



eLICENSE GUIDE: MAKING A CHANGE TO A 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 make changes to a license, you can access the portal using the eLicense system at <https://elicense.ohio.gov/>

Changes that can be made to a license from the Manage Affiliation option:

- CHANGE OF BUSINESS NAME
- CHANGE OF ADDRESS
- CHANGE OF OWNERSHIP
- CHANGE OF CATEGORY

Once you navigate to the main page, click on the button over the picture that says: "LOG IN, CREATE YOUR ACCOUNT."

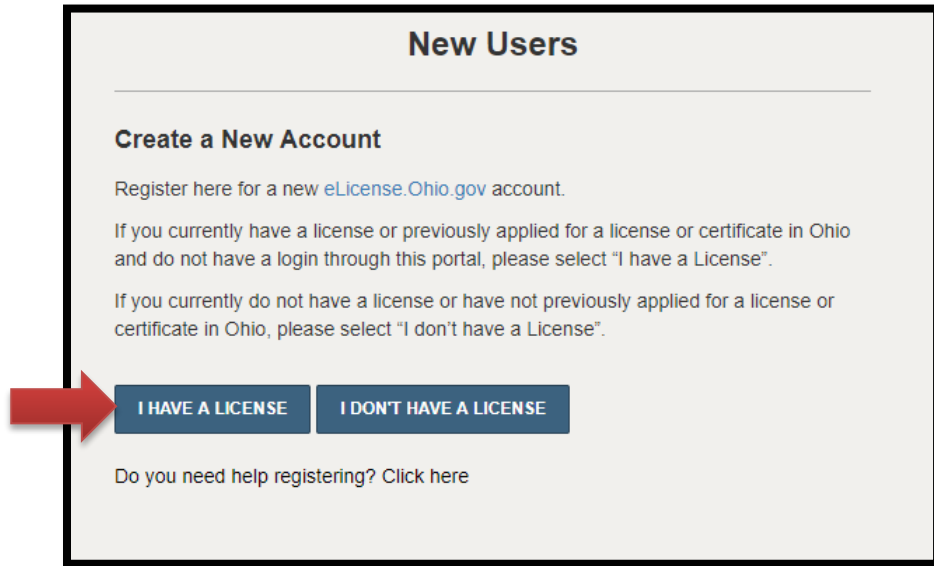


If this is your **FIRST TIME** using the new eLicense Ohio portal, you will need to register your contact information. To do so, follow the instructions in **PART A** and **PART C** of this guide.

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.

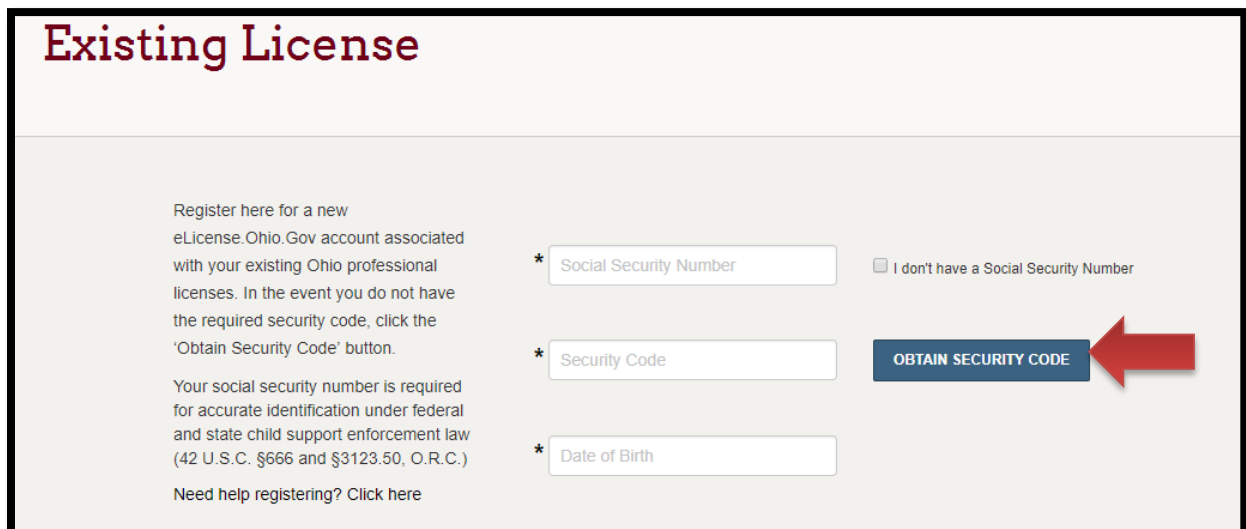
PART A: CREATING AN ACCOUNT FOR AN EXISTING BOARD OF PHARMACY LICENSE

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.



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.



