



Accela Citizen Access

Apply for a Patient Only Registry Card in 

Applying for Patient Only Registry Card

1. Click **Login** if you have just created an account. <https://michigan.gov/CRAonline>
2. Enter the User Name **OR** E-mail address you created the account with.
3. Enter your Password. You may click **Login**, or press Enter on your keyboard.

Register for an Account **Login**

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

Advanced Search

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

1.

Your account has been successfully created.
Congratulations. You have successfully created an account with the Agency. If account activation is necessary, another e-mail will be sent notifying you when a

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

Please Login
Many online services offered by the Agency require login for security reasons. If you are an existing user, please enter your user name and password in the box on the right.

New Users
If you are a new user you may register for a free Citizen Access account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, access to invoices and receipts, checking on the status of pending activities, and more.

Register Now »

2.

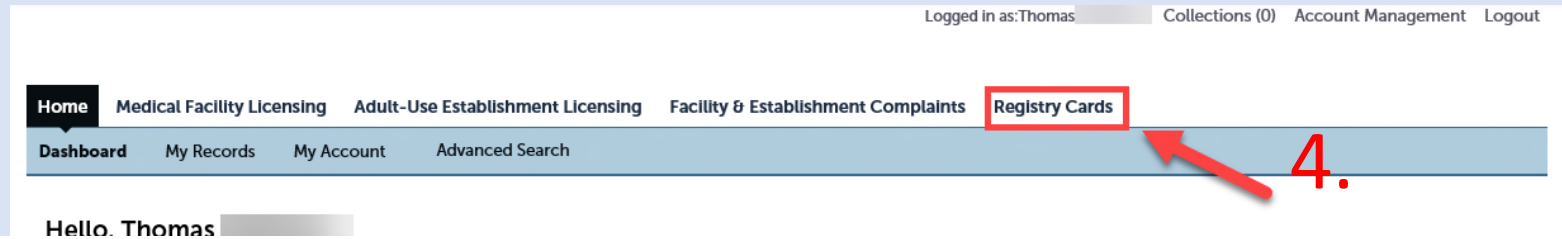
3.

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

4.5 Click on **Create an Application**.

5. Read the General Disclaimer and check the **acceptance box**.

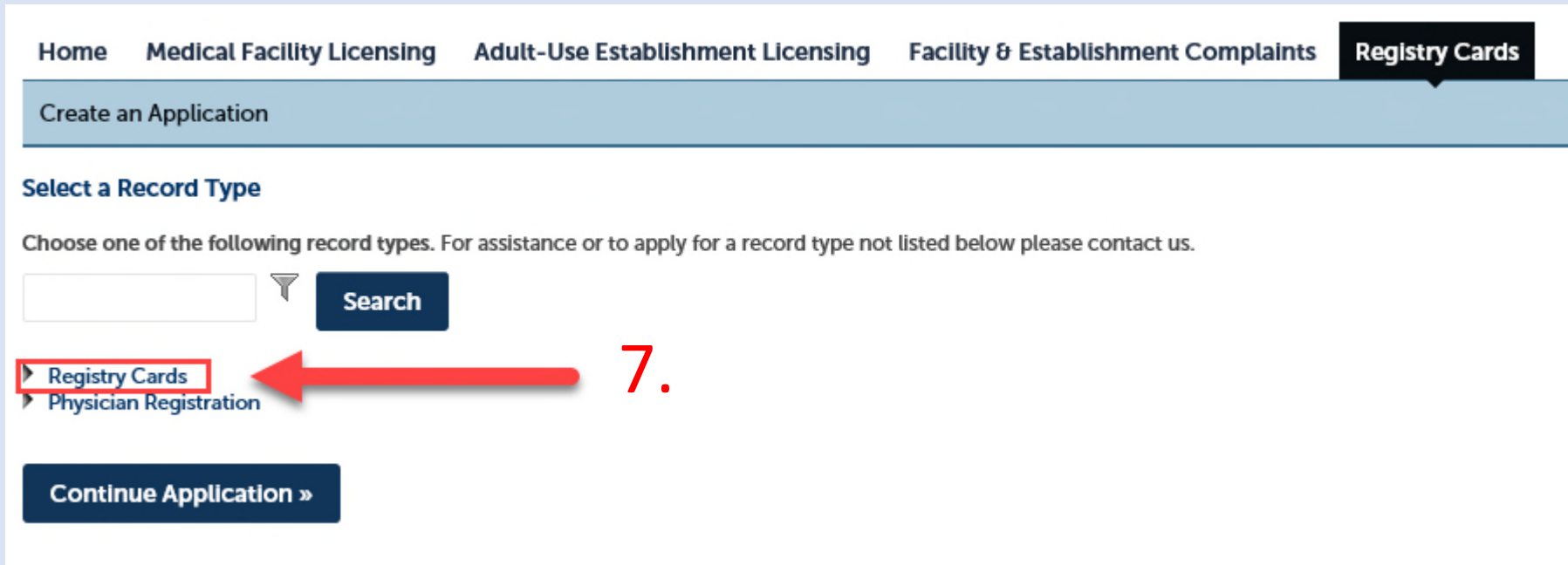
6. Click **Continue Application**.



