to your computer/device.

1. Michigan Voter Registration & Additional Proof of Valid Gov't ID, Gov't ID must include Date of Birth
2. Physician Certification

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 500 MB.
ade;adp;ba;chm;cmd;com;cpl;exe;hlc;ha;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mh;mhhtml;msc;msp;msc;pages;php;plf;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wst;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

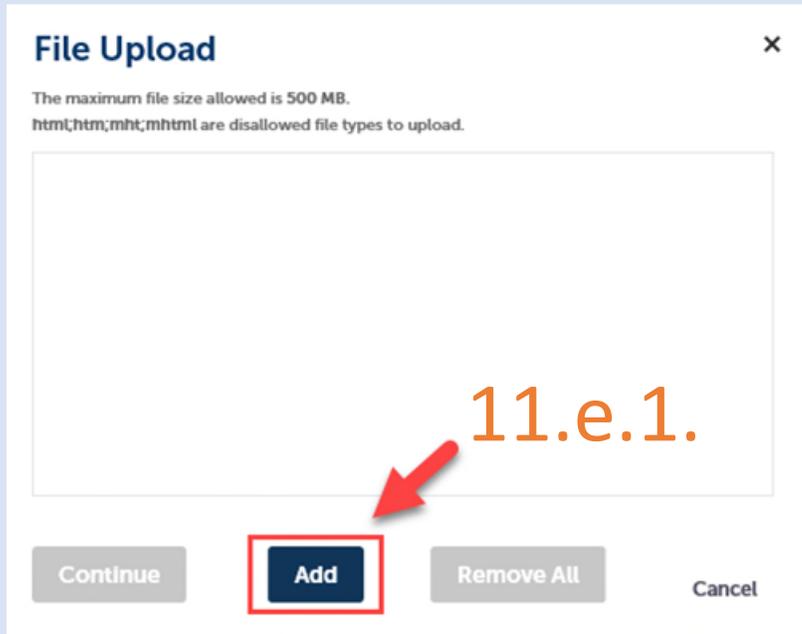
Add

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 or a Physician Certification.

11.d.

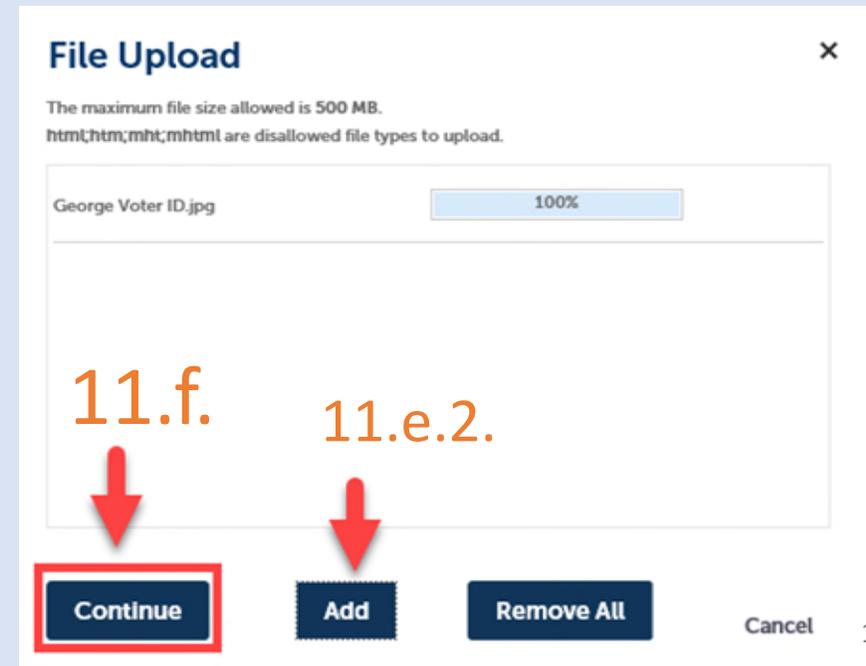
11.e.1. Click **Add** again. You will then select the documents that are saved on your device.



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

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**.



Please Note: Above the Save button, you can see what documents you have uploaded. If you need to add additional documents, you can click **Add**.

11.g. Select the applicable **record type** for each document you uploaded from the drop-down list.

11.h. If all documents are uploaded, click **Save**. Once you have saved, you will get a confirmation when the documents are successfully uploaded.

