



eLicense Guide: Pharmacy Technician Trainee Application

Updated 4/29/2025

Pharmacy Technician Trainee Application Required Information and Documentation:

- Documentation of Age – birth certificate or government issued identification card that contains full date of birth.
- Documentation of Education – high school diploma or transcript or GED certificate that contains graduation/completion date.
- Criminal conviction or disciplinary action documentation (*if applicable*).
- Payment via credit card (Visa, MasterCard, or Discover) for the \$28.50 application fee.

Accessing Application:

1. Using Google Chrome or Mozilla Firefox as your web browser, access the portal using the eLicense Ohio system at eLicense.ohio.gov.
2. Create an eLicense Ohio user account as a new user. Personal information, an email address, and password will be required.

**For assistance in creating your eLicense Ohio account, please contact the eLicense Customer Service Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.*

Completing the Application:

1. **PERSONAL INFORMATION:** Enter all personal information - primary contact, email address, and phone number - and search and apply both a mailing and a public address and military service information and select 'Save and Continue'.

- 2. BACKGROUND:** This selection will allow you to add information about other professional licenses you hold in Ohio or other states in the License Verification section. Additionally, this is where you will report your employment as a License Affiliation.
- 3. APPLICATION QUESTIONS:** This section will have questions related to your education, background check submission, and legal/disciplinary action history. Answer all questions truthfully and select 'Save and Continue'.
- 4. ATTACHMENTS:** You will be required to upload documentation of age and education and attest to completing your background check requirements. If applicable, you will upload military/veteran documentation and/or legal/disciplinary action documentation. Upload the required documentation, then select 'Save and Continue'.
- 5. REVIEW & SUBMIT:** The system will verify you have completed all required questions and attachments. Select the 'Consent to Electronic Signature' check box and input the applicant's first and last name in the box provided. Select 'Submit' to proceed to payment.
- 6. CART:** Click the 'Select All' check box, then 'Continue' to checkout, then 'Continue' again to proceed to the payment screen.
- 7. PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue', then select 'Submit' on the next screen. *Important – The billing information must match identically to the information on file with the financial institution.*

If you need help or have questions pertaining to your license application, please e-mail technician@pharmacy.ohio.gov. For quickest response time, please include your name, telephone number, and application number which can be found on your eLicense Ohio dashboard and begins with "APP-000".

PHARMACY TECHNICIAN TRAINEE APPLICATION:

From your dashboard, select **+Apply for a New License** to begin the application.

Welcome to your eLicense Dashboard

+ APPLY FOR A NEW LICENSE 

Are you looking to apply for a new business license? First, add your business by clicking [here](#) before applying.

Your Licenses

To renew, edit, or update your license, please click on the Options button. Applications for a license are also shown on the bottom of the dashboard page.

In the License Selection section, select the appropriate options –

Board: Board of Pharmacy

License Type: Pharmacy Technician Trainee

Application Type: General Application.

License Selection

Select the Board for which you are seeking a license. Next, select the license type, individual license, and application type.

If you are applying with the Ohio Board of Nursing, Board of Pharmacy, the Speech and Hearing Professionals Board, or the Chemical Dependency Board and are unsure of what license to apply for, click [here](#) to access the license questionnaire.

Select a Board
Board of Pharmacy ▼

Select a License
Pharmacy Technician Trainee ▼

Select an Application Type
General Application ▼

In the Eligibility section, review carefully and select “**Yes**” to the eligibility criteria. *If you see different questions, then you have selected the wrong license type. If you cannot accurately answer yes to any of these questions, then you are not eligible to apply for a trainee registration.*

<h2>Eligibility</h2>	<p>Are you at least 18 years of age*? You will be required to submit documentation (copy of government issued identification or copy of birth certificate) to verify this information. *Select 'Yes' if you are 17 years of age and enrolled in an approved high school training program.</p>
<p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
	<p>Have you obtained a High School Diploma, GED, or foreign school diploma equivalent to a U.S. high school diploma?</p>
	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

Review the Application Instructions carefully and select **Save and Continue**.

PERSONAL & ADDITIONAL INFORMATION:

Review and ensure all personal and additional information are correct.

