



MAPS ACCOUNT CHANGE OF AGENCY FORM – Law Enforcement/Government Agency/Benefit Plan Manager

Authority: 1978 PA 368

New Agency Name		
Name		Title
Agency Street Address		
Agency City	Agency State	Agency Zip Code
Telephone Number with Area Code		Fax Number with Area Code
Old User Email Address (if known)		
New Secure Email Address		
New Supervisor's Name		Supervisor's Title
Supervisor's Telephone Number with Area Code		Supervisor's Secure Email Address
CERTIFICATION		
<p>I acknowledge and certify the following:</p> <ul style="list-style-type: none"> • 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, OR • I am a person who provides health benefits, coverage, or insurance in this state, including a health insurance company, a nonprofit health care corporation, a health maintenance organization, a multiple employer welfare arrangement, a Medicaid contracted health plan, or any other person providing a plan of health benefits, coverage, or insurance subject to state insurance regulation; and • 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 of the Michigan Public Health Code, or the purpose of ensuring patient safety and investigating fraud and abuse; 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 notify MAPS of any employment status change as soon as possible before the employment status change, or within 5 days of an unexpected employment status change. • I agree to adhere to all statutory and administrative rules currently in effect or as amended regarding the use of MAPS data and understand that improper use of the data may result in legal action against me. 		
Signature of User		Date
Signature of New Supervisor		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.