



MILogin Registration and Subscription to the Michigan Automated Prescription System Practitioner/Pharmacist

There are two steps in registering to the Michigan Automated Prescription System. The first step involves registering with the MILogin to bring the user to the State of Michigan application portal, with the second step of actually registering to MAPS.

Begin by accessing MILogin by opening your web browser and entering <https://milogintp.michigan.gov>

Select *Create New Account* from the State of Michigan MILogin screen.



Login to your account

* = Required Fields

*User ID

*Password

Login

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

i If you have accessed applications using Single Sign On (SSO) that have now migrated to the MILogin portal, please use your SSO user ID and password here rather than creating a new account.

Don't have an account?

Create New Account

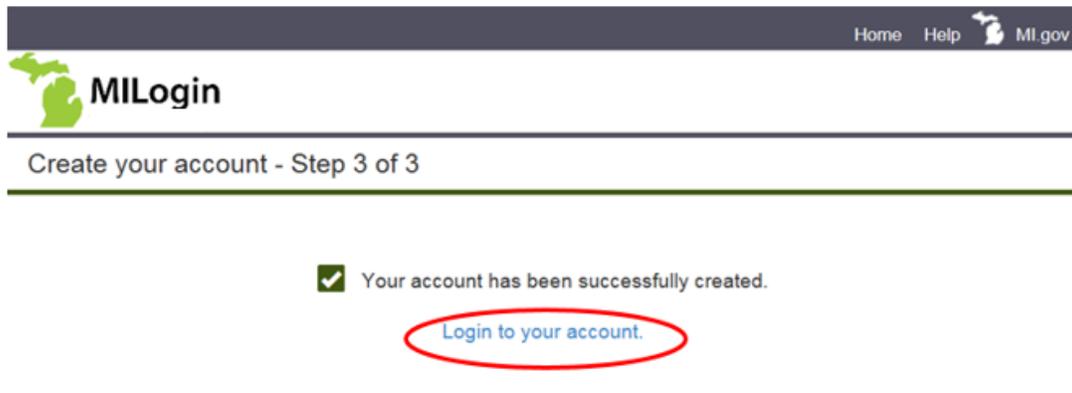
Complete the requested practitioner information; the registration must be in the practitioner's name. Select *Next*.

The screenshot shows the MILogin registration page for Step 1 of 3. At the top right, there are links for 'Home', 'Help', and 'MI.gov'. The MILogin logo is on the left. The main heading is 'Create your account - Step 1 of 3'. Below this, a red asterisk indicates required fields. The form includes input boxes for: *First Name, Middle Initial, *Last Name, Suffix, *Email Address, *Confirm Email Address, *Work Phone Number, Mobile Number, and a *Verification Question: 'What is the 2nd digit in 217903?'. There is a checkbox for 'I agree to the terms & conditions.' and two buttons: 'Next' and 'Clear'. At the bottom, there are links for 'MILogin Home', 'Michigan gov Home', 'Policies', and 'Contact Us', along with a copyright notice for 2015 State of Michigan.

Follow the instructions in the User ID guideline box on the right to create a User ID and Password and Security Questions. Select, *Create Account*.

The screenshot shows the MILogin registration page for Step 2 of 3. It features the MILogin logo and the heading 'Create your account - Step 2 of 3'. The form includes input boxes for: *User ID, *Password, and *Confirm Password. A green box on the right contains 'User ID guideline' instructions and 'Password guidelines' which specify: at least 8 characters, inclusion of 3 categories (Upper case letters, Lower case letter, Numbers, Special characters), and that it should not be based on the User ID. Below this, there is a instruction: 'Select four unique security questions. These questions will be used to restore access to your account in case you forget the password.' This is followed by four pairs of dropdown menus for 'Secret Question #1-4' and corresponding text input boxes for 'Secret Answer #1-4'. At the bottom, there are two buttons: 'Create Account' and 'Back'.