Personal Information Background Questions Attachments Review • Submit

Personal Information

Provide the necessary personal information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

Title

First Name
* TestPRX

Middle Name

Last Name
* Account

Suffix

Maiden Name

* Social Security Number
*****0001

* Email Address
elicense@email@gmail.com

* Date of Birth

Other Phone Number

* Phone Number

Additional Information

Provide the necessary additional information in the fields to the right. All fields with (*) are required and must be completed to continue the application process. If you were born in the United States, you will need to list the city and state where you were born.

Do you have other aliases?
* --None--

Please list all other aliases.

What is your gender?
* --None--

What is your ethnicity?
--None--

In which country were you born?
* United States

In which state were you born (if United States)?
--None--

In which city were you born?

In the address section, select **+Add Address** in the License Mailing Address section. Input the address information and select **Save**.

License Mailing Address

+ ADD ADDRESS

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license). To add a new address, click Add Address, complete the required fields, and click SAVE.

License Public Address

+ ADD ADDRESS

Select a license public address by clicking the appropriate checkbox to the right. This address should be the PHYSICAL LOCATION of the business applying for licensure and will be viewable by the public. To add a new address, click Add Address, complete the required fields, and click Save.

Use this address as Mailing

Address Format
US Address

Street Address Line 1
* 77 S. High Street

Street Address Line 2

City State Zip Code
* Columbus * OH * 43215

County
Franklin

CANCEL **SAVE**

If multiple results return, please select the address that is validated as noted with a ✓.

Street Address	City	State	Zip Code	County	Validated
77 S High St	Columbus	OH	43215-6108	Franklin	✓
77 S. High Street	Columbus	OH	43215	Franklin	

Repeat the steps under the License Public Address section or if the address is the same as the mailing address. Select the check box next to the address, then **Save as Public**.

License Public Address

Select a license public address by clicking the appropriate checkbox to the right. This address should be the PHYSICAL LOCATION of the business applying for licensure and will be viewable by the public. To add a new address, click Add Address, complete the required fields, and click Save.

Public	Address
<input checked="" type="checkbox"/>	77 S High St Columbus OH 43215-6108 Franklin United States

[+ ADD ADDRESS](#) [SAVE AS PUBLIC](#)

Complete the Military Service section.

Military Service

If you are a U.S. Veteran, active duty or reserves service member, or the spouse of one, you and/or your spouse may be eligible for certain benefits under Ohio licensing laws, rules, or policies. Benefits may include: the consideration of military experience and training towards professional and experience requirements, Priority of service, expedited services, waiver or reduction of licensing fees, extended time allowances, temporary licensing, etc.

Have you served in the military?
* --None--

If you answered "Yes", are you currently serving in the military?
* --None--

Has your spouse served in the military?
* --None--

If you answered "Yes", are they currently serving in the military?
* --None--

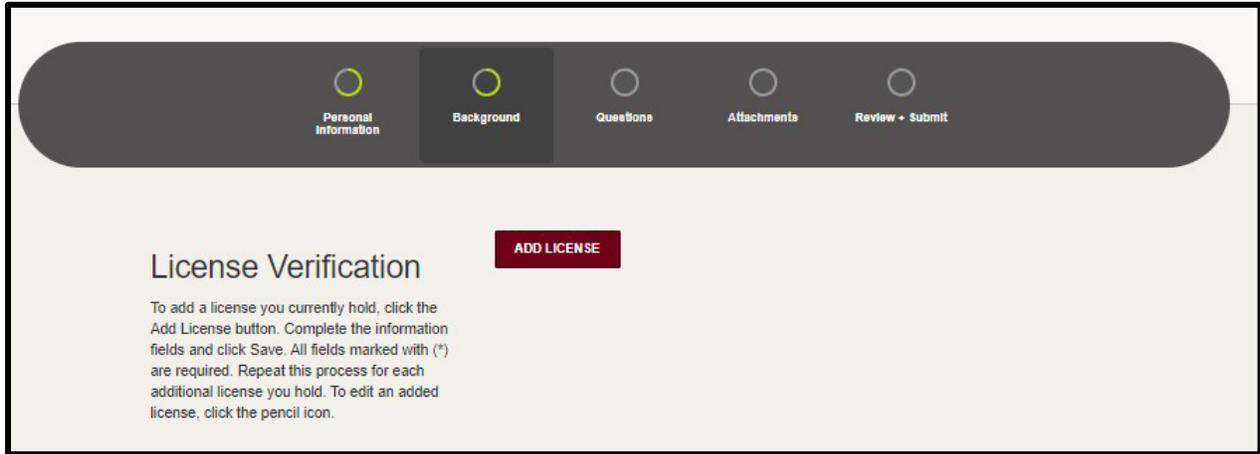
I decline to answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services
OhioMeansJobs

Once all information is populated, select **'Save and Continue'**.

