# eLicense Guide: Certified Pharmacy Technician Renewal

**Updated 7/2/2026**

**Renewal Application Required Information and Documentation:**

- Employer Information (Name + Terminal Distributor License Number)
- Criminal conviction or disciplinary action documentation *(if applicable)*
- Veteran workforce documentation *(if applicable)*
- Valid payment via credit card (Visa, MasterCard, or Discover)

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**ENSURE YOUR EMPLOYER IS ON FILE WITH THE BOARD BEFORE STARTING YOUR RENEWAL APPLICATION. YOU WILL NOT BE ABLE TO MOVE FORWARD WITH THE RENEWAL PROCESS UNTIL THIS HAS BEEN COMPLETED. GUIDANCE CAN BE FOUND ON PAGE 2 OF THIS DOCUMENT UNDER 'MANAGE AFFILIATIONS'.**

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**Accessing the Renewal Application:**

1. Access the portal using the eLicense system at https://elicense.ohio.gov/oh_communitieslogin.
2. Log in to your current account. You may utilize the 'Reset Password?' option to reset your password.
   *For assistance with your eLicense Ohio account, please contact the Customer Support Center at (855) 405-5514, Monday – Friday, 8:00am to 5:00pm ET.*

**Completing the Renewal Application:**

From your Dashboard, locate your Certified Pharmacy Technician license, select **OPTIONS**, then **RENEW**.

1. **ELIGIBILITY:** Answer the eligibility question and then 'Proceed to Application'.
2. **PERSONAL INFORMATION:** Ensure all personal information is current and select 'Next'.
3. **QUESTIONS:** This section will have questions regarding your national certification, compounding practice, and legal and disciplinary action questions. Answer all questions truthfully and select 'Next'.
4. **ATTACHMENTS:** Dependent on specific answers in the QUESTIONS section, you may be required to upload documentation. If required, upload the documentation then select 'Next'.
5. **REVIEW & SUBMIT:** Correct any errors within the application and 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.

77 S. High Street, 17th Floor
Columbus, OH 43215 U.S.A.
Phone: 614 | 466 4143
Fax: 614 | 752 4836

988 SUICIDE & CRISIS LIFELINE Ohio

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

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.

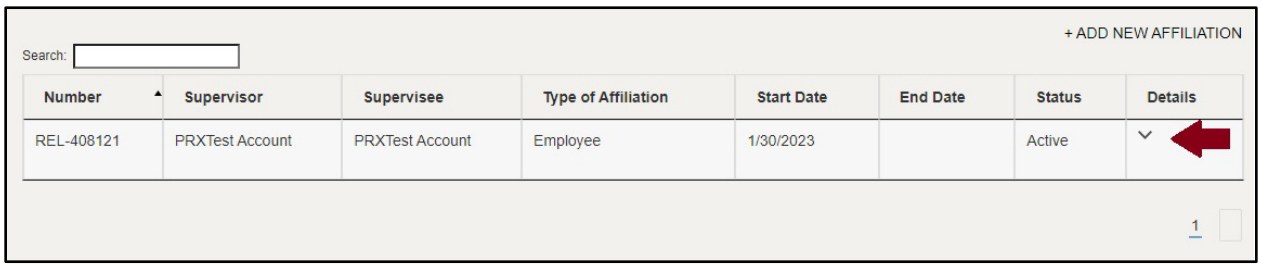
**MANAGE AFFILIATIONS (EMPLOYER INFORMATION):**

Certified Pharmacy Technicians are required to report their employment information to the Board. This is most commonly a licensed pharmacy (Terminal Distributor). If you are unemployed or not currently working in Ohio or in a pharmacy setting, you are still required to report your employment information.

From your dashboard, select **OPTIONS** from your Certified Pharmacy Technician tile, then select **'Manage Affiliations'**.

Review the information on file. If the information listed is accurate, you are ready to start your renewal application.

If it is incorrect, select the **'Details'** arrow, then select '**Deactivate'**. Then select **'+ Add New Affiliation'**.



