



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **eLicense Guide: Terminal Facility – Veterinary Clinic License Application**

**Updated 3/27/23**

### **Terminal Facility – Veterinary Medicine License Application Required Information and Documentation:**

- Applicant Attestation form, found [here](#).
- Responsible Person Attestation form, found [here](#).
- Articles of Incorporation/Formation (*if applicable*).
- Criminal conviction or disciplinary action documentation (*if applicable*).
- Valid payment via credit card (Visa, MasterCard, or Discover) for the \$123.50 application fee (\$120.00 licensing fee / \$3.50 eLicense transaction fee).

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### **Accessing Application:**

1. Using [Google Chrome](#) as your web browser, access the portal using the eLicense Ohio system at [eLicense.ohio.gov](http://eLicense.ohio.gov).
2. Login to your current license account. This is the same username and password you utilize your veterinary license with the Ohio Veterinary Medical Board.  
*\*For assistance accessing your eLicense Ohio account, please contact the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.*

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### **Completing the Application:**

- 1. BUSINESS INFORMATION:** Enter all business information – primary contact, e-mail address, phone number, mailing and public (physical location) address – and select 'Save and Continue'.
- 2. APPLICATION QUESTIONS:** This section will have questions related to your business entity, business practice, legal/disciplinary action history, and responsible person information. Answer all questions truthfully and select 'Save and Continue'.
- 3. ATTACHMENTS:** The entity will also be required to upload attestation forms signed by the Applicant and the Responsible Person. An applicant must be anyone with legal signing authority for the business entity. These forms are permitted to be signed by the same individual. Other attachments may be required based upon answers to questions in the previous section. Upload the required documentation then select 'Save and Continue'.
  - Applicant Attestation form, found [here](#).
  - Responsible Person Attestation form, found [here](#).

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov) | [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)



- 4. REVIEW & SUBMIT:** The system will verify you have completed all required questions and attachments. Select the 'Consent to Electronic Signature' check box and input the applicant's first and last name in the box provided. Select 'Submit' to proceed to payment.
- 5. CART:** Click the 'Select All' check box then 'Continue' to checkout then 'Continue' again to proceed to the payment screen.
- 6. PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue' then select 'Submit' on the next screen. *Important – The billing information must match identically to the information on file with the financial institution.*

If you need help or have questions pertaining to your license application please e-mail [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov). For quickest response time, please include your name, telephone number, and application number which can be found on your eLicense Ohio dashboard.

### **TERMINAL – FACILITY – VETERINARY MEDICINE – CATEGORY 3 APPLICATION:**

From your dashboard, select your name in the top right corner then select **Manage Business**.

Ohio | eLicense Ohio Professional Licensure

UPDATE EMAIL DASHBOARD LICENSE LOOK-UP FILE A COMPLAINT 0 DOE, JANE

Notice: Payment processing could be delayed at this time. Please allow 24 hours for the system to process and register your payment.

Have a licensing question? Contact your licensing board or check their website. Help desk representatives are not trained to answer licensing questions.

Technical Support - Help desk representatives are available to answer login or registration questions by calling (855) 405-5514 weekdays from 8:00 am to 5:00 pm EST.

Callers may experience extended wait times due to the high number of calls. If you're unable to wait for a representative, you can leave a call back number. If you're experiencing technical issues with the eLicense website, make sure you are using Google Chrome or Mozilla Firefox as your browser.

## Welcome to your eLicense Dashboard

[+ APPLY FOR A NEW LICENSE](#) [MY HISTORY](#)

Are you looking to apply for a new business license? First, add your business by clicking here before applying.

### Your Licenses

On the Manage Business Page, select Add a New Business and input business information as required. Select **'Submit'** to proceed. Follow any onscreen prompts to update your profile.

### Manage Business

**Add Existing Business**

You can add an existing business if it has been previously registered. To do so, enter your security code and click 'Submit'. If you do not have your security code, click 'Obtain Security Code.'

**Add New Business**

To add a new business, complete the information fields below. Select the type of ownership from the 'Registered As' dropdown menu. Each field noted with "\*" is a required field. Once you have completed all of the information, click 'Submit'.