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

The screenshot displays a web application interface for document uploads. On the left, there are two 'Attachment' sections. The first section has a 'Type' dropdown menu set to 'Michigan Voter Registration & Additi...' and a 'File' upload area for 'CF Sample.pdf' at 100% completion. The second section has a 'Type' dropdown menu set to 'Physician Certification' and a 'File' upload area for 'CF Sample.pdf' at 100% completion. Below these sections are 'Save', 'Add', and 'Remove All' buttons. A large orange '11.g' is next to the first dropdown, and another '11.g' is next to the second dropdown. A large orange '11.h' is at the bottom left. The main area shows a 'Renewal Record' progress bar with four steps: 1 Patient Info, 2 App Specific Info, 3 Supporting Documentation (highlighted in yellow), and 4 Review. Below the progress bar is the heading 'Step 3: Supporting Documentation > Documentation'. An 'Attachment' section follows, with a message: 'The maximum file size allowed is 500 MB. html;htm;mht;mhtml are disallowed file types to upload.' Below this is a table of uploaded files:

Name	Type	Size	Latest Update	Action
George Voter ID.jpg	Michigan Voter Registration & Additional Proof of Valid Gov't ID	7.22 KB	12/02/2019	Actions ▾

Below the table is an 'Add' button. At the bottom of the main area are two buttons: 'Save and resume later' and 'Continue Application »'. A large orange '11.i' is next to the 'Continue Application' button, with a red arrow pointing to it. A green confirmation banner at the top of the main area reads: 'The attachment(s) has/have been successfully uploaded. It may take a few minutes before changes are reflected.' A red arrow points from the word 'confirmation' to the banner. A large blue speech bubble on the right contains the text: 'Only complete the steps on this page if you are uploading a Voter ID with additional document or MI ID card or a Physician Certification.'

15. Review the application info, edit each section if needed and print a copy for your records. Read the Attestation, then **check the Attestation Box.**

16. Click **Continue Application.**

Proof of Michigan Residency Edit

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

Physician Info Edit

PHYSICIAN INFO
Physician Certification Question: My Physician is not registered online, I will upload my physician certification for manual review
Michigan Physician License Number: [Redacted]
Physician Name (Read Only): [Redacted]
Physician License Status (Read Only): Active

Attachment Edit

The maximum file size allowed is 500 MB.
ade,adp,bac,htm,cmd,com,cpl,exe,helc,hta,htm,html,ins,ipr,jar,js,jse,lib,lnk,mde,mhc,mhtml,msc,msp,msx,pages,php,pif,scr,scs,shb,sys,vb,vbe,vbs,vad,wsc,wsf,wsn are disallowed file types to upload.

Name	Type	Size	Laest Update	Action
	Physician Certification	14.01 KB	05/17/2022	Actions ▾
	Michigan Voter Registration & Additional Proof of Valid Gov't ID	14.01 KB	05/17/2022	Actions ▾

I attest the information I provided is true and accurate and that 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 Michigan Secretary of State's office to forward my photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card.

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 Marijuana Program.

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

Save and resume later Continue Application »

17. Once you have reviewed the application fee, click **Continue Application.**

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	40	\$40.00

TOTAL FEES: \$40.00

Continue Application »

18. Select your method of payment.
19. Click **Next**.
20. Fill in all **Required Fields (*)** for payment.
21. Click **Next**.

Electronic Check Fields

* 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: 40.00 USD

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 11:59 PM ET will be executed on the next valid banking day.

Payment Method

*Name On Account:

*Account Number: [What's This?](#)

*Re-Type Account Number:

*Routing Number: [What's This?](#)

*Account Type: Checking Savings

Back **Next** Exit

Credit Card Fields

* 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: 40.00 USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date:

*Month:

*Year:

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

Back **Next** Exit



22. Click **Pay Now**.

Address
Billing Address: John A 1 Main Lansing, MI 48909
Payment Method
Credit Card 
Payment Amount
Amount: 40.00 USD
Total: 40.00 USD
<input type="button" value="Back"/> <input type="button" value="Pay Now"/> <input type="button" value="Exit"/>

22.



Once your payment has been successfully submitted, you will receive confirmation our application has been submitted. Write this record number on the summary you printed, or you may print this page for your records.

Renewal Record

1 Patient Info 2 App Specific Info 3 Supporting Documentation 4 Review 5 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 using our online services.
Your Record Number is PT-19-R-02 

You have successfully submitted your record for review.

Write this record number on the summary you printed, or you may print this page for your records.

- If you picked “My Physician will approve me online”, once the Physician receives notice of your pending application, they have 15 days to complete their portion of your application.
- If you picked “I will upload my Physician Certification”, the Michigan Medical Marijuana Program has 15 business days to review your application.
- Once your application has been processed, you will receive an e-mail from **noreply@accela.com**. This E-mail may go to your Spam or Junk folder.

To Review your renewal application status:

You may check the status at any time by logging into the Accela Citizen Access Portal and click on the **Registry Card** tab.

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

Create an Application

Records

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<input type="checkbox"/>	Date	Record Number	Record Type	Description	Project Name	Expiration Date	Status	Action	Short Notes
<input type="checkbox"/>	05/17/2022	PT-22-04	Patient Registration			05/19/2022	Active	Amendment	
<input type="checkbox"/>	05/17/2022	PT-22-R-000	Renewal Record				Pending		