

Mike DeWine, Governor Jon Husted, Lt. Governor Steven W. Schierholt, Executive Director

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 <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, 17th 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 '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	Social Security Number Security Code Date of Birth	I don't have a Social Security Number OBTAIN SECURITY CODE

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**.

Welco	me to your eLicense	Dashboard		
+ APPLY FOR A NE	W LICENSE MY HISTORY	na here before applying		
Your Lice		-	bottom of the dashboard	page.
U	Board of Pharmacy Pharmacist 012345678 Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	
U	Board of Pharmacy Pharmacy Intern - Graduate 06000010 Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018 Rene Reins	
1	Board of Pharmacy Terminal - Non-Resident Pharmacy - Category 2	ACTIVE	EXP DAT 3/31/2019 Exp DAT Jicen Mana Send	ge Address ge Name cate Wall Certificate se Inactivation ge Affiliations License Verification it Additional Documentation

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.

Submissio	on List fo	or this service requ	iest		
will send the docume	ents to the Board b chment is less that	y of the documents by clicking the 'Upl by clicking the 'Acknowledge' button. If a 80 characters in length for it to be rec and (.pdf).	uploading an attachmen	it as a submission, it is i	necessary that the
Action	Title	Description	Acknowledge	Uploads	Complete
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.

Submissio	on List for	this service re	quest		
will send the docume name of the file attac	ents to the Board by cl	the documents by clicking the icking the 'Acknowledge' butto characters in length for it to b (.pdf).	on. If uploading an attachmer	nt as a submission, it is	necessary that the
Action	Title	Description	Acknowledge	Uploads	Complete
Change Na	Ime Choo	se File No file chosen			

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

Submissio	on List f	or this service requ	uest			
vill send the docume	ents to the Board chment is less th	ppy of the documents by clicking the 'U _i I by clicking the 'Acknowledge' button. I an 80 characters in length for it to be re) and (.pdf).	f uploading an attach	ment as a submiss	sion, it is neo	essary that the
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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! DONE

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