



## **eLicense Guide: Home Medical Equipment Facility Renewal**

**Updated 4/21/2020**

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**PRIOR TO RENEWING, LICENSE HOLDERS ARE REQUIRED TO REVIEW THE DESIGNATED REPRESENTATIVE AFFILIATED WITH THE LICENSE. TO REVIEW, PLEASE CLICK [HERE](#). IF THE CORRECT DESIGNATED REPRESENTATIVE IS NOT LISTED, PLEASE COMPLETE A CHANGE OF DESIGNATED REPRESENTATIVE FORM, FOUND [HERE](#).**

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**IF YOU NEED TO MAKE A CHANGE TO YOUR LICENSE, INCLUDING ANY OF THE FOLLOWING, YOU MUST COMPLETE A ‘CHANGE IN BUSINESS DESCRIPTION IN LIEU OF A RENEWAL:**

- **CHANGE IN OWNERSHIP**
- **CHANGE IN BUSINESS OR TRADE NAME**
- **CHANGE IN ADDRESS/LOCATION**

**GUIDANCE ON HOW TO COMPLETE A CHANGE IN BUSINESS DESCRIPTION CAN BE FOUND [HERE](#).**

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### **Renewal Application Required Information and Documentation:**

- Applicant Attestation, found [here](#)
- Designated Representative Attestation, found [here](#)
- Certificate of insurance – showing minimum product and professional liability insurance coverage of one million dollars per occurrence, three million aggregate
- Criminal conviction or disciplinary action documentation, *if applicable*
- Valid payment via credit card (Visa, MasterCard, or Discover)

### **Accessing the Renewal Application:**

1. Access the portal using the eLicense system at <https://elicense.ohio.gov>

2. Login to your current eLicense account, if you do not yet have an eLicense account, please find guidance [here](#) on how to register.

### **Completing the Renewal Application:**

From your Dashboard, select the **OPTIONS** tab on your HMEL license then **RENEW**

1. **ELIGIBILITY:** Answer the eligibility questions and then ‘Proceed to Application.’
2. **PERSONAL INFORMATION:** Ensure all personal information is current and select ‘Next.’
3. **QUESTIONS:** There will be general licensing questions, acknowledgements, and Applicant and Designated Representative legal and disciplinary questions.
4. **ATTACHMENTS:** Here you will be required to upload the required documents listed above.
5. **REVIEW & SUBMIT:** Select the ‘Consent to Electronic Signature’ check box and type your first and last name in the box provided. Select ‘Submit’ to proceed to payment.
6. **CART:** Click the ‘Select All’ check box then ‘Continue’ to checkout then ‘Continue’ again to proceed to the payment screen.
7. **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.

### **RENEWAL APPLICATION:**

From your Dashboard, select the **OPTIONS** tab on your HMEL license then **RENEW**



**ELIGIBILITY:**

Answer eligibility questions, then select **PROCEED TO APPLICATION**

<h2>Eligibility</h2>	<p>Is the individual who serves as the Designated Representative, pursuant to OAC 4729:11-2-02, on file with the Board?</p>
<p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
	<p>Has the physical address of the licensed facility changed from what is on file with the Board?</p>
	<p><input type="radio"/> Yes <input type="radio"/> No</p>
	<p>Has the business or trade name of the licensed facility changed from what is on file with the Board?</p>
	<p><input type="radio"/> Yes <input type="radio"/> No</p>
	<p>Has the ownership of the licensed facility changed from what is on file with the Board?</p>
	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**PERSONAL INFORMATION:**

Review and ensure all personal information is correct

The screenshot shows a web form titled "Personal Information". At the top, there is a dark navigation bar with four circular indicators: "Personal Information" (active), "Questions", "Attachments", and "Review - Submit". The form itself has a light background and contains the following elements:

- Title:** A text input field.
- First Name:** A text input field with an asterisk (\*) indicating it is required.
- Middle Name:** A text input field.
- Last Name:** A text input field with an asterisk (\*) indicating it is required.
- Suffix:** A text input field.
- Maiden Name:** A text input field.
- Social Security Number:** A text input field with an asterisk (\*) indicating it is required.
- Date of Birth:** A text input field with an asterisk (\*) indicating it is required.
- Email Address:** A text input field with an asterisk (\*) indicating it is required.
- Other Phone Number:** A text input field.
- Phone Number:** A text input field with an asterisk (\*) indicating it is required.

On the left side of the form, there is a heading "Personal Information" and a paragraph: "Provide the necessary personal information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process."

## Additional Information

Provide the necessary additional information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process. If you were born in the United States, you will need to list the city and state where you were born.

Please list all other aliases.

What is your gender?

\*  ▼

What is your ethnicity?

▼

In which country were you born?

\*  ▼

In which state were you born (if United States)?

▼

In which city were you born?

## License Mailing 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.

✔ ADDRESS SAVED  
SUCCESSFULLY

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

↗ USE DIFFERENT ADDRESS

Once all information is populated, select **SAVE AND CONTINUE**

## QUESTIONS:

Answer the following questions

### Questions

Answer the following questions by selecting the Yes/No option for each question. Once completed, click Save and Continue.