Records

This screenshot shows the 'Create an Application' page. The page has a navigation bar with links for 'Home', 'Medical Facility Licensing', 'Adult-Use Establishment Licensing', 'Facility & Establishment Complaints', and 'Registry Cards'. The 'Registry Cards' link is highlighted. Below the navigation bar, there is a section titled 'Create an Application'. Under this section, there is a link for 'Online Application'. Below the link, there is a message: 'Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.' Below this message, there is a 'General Disclaimer' box. The disclaimer text is: '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.' Below the disclaimer, there is a checkbox labeled 'I have read and accepted the above terms.' The checkbox is highlighted with a red box and a red arrow pointing to it, with the number '5.' next to the arrow. Below the checkbox, there is a 'Continue Application »' button. The button is highlighted with a red box and a red arrow pointing to it, with the number '6.' next to the arrow.

7. Click on the **Registry Cards** drop-down.




Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment 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**

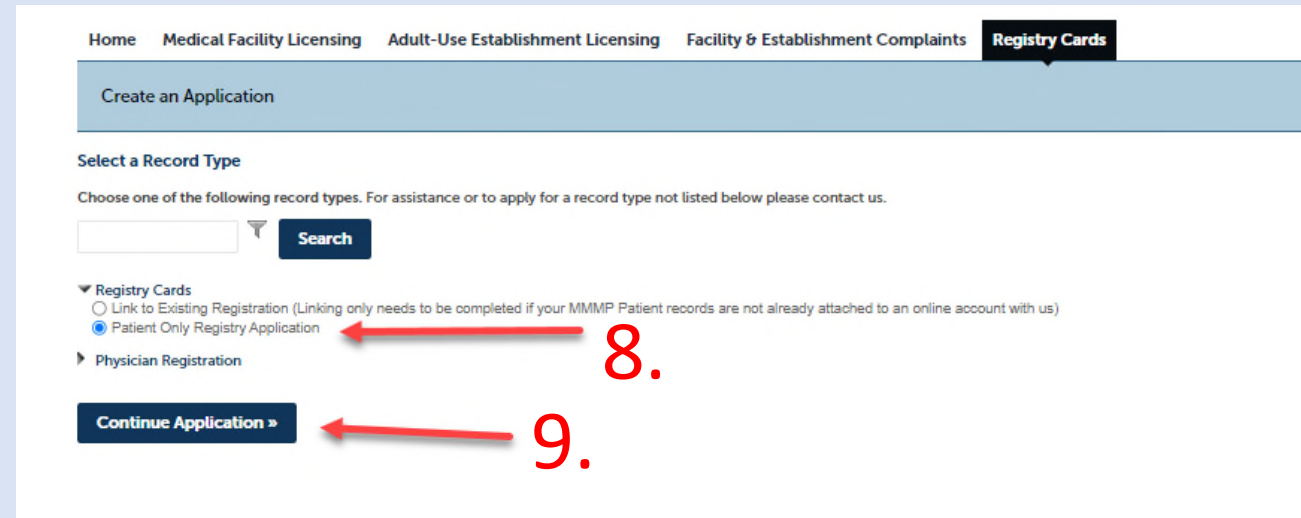
▶ Physician Registration

Continue Application »

A red arrow points from the number 7 to the 'Registry Cards' dropdown menu.

8. Select **Patient Only Registry Application**.

9. Click **Continue Application**.




Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment 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

☐ Link to Existing Registration (Linking only needs to be completed if your MMMP Patient records are not already attached to an online account with us)

☒ Patient Only Registry Application

▶ Physician Registration

Continue Application »

A red arrow points from the number 8 to the 'Patient Only Registry Application' radio button. Another red arrow points from the number 9 to the 'Continue Application' button.