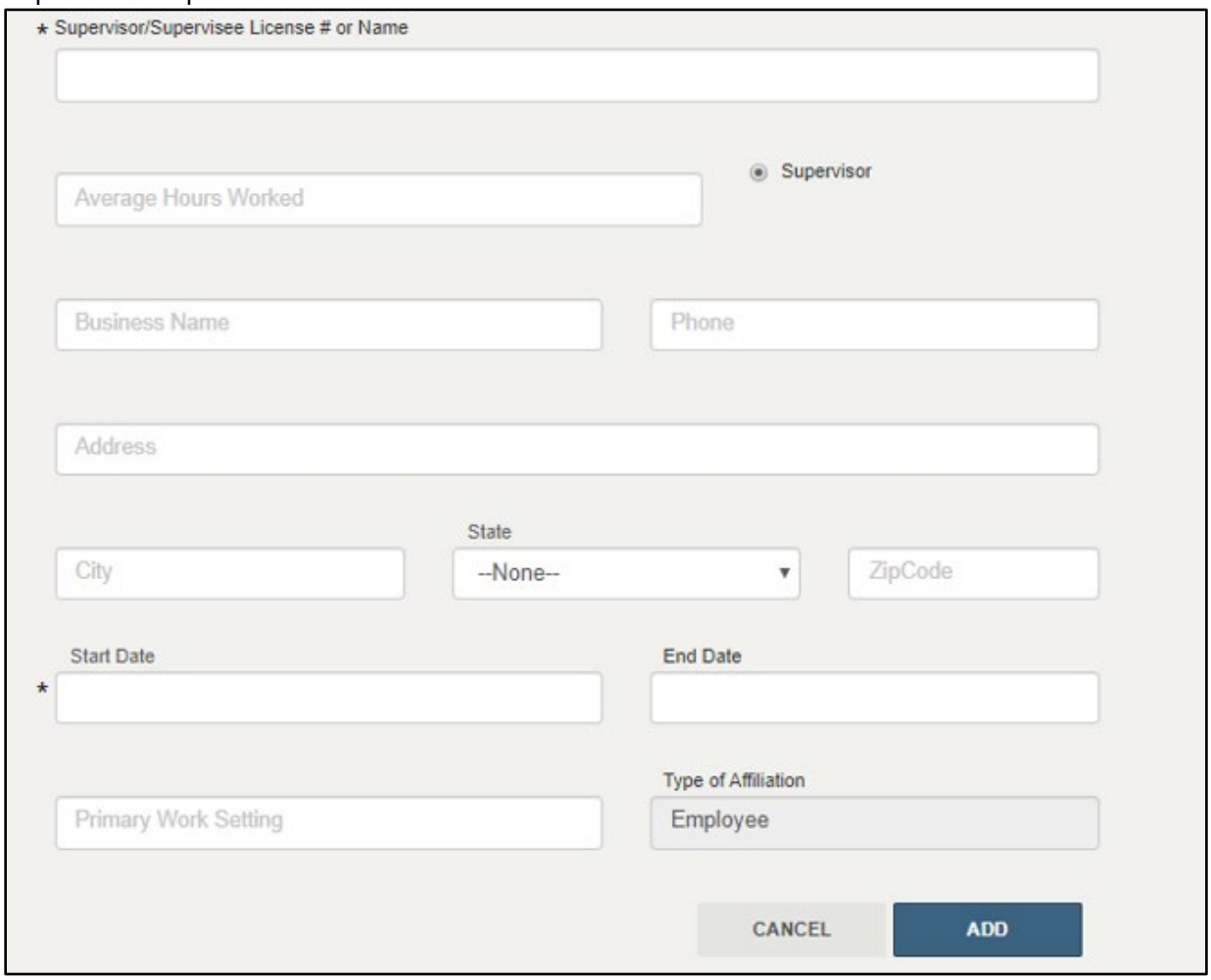
**ADD NEW AFFILIATION:**

On the **ADD NEW AFFILIATION SCREEN**, in the **Supervisor/Supervisee License #** field, enter one of the following:

