

Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

## eLicense Guide: Duplicate Wall Certificate

### 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.

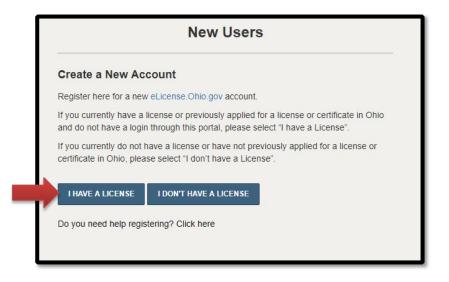
If you have **<u>ALREADY</u>** created an account, follow the instructions in **PART B** of this guide.

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



#### 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 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	* Social Security Number	I don't have a Social Security Number
'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	Security Code     Date of Birth	OBTAIN SECURITY CODE

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**.

Welco	me to your eLicense	Dashboard			
+ APPLY FOR A NET	W LICENSE MY HISTORY				
Are you looking to app	ly for a new business license? First, add your business by clickir	ng here before applying.			
Your Lice	20202				
				6	
To renew, edit, or i	update your license, please click on the Options button. Applicat	ions for a license are also shown on the	e bottom of the dashboard page.		
SORT BY -					
	Board of Pharmacy	ACTIVE	EXP DATE		
Ť.	Pharmacist 012345678   Board of Pharmacy	ACTIVE	9/15/2018	OPTIONS V	
	Board of Pharmacy				
- <u>u</u>	Pharmacy Intern - Graduate	ACTIVE	EXP DATE 9/15/2018		
[]	06000010   Board of Pharmacy		Renew		
	Board of Pharmacy			Reinstate Change Address Change Name	
a:	Terminal - Non-Resident Pharmacy - Category 2	ACTIVE	Duplicate W	/all Certificate	
14	0240000003   Board of Pharmacy		3/31/2079 License Ina		
			Manage Aff Send Licen	se Verification	
			Submit Add	itional Documentation	

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

Wall Certificate Red	quest
Replace Certificate         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

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.

Board of Pharmacy	•			
select All				
Service Request Fee for 0272000003				
Туре	Licensee Name	Amount	Amount Outstanding	Waived Amount
PRX - SR - Terminal - License Downgrade Fee	Happy Facility	\$160.00	\$160.00	

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.
Credit Card
Electronic Check
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_09-45-25			Print Receipt Email Receipt Done		
A copy of your receip	t has been emailed to: g+1@y	rahoo.com			
Items Checkout Co	onfirmation				
Your payment was succes	Your payment was successful. A copy of the receipt has been emailed to g+1@yahoo.com.				
Order Status Applied Payment Contact	Successful \$160.00				
Operator 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 Email Receipt Done		

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