eLicense Guide: Submitting a Change in Responsible Person

Updated 9/29/2025

This guide applies to terminal distributors and drug distributors that are required to report a change in responsible person (RP) for the license. To review the specific notification and licensure requirements please review the appropriate rule linked below:

- Terminal Distributors – OAC 4729:5-2-01
- Drug Distributors – OAC 4729:6-2-01

The Board has adopted the following resolution to detail the credentials required for the responsible person for each license type – **www.pharmacy.ohio.gov/RP**.

Change in Responsible Person Request Information and Documentation:

- Responsible Person Attestation Form – www.pharmacy.ohio.gov/RPattest
- Criminal conviction or disciplinary action documentation *(if applicable)*

Accessing the Change in Responsible Person Request:

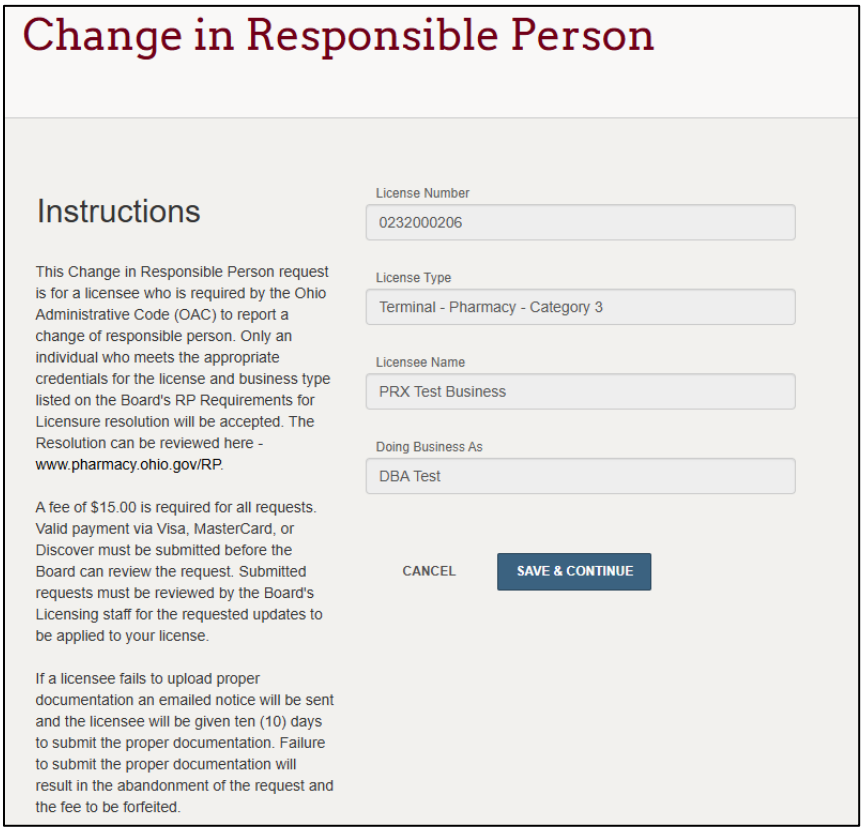
1. The licensee must designate someone to file the request in the eLicense Ohio system. Each user must create or use their own eLicense Ohio account. For information on how to register for or link a license(s) to an existing user account please refer to this guidance.
2. Access the portal using the eLicense system at https://elicense.ohio.gov/oh_communitieslogin.
3. Log in to the user's current account. You may utilize the 'Reset Password?' option to reset the password.
   For assistance with an eLicense Ohio account, please contact the Customer Support Center at (855) 405-5514, Monday – Friday, 8:00am to 5:00pm ET.

- Step by step instructions for submitting a change in responsible person are included in the following pages -

Completing the Change in Responsible Person Request:

From the user's dashboard, select **OPTIONS** beside the license tile that needs to submit a change, then select **CHANGE IN RESPONSIBLE PERSON**.

