



**Michigan Professional Licensure User System  
(MiPLUS)**

**How to Request a  
License Verification  
in MiPLUS**

August 2020

## Request a License Verification in MiPLUS

Proceed to the MiPLUS website at: [www.michigan.gov/miplus](http://www.michigan.gov/miplus). Please use the username/email, and password you created.

**Home** Licenses Enforcement

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 MiPLUS require login for security reasons. If you are an existing user, please enter your user name and password in the box above.

### New Users

If you are a new user, you may register for a MiPLUS account. It only takes a few simple steps and you'll have the added benefits of seeing a complete history of applications, paying fees, checking on the status of pending activities, and more.

### What would you like to do today?

To get started, select one of the services listed below:

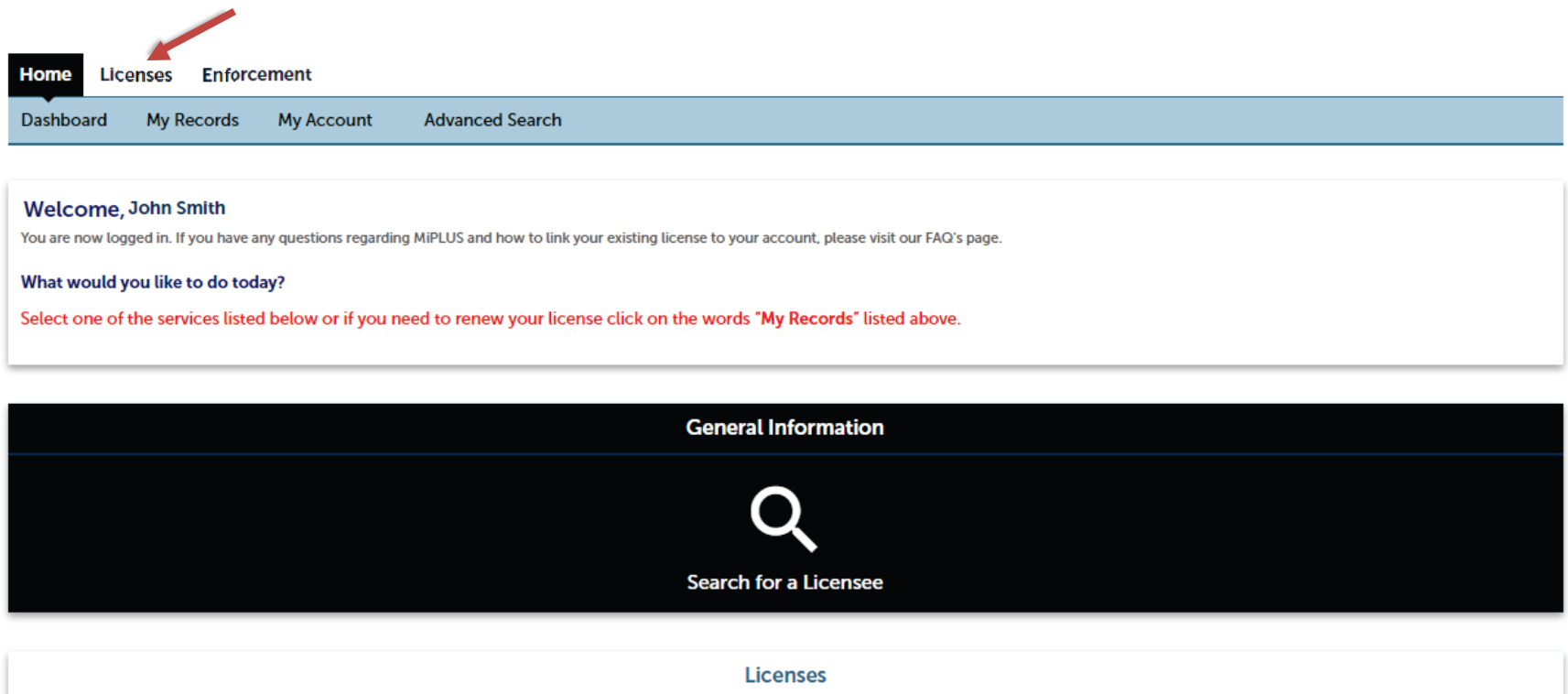
General Information



Search for a Licensee

## Request a License Verification in MiPLUS

Above the welcome message, select the **Licenses** tab.




