



eLicense Guide: Adding a New License

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.

If you need to **ADD A NEW LICENSE**, you can access the portal using the eLicense system at <https://elicense.ohio.gov/>

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 **FIRST TIME** 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 C** of this guide.

If you have **ALREADY** created an account and are renewing, reactivating or adding additional licenses to your account, follow the instructions in **PART B** and **PART C** of this guide.

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.

New Users

Create a New Account

Register here for a new eLicense.Ohio.gov account.

If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select “I have a License”.

If you currently do not have a license or have not previously applied for a license or certificate in Ohio, please select “I don’t have a License”.

Do you need help registering? [Click here](#)

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 I don't have a Social Security Number

* Security Code

* Date of Birth

OBTAIN SECURITY CODE 

After registration, you will then be directed to your dashboard and continue to **PART C.**

PART B: MANAGE YOUR LICENSE - ADDING A NEW LICENSE

If you have an account you will login to the eLicense portal at <https://elicense.ohio.gov/>. and select the **LOGIN/CREATE YOUR ACCOUNT.**

You will enter the email and password that was created for the contact on the license. Then you will select **“LOGIN”**

Existing Users

Login

* Email

* Password

LOGIN

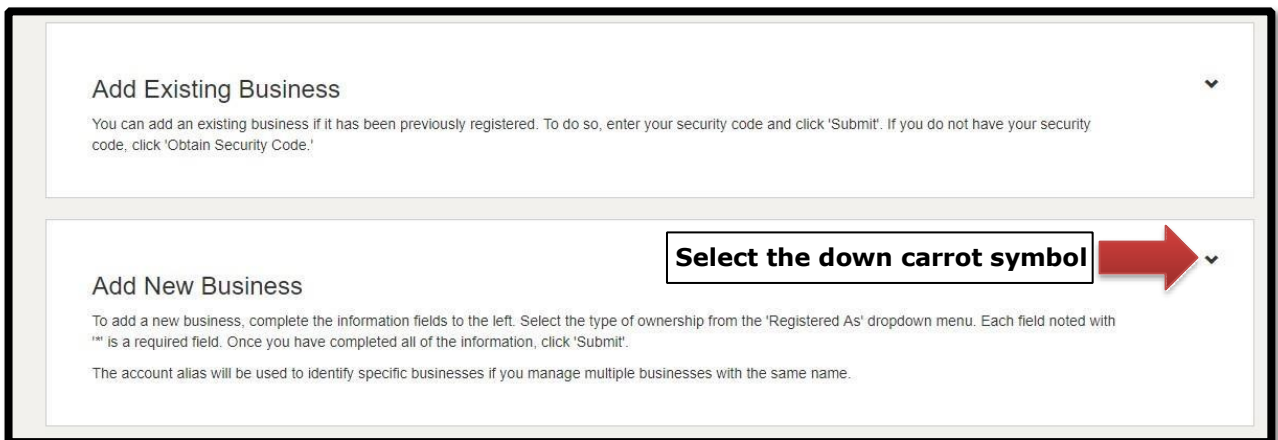
[Forgot Password?](#)
[Forgot Email?](#)

PART C: ADDING A NEW LICENSE

Use the dropdown menu under the individual's name in the upper right-hand corner of the dashboard and choose **MANAGE BUSINESS**.



Choose **ADD A NEW BUSINESS**

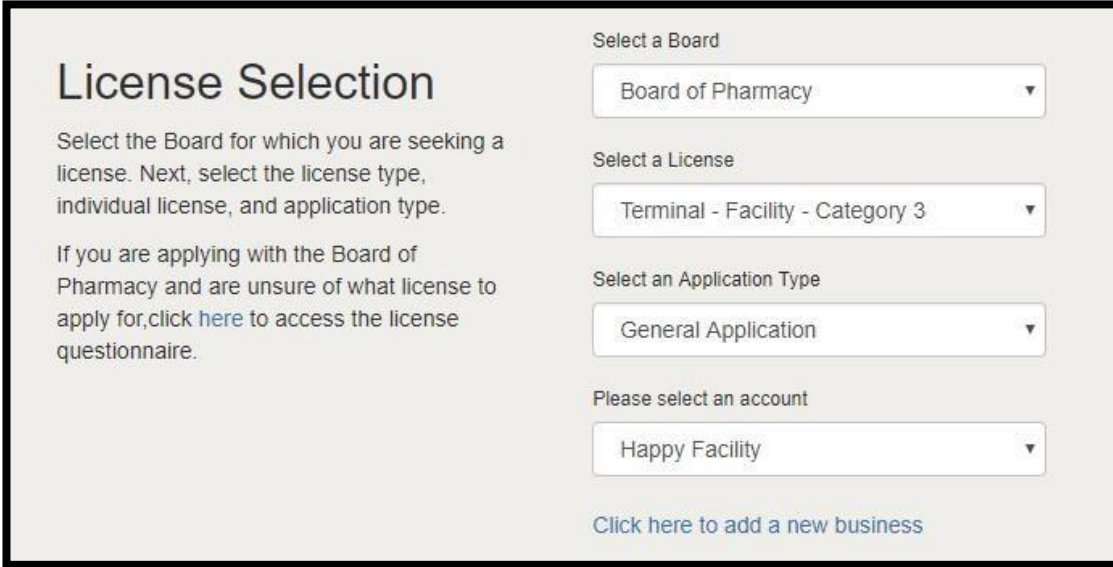


Enter the required information. Once you hit submit, the user setup has been completed. Then you will click on the button **RETURN TO DASHBOARD**.



