

Welcome to MiPLUS! LARA's new system for licensed professionals in Michigan.

This presentation will walk you through how to request a Good Moral Character Preliminary Determination using MiPLUS.

Make sure you have registered with a MiPLUS account before starting this process.



To get started, please go to: www.michigan.gov/miplus and select your profession.

Licensing User Syste	al em
Bureaus → Professional Licensing → Michigan Professiona	I Licensing User System
WELCOME TO MIPLUS	
The Michigan Professional Licensing User System (MiPLUS) is Licensing's new online licensing and regulatory database app	the Department of Licensing and Regulatory Affairs, Bureau of Professional Jication for health and occupational professionals in Michigan.
File a Complaint	Verify a License
Apply, Renew or Make Changes for Or	ne of the Following Professions
Apply, Renew or Make Changes for Or	ne of the Following Professions
<ul> <li>Apply, Renew or Make Changes for Or</li> <li>Accountancy</li> </ul>	e of the Following Professions <ul> <li>Nursing</li> </ul>
<ul> <li>Apply, Renew or Make Changes for Or</li> <li>Accountancy</li> <li>Accountancy</li> </ul>	e of the Following Professions     . <u>Nursing</u> . <u>Nursing Home Administrators</u>
<ul> <li>Apply, Renew or Make Changes for Or</li> <li>Accountancy</li> <li>Acupuncture</li> <li>Appraisal Management Company (AMC)</li> </ul>	e of the Following Professions     . <u>Nursing</u> . <u>Nursing Home Administrators</u> . <u>Occupational Therapy</u>
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Apply, Renew or Make Changes for Or  Accountancy Acupuncture Appraisal Management Company (AMC) Appraisers.Real Estate Architects Athletic Trainers	Nursing     Nursing Home Administrators     Occupational Therapy     Osteopathic Medicine     Personnel Agencies
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Apply, Renew or Make Changes for Or  Accountancy Accupuncture Appraisal Management Company.(AMC) Appraisers.Real Estate Architects Athletic Trainers Audiology Barbers	<ul> <li>Nursing</li> <li>Nursing Home Administrators</li> <li>Occupational Therapy</li> <li>Optometry</li> <li>Osteopathic Medicine</li> <li>Personnel Agencies</li> <li>Pharmacy</li> <li>Physical Therapy</li> </ul>
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Apply, Renew or Make Changes for Or  Accountancy Acupuncture Appraisal Management Company (AMC) Appraisers. Real Estate Architects Architects Athletic Trainers Audiology Barbers Behavior Analysts Chiropractic Collection Agencies	<ul> <li>Nursing</li> <li>Nursing Home Administrators</li> <li>Occupational Therapy</li> <li>Optometry</li> <li>Osteopathic Medicine</li> <li>Personnel Agencies</li> <li>Pharmacy</li> <li>Physical Therapy</li> <li>Physical Therapy</li> <li>Podiatry</li> <li>Professional Engineers</li> </ul>

- <u>Cosmetology</u>

3

## MIPLUS User Assistance

> Bureaus > Professional Licensing > MIPLUS User Assistance



• File a complaint against a licensed professional or report a change in staff privileges.

## Log in to your account with the username and password you created when registering for MiPLUS.

Then click the "Login" button.

NOTE: If you You m Login t Click c Find you	would like to Renew your licen ist use a desktop or laptop com o MiPLUS. n the "Licenses" tab. ur License Number under the "F	se follow these instruction puter to complete the reg Record Number" column.	ns: istration and renew Click on the "Renev	val process. v License" link locate	d under the "Action" column.
Home	ses Enforcement				
Apply for a	icense or Submit a Request				
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General Sea	ch				
Enter your Business	icense search criteria below. Use the Start Date and F	nd Date fields to enter parameters for the d	late the license was first issued.		
					Search my records only
Record Number	Record Type:				
	Select				
Start Date: 07/15/2017	End Date: (?)				
Search	Clear				

Click on "Licenses" at the top of the screen and then click on "Apply for a License or Submit a Request" underneath it.

<b>↑</b> Home	Q Search → + New → □ Request → ② Help
	Announcements Logged in as:thelenc10 Account Management Logout
	NOTE: If you would like to Renew your license follow these instructions: You must use a desktop or laptop computer to complete the registration and renewal process. Login to MiPLUS. Click on the "Licenses" tab. Find your Licenses Number under the "Record Number" column. Click on the "Renew License" link located under the "Action" column. Home Licenses Enforcement Paperty for a License
	Online License Application
	Welcome to MIPLUS. Using this system you can submit and update information, pay fees, track the status of your application, and print your final license all from the convenience of your home or office, 24 hours a day
	Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.
	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 auxiliability for use, representations on from computer virus, or eno-infingement 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.
	Continue Application >
	© 2016 State of Michigan.

