



Bureau of Professional Licensing
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REQUEST FOR ACCESS TO MAPS ON-LINE – Law Enforcement/Government Agency/Other

Authority: P.A. 231 of 2001
 Completion: Voluntary

Agency Name		
Name	Title	
Street Address		
City	State	Zip Code
Telephone Number with Area Code	Fax Number with Area Code	
Secure Email Address		
Supervisor's Name	Supervisor's Title	
Supervisor's Telephone Number with Area Code	Supervisor's Secure Email Address	

CERTIFICATION

I acknowledge and certify the following:

- I am a designated representative of a board responsible for the licensure, regulation, or discipline of a practitioner, pharmacist, or other person who is authorized to prescribe, administer, or dispense controlled substances, an employee or agent of the department, a state, federal, or municipal employee or agent whose duty is to enforce the laws of this state or the United States relating to drugs, or an employee or agent of a state-operated Medicaid program.
- The information I obtain from MAPS shall be used only for bona fide drug-related criminal investigatory or evidentiary purposes or for the investigatory or evidentiary purposes in connection with the functions of a disciplinary subcommittee or 1 or more of the licensing or registration boards created in article 15; and
- I will not provide information obtained from the MAPS to any other person or entity except by order of a court of competent jurisdiction; and
- My assigned user ID and password are confidential and shall not be provided to any other person, failure to keep this information secure will result in revocation of my access to MAPS and possible legal action; and
- I will complete and submit an updated application on January 1st of each year to provide current employment information. Failure to submit an updated application may result in account deactivation.

Signature of User	Date
Signature of Supervisor	Date

Upon approval of this request, online registration instructions will be emailed to the applicant. Please note that online registration is required to be completed by the applicant within **30 days of approval**. A new form will be required for online registration access past 30 days.

For Department of Licensing and Regulatory Affairs use only: Approved: YES NO

MAPS Authorized Signature: _____ Date: _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.