The next screen will provide an overview of the current license information and instructions. Once reviewed, select **Save & Continue.**



The application will provide a series of questions to be completed. The user should consult with the **NEW** Responsible Person to answer the questions truthfully and completely. Guidance on the legal and disciplinary questions can be reviewed here – www.pharmacy.ohio.gov/legalbusiness.

Has the RESPONSIBLE PERSON been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction – was ultimately reduced or plead to a different offense other than the original charge?

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, 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 included regardless of whether the case has been expunged or sealed or the equivalent thereof. Note: Minor misdemeanor drug convictions are not required to be reported. ORC 2925.11(D).

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, any other felony under state or federal law?

○ Yes ○ No

Within the past 10 years, has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K) (3) of section 2913.01 of the Ohio Revised Code.

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a misdemeanor related to, or committed in, the person's professional practice (i.e. medicine, pharmacy, nursing, etc.)?

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?

○ Yes ○ No

Has the RESPONSIBLE PERSON ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

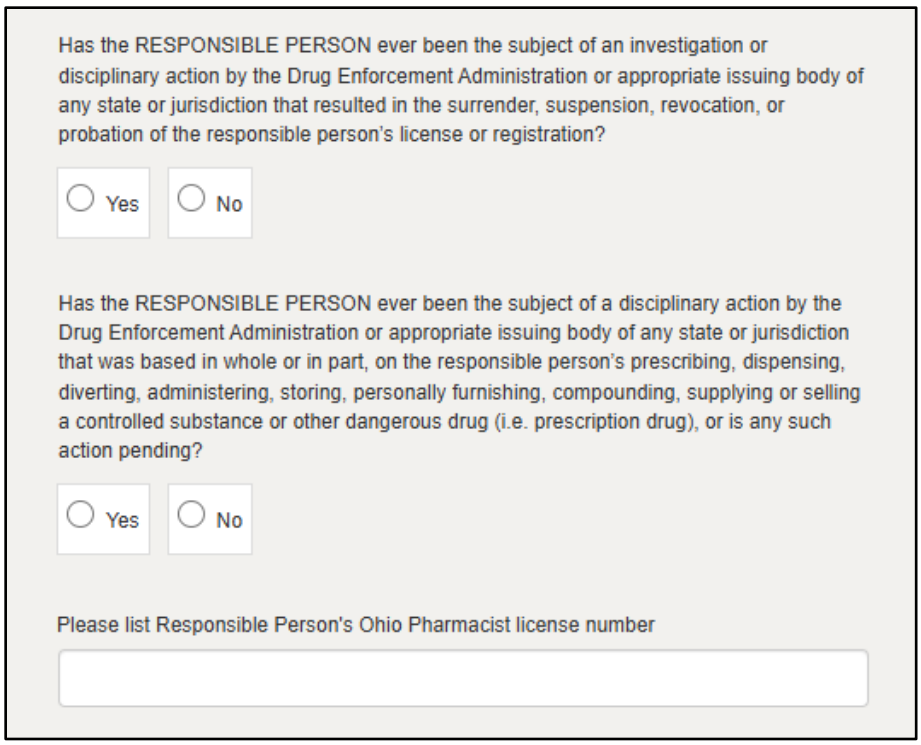
○ Yes ○ No

Has the RESPONSIBLE PERSON ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?

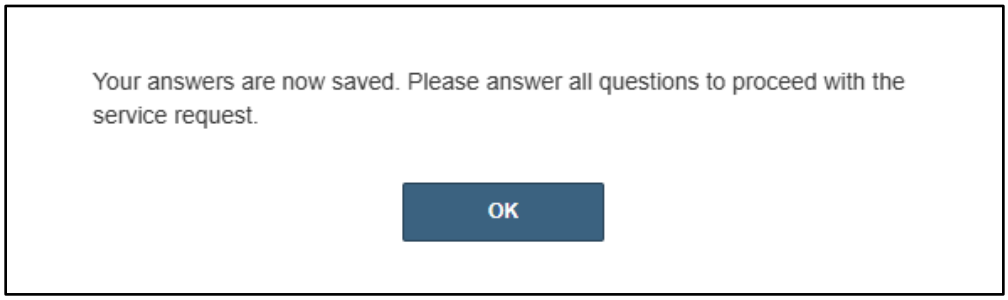
○ Yes ○ No

Has the RESPONSIBLE PERSON ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is any such action pending?