10. Click on the **Select from Account**.

Home Medical Facility Licensing Adult-Use Establishment Licensing Facility & Establishment Complaints **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 1: Applicant Info > Applicant Info

This is an application for a new Michigan Medical Marijuana Patient Registry Card. If your card has lapsed, you will need to submit this application to receive a new card. If your card has not lapsed, but is about to expire (and is within 90 days before the expiration date), you will need to fill out a Renewal Application instead of this new application. You will receive an error message if you try to submit a new application and already have an active Patient card. The online renewal application link can be found under your list of records once you click on the Registry Card tab at the top of this page. Step by step instructions for all our processes are found on our website, www.michigan.gov/mmp.

You must have a medical evaluation from an active Michigan physician within the last six months before your application will be approved.

* indicates a required field.

Patient

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

If you have a name or address change, please select Continue Application and you will have an opportunity to update these fields before this application is submitted.

Select from Account

Save and resume later

Continue Application »

10.

11. Verify your **Mailing** address is checked.

12. Click **Continue**.

Select Contact from Account

Thomas Patient

Select contact addresses for this contact to attach to the record.
Required contact address type(s): Mailing

Showing 1-1 of 1

<input type="checkbox"/>	Address Type	Recipient	Address
<input checked="" type="checkbox"/>	Mailing		76 Main St

Continue Discard Changes

12.

13. After verifying your information, click **Continue Application**.

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Create an Application

Patient Only Registry Application

1 Applicant Info

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Step 1:Applicant Info>Applicant Info

This is an application for a new Michigan Medical Marijuana Patient Registry Card. If your card has lapsed, you will need to submit this application to receive a new card. If your card has not lapsed, but is about to expire (and is within 90 days before the expiration date), you will need to fill out a Renewal Application instead of this new application. You will receive an error message if you try to submit a new application and already have an active Patient card. The online renewal application link can be found under your list of records once you click on the Registry Card tab at the top of this page. Step by step instructions for all our processes are found on our website, www.michigan.gov/mmp.

You must have a medical evaluation from an active Michigan physician within the last six months before your application will be approved.

* indicates a required field.

Patient

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

If you have a name or address change, please select Continue Application and you will have an opportunity to update these fields before this application is submitted.

✔ Contact added successfully.

April

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		123 Test	Actions ▼

Save and resume later

13.
↓
Continue Application >

6

Review Patient Current Address

14. Select **Yes** or **No** if you need to change your address. If you select **Yes**, skip to Step 14.b. on page 8.
15. If you selected **No** then click **Continue 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

Patient Current Address: 76 Main St, Lansing, MI 48909

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

14.

15.

Save and resume later

Continue Application »

14.b. If you selected **Yes**, fill in the required fields (*) that appear.

15. Click **Continue Application**.

[Home](#) [Medical Facility Licensing](#) [Adult-Use Establishment Licensing](#) [Facility & Establishment Complaints](#) **Registry Cards**

Create an Application

Patient Only Registry Application

1 Applicant Info

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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

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

New City: *

New State: *

MI

New Zip: *

New County: *

--Select--

14.b.

State is a READ ONLY field.

Save and resume later

15.

Continue Application >

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

17.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 17.b or 17.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.

18. 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 from the drop-down and follow steps 17.b/c.

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Create an Application

Patient Only Registry Application

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Step 2: App Specific Info > Proof of Residency

* indicates a required field.

Residency Info

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

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.
**Please Note: The Driver License/PID number must contain the letter and no dashes or spaces.

b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents.
**Please Note: If you upload documents, MMMP must manually review them before the Physician Certification can be reviewed.

* Patient Proof of Residency:

Michigan State Issued Driver's License Number or Personal Identification

Patient First Name: *

Patient Last Name: *

Patient Date of Birth: *

Patient Driver's License/PID: *

Save and resume later

Continue Application >

16.

17.a.

Must use the letter and no spaces or dashes

18.

- 17.b. (No Name Change) – If you do not need to change your name select **No**.
18. Click **Continue Application**.

Step 2: App Specific Info > Proof of Residency

* indicates a required field.