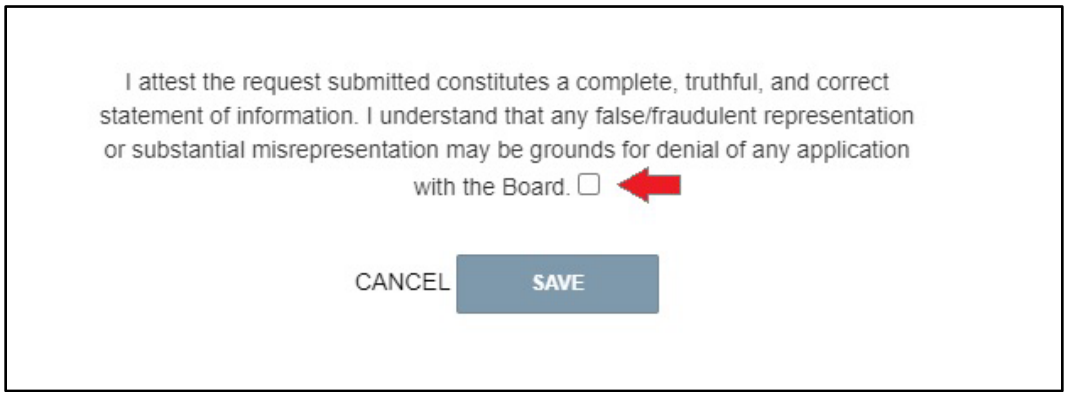
| Employer Type | Number |
|---|---|
| In-State Employers licensed by the Board | Type the facility's 9- or 10-digit number (numbers only, no dashes or letters). Terminal Distributors begin with **02**. Wholesale Distributors begin with **01**. |
| Out-of-State Employer | Type **0000000001** |
| Unlicensed/Non-Pharmacy Employer | Type **0000000002** |
| Unemployed or Retired | Type **0000000003** |

**IMPORTANT – DO NOT ENTER A PHARMACIST'S OR PHARMACY TECHNICIAN'S LICENSE OR REGISTRATION NUMBER.**

Populate all required fields and select **'ADD'**.



Check the attestation box and select **'SAVE'.**



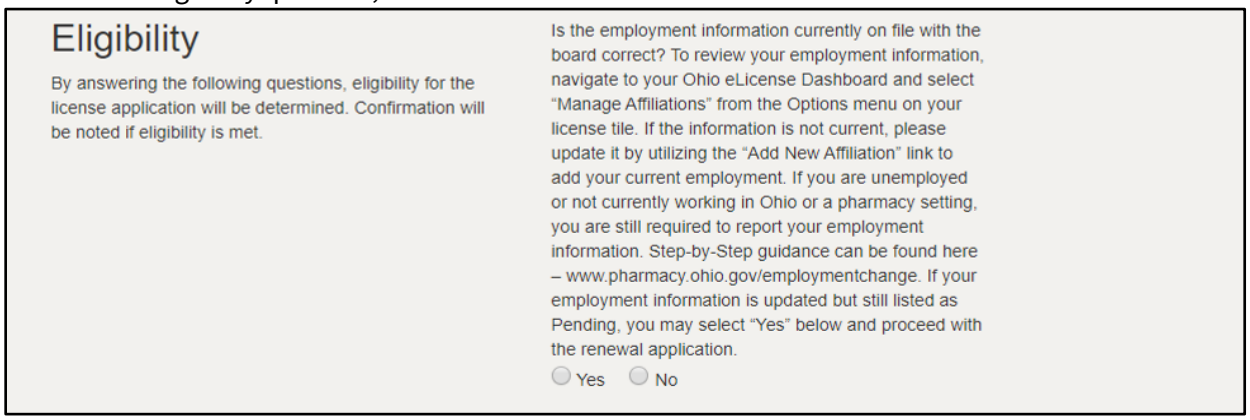

You will receive confirmation that your request has been submitted and are now ready to begin your renewal application. **IMPORTANT – you do <u>not</u> need to wait for the Board to process your Manage Affiliations request to submit the renewal application.**

**<u>RENEWAL APPLICATION:</u>**

From your dashboard, select **OPTIONS** from your Certified Pharmacy Technician tile, then select **'Renew'**.