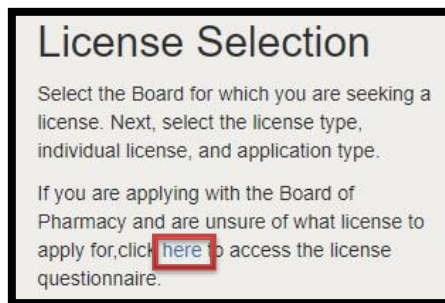
Next, click the **“APPLY FOR A NEW LICENSE”** link on the right side of the page.

- First drop-down menu, select **BOARD OF PHARMACY**
- Second drop-down menu, select the **TYPE OF LICENSE FOR WHICH YOU ARE APPLYING FOR.**
- Third drop-down menu, select **GENERAL APPLICATION**
- Fourth drop-down menu will select the **BUSINESS NAME** that you created



The screenshot shows a web form titled "License Selection". On the left, there is instructional text: "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 Board of Pharmacy and are unsure of what license to apply for, click [here](#) to access the license questionnaire." On the right, there are four dropdown menus: "Select a Board" (Board of Pharmacy), "Select a License" (Terminal - Facility - Category 3), "Select an Application Type" (General Application), and "Please select an account" (Happy Facility). At the bottom right, there is a link: "Click here to add a new business".

If you are not sure of what type of license to apply for, select the link to the left under License Selection. This will take you to a license questionnaire.



This is a close-up of the "License Selection" form, focusing on the instructional text. The word "here" in the text "click [here](#) to access the license questionnaire" is highlighted with a red rectangular box.

Next, you will answer the eligibility questions and review the application instructions. Each application type will have different eligibility questions and application instructions. Please read carefully to ensure you are applying for the correct application. As application fees are non-refundable and non-transferable.

Once you have answered the eligibility questions and read the application instructions, select **SAVE AND CONTINUE.**

Depending on the application type, additional documentation may be required to complete the application. Please use the respective links below to retrieve the required forms to continue with the application process.

- [Drug Distributor \(Wholesaler, Manufacturer, Outsourcing Facility, Repackager and 3PL\) Forms](#)
- [Terminal Distributor of Dangerous Drug Forms](#)
- [Home Medical Equipment Service Provider Forms](#)
- [Medical Marijuana Employee Forms](#)

You will now begin completing the application.

Eligibility

By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.

Does one of the following descriptions represent the majority of your business model? Animal Control/Dog Pound/Dog Warden/Humane Society, Blood Bank, Custodial Care/Group Home, Dialysis Unit, Hospice, Imaging, Infusion Center, Laboratory Research

Yes No

Application Instructions

Provide the information necessary for the license application. Once finished, click which type of Save option desired.

GENERAL INSTRUCTIONS

Please provide the necessary information and documentation for the application. The applicant will be notified if any information or document is not accepted. The application will not be processed until all information is received by the Board. Please allow up to 30 calendar days to complete the application. More information on licensure as a Terminal Distributor of Dangerous Drugs can be found here - <http://www.pharmacy.ohio.gov/licensing>

Once the application process begins, move through each section indicated in the progress bar at the top of the page. It is important to enter correct contact information.

NOTE: The Pharmacy Board has gone to paperless notifications so a valid email address is critical for communications with licensees.

Business Information Background Questions Attachments Review + Submit

Please remember the address you enter for the public will be available to anyone via the Pharmacy Board website and licensee roster.

Completing all background information is strongly encouraged as it can help processing time for your license. Once a history section is added, you can still go back and edit by clicking on the pencil icon next to the entry.

If you are unsure what information to disclose on the Questions section, please review the frequently asked questions page: www.pharmacy.ohio.gov/businesslegal.

You will be prompted to upload the required attachments at the end of the application questions. Remember, you can always save and return to your application at a later time if you do not have all of the necessary documents.

eLicense Ohio allows you to electronically sign your attestation.

I declare under penalties of falsification as set forth in Chapters 2921. And 4729. of the Ohio Revised Code that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license is applied for is granted, the license-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925., 3715., 3719., and 4729. of the Ohio Revised Code and all related laws and rules. I fully understand that submission of this application with the State Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4729.26 of the Ohio Revised Code.

Consent to Electronic Signature

I accept

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

You may save and finish the application later if you need to obtain additional information. If the application is complete click, **SUBMIT**.

You will then 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 application.

ITEMS > CHECKOUT > CONFIRMATION

Select a board:
Board of Pharmacy

Select All

Service Request Fee for 0272000003

Type	Licensee Name	Amount	Amount Outstanding	Waived Amount
PRX - SR - Terminal - License Downgrade Fee	Happy Facility	\$160.00	\$160.00	

Total Due: \$160.00 **CONTINUE**

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

i A copy of your receipt has been emailed to: g+1@yahoo.com

Items Checkout Confirmation

Your payment was successful. A copy of the receipt has been emailed to g+1@yahoo.com.

Order Status Successful
 Applied Payment \$160.00
 Contact [REDACTED]
 Operator [REDACTED]
 Process Date 4/19/2018 9:50 PM

Fees

Type	Licensee Name	Amount
PRX - SR - Terminal - License Downgrade Fee	Happy Facility	\$160.00

Print Receipt Email Receipt Done

You have successfully completed an application. You will be directed back to your **DASHBOARD** where you can monitor the progress of your application.

Welcome to your eLicense Dashboard


[+ APPLY FOR A NEW LICENSE](#) [MY HISTORY](#)

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

New License Applications

To edit or withdraw an application, please click on the Options button.

SORT BY ▾

	Board of Pharmacy Terminal - Facility - Category 3 APP-000136518 Board of Pharmacy Happy Facility	SUBMITTED	EXP DATE	OPTIONS ▾
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