



**STATE OF
OHIO**
BOARD OF PHARMACY

eLicense Guide: Drug Distributor Change in Business Description Application

REMINDER: Drug distributors upgrading their licenses due to the recent scheduling of [xylazine](#), may wait until the license renewal period that begins in May 2023. For more information, visit: www.pharmacy.ohio.gov/XylazineComp

Drug Distributor Change in Business Description 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 \$2,000.00 application fee.

Accessing Application:

1. Using [Google Chrome](#) as your web browser, access the portal using the eLicense Ohio system at eLicense.ohio.gov.
2. Login to your current license account. For assistance identifying which users currently have access to the license or if a new individual needs to set up an account, please email licensing@pharmacy.ohio.gov.

Completing the Application:

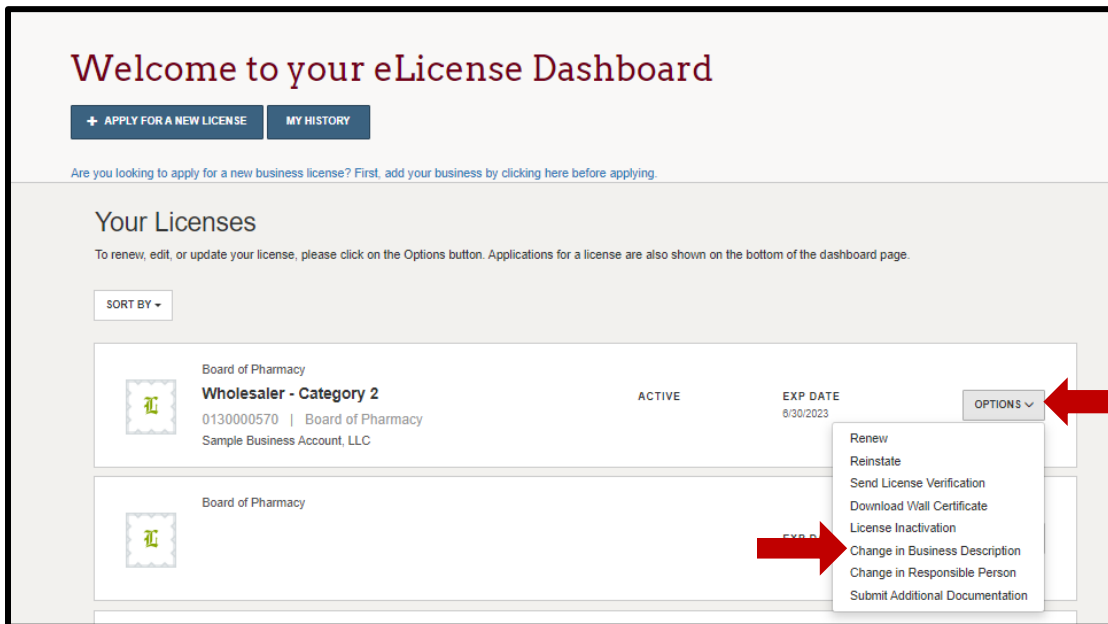
1. **APPLICATION QUESTIONS:** This section will have questions related to your business entity, business practice, legal/disciplinary action history, and responsible person information. Answer all questions truthfully and select 'Save and Continue'.
2. **SUBMISSIONS:** The entity will also be required 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 'Pay Now'.
3. **CART:** Click the check box next to the appropriate license request fee then 'Continue' to checkout then 'continue' again to proceed to the payment screen.
4. **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. For quickest response time, please include your name, telephone number, and license number which can be found on your eLicense Ohio dashboard.

WHOLESALE DISTRIBUTOR – CHANGE IN BUSINESS DESCRIPTION APPLICATION:

Once logged in to eLicense Ohio, navigate to the appropriate license tile and select **Change in Business Description** from the Options menu.



Review the instructions and select **Save and Continue**.

The screenshot shows the 'Change in Business Description' application form. On the left, under 'Instructions', it states: 'This Change in Business Description request is for a licensee/registrant who is required by the Ohio Administrative Code (OAC) to report a change in address, ownership, name, and/or category. Please proceed through the application by answering the questions and uploading required documents. To fully submit this request, you must pay the required fees. Submitted requests must be reviewed by the Board's Licensing staff for the requested updates to be applied to your license.' On the right, there are input fields for: License Number (0130000570), License Type (Wholesaler - Category 2), Licensee Name (Sample Business Account, LLC), and Doing Business As. At the bottom, there are 'CANCEL' and 'SAVE & CONTINUE' buttons. The 'SAVE & CONTINUE' button is highlighted.

QUESTIONS:

Answer all application questions and provide required information about the type of change. Specifically, be sure to select **'Yes'** to the question "Are you requesting a license upgrade?". Any other changes (business name, address, etc.) should also be reported on this application. Once complete, select **Save and Continue**.

Update Business Info

Answer the following questions by selecting the applicable option (Yes/No, drop down list, or entering text) for each question. Once completed, click Save and Continue. Please read the following questions about criminal and disciplinary history carefully. Failure to completely and accurately answer the questions may result in criminal and/or administrative action for making false material statements in an application for licensure. For more guidance on legal and compliance questions please visit our website at - www.pharmacy.ohio.gov/legalbusiness.