Accept the "general disclaimer" by checking the box on the left side of the screen and then select "Continue Application."



Select the arrow in front of "Good Moral Character Preliminary Determination" and then click on "Good Moral Character Preliminary Determination Request". Then select "Continue Application" at the bottom of the screen.

Step 1: Contact Information > Applicant Information		*indica	ates a required field.
Applicant			
To add contact information, click Select from Account. To edit the contact informati	on, click on the Account Management link at the top of the page and find the	Contact Section. To remove the contact information, click the Re	emove link.
Select from Account			
County			
County •If you are an Individual, select the County applicable to your			
license address; If you are a Business, select the County applicable to the PHYSICAL location of your business. :	Select		
Other Names List			
Other Names List List any other name or alias by which you have ever been known, including maker	name, if applicable		
Showing 0-0 of 0 First Name	Middle Name	Last Name	
ζ			>
Add a Row 🛛 🔻 Edit Selected Delete Selected			
Save and resume later		Continue A	pplication »

Click on "Select from Account" under the applicant box.



A pop-up box will appear. Select your address in the pop-up box by checking the box beside the red arrow.

Then click "Continue".

_						
Applicant						
Applicant To add contact informati Contact added s Brian DoBano Edit Remove Contact Addresses Add Contact A	en, dik Taket from Account. To edit the contact informa accessfully.	asion, click on the Ac	coount Managemen	t link at the top of	the page and find	d he Cantar Sector. To smove the contar information, vice the Remove Inc.
Showing 1-1 of 1						
Address Type	Address	Action	Primary	Start Date	End Date	
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Other Names L	ist					
List any other name or al	ias by which you have ever been known, including maid	len name, if applicat	sie			
Showing 0-0 of 0 First Na	me	Middle Name				Last Name
K Add a Row V	Edit Selected Delete Selected					
Save and resume l	ater					Continue Application

On the next screen select the county you live in from the drop down list and then click "Continue Application" at the bottom right corner. Applicants that do not have an address in Michigan will select "Non-Michigan County."

Good Moral Character Preliminary	Determination Request				
1 Contact Information	2 Profession Type	3 Supporting Documentation	4 Review	5 Pay Fees	6
Step 2: Profession Type > Pro Michigan law PA 455 of 2018 (h Department concerning wheth moral character requirement fo individual from subsequently a section if the individual applies period. If you would like the Departme denial of license or registration the offense(s), including an exp	fession Type ACL 339.202a) and PA 4! er any court judgements on that license or registrat oplying for a license or r for a license or registrat nt to make a non-bindin for failing to meet the g lanation of what took pl	53 of 2018 (MCL 333.16174a) against him or her would lii tion. A preliminary determin egistration in the future. The ion under this act. An individ g preliminary determination ood moral character require ace and date(s) of occurrent	allows for an individual tely result in a denial of a tion under this section Department or a Board ual shall not request mo concerning whether an ment for that license or re(s).	to obtain a preliminary determination from a license or registration for failing to meet that is adverse to an individual does not pr is not bound by a preliminary determinatio ore than 1 preliminary determination in any y court judgments against you would likely registration, please submit a detailed desc *indicat	n the the good event the on under this 120-day result in a ription of tes a required field.
Profession Type Profession Type					
* Profession Type:		Nursing	•		
*License Type:		Registered Nurse	•		
Have you ever been convicted of a fe	lony: *	● Yes ◯ No			
Have you ever been convicted of a m imprisonment for a maximum term of involving the illegal delivery, possess controlled substance?: *	isdemeanor punishable by 'two years or a misdemeanor sion, or use of alcohol or a	⊖Yes ● No			
Save and resume later				Continue Ap	plication »

On the next screen select the profession and license type for which you are seeking a preliminary determination. Then answer "Yes" or "No" to the questions on the screen. The questions may vary by profession. How you answer these questions will determine the next screen you will see. When you are done filling out the information on this page click "Continue Application" in the lower right corner.

Contact Information	2 Profe	ession Type	3 Supporting Documentation	4 Review	5 Pay Fees	6
ep 3 : Supporting	Documentation	>Supporting Docu	imentation			
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If you are seeking a preliminary determination for a Health profession and answered "Yes" to one of the questions on the previous screen you will see this screen. Here you can upload documents explaining any crimes or misdemeanors we should be aware of in order to make our determination. Please note we can only make a determination based on information you provide. Click "Add" to upload a document.