The account alias will be used to identify specific businesses if you manage multiple businesses with the same name.

### Add New Business

To add a new business, complete the information fields below. Select the type of ownership from the 'Registered As' dropdown menu. Each field noted with "\*" is a required field. Once you have completed all of the information, click 'Submit'.

The account alias will be used to identify specific businesses if you manage multiple businesses with the same name.

Business Name  
\* Sample Veterinary Clinic, LLC

Registered As: Limited Liability Company | Doing Business As: Sample Vet Clinic

FEIN Number  
\* 00-0000000

Primary Contact First Name: Jane | Primary Contact Last Name: Doe | Business Alias: [ ]

Primary Contact Email  
\* janedoe@testemail.com

Primary Contact Phone Number  
\* (614) 555-5555 | Fax: [ ]

Business Email - Official Communications  
\* officemanager@testemail.com

Website: [ ]

**SUBMIT**

### Adding A New Business

You are submitting a request to add a new business. This request will upgrade your user account to a business user account. This process can take a few minutes to finish.

Click continue to proceed.

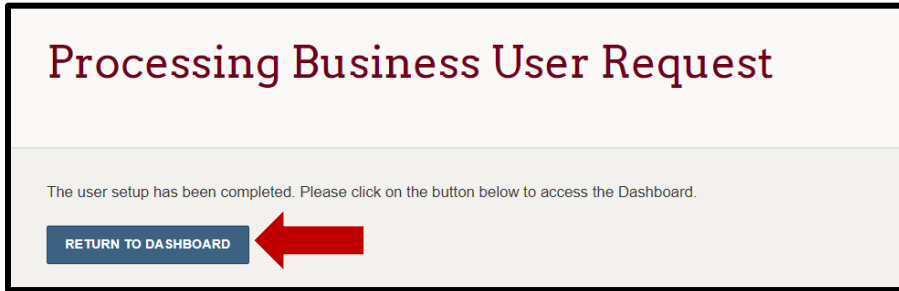
**CANCEL** **CONTINUE**

### Next Step:

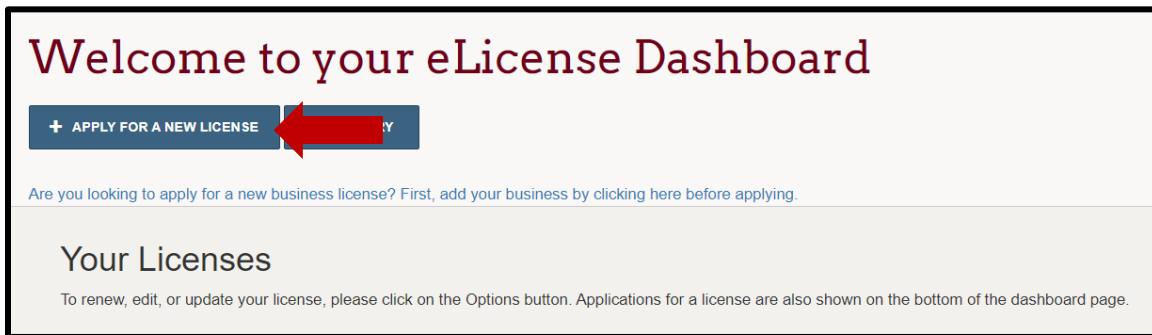
Your new business request has been submitted. Click the **SUBMIT** button below to begin the user upgrade process.

