



eLicense Guide: Change of Name Request

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 change of name, you must access the portal using the eLicense system at <https://elicense.ohio.gov/>

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 **FIRST TIME** 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 **ALREADY** created an account, follow the instructions in **PART B** of this guide.

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.

New Users

Create a New Account

Register here for a new eLicense.Ohio.gov account.

If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select "I have a License".

If you currently do not have a license or have not previously applied for a license or certificate in Ohio, please select "I don't have a License".

Do you need help registering? [Click here](#)

To register your existing license with the system, you will need **your social security number** and the **security code** 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](#)

* I don't have a Social Security Number

*

*

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

PART B: REQUESTING A CHANGE OF NAME

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

From your license tile, select options, then select **CHANGE NAME**.

The screenshot displays the 'Welcome to your eLicense Dashboard' interface. At the top, there are two buttons: '+ APPLY FOR A NEW LICENSE' and 'MY HISTORY'. Below these, a message asks if the user is looking to apply for a new business license, with a link to 'add your business'. The main section is titled 'Your Licenses' and includes a 'SORT BY' dropdown. A table lists three licenses:

License Type	Status	EXP DATE	Options
Board of Pharmacy Pharmacist 012345678 Board of Pharmacy	ACTIVE	9/15/2018	OPTIONS ▾
Board of Pharmacy Pharmacy Intern - Graduate 06000010 Board of Pharmacy	ACTIVE	9/15/2018	OPTIONS ▾
Board of Pharmacy Terminal - Non-Resident Pharmacy - Category 2	ACTIVE	3/31/2019	OPTIONS ▾

The 'OPTIONS' menu for the 'Terminal - Non-Resident Pharmacy - Category 2' license is open, showing the following options: Renew, Reinstatement, Change Address, Change Name, Duplicate Wall Certificate, License Inactivation, Manage Affiliations, Send License Verification, and Submit Additional Documentation. A red arrow points to the 'Change Name' option.

Next, fill out all required fields and select **SAVE AND UPLOAD DOCUMENTS**

Name Change

Personal Information

Provide the new first, last, middle, and maiden name (if applicable) in the fields to the right. Then, provide the reason for the name change service request.

License Number
06000010

License Type
Pharmacy Intern - Graduate

* New First Name

* New Last Name

New Middle Name

Maiden Name

* Reason for Submitting Service Request

CANCEL **SAVE AND UPLOAD DOCUMENTS** 

Upload required documentation by selecting **UPLOAD**.

Name Change

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"/>	Change Name	Accepted Documents: Driver's license, State ID, Marriage Certificate, Divorce/Dissolution Decree, other court order approving name change or US Immigration & Citizenship Services issued Green Card. Submit change document within 30 days of name change.			

Select **CHOOSE FILE** and select the required document to upload.

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
	Change Name 	No file chosen			

Once file is selected and uploading is complete, select **SUBMIT**

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"/>	Change Name	Accepted Documents: Driver's license, State ID, Marriage Certificate, Divorce/Dissolution Decree, other court order approving name change or US Immigration & Citizenship Services issued Green Card. Submit change document within 30 days of name change.		fest.png <input type="button" value="Delete"/>	<input checked="" type="checkbox"/>

You will be directed to the Service Request Submitted Screen. This is your confirmation that the request was submitted.

Service Request Submitted

Thank you for submitting a service request! Your service request Id is: **SR-072270**

We will address your request as soon as possible!

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.