eLicense Guide: Request a License Verification

Updated 4/15/2025

This guide applies to applicants, registrants, and licensees who need to request a formal license verification to submit to an employer, another state licensing authority, or other entity. The Ohio Board of Pharmacy issues the verification document in lieu of completing other agency's forms. The formal verification requires a fee of $35.00.

Informal license verifications may be obtained for free by utilizing the eLicense Ohio License Look-up - https://elicense.ohio.gov/oh_verifylicense.

- Search by the licensee's name or number and select **VIEW MORE INFO** for a Printer Friendly Version of the full license details.

Steps for requesting a formal license verification begin on the next page.

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988 SUICIDE & CRISIS LIFELINE | Ohio

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

Accessing the License Verification Request:

1. Each user must create or use their own eLicense Ohio account.
   For business licensees, an individual must be designated to file the request in the eLicense Ohio system. 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.

Completing License Verification Request:

From the user's dashboard, select **OPTIONS** beside the license tile that needs to submit a change, then select **SEND LICENSE VERIFICATION.**
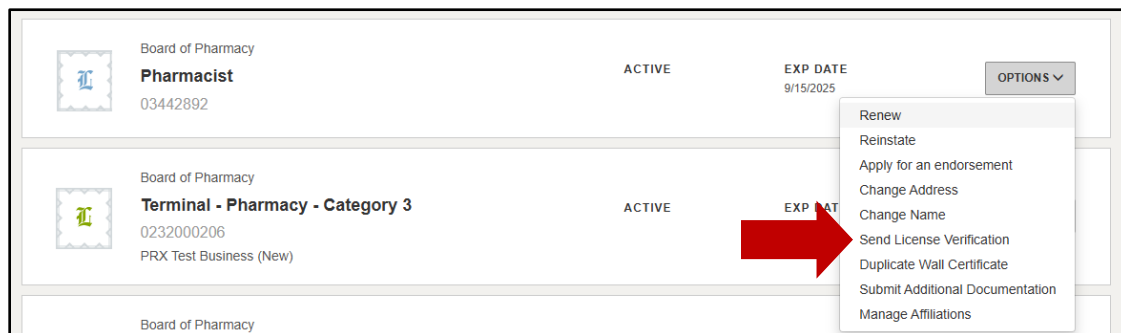
The next screen will provide an overview of the current license number and type. Provide the information on the individual or entity that needs to receive the license verification – Name, Email, Mailing Address, and the reason for the verification. Note – this information can be the licensee, but all information must still be entered.

License Number

03442892

License Type

Pharmacist

License Verification Recipient Information

Please provide details for the recipient of the license verification documentation including the name of an individual and the Board that are to receive the information, the full address of the Board including state, and country and an email address to whom the license verification document should be sent. If you do not have the name or email of the recipient of the license verification please mark the appropriate box next to the field indicating you do not have that information.

* Verification Recipient Name   ☐ I do not have this information

* Verification Recipient email address   ☐ I do not have this information

* Board Name

* Street Address

* City

State/Province

* --None--

* Zip/Postal Code

Country

* United States

Reason for Verification

Please provide the reason for verification. Once completed with this form, click Pay(if applicable) and Submit.

* Reason for Submitting Service Request

CANCEL   **PAY NOW**

After completing all required fields, select **PAY NOW**.

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

☑ Select All

☑ Service Request Fee for 03442892

Type	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
PRX - License Verification - Fee	4/15/2025 10:25 AM	TestPRX Account	$35.00	$35.00		Ohio	TEST

Total Due: **$35.00**   **CONTINUE**

Selected Fees: 1

Please Note: Due to system capacity constraints, you can only pay for a maximum of 12 fees at a time.

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, the Board will receive the request in the processing queue. Please allow the Licensing Department ten (10) days to review and process the request. Once processed, the Board will email a copy of the license verification and mail to the recipient information provided in the request.

To check the status of the request, select My History from the user's dashboard.
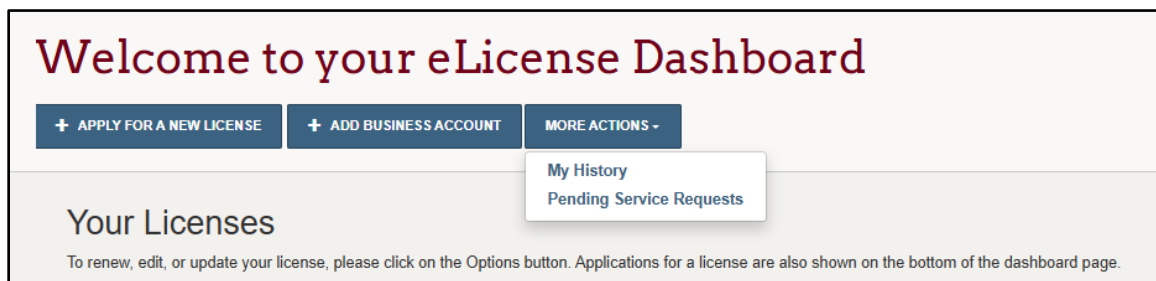
The History screen will default to payment history. To view Service Requests, choose **Select History By** and then **Service Requests.**
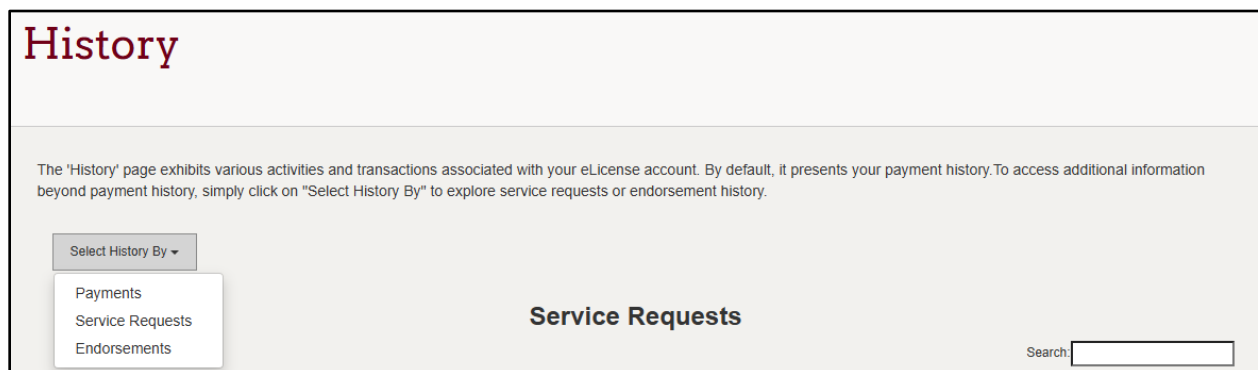
Status definitions:
- *Pending – the request has not been completed (questions and answers and submissions)*
- *Submitted – the Board has received the request in the queue to process*

- *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 <u>logging in</u> to an eLicense account, <u>registering</u>, or <u>any other technical issues</u> with eLicense Ohio, please call the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.