Residency Info

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

a. If you select, Michigan State Issued Driver License or Personal Identification, fill in the required (*) fields.
**Please Note: The Driver License/PID number must contain the letter and no dashes or spaces.
b. If you select, I'll upload my MI Voter Reg and a valid Government Issued Document with my name and birthdate, you will be asked later in the application to upload images of your Proof of Residency documents.
**Please Note: If you upload documents, MMMP must manually review them before the Physician Certification can be reviewed.

* 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: * ☐ Yes ☒ No

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.

- 17.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**.
18. Click **Continue Application**.

Residency Info

RESIDENCY

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

Patient Name Change: * ☒ Yes ☐ No

Patient First Name: * Thomas

Patient Last Name: *

Patient Date of Birth: *

Save and resume later Continue Application »

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

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

20. Click **Continue Application**.

Step 2: App Specific Info > Physician Info

* indicates a required field.

Physician Certification

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: --Select-- 19.

* Michigan Physician License Number: ? 19a.

* Physician Name (Read Only):

* Physician License Status (Read Only):

Save and resume later 20. **Continue Application »**

17.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**.

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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

Patient Only Registry Application

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Step 3:Supporting Documentation>Documentation

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;heic;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mst;pages;php;piif;scr;scs;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Add

Save and resume later

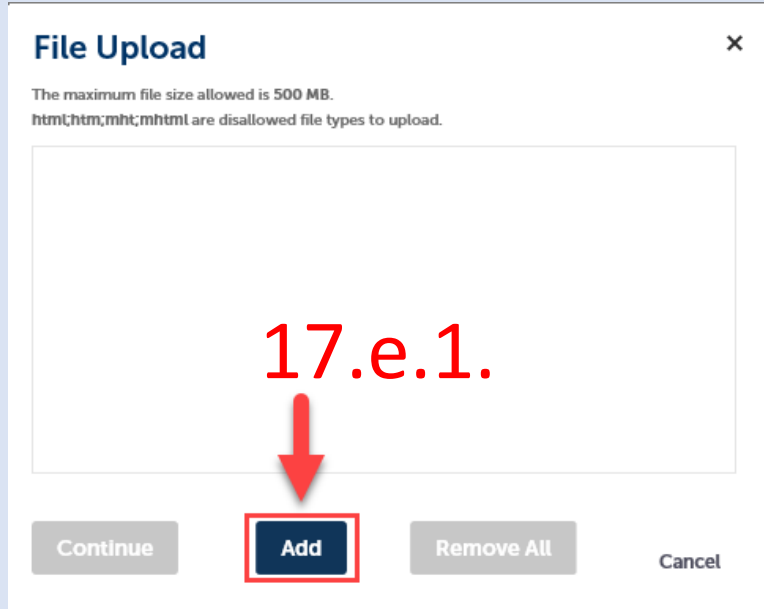
Continue Application >

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.

17.d.

12

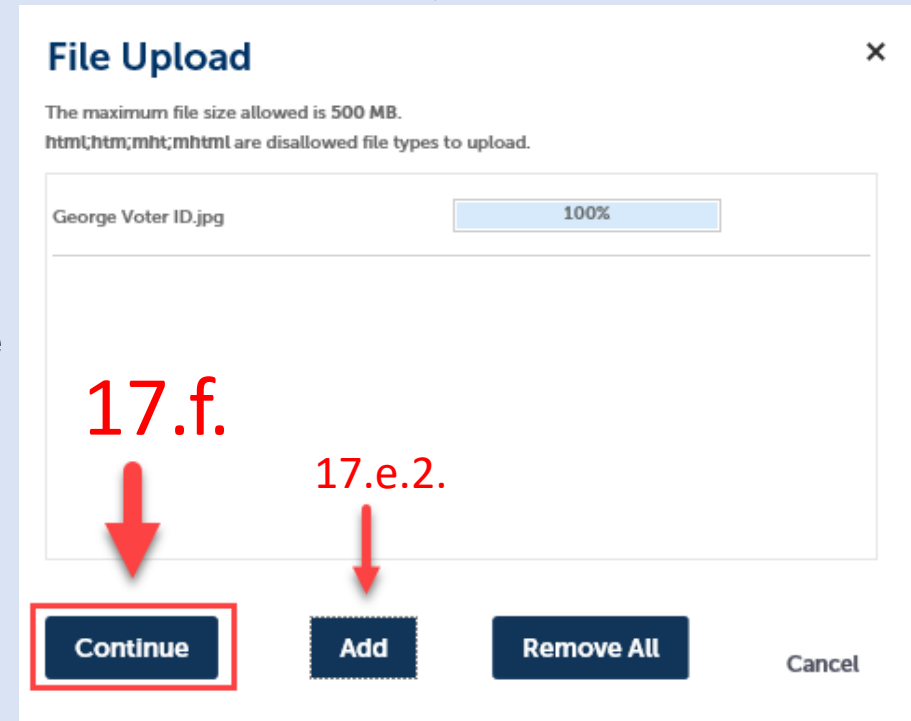
17.e.1. Click **Add** again. You will then select the documents that are saved on your device.