BACKGROUND

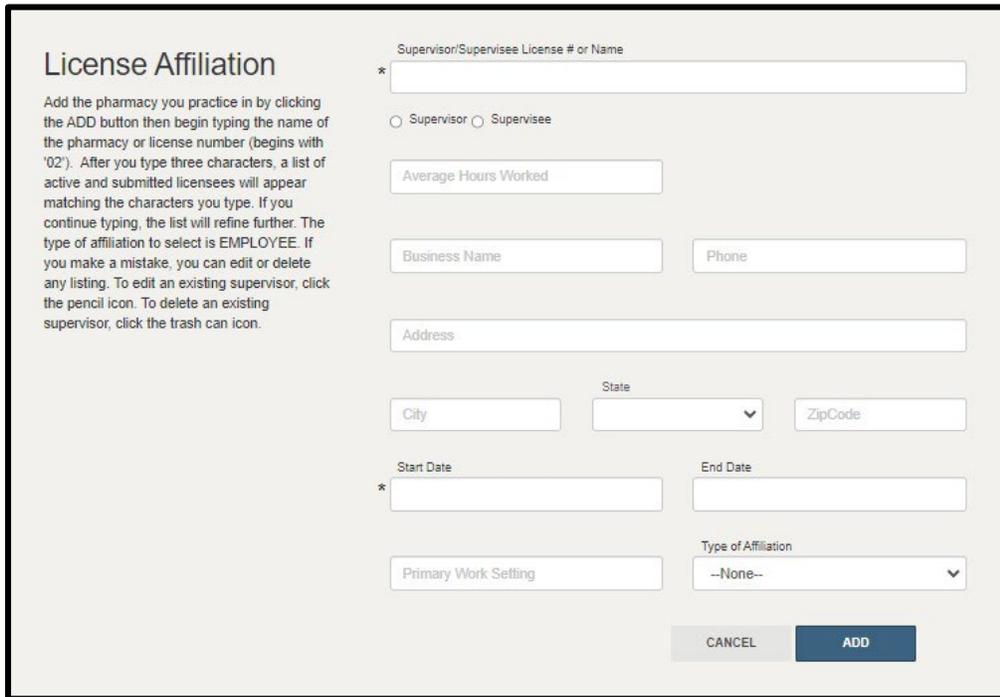
Add any other licenses in Ohio or other states you hold under the License Verification section.



The screenshot shows a navigation bar with five tabs: Personal Information, Background, Questions, Attachments, and Review + Submit. The Background tab is active. Below the navigation bar, the section is titled "License Verification" and includes a red "ADD LICENSE" button. A text block provides instructions: "To add a license you currently hold, click the Add License button. Complete the information fields and click Save. All fields marked with (*) are required. Repeat this process for each additional license you hold. To edit an added license, click the pencil icon."

Add your employment under the License Affiliation section. Select the "Add Affiliation" button and then input the required information. The best way to search is by your pharmacy's terminal distributor license number which begins with '02'. To find your pharmacy's license number use the License Lookup Feature here - https://elicense.ohio.gov/OH_VerifyLicense.

IMPORTANT – Do not enter a pharmacist or technician as your supervisor. Your supervisor is the pharmacy where you are employed.



The screenshot shows the "License Affiliation" form. It includes a text block with instructions: "Add the pharmacy you practice in by clicking the ADD button then begin typing the name of the pharmacy or license number (begins with '02'). After you type three characters, a list of active and submitted licensees will appear matching the characters you type. If you continue typing, the list will refine further. The type of affiliation to select is EMPLOYEE. If you make a mistake, you can edit or delete any listing. To edit an existing supervisor, click the pencil icon. To delete an existing supervisor, click the trash can icon." The form fields include: "Supervisor/Supervisee License # or Name" (required), "Supervisor" and "Supervisee" radio buttons, "Average Hours Worked", "Business Name", "Phone", "Address", "City", "State" (dropdown), "ZipCode", "Start Date" (required), "End Date", "Primary Work Setting", and "Type of Affiliation" (dropdown with "--None--"). At the bottom are "CANCEL" and "ADD" buttons.

