

### **<u>eLICENSE GUIDE: DUPLICATE WALL CERTIFICATE</u>**

### Updated 4-23-2018

# If you need help logging in, registering, creating an account, or have 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.

To request a duplicate wall certificate, you must access the portal using the eLicense system at <u>https://elicense.ohio.gov/</u>

Once you navigate to the main page, click on the button over the picture that says: **"LOG IN, CREATE YOUR ACCOUNT."** 



If this is your **<u>FIRST TIME</u>** using the new eLicense Ohio portal, you will need to register your contact information. To do so, follow the instructions in **PART A** and **PART B** of this guide.

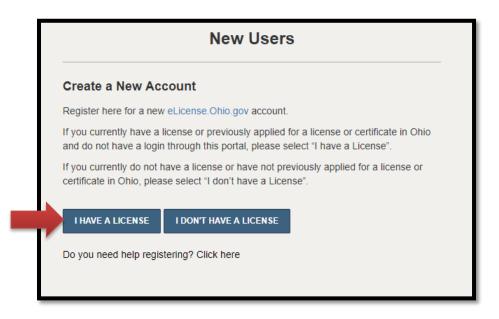
If you have **<u>ALREADY</u>** created an account, follow the instructions in **PART B** of this guide.



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

### PART A: CREATING AN ACCOUNT FOR AN EXISTING BOARD OF PHARMACY LICENSE

If you have an existing license with the Board of Pharmacy, select "I HAVE A LICENSE." If you are seeking to apply for a new license, select "I DON'T HAVE A LICENSE" and follow the instructions.



To register your existing license with the system, you will need **your social security <u>number</u>** and the **<u>security code</u>** provided to you by the Board of Pharmacy.

You can retrieve your security code by clicking the blue button next to the security code field, but it can only be sent to email address on file with the Board of Pharmacy.

Existing License	
Register here for a new eLicense. Ohio. Gov account associated with your existing Ohio professional licenses. In the event you do not have the required security code, click the 'Obtain Security Code' button. Your social security number is required for accurate identification under federal and state child support enforcement law (42 U.S.C. §666 and §3123.50, O.R.C.) Need help registering? Click here	<ul> <li>* Social Security Number</li> <li>I don't have a Social Security Number</li> <li>* Security Code</li> <li>OBTAIN SECURITY CODE</li> <li>* Date of Birth</li> </ul>

After registration, you will then be directed to your dashboard and continue to **PART B** of this guide.

## PART B: REQUESTING A DUPLICATE WALL CERTIFICATE

After logging in, you will be directed to your eLicense Dashboard.

From your license tile, select options, then select **DUPLICATE WALL CERTIFICATE**.

Welcome to your eLicense Dashboard				
+ APPLY FOR A NEW	W LICENSE MY HISTORY			
Are you looking to appl	ly for a new business license? First, add your business by cli	icking here before applying.		
	update your license, please click on the Options button. Appl	lications for a license are also shown on the b	oottom of the dashbo	ard page.
<u>I</u>	Board of Pharmacy Pharmacist 012345678   Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	
<b>U</b>	Board of Pharmacy Pharmacy Intern - Graduate 06000010   Board of Pharmacy	ACTIVE		OPTIONS V
a.	Board of Pharmacy Terminal - Non-Resident Pharmacy - Category 2 0240000003   Board of Pharmacy	ACTIVE	3/31/20.9 Li	hange Address hange Name uplicate Wall Certificate cense Inactivation lanage Affiliations end License Verification ubmit Additional Documentation

Next, fill out all required fields and select **PAY NOW**.

Wall Certificate Red	quest
Replace Certificates         Select the number of wall certificates to be replaced and provide the reason for the replacement request. Once completed, click Pay Now.	License Number 06000010 License Type Pharmacy Intern - Graduate Number of Certificates Requested * 1 Reason For Submitting Service Request * Lost/damaged
	CANCEL PAY NOW

You will be directed to the Payment Portal. To make a payment select the **SELECT ALL** box; this will populate total fee that is required to process this request.

	S > CHECKOUT > CONFIRMATION elect a board:				
Во	ard of Pharmacy	•			
Sele	ect All				
	Service Request Fee for 0272000003				
	Туре	Licensee Name	Amount	Amount Outstanding	Waived Amount
	Type PRX - SR - Terminal - License Downgrade Fee	Licensee Name Happy Facility	<b>Amount</b> \$160.00	Amount Outstanding \$160.00	Waived Amount
					Waived Amount

The payment methods are valid credit card types include Visa, MasterCard, Discover, American Express, or electronic check.

Pharmacy Board
Select Payment Method Please select a payment method.
<ul> <li>Credit Card</li> <li>Electronic Check</li> </ul>
Technical Support If you need technical support for this online payment processing application, please send an email to fiscal@pharmacy.ohio.gov.

Once the payment has been processed. You will have the option to print your receipt or have it emailed to the email address provided on the application. When you are done, select **DONE**.

Cart #X-2018-04-19_0	9-45-25		Print Receipt Email Receipt Done			
A copy of your recei	A copy of your receipt has been emailed to: g+1@yahoo.com					
Items Checkout C	Items Checkout Confirmation					
Your payment was succe	essful. A copy of the receipt has be	en emailed to g+1@yahoo.com.				
Order Status Applied Payment Contact Operator	Successful \$160.00					
Process Date	4/19/2018 9:50 PM					
Fees						
Туре		Licensee Name	Amount			
PRX - SR - Terminal	- License Downgrade Fee	Happy Facility	\$160.00			
			Print Receipt Done			

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