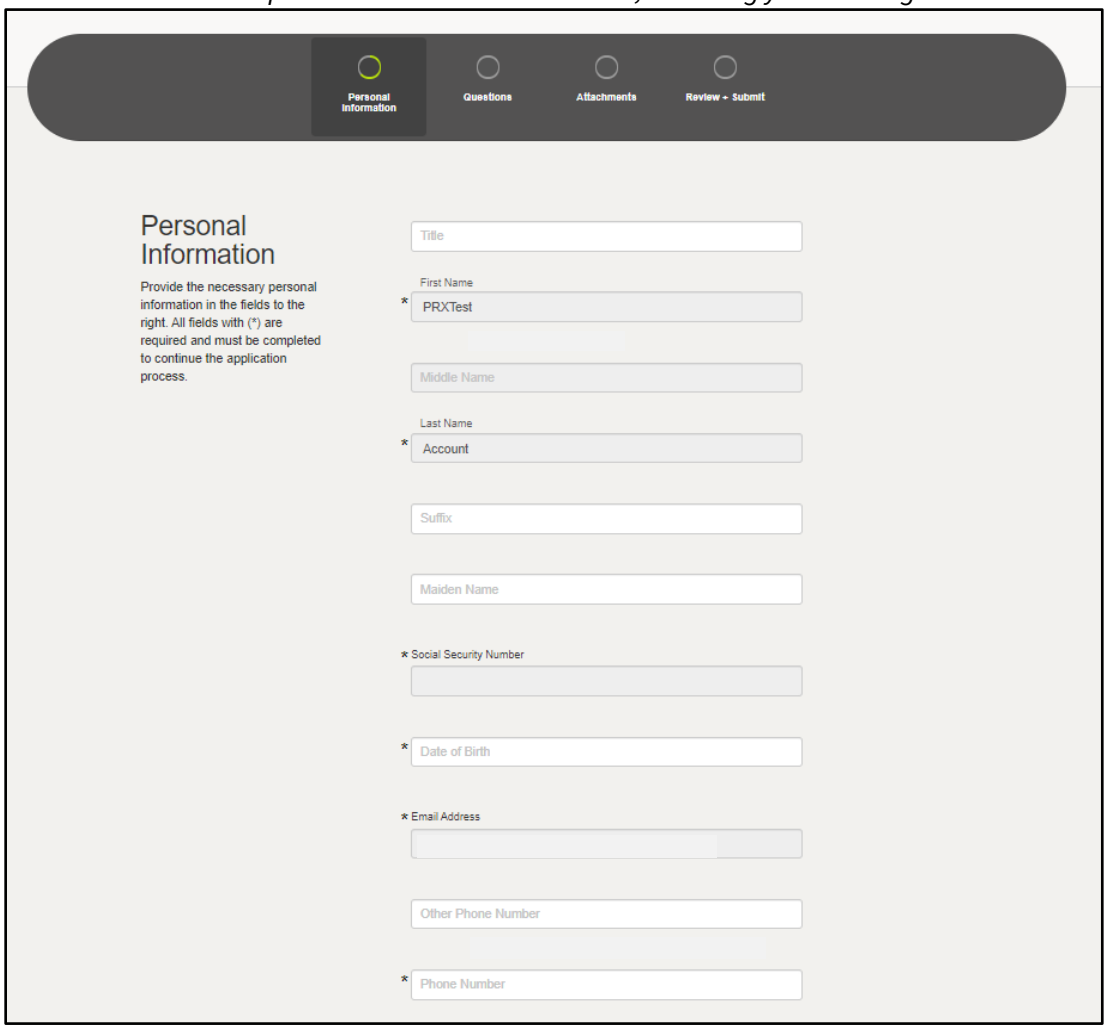
**<u>ELIGIBILITY:</u>**

Answer the eligibility question, then select **'PROCEED TO APPLICATION'.**



**PERSONAL INFORMATION:**

*Review and ensure all personal information is correct, including your mailing address.*