This will then pop-up. Click on "Add" and find the file on your computer you wish to provide as part of your application. These can be either .pdf or Word documents. After you find and upload the document click "Continue"

Step 3:Suppo	ting Document	ation > Supp	orting Documentati	on	*indicates a rec	uired field.
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On this screen you will see the file you selected to upload and the document "Type" should read "Description of Offense". You can also add a description of the file if you'd like. Once you are done with this document click on "Save".

	ninary Determination Request					
Contact Information	2 Profession Type	3 Suppo Docur	orting nentation	4 Review	5 Pay Fees	6
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This page shows that your attachment has been uploaded successfully. If you'd like to add another document you can do that now. Or select "Continue Application".

Good Moral Character Preliminary Determination Reque						
1 2 ProfessionType 3 Supporting	101	4 Review	5 Pay Poss		6 Record Issuence	
	-					
Step 4:Review						
Bave and resume later						
Please review all information below. Click the "Ldd" ballions to make char	pes to sections or "Continue	Application" to move on. You m	sust check the box to agree t	to the certification at the bolt	iom of the page before you can continue.	
Record Type						
	Good Noral (	Character Prolininary Determin	ution Tequest			
Applicant					Ede	
						-
Brian DeBano Birth Date: 05/17/1967						
Primary Phone 5173354282						
c-mail.conserveb1@michgan.gov1URNLD_OFF Preferred CharrietEmail						
County						
Fronte					1.4	
If you are an Individual, select the County applicable to	Inaham				Lak	
your license address; If you are a Business, select the County applicable to the PHYSICAL location of your						
business. :						
Other Names List						
						-
Other Names List No Custom Lists data for the sub group above.					Edit	
Profession Type						
Profession Type					Edit	
Profession Type:	Nursing					
License Type:	Registered Nurse					
Have you ever been convicted of a felony:	Yes					
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of tw	No					
years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance.						
Attachment					Ede	
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rne maamum file size allowed is 250 MB. himichtenynhigshimi am disallowed file types to upload.						
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COVE SING FEGUNIE ISLOF					Continue Application »	

Please review the information on this screen to make sure it is correct.

If the information is correct click "Continue Application" at the bottom right of the screen.

The next and final step to complete your application for a Preliminary Determination is to pay the fees.

Click "Continue Application" to complete the process by paying the required fees.



Debit or credit cards are the only accepted methods of payment.

Click on "next" to continue with the payment.

	MI Professional Licensing
To continue the payment process, click the	he "Next" button in the box below.
**NOTE: If you receive any type of error	message at any point hereafter please do not resubmit payments; contact the BPL office at 517-241-0199.
	* Indicates required field
	Billing Address
	Use Business Name
	*First Name: Bnan
	*Last Name: DeBano
	*Street Line 1: 111 W. Ottawa Street
	Street Line 2:
	*City: Lansing
	*State: Michigan 🔻
	*Zip: 48909
	*Country: UNITED STATES *
	*Phone: 5178675309
	*E-Mail: youremail@gmail.com
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Complete the billing information form. Make sure the name and address you enter matches the name and address on the credit card you will be using to pay.

Scroll down to complete the form.

Payment Method		
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Enter your credit card information and click "next."

LARA Department of Licensing and Regulatory Affai		MICHIGAN.GOV Michigan's Official Website	
Payment Review			
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Upon submission of your payment, you will	receive an email confirmation; this em	ail is your RECEIPT.	
To confirm your payment information, click	on "Pay Now" in the box below.		
**NOTE: If you receive any type of error me	essage at any point hereafter please d	o not resubmit payments; contact f	the BPL office at 517-241-0199.
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	Address		
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LARA FOIA Process	Office of Regulatory Reinvention Michigan.gov Home ADA	State Web Sites Michigan	<u>n</u>

On the next page, review that your information is correct and click "Pay Now" to complete the process. (Please click "Pay Now" only once)

Once you click "Pay Now" the screen will go blank and you will receive a confirmation receipt in your email.

The receipt confirms that the Department of Licensing and Regulatory Affairs has received your payment and that the process was completed.

You will be notified via email when we have completed the review and make a preliminary determination.

Questions or Concerns? Email: <u>BPLHelp@Michigan.gov</u> Phone: 517-241-0199

If you have additional questions or concerns, please contact us. We are available to help

Monday thru Friday from 9 a.m. to 4 p.m.