○ Yes ○ No

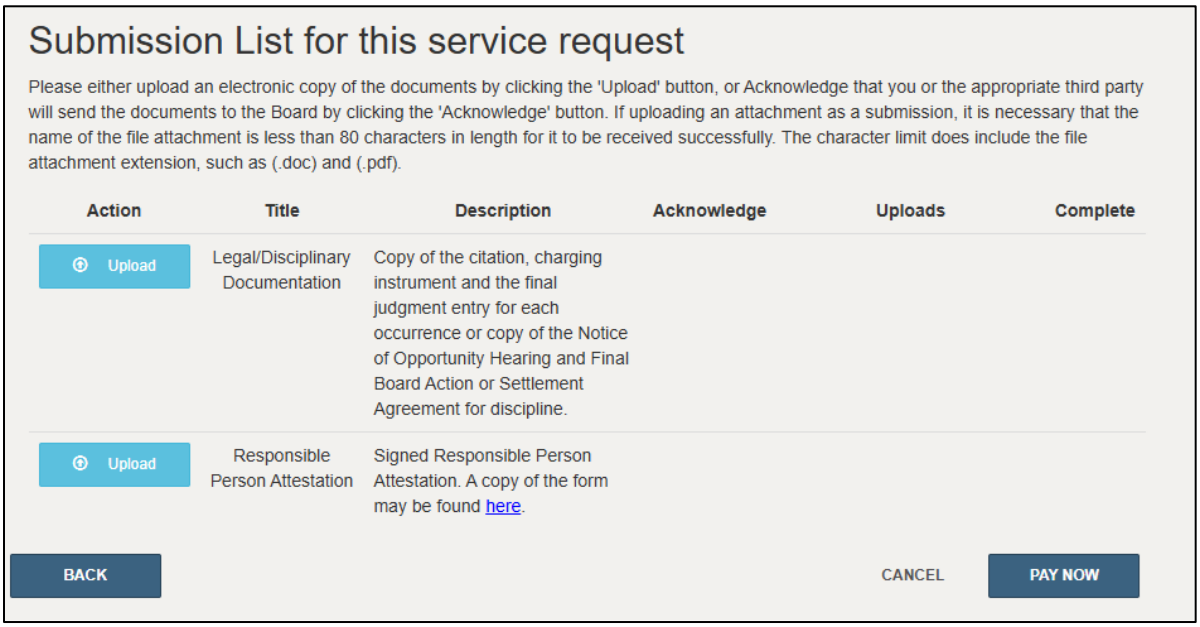


***If the user needs to leave the application, select **Save and Continue** at the bottom of the page. A window will appear indicating the answers are saved. Users cannot proceed with the application until all questions are answered.