## 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?

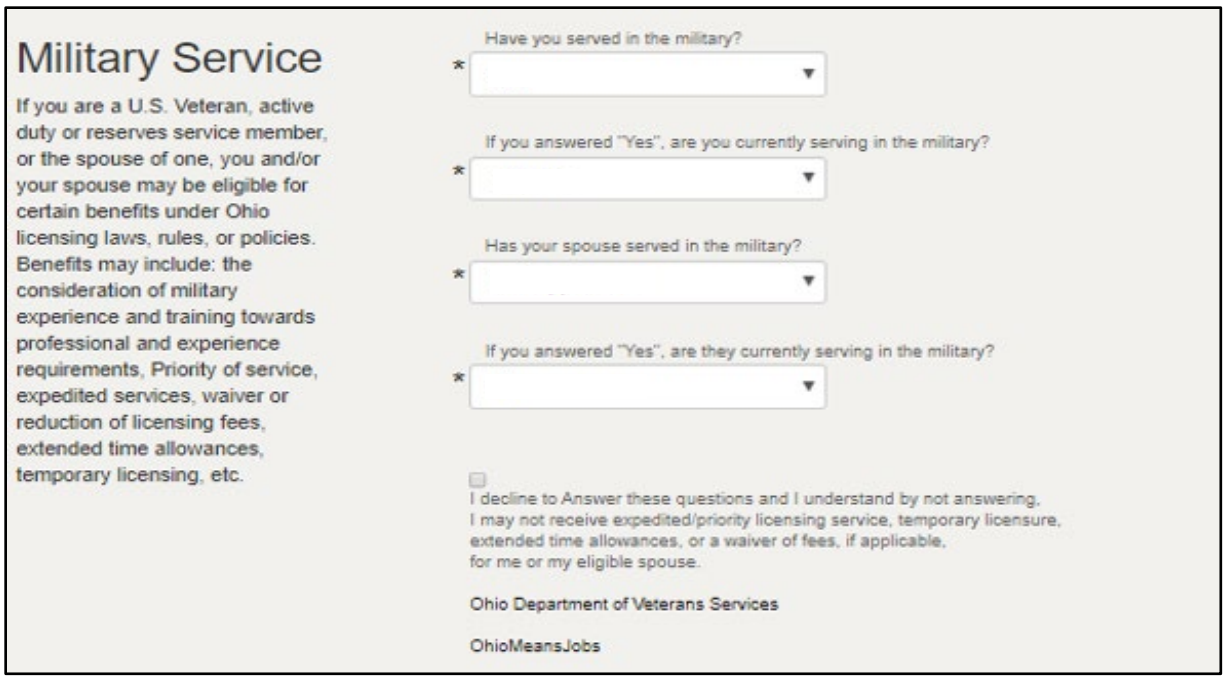
## License Mailing Address

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

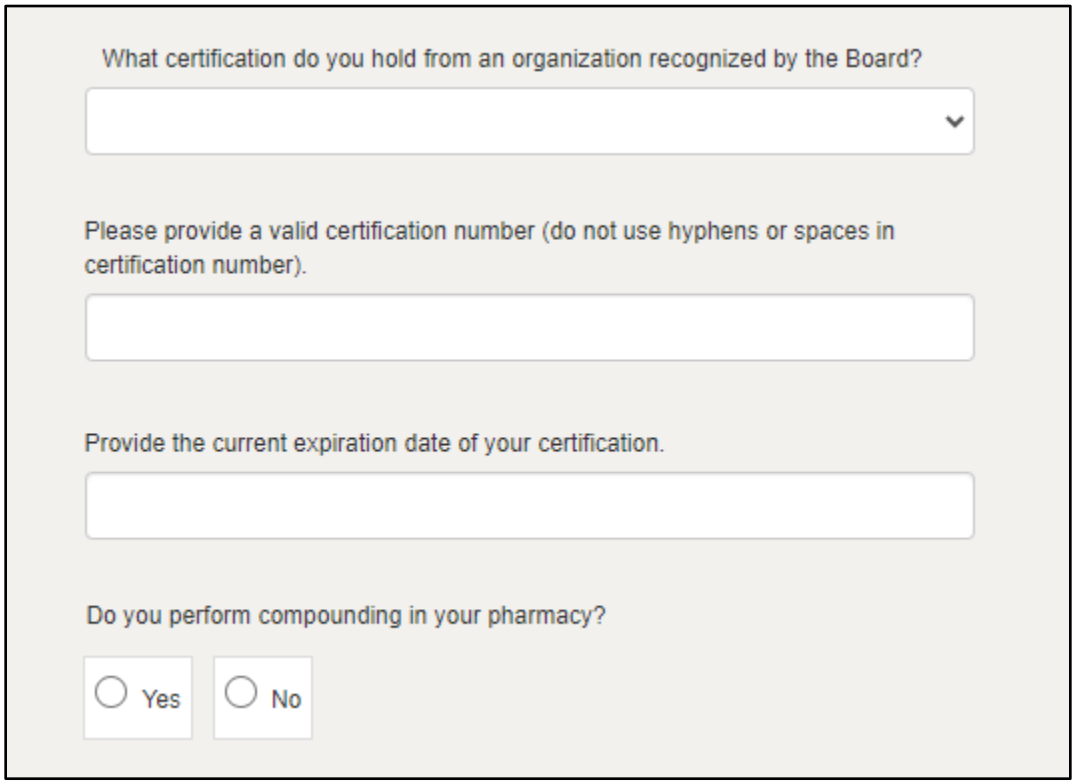
USE DIFFERENT ADDRESS

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



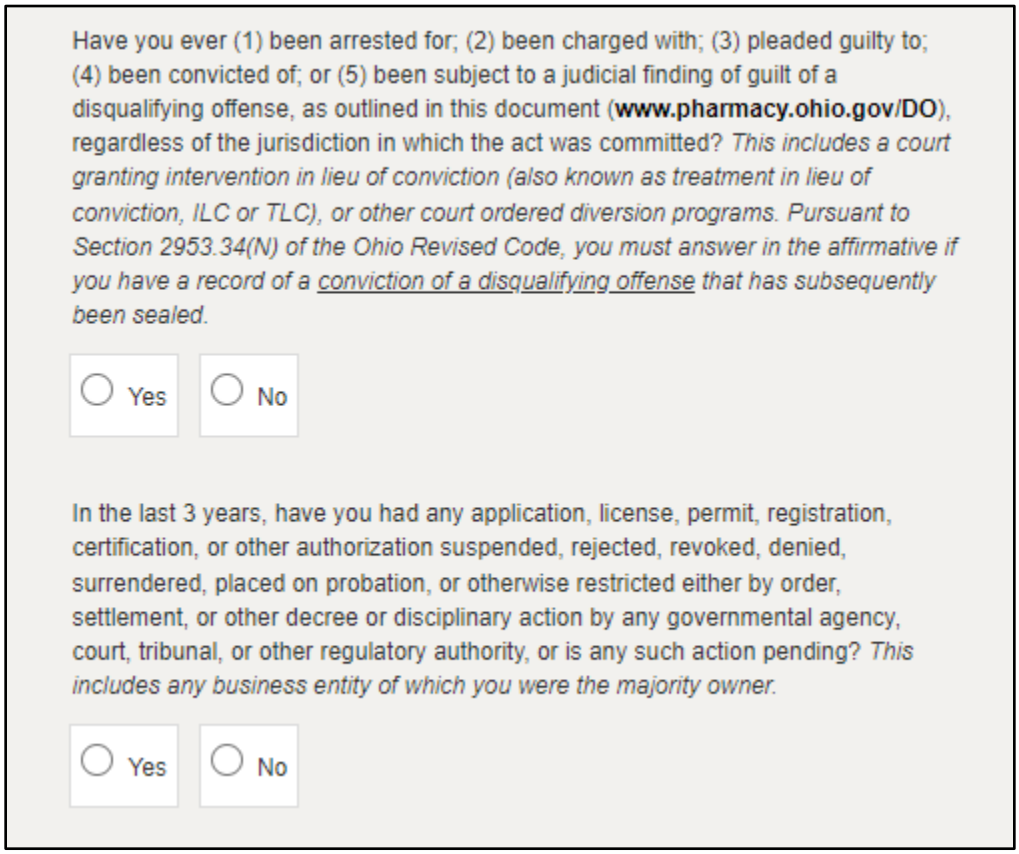

Once all information is populated, select '**Save and Continue'.**

**NATIONAL CERTIFICATION QUESTIONS:**



**LEGAL AND DISCIPLINARY QUESTIONS:**

For assistance in completing the legal and disciplinary questions, review the Board's guidance document available here.



Have you ever (1) been arrested for; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of a disqualifying offense, as outlined in this document (**www.pharmacy.ohio.gov/DO**), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.34(N) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a conviction of a disqualifying offense that has subsequently been sealed.*

○ Yes ○ No

In the last 3 years, have you had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending? *This includes any business entity of which you were the majority owner.*

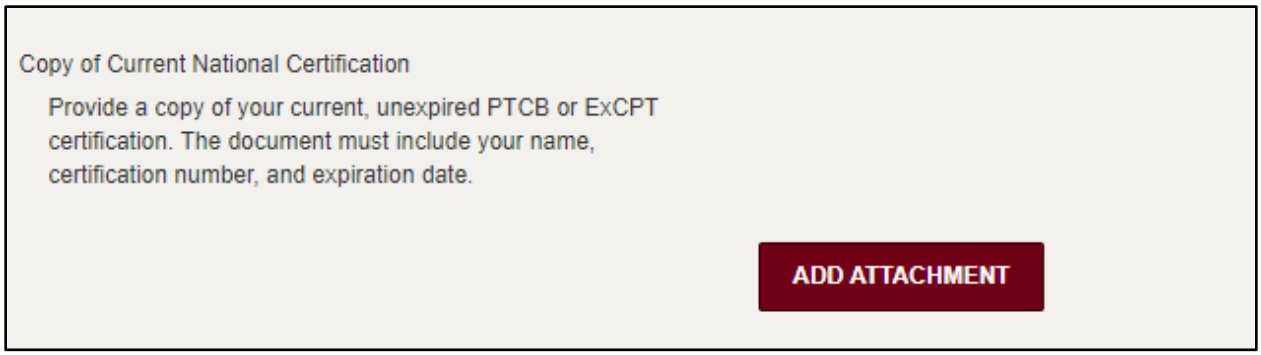
○ Yes ○ No

Once all questions are answered, select '**Save and Continue'.**

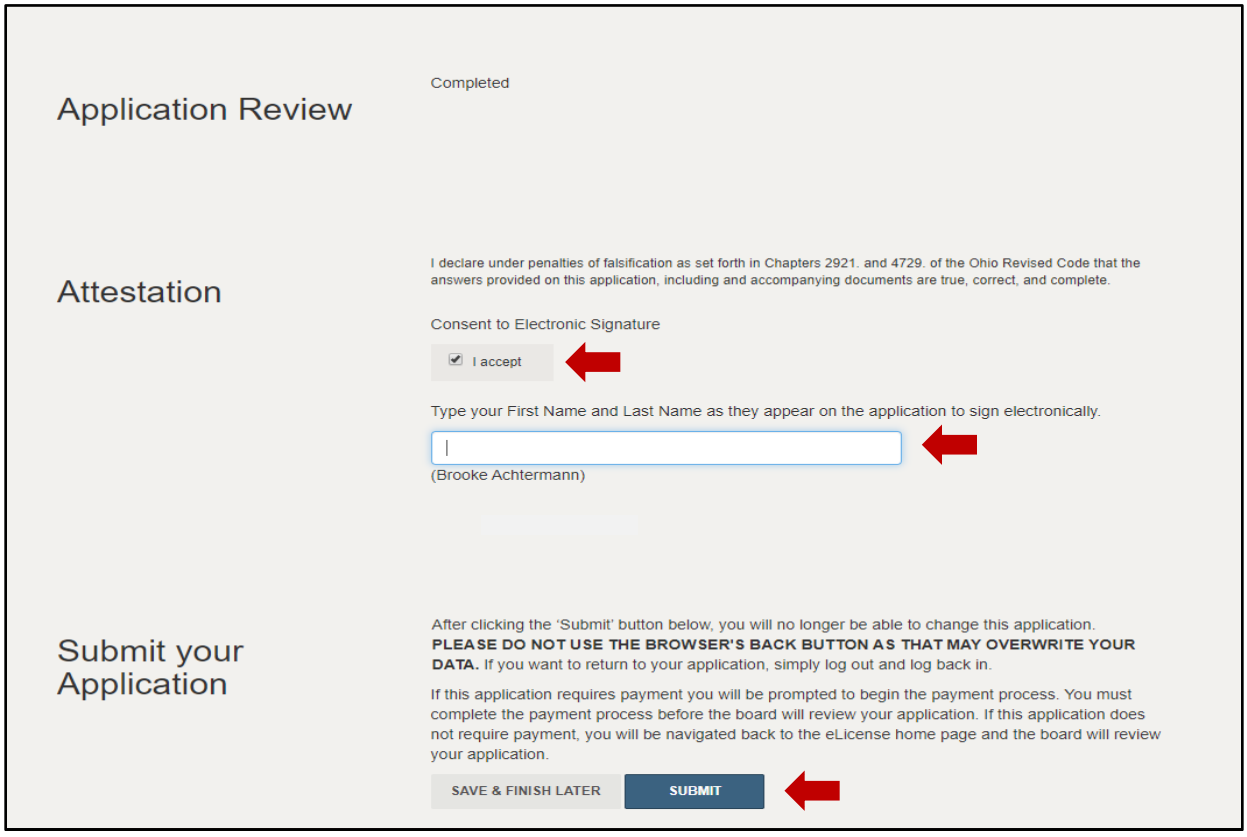
**ATTACHMENTS:**

*You will be asked to upload a copy of your current national certification for your renewal application. If applicable, you will be asked to upload additional attachments. If an attachment is required, a description and 'ADD ATTACHMENT' button will be populated.*

