



**STATE OF
OHIO**
BOARD OF PHARMACY

eLicense Guide: Registered Pharmacy Technician Renewal

Updated 1/30/2020

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)

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 ON HOW TO DO SO CAN BE FOUND ON PAGE 2 OF THIS DOCUMENT 'MANAGE AFFILIATIONS'.

Accessing the Renewal Application:

1. Access the portal using the eLicense system at <https://elicense.ohio.gov/>
2. Login to your current account, if you do not yet have an eLicense account, please visit www.pharmacy.ohio.gov/elicenseinstruct for guidance on how to register.

Completing the Renewal Application:

From your Registered Pharmacy Technician tile, select the **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 (1) question regarding continuing education and (3) 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 required documentation then select 'Next'.
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.

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

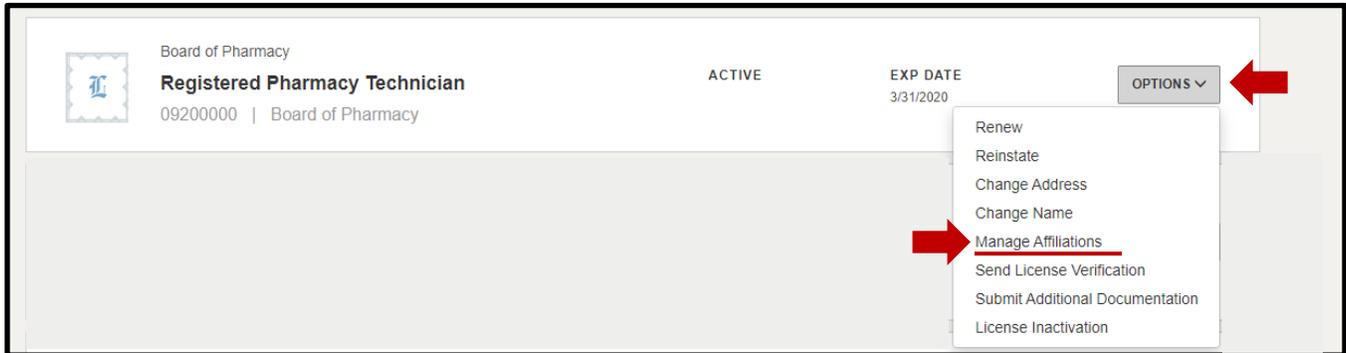
T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



MANAGE AFFILIATIONS (EMPLOYER INFORMATION):

IMPORTANT NOTE: The term supervisor in eLicense refers to your employer. It does not refer to your pharmacy supervisor who may be a pharmacist or technician. Adding a pharmacist or technician does not meet the change of employment notification requirements set forth in [OAC 4729:3-2-04](#).

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



Review information on file, if it is incorrect, select **'Details'** carat, then select **'Deactivate'**. Then select **'+ Add New Affiliation'**

The screenshot shows a table with the following columns: Number, Supervisor, Supervisee, Type of Affiliation, Start Date, End Date, Status, and Details. A search bar is located at the top left, and a '+ ADD NEW AFFILIATION' button is at the top right. The table contains one row of data. A red arrow points to the 'Details' dropdown arrow in the first row.

Number	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details
REL-277194	PRX Test Business	PRXTest Account	Employee	1/30/2020		Active	▼

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

NOTE: If you are unemployed or not currently working in Ohio or a pharmacy setting, you are still required to report your employment information.

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 facilities 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 000000001
Unlicensed/Non-Pharmacy Employer	Type 000000002
Unemployed or Retired	Type 000000003

DO NOT list a pharmacist's or other pharmacy technician's license number in this field.

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

"Average Hours Worked" refers to your weekly hours worked in the pharmacy at the time of renewal. Leave this field blank if you do not work in a pharmacy.

★ Supervisor/Supervisee License # or Name

Average Hours Worked Supervisor

Business Name Phone

Address

City State ZipCode

Start Date End Date

★

Primary Work Setting Type of Affiliation

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

I attest the request submitted constitutes a complete, truthful, and correct statement of information. I understand that any false/fraudulent representation or substantial misrepresentation may be grounds for denial of any application with the Board. 