**SUBMIT**

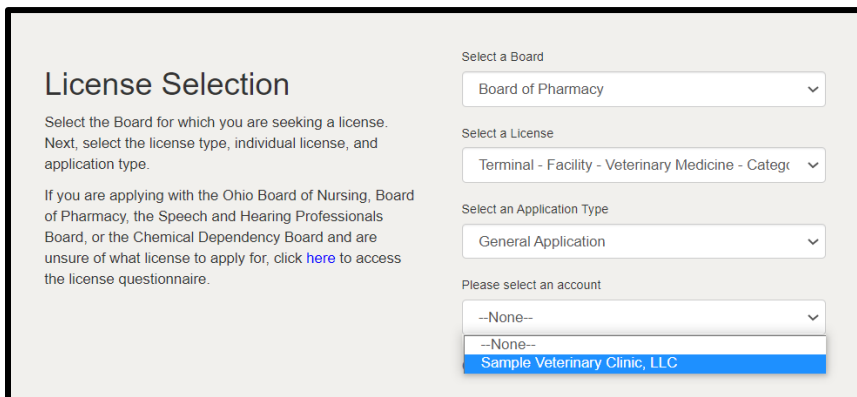
Select **Return to Dashboard**.



Select **+Apply for a New License** to begin the application.



In the License Selection section, select the appropriate options – Board: Board of Pharmacy, License Type: Terminal – Facility – Veterinary Medicine – Category 3, and Application type: General Application. For the account, select the business account you just created.



In the Eligibility section, select **"Yes"** to the eligibility criteria. *If you see a different question, then you have selected the wrong license type.*

<h2>Eligibility</h2>	Is your business a professional association, corporation, partnership, or limited liability company organized for the purpose of practicing veterinary medicine?
By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Review the Application Instructions and select **Save and Continue**.

**BUSINESS INFORMATION:**

*Review and ensure all business information is correct, including primary contact name and e-mail address.*

<h2>Business Information</h2>	Business Name <input type="text"/>
Provide the necessary business information in the fields to the right.	Doing Business As <input type="text"/>
	Website <input type="text"/>
	Business Fax Number <input type="text"/>
	* Business Phone Number <input type="text"/>
	* Business Email <input type="text"/>
	Primary Contact First Name <input type="text"/>
	Primary Contact Last Name <input type="text"/>
	* Primary Contact Phone Number <input type="text"/>
	* Primary Contact Email <input type="text"/>

In the address section, select **+Add Address** in the License Mailing Address section. Input the address information and select **Save**.

**License Mailing Address** **+ ADD ADDRESS**

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.

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**License Public Address** **+ ADD ADDRESS**

Select a license public address by clicking the appropriate checkbox to the right. This address should be the PHYSICAL LOCATION of the business applying for licensure and will be viewable by the public. To add a new address, click Add Address, complete the required fields, and click Save.

Use this address as Mailing

Address Format  
US Address

Street Address Line 1  
\* 77 S. High Street

Street Address Line 2

City State Zip Code  
\* Columbus \* OH \* 43215

County  
Franklin

CANCEL **SAVE**

If multiple results return, please select the address that is validated as noted with a ✓.

Geo Validated Address Options

Multiple addresses are available in the system for the provided search criteria, you can select one address from the options below.

Street Address	City	State	Zip Code	County	Validated
<u>77 S High St</u>	Columbus	OH	43215-6108	Franklin	✓
77 S. High Street	Columbus	OH	43215	Franklin	

Repeat the steps under the License Public Address section or if the address is the same as the mailing address. Select the checkbox next to the address, then **Save as Public**. **IMPORTANT – the Public Address is the physical location where dangerous (prescription) drugs will be delivered and stored. This can be a personal residence if appropriate.**

**License Public Address**

Select a license public address by clicking the appropriate checkbox to the right. This address should be the PHYSICAL LOCATION of the business applying for licensure and will be viewable by the public. To add a new address, click Add Address, complete the required fields, and click Save.

Public Address 🗑️

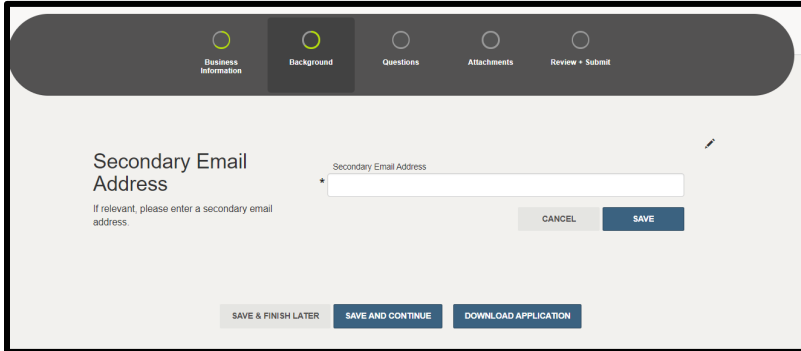
77 S High St  
Columbus OH 43215-6108  
Franklin  
United States

+ ADD ADDRESS **SAVE AS PUBLIC**

Once all information is populated, select **'Save and Continue'**.

