

User Account Access Request

MiCelerity is the [drug poisoning reporting system](#) for MDHHS. Each qualified organization can request up to three MiCelerity User Accounts. Please submit your completed form to [MDHHS-MODAsurveillance@michigan.gov](mailto:MODAsurveillance@michigan.gov) for approval. Local Health Department users should include their Health Officer on the email for their awareness.

Requester Information

Do you have an active MDSS account? Yes No

Account type request: Local Health Department – Standard
 Local Health Department – Data Specialist
 Medical Examiner’s Office
 Federally Recognized Tribal Health Program or American Indian Health and Family Services
 Healthcare facility
 MDHHS

Organization:

Name:

Title/role:

Email address:

Work phone:

Provide a brief description of why you are requesting access to MiCelerity and for which counties:

Signature:

Date:
