



LABA

Department of Licensing and Regulatory Affairs

Accela Citizen Access (ACA)

Apply for a Patient Only Registry Card in 

Applying for Patient Only Registry Card

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

board Search + New Help

Register for an Account Login

Home Licenses & Prequalification Complaints Registry Cards

Advanced Search

1. Login

✔ Your account has been created successfully. You can login immediately using your User Name and Password

Accessibility Support Register for an Account Login

Your account has
Congratulations. Your
activation is necessary.

Home Licenses & Prequalification Enforcement Registry Cards

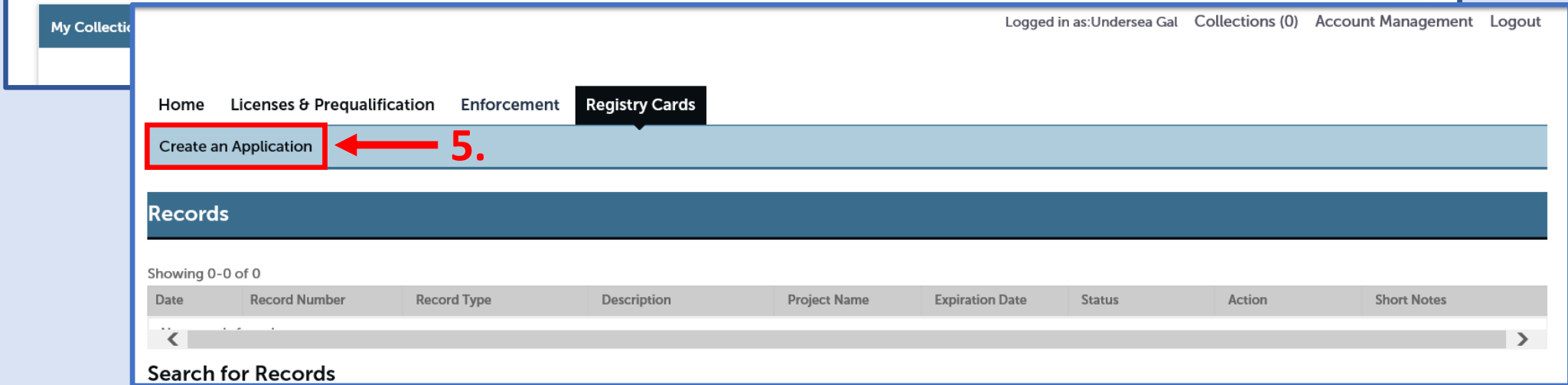
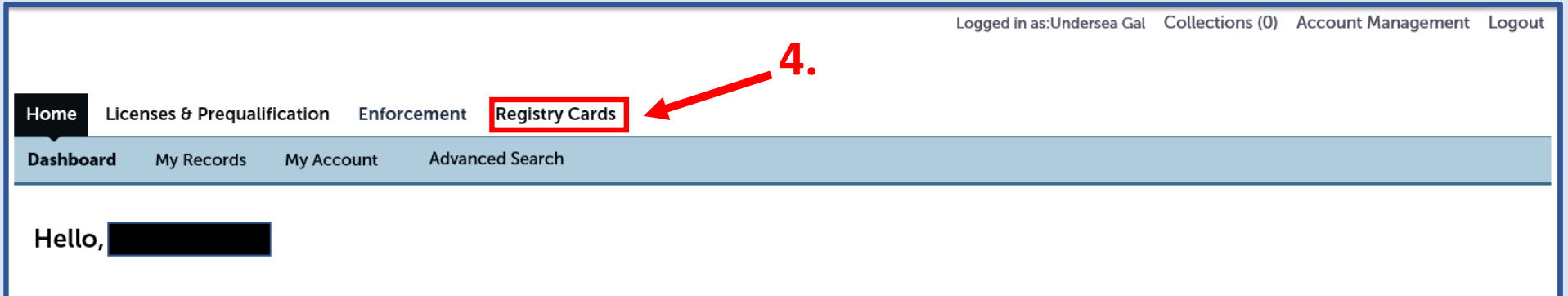
Account Information Advanced Search

User Name or E-mail: Password: Login »

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

4. Click on the **Registry Cards** Tab.

5. Click on **Create an Application**.



6. Read the General Disclaimer and check the **acceptance box**.
7. Click the **Continue Application button**.
8. Click on **Registry Cards**.

Home Licenses & Prequalification Enforcement **Registry Cards**

Create an Application

Online Application

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer.