**SECONDARY EMAIL ADDRESS:**

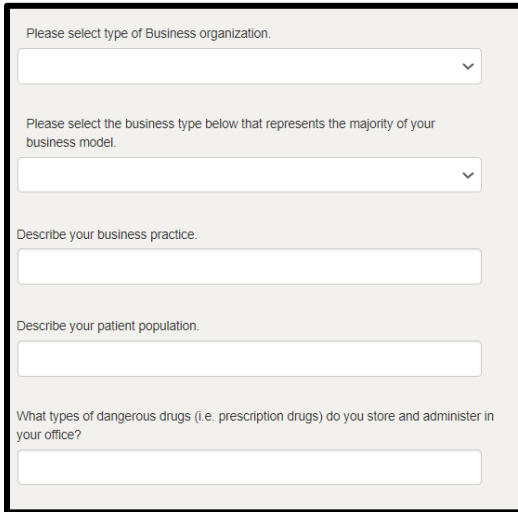
If you need to list another email address for the license, you may do so by selecting the pencil icon (✎) and inputting the email address. Please note, only the email address listed in the **Business Email** field on the Business Information tab will receive official communications about the license.



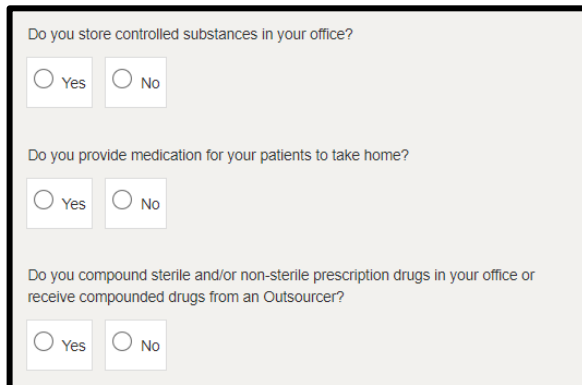
The screenshot shows a web application interface with a dark navigation bar at the top containing five tabs: Business Information (active), Background, Questions, Attachments, and Review + Submit. Below the navigation bar, the main content area is titled "Secondary Email Address" and includes a sub-header "Secondary Email Address" with a pencil icon. A text input field is labeled "Secondary Email Address" and contains a small asterisk. Below the input field are "CANCEL" and "SAVE" buttons. At the bottom of the form, there are three buttons: "SAVE & FINISH LATER", "SAVE AND CONTINUE", and "DOWNLOAD APPLICATION".

**APPLICATION QUESTIONS:**

Answer all application questions and select '**Save and Continue**'. For more information regarding the legal and disciplinary questions, please visit: [www.pharmacy.ohio.gov/legal](http://www.pharmacy.ohio.gov/legal).



This screenshot displays a series of application questions. The first question is "Please select type of Business organization." with a dropdown menu. The second question is "Please select the business type below that represents the majority of your business model." with a dropdown menu. The third question is "Describe your business practice." with a text input field. The fourth question is "Describe your patient population." with a text input field. The fifth question is "What types of dangerous drugs (i.e. prescription drugs) do you store and administer in your office?" with a text input field.



This screenshot shows three questions with radio button options. The first question is "Do you store controlled substances in your office?" with "Yes" and "No" options. The second question is "Do you provide medication for your patients to take home?" with "Yes" and "No" options. The third question is "Do you compound sterile and/or non-sterile prescription drugs in your office or receive compounded drugs from an Outsourcer?" with "Yes" and "No" options.