Click on *Login to your account.*



Home Help MI.gov

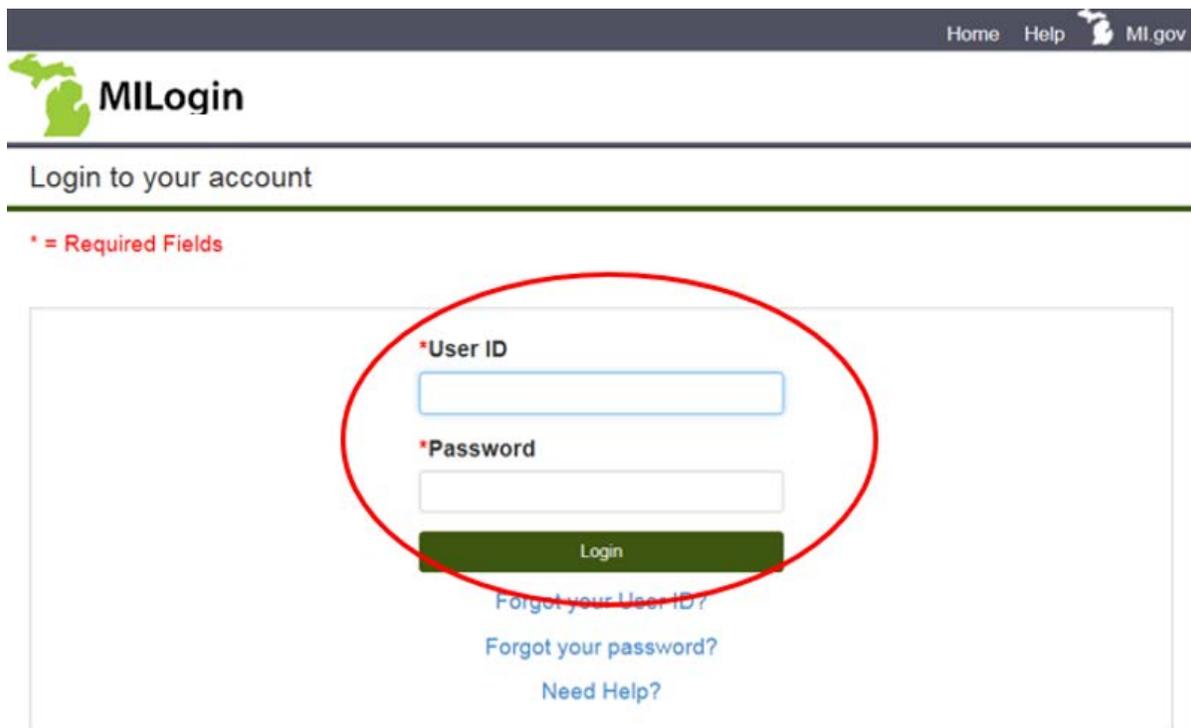
MILogin

Create your account - Step 3 of 3

Your account has been successfully created.

[Login to your account.](#)

Enter the User ID and Password you created and select *Login*.



Home Help MI.gov

MILogin

Login to your account

* = Required Fields

*User ID

*Password

Login

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

Select *Request Access*.

Home Help Logout MI.gov

MILogin

Home Page [Need Help?](#)

Your password will expire in 365 days.

Manage your account

- [Request Access](#)
- [Update Profile](#)
- [Change Password](#)
- [Update Security Q&A](#)

Access your applications

You do not have access to any application. You can request access by clicking on 'Request Access' button above.

To subscribe to MAPS, you may enter *Michigan Automated Prescription System* in the box in Step 1 OR search for the application by clicking the *LARA* logo, then go to Step 2 to select the application.