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

Continue Application »

Home Facility Licenses & Prequalification Facility Complaints **Registry Cards**

Create an Application

Select a Record Type

Choose one of the following record types. For assistance or to apply for a record type not listed below please contact us.

Search

Registry Cards

Physician Registration

Continue Application »

9. Select **Patient Only Registry Application**.

10. Click on the **Continue Application** button.

11. Click on the **Select from Account** button.

The image displays two screenshots of a web application interface. The left screenshot shows the 'Patient' section with a 'Select from Account' button highlighted by a red box and labeled '11.'. The right screenshot shows the 'Registry Cards' section with 'Patient Only Registry Application' selected (radio button) and a 'Continue Application »' button highlighted by a red box and labeled '10.'. A red arrow labeled '9.' points to the 'Patient Only Registry Application' option.

12. Select **address box**.

13. Click **Continue**.

14. Click **Continue Application** again.

Select Contact from Account

Undersea Gal
Patient

Select contact addresses for this contact to attach to the record.

Showing 1-1 of 1

| <input type="checkbox"/> | Address Type | Recipient | Address |
|-------------------------------------|--------------|-----------|-------------------|
| <input checked="" type="checkbox"/> | Mailing | | 147 Halloween Ave |

Continue Discard Changes

12. (points to checkbox)

13. (points to Continue button)

14. (points to Continue Application button)

Continue Application »

1 Applicant Info | 2 App Specific Info | 3 Supp Doc

Step 1: Applicant Info > Applicant Info

Patient

To add new contacts, click the Select from Account button.

✔ Contact added successfully.

Undersea Gal
UndG12@123.com
Home phone:
Mobile Phone:
Work Phone:
Fax:
Edit Remove

▼ Contact Addresses

Add Additional Contact Address

To edit a contact address, click the address link.

Showing 1-1 of 1

| Address Type | Recipient | Address | Action |
|--------------|-----------|-------------------|-----------|
| Mailing | | 147 Halloween Ave | Actions ▼ |

15. Select **Yes** or **No** to address change. If you selected **No** then **Click Continue**.

Home Licenses & Prequalification Enforcement **Registry Cards**

Create an Application

Patient Only Registry Application

1 Applicant 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

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

15. → Continue Application »

16. If selected **Yes**

17. Fill in the required fields that drop down.

18. Click **Continue Application**.

Custom Fields

ADDRESS CHANGE

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

Current Address Line 1: 147 Halloween Ave

Current City: Lansing

Current State: MI

Current Zip: 48901

Current County:

New Address Line 1: *

New City: *

New State:

New Zip: *

New County: *

Out Of State

Continue Application »

19. Select what type of proof of residency you will use.

Home Licenses & Prequalification Enforcement **Registry Cards**

Create an Application

Patient Only Registry Application

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

Step 2: App Specific Info > Proof of Residency

* Indicates a required field.

Residency Info

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

Continue Application »

A. I'll Upload my MI Voter Reg & a Valid Government Issued document with my name and DOB.

1. If No name change select No.
2. If Yes name change Select Yes and fill in all the all required fields.
 - a. Click Continue Application.

Patient Only Registry Application

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

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

Residency Info

RESIDENCY

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

Patient Name Change: * **1.** → Yes No

RESIDENCY

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

Patient Name Change: * **2.** → Yes No

Patient First Name: *

Patient Last Name: *

Patient Date of Birth: *

a. → [Continue Application »](#)

B. Michigan State Issued Drivers License Number or Personal Identification Card

1. Fill in a required information, First name, Last name, DOB and License number.

a. Click Continue Application. If the four fields don't match the Michigan Secretary of State you will receive an error message and not be able to proceed.

Patient Only Registry Application

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

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

Residency Info

RESIDENCY

Patient Proof of Residency:

Patient First Name: *

Patient Last Name: *

Patient Date of Birth: *

Patient Driver's License/PID: *

a.

20. Type in the **Michigan Physician License Number** then press **tab**.

- Once you press tab the Physician's info will auto populate. (If the Physician is not active with the MI Bureau of Professional Licensing or has not register with Michigan Medical Marihuana Program you will receive an error message and not be able to proceed.)

21. **Click Continue Application.**

Patient Only Registry Application

1 Applicant 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: ← 20.

Physician Name:

Physician License Status:

21.

22. If you selected I'll Upload my MI Voter Reg & a Valid Government Issued document with my name & DOB for proof of residency you will now be asked to upload those documents. Make sure your documents are downloaded to your computer or device before moving on. **Click on Add.**

Patient Only Registry Application

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

Step 3: Supporting Documentation > Documentation * Indicates a required field.