Is the individual who serves as the Designated Representative, pursuant to OAC 4729:11-2-02, on file with the Board?

Yes  No

Has the physical address of the licensed facility changed from what is on file with the Board?

Yes  No

Has the business or trade name of the licensed facility changed from what is on file with the Board?

Yes  No

Has the ownership of the licensed facility changed from what is on file with the Board?

Yes  No

Does the licensed facility currently perform any HME services (storage, leasing, sales, deliver, billing services, maintenance, cleaning, infection control, and/or repair) at a site other than the licensed facility?

Yes  No

## **LEGAL & DISCIPLINARY QUESTIONS:**

The following questions will be asked of both the Applicant and Designated Representative. Legal & disciplinary question guidance and definition of 'Applicant' can be found [here](#).

For guidance on answering the following legal and compliance questions, please review the following guidance document - [www.pharmacy.ohio.gov/legalHME](http://www.pharmacy.ohio.gov/legalHME)

I acknowledge guidance has been provided to assist in answerir ▼

I acknowledge the term APPLICANT does not only refer to the individual listed below but refers to any individual at the licensed/registered location who provides home medical equipment services (i.e. sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment).

I acknowledge. ▼

## **Applicant information & questions:**

Provide the name, title, phone number, and email for the APPLICANT. The applicant must be an individual who can legally sign for the licensee/registrant 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, including area code.

Please list APPLICANT'S email address.

In the last 3 years, has the APPLICANT ever been convicted of, or are there charges pending for, a felony under state or federal law?

Yes  No

In the last 3 years, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor involving dishonesty, fraud, or directly related to the provision of HME services?

Yes  No

In the last 3 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

In the last 3 years, 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

In the last 3 years, has the APPLICANT ever been denied a license, registration, or certification by an appropriate issuing body of any federal, state, or other jurisdiction, or is any such action pending?

Yes  No

In the last 3 years, has the APPLICANT ever been the subject of a disciplinary action as defined in 4729:11-1-01 (K) of the Ohio Administrative Code by an appropriate issuing body of any federal, state, or other jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license, registration, or certification?

Yes  No



**Designated Representative information & questions:**

Provide the name, title, phone number, and email for the DESIGNATED REPRESENTATIVE. The designated representative is the individual responsible for the supervision and control of the home medical equipment services provided at this location pursuant to rule 4729:11-2-02 of the Ohio Administrative Code. The designated representative is also responsible for ensuring that the application is true, correct, and complete.

Add information ▼

Please list DESIGNATED REPRESENTATIVE'S name.

Please list DESIGNATED REPRESENTATIVE'S title.

Please list DESIGNATED REPRESENTATIVE'S phone number, including area code.

Please list DESIGNATED REPRESENTATIVE'S email address.

In the last 3 years, has the DESIGNATED REPRESENTATIVE 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

In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a felony under state or federal law?

Yes  No

In the last 3 years, has the DESIGNATED REPRESENTATIVE 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

In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a misdemeanor involving dishonesty, fraud, or directly related to the provision of HME services?

Yes  No

In the last 3 years, has the DESIGNATED REPRESENTATIVE 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

In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

Yes  No

**ATTACHMENTS:**

Here you will be asked to upload all required attachments. Select **ADD ATTACHMENT** and select the appropriate file. Once all attachments are uploaded, select **SAVE AND CONTINUE**

Designated Representative Attestation Signed attestation by the individual listed as the DESIGNATED REPRESENTATIVE on the application. A copy of the form may be found <a href="#">here</a> .	<b>ADD ATTACHMENT</b>
Applicant Attestation Signed attestation by the individual listed as the APPLICANT on the application. A copy of the form may be found <a href="#">here</a> .	<b>ADD ATTACHMENT</b>
Professional/Product Liability Insurance A certificate of product and professional liability insurance coverage in the amount of one million dollars per occurrence, three million dollars aggregate.	<b>ADD ATTACHMENT</b>

## REVIEW & SUBMIT:

Completed

### Application Review

### Attestation

I declare under penalties of falsification as set forth in Chapters 2921. and 4752. 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/registration applied for is granted, the license/registration-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., 4729., and 4752. of the Ohio Revised Code and all other applicable laws and rules. I fully understand that submission of this application with the State of Ohio Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4752.17 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.

### 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:**

Select the 'License Renewal/Reinstatement' fee check box

Select 'Continue' and follow the prompts to complete payment

☑ License Renewal/Reinstatement Fee for					
Type	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount
HMEL Renewal Fee	4/1/2020 4:59 PM		\$400.00	\$400.00	
eLicense System Transaction Fee	4/1/2020 4:59 PM		\$3.50	\$3.50	\$0.00

**If you need help or have questions pertaining to your Home Medical Equipment License Renewal please e-mail [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov).**

**If you need help logging into 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 EDT.**