CANCEL 

You will receive a confirmation that your request has been submitted and are now ready to begin your renewal application.

RENEWAL APPLICATION:

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

Board of Pharmacy
Registered Pharmacy Technician ACTIVE EXP DATE 3/31/2020  

09200000 | Board of Pharmacy

-  Renew
- Reinstate
- Change Address
- Change Name
- Manage Affiliations
- Send License Verification
- Submit Additional Documentation
- License Inactivation

ELIGIBILITY:

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

<h3>Eligibility</h3>	<p>Is the employment information currently on file with the board correct? To review your employment information, navigate to your Ohio eLicense Dashboard and select "Manage Affiliations" from the Options menu on your license tile. If the information is not current, please update it by utilizing the "Add New Affiliation" link to add your current employment. If you are unemployed or not currently working in Ohio or a pharmacy setting, you are still required to report your employment information. Step-by-Step guidance can be found here – www.pharmacy.ohio.gov/employmentchange. If your employment information is updated but still listed as Pending, you may select "Yes" below and proceed with the renewal application.</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>

PERSONAL INFORMATION:

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

Progress bar with four steps: Personal Information (active), Questions, Attachments, Review + Submit.

Personal Information

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.

Title

First Name *

Middle Name

Last Name *

Suffix

Maiden Name

* Social Security Number

* Date of Birth

* Email Address

Other Phone Number

* Phone Number

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

Military Service

If you are a U.S. Veteran, active duty or reserves service member, or the spouse of one, you and/or your spouse may be eligible for certain benefits under Ohio licensing laws, rules, or policies. Benefits may include: the consideration of military experience and training towards professional and experience requirements, Priority of service, expedited services, waiver or reduction of licensing fees, extended time allowances, temporary licensing, etc.

Have you served in the military?

*

If you answered "Yes", are you currently serving in the military?

*

Has your spouse served in the military?

*

If you answered "Yes", are they currently serving in the military?

*



I decline to Answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services

OhioMeansJobs

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

CE QUESTION:

Registered Pharmacy Technicians are required to complete 10 contact hours of ACPE approved continuing education, 2 of which must be in jurisprudence/law and 2 of which must be in patient safety/medication errors every 2 years. Have you completed the continuing education requirements and reported your courses to NABP?

Yes

No

LEGAL AND DISCIPLINARY QUESTIONS:

For assistance in completing the legal and disciplinary questions, review the Board’s guidance document available [here](#).

In the last 3 years, have you been arrested for, or convicted of, 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 reported regardless of whether the case has been sealed, reduced or dismissed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D). Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed.

Yes No

In the last 3 years, do you have any other record of arrest (not related to drug charges), charges, or have a conviction of a felony, misdemeanor or traffic violation (even if dismissed or sealed or the equivalent thereof in another jurisdiction)? Pursuant to Section 2953.33(B) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a charge or conviction that has subsequently been sealed.

Yes No

In the last 3 years, have you been the subject of a disciplinary action as defined in 4729:3-1-01(K) of the Ohio Administrative Code by any state or federal agency or other jurisdiction; even if subsequently dismissed or resolved without formal discipline?

Yes No

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

ATTACHMENTS:

*If applicable, you will be asked to upload attachments for your renewal application. If an attachment is required, a description and 'ADD ATTACHMENT' button will be populated. **If nothing is displayed under the attachments section, simply select 'Save and Continue' to advance to the next screen.***

Required Attachment Example:

Legal Action Documentation

Copy of the citation, charging instrument and the final judgment entry for each occurrence.

ADD ATTACHMENT

REVIEW & SUBMIT:

Application Review Completed

Attestation

I declare under penalties of falsification as set forth in Chapters 2921. and 4729. of the Ohio Revised Code that the answers provided on this application, including and accompanying documents are true, correct, and complete.

Consent to Electronic Signature

I accept 

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



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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.

Type	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount
Registered Pharmacy Technician - Renewal - Fee	1/8/2020 8:56 AM		\$50.00	\$50.00	
eLicense System Transaction Fee	1/8/2020 8:56 AM		\$3.50	\$3.50	\$0.00

If you need help or have questions pertaining to your Registered Technician Renewal, for fastest response time, 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 EST.