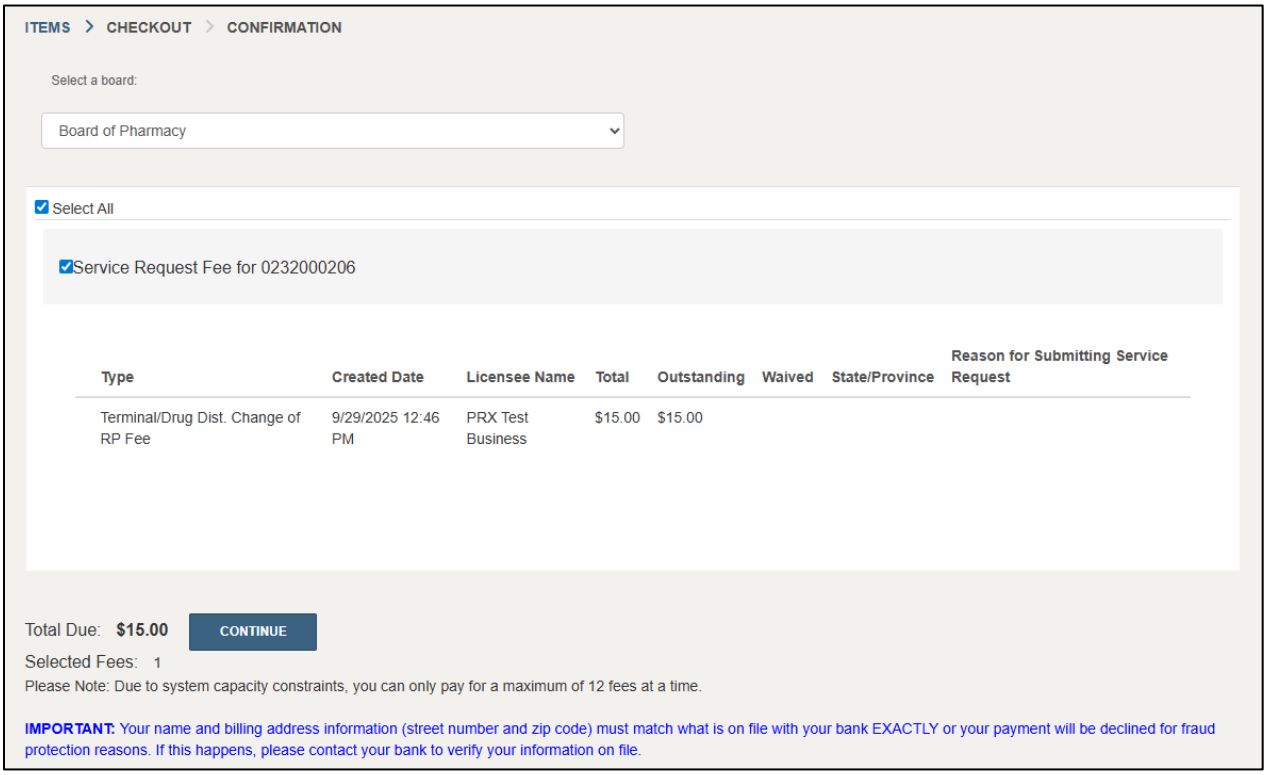
After answering all questions, select **SAVE AND CONTINUE**.

Next, the list of required submissions will appear. Upload all required documentation. Review the description to identify what to submit or the link to the attestation form. If multiple legal and disciplinary actions are reported, a submission requirement will appear for each instance reported.



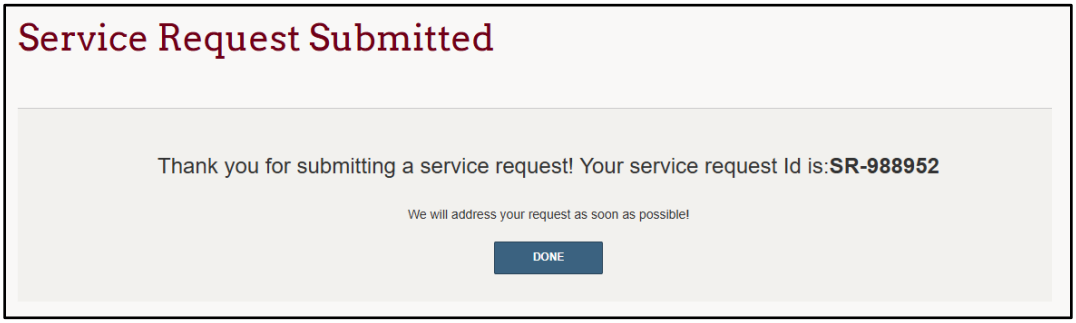
Once all documentation is uploaded, select **PAY NOW**.

Select the **'Service Request Fee'** checkbox for the appropriate license, then select **Continue** and follow the prompts to complete payment.