The screenshot displays the MiPLUS user interface. At the top, there is a navigation menu with three tabs: **Home**, **Licenses**, and **Enforcement**. A red arrow points to the **Licenses** tab. Below the tabs is a secondary menu with four items: **Dashboard**, **My Records**, **My Account**, and **Advanced Search**. The main content area features a welcome message for John Smith, followed by a prompt to select a service. Below this is a dark blue section titled **General Information** containing a search icon and the text **Search for a Licensee**. At the bottom, there is a light blue bar with the text **Licenses**.

## Request a License Verification in MiPLUS

Select **Apply for a License or Submit a Request (Certified License Verification)**

Home **Licenses** Enforcement

 [Apply for a License or Submit a Request \(Certified License Verification\)](#)



### Records

Showing 1-4 of 4 |

<input type="checkbox"/>	Action	Record Number	Record Type	Status	Expiration Date	Name
<input type="checkbox"/>	Modification	6501600025	Real Estate Salesperson License	No Employer	07/26/2023	Smith, John

## Request a License Verification in MiPLUS

Read the **General Disclaimer**, then check the box next to “**I have read and accepted the above terms.**” Select **Continue Application**.

### Online License Application

Welcome to MiPLUS. Using this system you can submit and update information, pay fees, track the status of your application, and more. We are here to help you every day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before continuing.

#### 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 result of updates and corrections.

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I have read and accepted the above terms.

**Continue Application »**



## Request a License Verification in MiPLUS

Select **License Verification** from the list of License or Request Types. Select **Continue Application**.

- ▶ Acupuncture
- ▶ Applied Behavior Analysis
- ▶ Architect
- ▶ Athletic Trainer
- ▶ Audiology
- ▶ Barbers
- ▶ Clone From Related Records Real Estate
- ▶ Clone the following from Related Records tab ONLY
- ▶ Controlled Substance
- ▶ Cosmetology
- ▶ Dentistry
- ▶ FOR TESTING ONLY
- ▶ Good Moral Character Preliminary Determination
- ▶ License Link
- ▼ License Verification
  - License Verification
- ▶ Marriage and Family Therapy
- ▶ Massage Therapy
- ▶ Medicine
- ▶ Midwifery
- ▶ Nursing
- ▶ Nursing Home Administrator
- ▶ Optometry
- ▶ Osteopathic Medicine & Surgery
- ▶ Pharmacy
- ▶ Physician's Assistant
- ▶ Podiatric Medicine & Surgery
- ▶ Professional Engineers
- ▶ Professional Surveyor
- ▶ Program Review
- ▶ Psychology
- ▶ Sanitarian
- ▶ Speech - Language Pathologist
- ▶ Temporary Military Spouse
- ▶ Veterinary Medicine

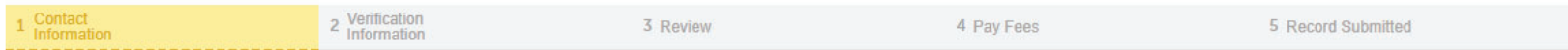
**Continue Application »**



## Request a License Verification in MiPLUS

Click **Select from Account** to add your information as the Requestor

### License Verification



### Step 1: Contact Information > Requestor Information

\* indicates a required field.

### Applicant

To add contact information, click Select from Account. To edit the contact information, click on the Account Management link at the top of the page and find the Contact Section. To remove the contact information, click the Remove link.

Select from Account



Save and resume later

Continue Application »

## Request a License Verification in MiPLUS

Select your contact address and click **Continue**

### Select Contact from Account ×

John Smith  
Applicant

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		123 Main Street

**Continue**

Discard Changes





## Request a License Verification in MiPLUS

After your Contact Information is successfully added, click **Continue Application**.

**Step 1: Contact Information > Requestor Information**

\* indicates a required field.

### Applicant

To add contact information, click Select from Account. To edit the contact information, click on the Account Management link at the top of the page and find the Contact Section. To remove the contact information, click the Remove link.

✔ Contact added successfully.

**John Smith**

allekat21@hotmail.com  
 Primary Phone: 5175551212, Extension:  
 Secondary Phone: , Extension:  
 Birth Date: 10/30/1980

Edit Remove

▼ Contact Addresses

Add Contact Address

To edit a contact address, click the address link.  
 Required contact address type(s): Mailing

Showing 1-1 of 1

Address Type	Address	Action	Primary	Start Date	End Date
Mailing	123 Main Street	Actions ▼	No	07/01/2020	

Save and resume later



Continue Application »

## Request a License Verification in MiPLUS

Enter your **License Number**. Your name and profession will AUTO-FILL.