Are you applying for a change of business name?
 Yes No

Are you requesting a change of address?
 Yes No

Are you requesting a change in ownership?
 Yes No

Are you requesting a license upgrade?
 Yes No

Please select type of Business organization.



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

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.

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

Are you changing the type of business you are conducting?

Yes No

CANCEL

SAVE AND CONTINUE

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

Has the RESPONSIBLE PERSON 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 responsible person'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

SUBMISSIONS:

Upload the required attestation forms and the business formation and/or legal and disciplinary action documentation (if applicable). You will also be required to acknowledge that you will report any updates to owners and/or officers if required. To upload, select the **Upload** button and select the file saved on your device.

Once complete, select **Pay Now**.

Update Business Info

Submission List for this service request

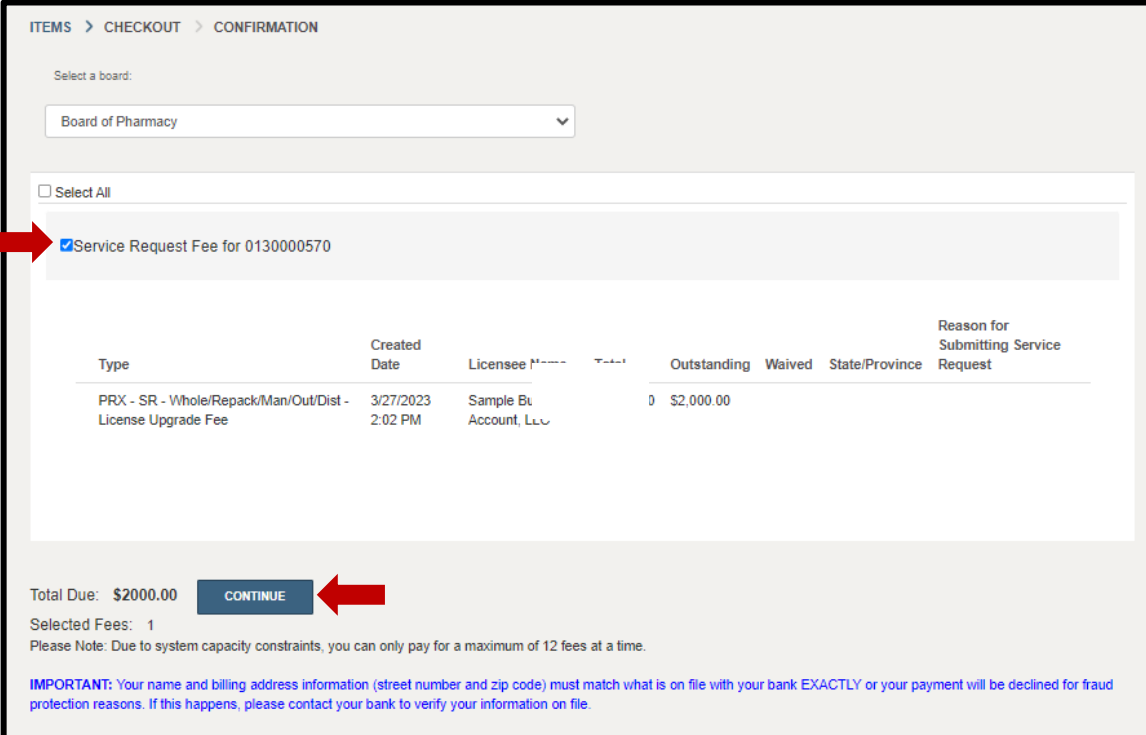
Please either upload an electronic copy of the documents by clicking the 'Upload' button, or Acknowledge that you or the appropriate third party will send the documents to the Board by clicking the 'Acknowledge' button. If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf).

Action	Title	Description	Acknowledge	Uploads	Complete
<input type="button" value="Upload"/>	Applicant Attestation	Signed Applicant Attestation. A copy of the form may be found here .			
<input type="button" value="Upload"/>	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.			
<input checked="" type="button" value="Acknowledge"/>	Owner/Officer Information Provided	I attest that I have reported any updates to owners and/or officers of the business as required by the instructions in the request.			
<input type="button" value="Upload"/>	Responsible Person Attestation	Signed Responsible Person Attestation. A copy of the form may be found here .			

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.



ITEMS > CHECKOUT > CONFIRMATION

Select a board:

Board of Pharmacy

Select All

Service Request Fee for 0130000570

Type	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
PRX - SR - Whole/Repack/Man/Out/Dist - License Upgrade Fee	3/27/2023 2:02 PM	Sample Bt Account, LLC		\$2,000.00			

Total Due: \$2000.00 **CONTINUE**

Selected Fees: 1

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

IMPORTANT: Your name and billing address information (street number and zip code) must match what is on file with your bank EXACTLY or your payment will be declined for fraud protection reasons. If this happens, please contact your bank to verify your information on file.

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.