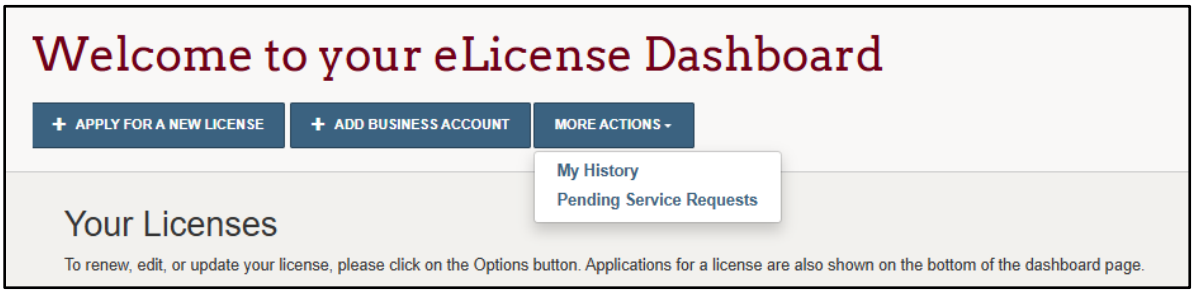


IMPORTANT - The name and billing address information (street number and zip code) must match what is on file with the financial institution EXACTLY or the payment will be declined for fraud protection reasons. If this happens, please contact the financial institution to verify the information on file.

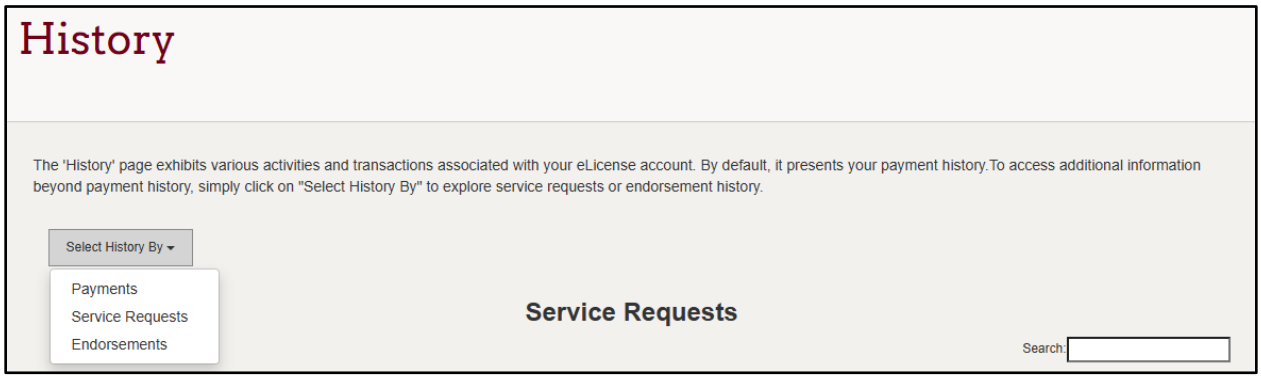
Once payment is complete, a confirmation screen will appear and provide a service request ID number.



Once submitted, the Board will receive the request into the processing queue. Please allow the Licensing Department seven (7) days to review and process the change request. Once processed, a notice and updated wall certificate will be emailed to the licensee. If the request is incomplete or requires additional information, a Licensing Coordinator will email the licensee. All emails will be sent to the email listed on the license under 'Business Email'.
To check the status of the request, select My History from the user's dashboard.



The History screen will default to payment history. To view Service Requests, choose **Select History By** and then **Service Requests.**



Status definitions:

- ***Pending*** *– the request has not been completed (questions and answers and submissions)*
- ***Submitted*** *– the Board has received the request in the queue to process*
- ***In Review*** *– the Board has started reviewing the request but needs additional information or review.*
- ***Complete*** *– the request has been processed by the Licensing Department and changes were made to the license. An email was sent to the licensee.*

QUESTIONS:

For help or questions, please e-mail licensing@pharmacy.ohio.gov.

For help logging in to an 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.