QUESTIONS:

Answer all application questions and select ‘**Save and Continue**’.

Personal Information Background Questions Attachments Review + Submit

Questions

Answer the following questions by selecting the applicable option (Yes/No, drop down list, or entering text) for each question. Once completed, click Save and Continue. For **TRAFFIC VIOLATIONS**: Do not select yes for parking violations, speeding tickets and violations such as failure to obey a red light, failure to use a turn signal or expired registration. Select yes for charge(s) for traffic offenses such as OVI (also referred to as OMVI, DUI or DWI [driving/operating a motor vehicle under the influence]), failure to stop after an accident (also referred to as “hit skip”), operation of a vehicle in willful or wanton disregard of the safety of persons or property (also referred to as “reckless operation”), having physical control of vehicle while under the influence and driving under suspension – even if the charge was ultimately reduced or plead to a different offense other than the original charge. For more guidance on legal and compliance questions please visit our website at - www.pharmacy.ohio.gov/legalindividual.

Did you graduate from a high school in the United States or obtain a GED in the United States?

Yes No

A criminal background check with the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and Federal Bureau of Investigation (FBI) is required to register. Submit fingerprints to BCI&I and FBI via a WebCheck provider located in Ohio. A list of instructions for submitting fingerprints and locations of WebCheck providers can be found here - www.pharmacy.ohio.gov/PTechBackground. Have you submitted your fingerprints for the required criminal records checks?

Yes No

Have you ever (1) been arrested for; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of a disqualifying offense, as outlined in this document (www.pharmacy.ohio.gov/DO), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.34(N) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a conviction of a disqualifying offense that has subsequently been sealed.*

Yes No

Have you ever had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending? *This includes any business entity of which you were the majority owner.*

Yes No

ATTACHMENTS:

Upload your documentation of age, education, and/or legal and disciplinary action documentation (if applicable). To upload, select the **Add Attachment** button and select the file saved on your device. Attest to completing your background check requirements by selecting the 'Attest' button.

Personal Information Background Questions **Attachments** Review + Submit

Attachments

If applicable, upload the Attachments for your license application by clicking the Add Attachment button(s). 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). For documentation that needs to be submitted directly to the Board or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

High School Diploma/GED
Submit a copy of your high school diploma/transcript or GED diploma/transcript. An associate's or bachelor's degree diploma is also acceptable. The document must include your graduation date.

ADD ATTACHMENT

Documentation of Age
Copy of a government issued identification card, birth certificate, military identification card, or U.S. passport which includes your full name and date of birth. It shall contain your current legal name and match the name on your application.

ADD ATTACHMENT

Background Check
I attest that I have submitted fingerprints for both BCI and FBI criminal records checks. I understand that failure to do so will result in a delay and possible abandonment of my application.

ATTEST

REVIEW & SUBMIT:

The system will check to ensure you have completed the application requirements. Once complete, review the attestation language. Select the check box and electronically sign by inputting your name in the text field.

Application Review Completed

Attestation

I declare under penalties of falsification as set forth in Chapters 2921. and 4729. of the Ohio Revised Code that the answers provided on this application, including and accompanying documents are true, correct, and complete.

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically.

(TestPRX Account)

(Jane Doe)

To submit the application, select **Submit.** .

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

CART & PAYMENT:

You will be automatically directed the Cart to review and pay the license application fees. Select the check box for the application and then select **Continue**. Follow the prompts to complete payment.

Acceptable payment methods include Visa, MasterCard, and Discover. The Board does not accept electronic check or American Express. The billing information must match exactly with the information on file with your financial institution.

ITEMS > CHECKOUT > CONFIRMATION

Select a board:
Board of Pharmacy

Select All

License Fee for APP-000779506

Type	Created Date	Licensee Name	Total	Outstanding	Waived	State/Province	Reason for Submitting Service Request
Pharmacy Technician Trainee - Application- Fee	11/13/2023 4:00 PM		\$25.00	\$25.00			
eLicense System Transaction Fee	11/13/2023 4:00 PM		\$3.50	\$3.50	\$0.00		

Total Due: **\$28.50** **CONTINUE**

Selected Fees: 2
Please Note: Due to system capacity constraints, you can only pay for a maximum of 12 fees at a time.

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

If you need help logging in to your 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.