

PIN Linking Instructions

To Register for a MiPLUS Account

- Visit www.michigan.gov/miplus
- Click on your profession
- Then on the next page select “MiPLUS Login” under *Quick Links*

Licensing and Regulatory Affairs

About Us ▾ Bureaus ▾ I Need to... ▾ Learn About... ▾ News, Events & Meetings ▾ Contact Us ▾ LARA Jobs

MIPLUS User Assistance

Home > Bureaus > Professional Licensing > MIPLUS User Assistance

[File a Complaint](#) [Verify a License](#) [Profession Specific Licensing Guides](#)

Welcome to MiPLUS

The Michigan Professional Licensing User System (MiPLUS) is the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing's new online licensing and regulatory database application for health and occupational professionals in Michigan.

- Applicants can now apply online, track the status of their application, and receive electronic notifications.

Quick Links

- [MiPLUS Login](#)
- [File a Complaint](#)
- [Verify a License](#)
- [Request for Assistance](#)

Select “Register for an Account”

Licensing and Regulatory Affairs

Home Search ▾ + New ▾ Help

Professional Licensing

Announcements ▾ [Register for an Account](#) Login

Once you are logged into your MiPLUS account, you can apply for a license, submit a request, or view existing records, by clicking on the word “Licenses”.

Home Licenses Enforcement

Advanced Search

Sign In

USERNAME OR EMAIL*

PASSWORD*

[Forgot Password?](#)

SIGN IN

- Enter a username, email address, password, and security question and answer
- Check the certification box for the Terms and Conditions
- Click “Continue”

Login Information

Step 1 of 2: Account Details

* Required Fields

USERNAME*

E-MAIL ADDRESS*

PASSWORD*

TYPE PASSWORD AGAIN: *

ENTER SECURITY QUESTION*
Select

SECURITY ANSWER (THIS FIELD IS CASE SENSITIVE)*

I have read and accepted the above terms. [Terms of Service](#)

CONTINUE

- Chose Individual or Organization

Select Contact Type

Step 2 of 2: Contact Details

By selecting "Email" as your Preferred Channel you agree to the following: As a licensee or registrant, I am opting into electronic communication for a notice or other communication the department is required or permitted under Article 15 of the Michigan Public Health Code or Article 2 of the Occupational Code to deliver or serve to a licensee or registrant by mail. The department may deliver or serve the notice or communication by electronic mail rather than by first-class mail if I have provided an electronic mail address to the department. This is my authorization to the department in writing to deliver or serve notices and communications to me at the electronic mail address and I consent to the service of any notice or communication sent to the electronic mail address that the department would otherwise serve by mail.

Individual

Organization

➤ Add your contact information then click Submit

* Required Fields	* MAILING ADDRESS
PREFERRED CHANNEL:* Select	START DATE:*
E-MAIL:*	END DATE:
FIRST:*	COUNTRY/REGION:*
MIDDLE:	ADDRESS LINE 1:*
LAST:*	ADDRESS LINE 2:
SUFFIX:	ADDRESS LINE 3:
SOCIAL SECURITY NUMBER: REQUIRED FOR ALL APPLICANTS THAT HAVE ONE	CITY:*
BIRTH DATE:*	STATE:*
PRIMARY PHONE:*	ZIP CODE:*
SECONDARY PHONE:	Add Address
SECONDARY EXTENSION:	SUBMIT
	BACK

➤ Your account will be created and you will be able to login

Announcements Register for an Account Login

Once you are logged into your MiPLUS account, you can apply for a license, submit a request, or view existing records, by clicking on the word "Licenses".

Home Licenses Enforcement

Advanced Search

✔ Your account has been created successfully. You may now login.

To Link your License to your MiPLUS Account

- Log into your MiPLUS account
- Click on "Licenses" then "Apply for License or Submit a Request"

Professional Licensing

Announcements Logged in as smoyerj4

For assistance in using MiPLUS, please visit www.michigan.gov/miplus

Home Licenses Enforcement

Apply for a License or Submit a Request (Certified License Verification) Search Applications

- Read and Accept the General Disclaimer
- Click “Continue Application”

Online License Application


Welcome to MIPLUS. Using this system you can submit and update information, pay fees, track the office, 24 hours a day.

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


I have read and accepted the above terms.

Continue Application » 

- Select the License Link Record
- Then Select “Continue Application”

- ▶ Good Moral Character
- ▶ Hearing Aid Dealers
- ▶ Landscape Architects
- ▼ License Link
 - License Linking 
- ▶ License Verification
- ▶ Marriage and Family T

- ▶ Temporary Military Dependent
- ▶ Veterinary Medicine

Continue Application » 

- Then Enter in the License Number and PIN number found in your letter, then click Continue Application


License Linking


1 License Information 2 Contact Information 3 Review 4 Record Issuance


Step 1: License Information > License Information * Indicates a required field.

License Number and PIN

LICENSE INFORMATION

* License Number: 

* PIN: 

Continue Application » 

- Confirm contact information on the Contact Validation page, then click Continue “Application”.

Step 2: Contact Information > Contact Validation *Indicates a required field.

Name Information

NAME INFORMATION

Current Name:

Mailing Address Information

Mailing Address Modification

Current Mailing Address:

*Update Mailing Address: Yes No

Phone and Email Information

Phone and Email Modification

Current Primary Phone:

Update Primary Phone: Yes No

Current Secondary Phone:

Update Secondary Phone: Yes No

Please Update Your E-mail Address

Current E-mail:

Update E-mail: Yes No

Current Preferred Channel:

Update Preferred Channel: Yes No

Save and resume later
Continue Application »

- Read and accept the certification
- Click “Continue Application”

I certify that the statements in this application are true and complete. I also certify that I am the licensee or an authorized representative of the licensee noted on this application. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

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

Date: 03/25/2026

Save and resume later
Continue Application »

- You have now successfully added your license record to the MiPLUS site where you will have the ability to take advantage of all the MiPLUS features outlined in your letter

Apply for a License or Submit a Request (Certified License Verification)
Search Applications

License Linking

1 License Information
2 Contact Information
3 Review
4 Record Issuance

Step 4: Record Issuance

✓

Your record has been successfully submitted.

Thank you for using MiPLUS.
 Your record number for this transaction is: PIN-██████

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