Attachment

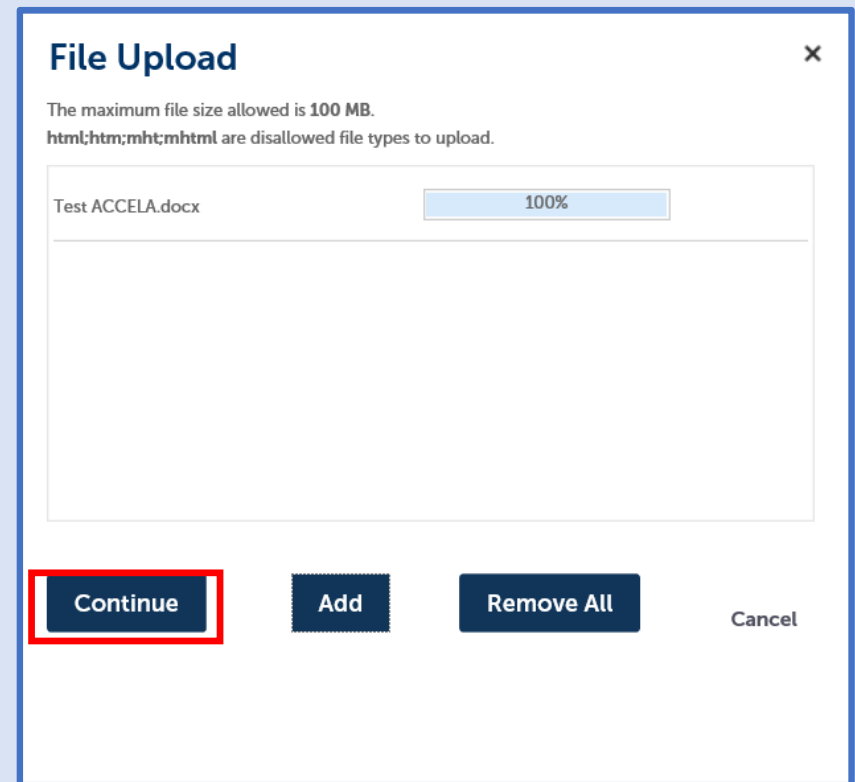
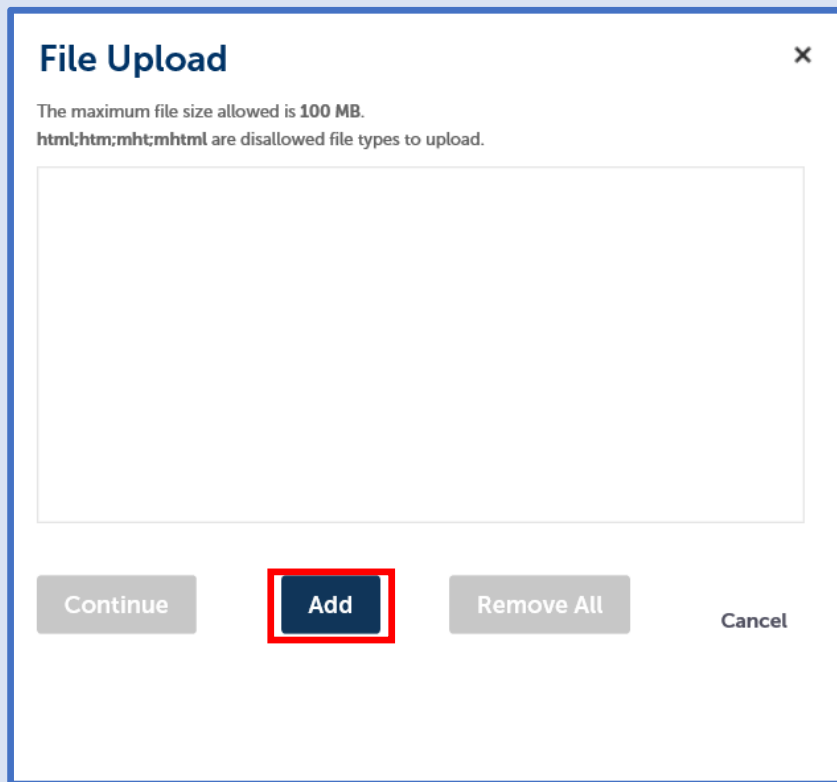
The maximum file size allowed is 100 MB.
html;htm;mht;mhtml are disallowed file types to upload.

| Name | Type | Size | Latest Update | Action |
|-------------------|------|------|---------------|--------|
| No records found. | | | | |

[Select from Account](#) **Add** ← 22.