If you want the verification sent by **EMAIL**: Select **Add a Row** under **Email Recipient Information**. (\$15.00 fee)

If you want the verification sent by **POSTAL MAIL**: Select **Add a Row** under **Postal Mail Recipient Information**. (\$15.00 fee)

If you want the verification sent by **EMAIL and POSTAL MAIL**: Select **Add a Row** under both options. (\$30.00 fee)

**Verification Information**

VERIFICATION INFORMATION

\* License Number:

License Holder Name:

Profession:

**Email Recipient Information**

*Email Recipient Information*

These license verifications will be sent via email to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

Showing 0-0 of 0

Email Address
No records found.

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

**Postal Mail Recipient Information**

*Recipient Information*

These license verifications will be sent via postal mail to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

Showing 0-0 of 0

Name of Recipient	Address Line 1	Address Line 2	Address Line 3	City	State	Zip Code
No records found.						

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)


## Request a License Verification in MiPLUS

Enter the recipients Email Address, Postal Mail address or Both. Click **Submit**.

**Email Recipient Information** ✕

These license verifications will be sent via email to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

\* Email Address:

**Submit**  **Cancel**

**Recipient Information** ✕

These license verifications will be sent via postal mail to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

\* Name of Recipient:

\* Address Line 1:


Address Line 2:

Address Line 3:

\* City:

\* State:

\* Zip Code:

**Submit**  **Cancel**

## Request a License Verification in MiPLUS

After you add the Recipient Information, click **Continue Application**.

### Verification Information

#### VERIFICATION INFORMATION

\* License Number:

License Holder Name:

Profession:

### Email Recipient Information

#### Email Recipient Information

These license verifications will be sent via email to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

Showing 1-1 of 1

<input type="checkbox"/>	Email Address	Actions
<input type="checkbox"/>	johnsmith@gmail.com	Actions

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

### Postal Mail Recipient Information

#### Recipient Information

These license verifications will be sent via postal mail to each recipient listed. Once your verification request has been completed the status will state "CLOSED".

Showing 1-1 of 1

<input type="checkbox"/>	Name of Recipient	Address Line 1	Address Line 2	Address Line 3	City	State	Zip Code	Actions
<input type="checkbox"/>	GA Licensing Board	555 Peach Street			Atlanta	GA	30301	Actions

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

[Save and resume later](#)



[Continue Application >](#)

## Request a License Verification in MiPLUS

Review your submission. If you need to make a correction, click Edit. Click **Continue Application** to submit the request.

**Record Type**

License Verification

**Applicant** [Edit](#)

Individual  
 John Smith  
 Birth Date: 10/30/1980  
 \*\*\*-\*\*-5555  
 Primary Phone: 5175551212  
 E-mail: allekat21@hotmail.com  
 Preferred Channel: Email

**Verification Information** [Edit](#)

VERIFICATION INFORMATION

License Number: 6501600025  
 License Holder Name: John Smith  
 Profession: Real Estate

**Email Recipient Information** [Edit](#)

Email Recipient Information


Email Address  
 johnsmith@gmail.com

**Postal Mail Recipient Information** [Edit](#)

Recipient Information

Name of Recipient	Address Line 1	Address Line 2	Address Line 3	City	State	Zip Code
GA Licensing Board	555 Peach Street			Atlanta	GA	30301

Save and resume later



Continue Application »

## Request a License Verification in MiPLUS

The license verification is \$15.00 per verification. Review the fee payment information. Click **Continue Application** to enter your payment details.

### Step 4 : Pay Fees

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

The application processing fee is a one-time fee for each license type you have applied for. A license fee will be assessed for each year your license will be issued until your next renewal. A renewal fee is assessed for the complete renewal length. For eligible professionals the quantity listed for the controlled substance and/or drug control license fee may differ from your primary license, however both the primary and controlled substance and/or drug control licenses will be renewed for the same length of time.

#### License-Related Fees

Fees	Qty.	Amount
License Verification Application Processing Fee	1	\$15.00

**TOTAL FEES: \$15.00**

Note: Click Continue Application to proceed to our payment processor.

[Continue Application »](#)



## Request a License Verification in MiPLUS

After you submit payment, you will see confirmation that your request was successfully submitted.

### *Step 5 : Record Submitted*



Your record has been successfully submitted.

Thank you for using MiPLUS.

**Your record number for this transaction is: LV002498APP20.**

You will need this number to check the status of your application.

[Print/View Receipt](#)

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To review information submitted on this record, click [View Record Details](#) below.

[View Record Details »](#)