



eLicense Guide: License Verification 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 license verification, you must 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.”

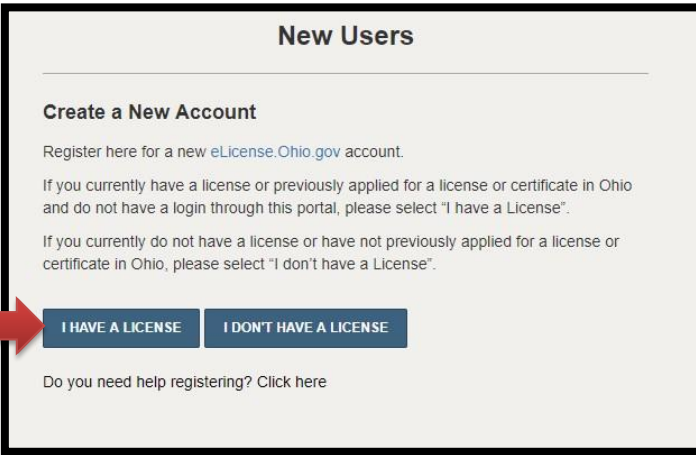


If this is your **FIRST TIME** using the new eLicense Ohio portal, you will need to register your contact information. To do so, follow the instructions in **PART A** and **PART B** of this guide.

If you have **ALREADY** created an account, follow the instructions in **PART B** 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.

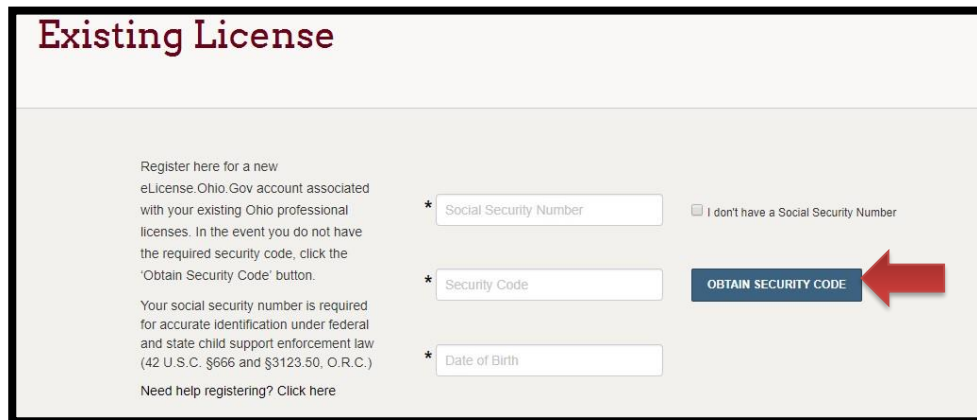
If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select "I have a License".

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](#)

* I don't have a Social Security Number

*

*

After registration, you will then be directed to your dashboard and continue to **PART B** of this guide.

PART B: REQUEST A LICENSE VERIFICATION

After logging in, you will be directed to your eLicense Dashboard.

From your license tile, select options, then select **SEND LICENSE VERIFICATION**.

The screenshot shows the 'Welcome to your eLicense Dashboard' page. At the top, there are two buttons: '+ APPLY FOR A NEW LICENSE' and 'MY HISTORY'. Below this is a message: 'Are you looking to apply for a new business license? First, add your business by clicking here before applying.' The main section is titled 'Your Licenses' and includes a 'SORT BY' dropdown. There are three license tiles, each with a 'BOARD OF PHARMACY' logo, a title, an ID number, a status, an expiration date, and an 'OPTIONS' button. The third tile, 'Terminal - Non-Resident Pharmacy - Category 2', has its options menu open, showing a list of actions: Renew, Reinstatement, Change Address, Change Name, Duplicate Wall Certificate, License Inactivation, Manage Affiliations, Send License Verification, and Submit Additional Documentation. A red arrow points to the 'Send License Verification' option.

License Title	ID	Status	Exp. Date	Options
Pharmacist	012345678	ACTIVE	9/15/2018	OPTIONS
Pharmacy Intern - Graduate	06000010	ACTIVE	9/15/2018	OPTIONS
Terminal - Non-Resident Pharmacy - Category 2	0240000003	ACTIVE	3/31/2019	OPTIONS (Open)

- Renew
- Reinstatement
- Change Address
- Change Name
- Duplicate Wall Certificate
- License Inactivation
- Manage Affiliations
- Send License Verification
- Submit Additional Documentation

Next, fill out all required fields and select **PAY NOW**.

Submit Verification to Another Entity

Recipient Details

Please provide the recipient's contact details, including Board, state, and country.

License Number

License Type

* Recipient Name I do not have this information

* Recipient Email I do not have this information

* Board Name

* Street Address

* City

State/Province
*

* Zip/Postal Code

Country
*

* Reason for Submitting Service Request

CANCEL **PAY NOW**

You will 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 request.

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

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](#)

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