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.

17.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.

17.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**.

- 17.g. Select the applicable **record type** for each document you uploaded from the drop-down list.
- 17.g1. If all documents are uploaded, click **Save**. Once you have saved, you will get a confirmation when the documents are successfully uploaded.

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

Type:

Michigan Voter Registration & Additi

File:

CF Sample.pdf

100%

Type:

Physician Certification

File:

CF Sample.pdf

100%

Save

Add

Remove All

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.

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

17.h. Once confirmed, click **Continue Application**.

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Create an ApplicationSearch Applications

✓

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

←confirmation

Patient Only Registry Application

1Applicant Info

2App Specific Info

3Supporting Documentation

4Review

5Pay Fees

Step 3: Supporting Documentation > Documentation

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;php;pif;scr;sct;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
CF Sample.pdf	Physician Certification	697.93 KB	04/17/2020	Actions ▾
CF Sample.pdf	Michigan Voter Registration & Additional Proof of Valid Gov't ID	697.93 KB	04/17/2020	Actions ▾

Add

17.h.

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.

15

21. Review the application info, edit each section if needed and print a copy for your records. Read the Attestation, check the **Attestation Certification Box**.
22. Click **Continue Application**.

Residency Info

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

Edit

Physician Certification

PHYSICIAN INFO

Physician Certification Question:

My Physician is not registered online, I will upload my physician certification for manual review

Michigan Physician License Number:

Physician Name (Read Only):

Physician License Status (Read Only):

Active

Edit

Attachment

The maximum file size allowed is 500 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;heic;hta;htm;html;ins;isp;jar;jse;lib;lnk;mde;mht;mhtml;msc;msp;mst;pages;php;pii;scr;scx;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;wsh are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
Email.docx	Michigan Voter Registration & Additional Proof of Valid Gov't ID	20.42 KB	05/17/2022	Actions
Addresses.xlsx	Physician Certification	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

21.

22.

Continue Application

- 23. Once you have reviewed the application fee, click **Continue Application**.
- 24. Choose a **method of payment**.
- 25. Click **Next**.

Step 5 : Pay Fees

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

Application Fees

Fees	Qty.	Amount
Patient Application Fee	40	\$40.00

TOTAL FEES: \$40.00

Continue Application »

23.

MRA Payment Page

Welcome to the payment processing module for MRA.

This process is being used as a secure means of processing online payments 24 hours a day, seven days a week.

Payment may be made using a valid Credit or Debit card (Visa, MasterCard, or Discover) or electronic check (E-check). E-check transactions are electronic payments processed directly from your checking or savings account.

*Payments will post to your statement as "LARA BMMR".

In order to make a payment, please select 'Next' below.

24.

* Indicates required field

Choose method of payment

☐ Pay by electronic check

* Account Type:

Personal

☐ Pay by credit card

VISA

MasterCard

DISCOVER

Back

Next

Exit

25.

17

- 26. Fill in all **Required Fields (*)** for the payment type you selected.
- 27. Click **Next**.
- 28. Click **Pay Now**.

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:

What's This?

*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

Address

Billing Address:

Thomas R
PO Box 30083
Lansing, MI 48909

Payment Method

Credit Card

VISA

LR
x8526 02/22

Payment Amount

Amount: 40.00 USD

Total: 40.00 USD

Back


Pay Now

Exit

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

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

Step 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 using our online services.
Your Record Number is PT-19-A-0

You have successfully submitted your record for review.

[View Record Details »](#)

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

- Once the Physician receives notice of your pending application, they have 15 days to complete their portion of 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.
- You may check the status at any time by logging into the Accela Citizen Access Portal(Michigan.gov/CRAonline) and click on the **Registry Card** tab. (see next page)

To Review your application status:

Click **Registry Card** tab.

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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-A-00	Patient Only Registry Application				Pending		

You can then review the status of your application.

- 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.

20