Home Help Logout MI.gov

MILogin

Request Access

Request access guidelines:

1. Search for an application with a keyword **or** select an agency to view its applications
2. Choose an application
3. Confirm your application and click 'Request Access' to proceed

Step 1: Search for an application

Enter application keyword

OR

Step 1: Select an agency to view its applications

- Michigan Department of Health & Human Services
- Michigan Department of Transportation
- Licensing and Regulatory Affairs
- Michigan Department of State
- Center for Educational Performance and Assessment
- DTMB, Center for Shared Solutions
- Michigan Department of Natural Resources

Select Michigan Automated Prescription and select *Request Access*.

Step 2: Applications - Showing applications for 'Licensing and Regulatory Affairs'

Apply or Renew Adult Foster and Child Care Licenses	^
Facility Maintenance	
Health Facilities Engineering Section	
LTCPP Long Term Care Provider Portal	
Michigan Automated Prescription System	v

Step 3: Click on 'Request Access' button to proceed

Michigan Automated Prescription System

MAPS is an automated system used to track schedule 2-5 controlled substances within the state of Michigan. MAPS provide the ability to allow the State of Michigan to track dispensers, practitioners and patients involved in dispensing and receiving controlled substances.

[Return to home page](#)

Enter your work telephone and select *Submit*.

Home Help Logout MI.gov

MILogin

Request Access

* = Required Fields

This application requires following attributes:

*Email Address

*Work Phone Number

Click on *Return to home page*.

Home Help Logout MI.gov

MILogin

Request Access

The request for your access has been successfully submitted.

You will see the updated list of application(s) on your home page once it is processed.

[Return to home page](#)

Click on *Michigan Automated Prescription System*

Home Help Logout MI.gov

MI Login

Home Page [Need Help?](#)

Your password will expire in **365** days.

Manage your account

[Request Access](#) [Update Profile](#)

[Change Password](#) [Update Security Q&A](#)

Access your applications

- [Michigan Automated Prescription System](#)

The following *User Details* screen will appear and you will need to finalize your subscription. Select “NO” for the question ‘Do you work for MDCH?’ and complete one of the three following options pertaining to your licensed profession.

IMPORTANT NOTE

DEA #s will begin with two letters and consist of seven numbers (i.e. AB1234567)

License #s will begin with a prefix of two numbers pertaining to each type of license and then an additional eight numbers:

Medicine **43** (4312345678-a total of 10 numbers)
Osteopathic **51**
Podiatric **59**
Pharmacist/Pharmacy **53**
Nurse Practitioners **47**
Physician Assistant **56**
Dentist **29**
Veterinarian **69**
Optometry **49**

- If you are a prescriber who **DOES NOT** dispense controlled substances in your office, complete as shown below:

Do you work for MDCH? Yes No

User Type

Practitioner
 Pharmacist
 Pharmacy Software Vendor
 Law Enforcement Officer
 Pharmacy Benefit Manager

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name
 User Id
 Email
 * Phone - -
 * Last 4 of SSN
 * DEA #
 * License #
 (10 Digit License Number-No Alpha Characters)

- If you are a prescriber who **DOES** dispense controlled substances in your office, complete as shown below:

Do you work for MDCH? Yes No

User Type

Practitioner
 Pharmacist
 Pharmacy Software Vendor
 Law Enforcement Officer
 Pharmacy Benefit Manager

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name
 User Id
 Email
 * Phone - -
 * Last 4 of SSN
 * DEA #
 * License #
 (10 Digit License Number-No Alpha Characters)

(Enter practitioner License #)

- If you are a pharmacist/pharmacy complete as shown below:

Do you work for MDCH? Yes No

User Type

Practitioner
 Pharmacist
 Pharmacy Software Vendor
 Law Enforcement Officer
 Pharmacy Benefit Manager

Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS

Name
 User Id
 Email
 * Phone - -
 * Last 4 of SSN
 * DEA #
 * License #
 (10 Digit License Number-No Alpha Characters)

Once you select *Submit*, your subscription will be activated at which time you will be able to request MAPS reports on patients and/or submit prescription data information.

Contact MAPS staff with any questions at 517-373-1737 or email at BPL-MAPS@michigan.gov.