[Continue Application »](#)

23. Click **Add** again and select the documents that are saved on your device you want to upload.
24. Once uploaded click **Continue**.



25. Click **Save**.

26. Click **Continue Application**.

 **The attachment(s) has/have been successfully uploaded.**
It may take a few minutes before changes are reflected.

Will say if documents were successfully uploaded.

Patient Only Registry Application

1 Applicant Info 2 App Specific Info

Step 3: Supporting Documentation > Documentation

Attachment

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

| Name | Type |
|-------------------|------|
| No records found. | |

*Type:
Michigan Voter Registration & Additi

File:
Test ACCELA.docx
100%

Also Attach To
--Select--

Save Select from Account Add Remove All

Patient Only Registry Application

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

Step 3: Supporting Documentation > Documentation

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 | 10/09/2018 | Actions |

Select from Account Add

26.  **Continue Application »**

27. Review the application info and check the **Attestation Certification Box**. (Print a copy for yourself)

28. Click **Continue Application**.

29. Review fee then click **Check Out**

Attachment

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

| Name | Type | Size | Latest Update |
|------------------|--|----------|---------------|
| Test ACCELA.docx | Michigan Voter Registration & Additional Proof of Valid Gov't ID | 11.60 KB | 10/09/2018 |

I attest the information provided is true and accurate and the I will comply with the requirements of t administrative rules. I understand that falsified or fraudulent information may be reported to law enf

I authorize the release of my protected health information, which includes the information contained

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

Date:

Check Out »

Continue Application »

Patient Only Registry Application

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 Application Fee | 1 | \$60.00 |

TOTAL FEES: \$60.00

← **29.**

28. →

30. Review your cart then pick **Submit**

31. Next select **method of payment**.

32. Click **Next**

Cart

1 Select item to pay 2 Payment information 3 Receipt/Record issuance

Step 1: Select item to pay

Review the fees associated with this application below.

PAY NOW

No Address
1 Application(s) | \$60.00
▶ Patient Only Registry Application Total due: \$60.00
18TMP-004195

30.

Total amount to be paid: \$60.00

Submit » **Return to Dashboard »**

* Indicates required field

31. **Choose method of payment**

Pay by electronic check

* **Account Type:** Personal ▼

Pay by credit card **32.**

VISA MASTERCARD DISCOVER

Back **Next** **Exit**

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

34. Click **Next**.

35. Click **Pay Now**.

Electronic Check Fields

Credit Card Fields

* Indicates required field

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Country:

Phone:

*E-Mail:

Payment Details

*Payment Amount: 60.00 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 4:00 PM MT will be executed on the next valid banking day.

Payment Method

*Name On Account:

*Account Number: What's This?

*Re-Type Account Number: What's This?

*Routing Number: What's This?

*Account Type: Checking Savings

* Indicates required field

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Country:

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?

Address

Billing Address:

Payment Method

Credit Card 
Testing
x1111 04/23

Payment Amount

Amount: 60.00 USD

Total: 60.00 USD

36. Click **Home**.

37. Click **My Records**

38. Expand the Registry Cards section. The status of the application will show on this screen.

This screenshot shows the top navigation bar of the application. The 'Home' link is highlighted with a red box and a red arrow labeled '36.' pointing to it. Below the navigation bar, the 'My Records' link is also highlighted with a red box and a red arrow labeled '37.' pointing to it. The main content area displays a welcome message for 'Johnny Vaughn' and a prompt to select a service.

Home Licenses & Prequalification Complaints Registry Cards

Dashboard My Records My Account Advanced Search

Welcome Johnny Vaughn
You are now logged in.

What would you like to do today?
To get started, select one of the services listed below:

This screenshot shows the 'Registry Cards' section of the application. The 'Registry Cards' link in the navigation bar is highlighted with a red box and a red arrow labeled '38.' pointing to it. Below the navigation bar, there is a table displaying application details.

Home Facility Licenses & Prequalification Facility Complaints Registry Cards

Dashboard My Records My Account Advanced Search

Registry Cards

Showing 1-1 of 1 | Download results | Add to collection | Add to cart

| <input type="checkbox"/> | Date | Record Number | Record Type | Description | Project Name | Expiration Date | Status | Action | Short Notes |
|--------------------------|------------|---------------|-----------------------------------|-------------|--------------|-----------------|---------|--------|-------------|
| <input type="checkbox"/> | 10/24/2018 | | Patient Only Registry Application | | | | Pending | | |