Required Attachment Example:

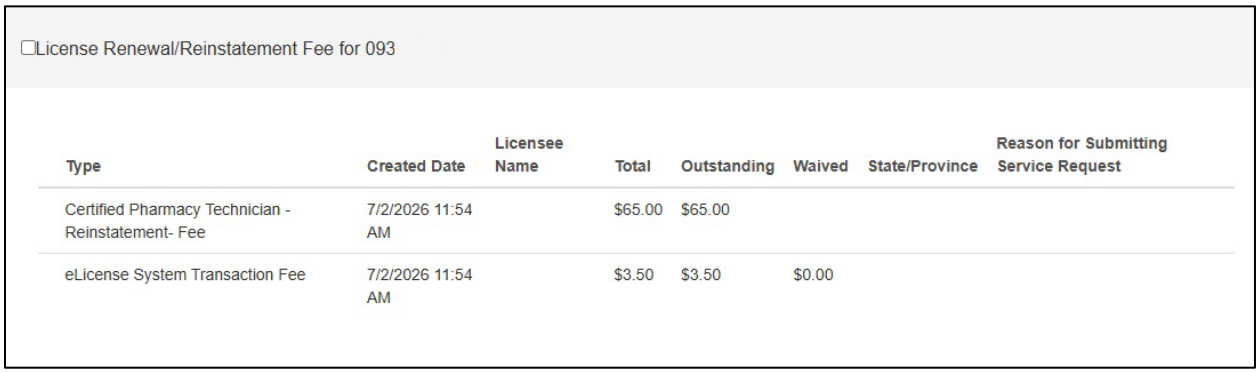



**REVIEW & SUBMIT:**



**CART & PAYMENT:**

Select the 'License Renewal/Reinstatement' fee check box, then select '**Continue'** and follow the prompts to complete payment.



☐License Renewal/Reinstatement Fee for 093

| Type | Created Date | Licensee Name | Total | Outstanding | Waived | State/Province | Reason for Submitting Service Request |
|---|---|---|---|---|---|---|---|
| Certified Pharmacy Technician - Reinstatement- Fee | 7/2/2026 11:54 AM | | $65.00 | $65.00 | | | |
| eLicense System Transaction Fee | 7/2/2026 11:54 AM | | $3.50 | $3.50 | $0.00 | | |

**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.**

**QUESTIONS:**

If you need help or have questions, please e-mail technician@pharmacy.ohio.gov.

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.