Has the APPLICANT ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

Yes  No

Has the APPLICANT ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Yes  No

Within the past 10 years, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.

Yes  No

Has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Yes  No

Has the APPLICANT ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

Yes  No

Has the APPLICANT ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license or registration?

Yes  No

Has the APPLICANT ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that was based in whole or in part, on the applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

Yes  No

Provide the name, title, phone number and email for the applicant. The applicant must be an individual who can legally sign for the company and can verify the information provided in this application is true, correct and complete.

Add Information

Please list Applicant's Name

Please list Applicant's Title

Please list Applicant's Phone Number

Please list Applicant's Email



Has the RESPONSIBLE PERSON been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original charge?

Yes  No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a felony or misdemeanor drug offense under state or federal law? This includes a court granting intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC or TLC), or other diversion programs. Felony or misdemeanor drug offenses must be included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

Yes  No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?

Yes  No

Within the past 10 years, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code.

Yes  No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?

Yes  No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?

Yes  No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

Yes  No

Has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

Yes  No

Has the RESPONSIBLE PERSON ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

Yes  No

Has the RESPONSIBLE PERSON ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the responsible person's license or registration?

Yes  No

Provide the name, title, phone number and email of the Responsible Person. The Responsible Person is the individual responsible for the supervision and control of the dangerous drugs and drug records at this location. The Responsible Person is also responsible for ensuring that the application is true, correct and complete. Pursuant to rule 4729-5-11 of the Ohio Administrative Code, only individuals with certain qualifications approved by the Board can serve as the Responsible Person on a license. The Board has issued a resolution specifying the qualifications for each category of license, which can be accessed here: [www.pharmacy.ohio.gov/Responsible](http://www.pharmacy.ohio.gov/Responsible).

Add Information

Please list Responsible Person's Name

Please list Responsible Person's Title

Please list Responsible Person's Phone Number

Please list Responsible Person's Email

Does the Responsible Person hold a license as a Doctor of Veterinary Medicine (DVM) issued by the Ohio Veterinary Medical Licensing Board?

Yes  No

Please list Responsible Person's License Number

## **ATTACHMENTS:**

Upload the required attestation forms and the business formation and/or legal and disciplinary action documentation (if applicable). To upload, select the **Add Attachment** button and select the file saved on your device.

Applicant Attestation  
Signed Applicant Attestation. A copy of the form may be found [here](#)

**ADD ATTACHMENT**

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Responsible Person Attestation  
Signed Responsible Person Attestation. A copy of the form may be found [here](#).

**ADD ATTACHMENT**

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Articles of Incorporation  
Corporations must attach a copy of articles of incorporation; limited liability companies must attach a copy of articles of organization or certificate of formation filed with the state governing authority where the business is organized.

**ADD ATTACHMENT**

## **REVIEW & SUBMIT:**

The system will check to ensure you have completed the application requirements. Once complete, review the attestation language. Select the checkbox and electronically sign by inputting the user's name in the text field.

Completed

### Application Review

**Attestation**

I declare under penalties of falsification as set forth in Chapters 2921. And 4729. of the Ohio Revised Code that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(Jane Doe)

To submit the application, select **Submit**.

### Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

### **CART & PAYMENT:**

You will be automatically directed the Cart to review and pay the license application fees. Select the check box for the application and then select **Continue**. Follow the prompts to complete payment.

**Acceptable payment methods include Visa, MasterCard, and Discover.** The Board does not accept electronic check or American Express. The billing information must match exactly with the information on file with your financial institution.

Select a board:

Board of Pharmacy

Select All

License Fee for APP-000704478

Type	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
Terminal - Facility/Veterinary Medicine - Category 3 - Application- Fee	3/26/2023 4:16 PM		\$120.00	\$120.00			
eLicense System Transaction Fee	3/26/2023 4:16 PM		\$3.50	\$3.50	\$0.00		

Total Due: **\$123.50**

Selected Fees: 2

Please Note: Due to system capacity constraints, you can only pay for a maximum of 12 fees at a time.

*If you need help logging in to your eLicense account, registering, or any other technical issues with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.*