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

PART B: CHANGE IN BUSINESS DESCRIPTION - CHANGES TO A 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

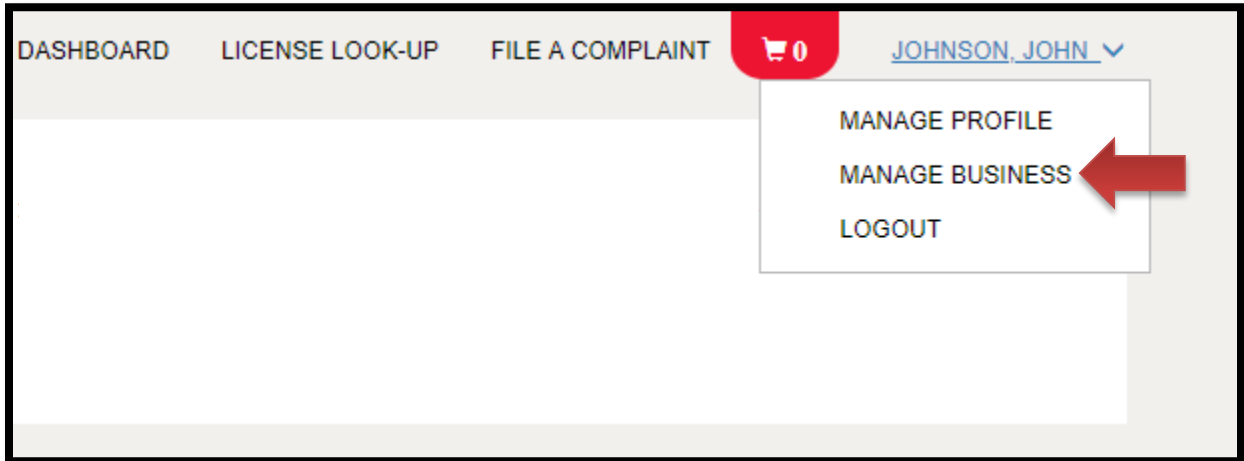
* Password

LOGIN

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

PART C: CHANGE IN BUSINESS DESCRIPTION - CHANGES TO A LICENSE

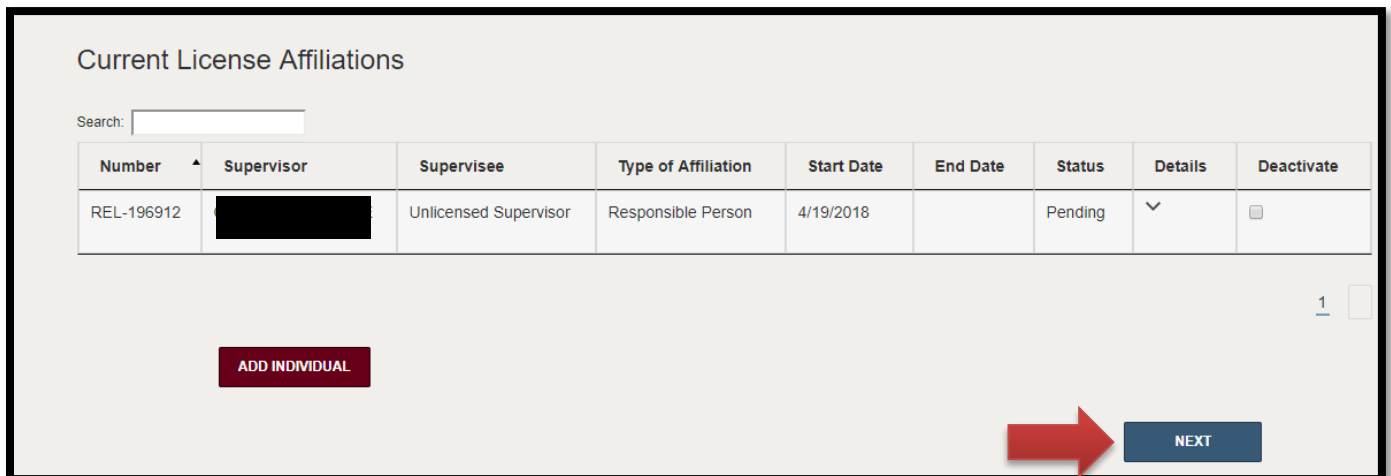
Use the dropdown menu under the individual's name in the upper right-hand corner of the dashboard and choose **MANAGE BUSINESS**.



If there is **NO CHANGE** to the Responsible Person then you will select the **NEXT** button.

If there is a change in the Responsible Person, you will need to fill out a [Change of Responsible Person Form](#) that is located on the board website. You will need to email the form to new.license@pharmacy.ohio.gov and allow 7 days to process.

Once the change has been processed you may continue to make changes to your license.



You will then answer some questions and make the necessary changes on the license. Such changes can include any one of the following:

- **CHANGE OF BUSINESS NAME**
- **CHANGE OF ADDRESS**
- **CHANGE OF OWNERSHIP**
- **CHANGE OF CATEGORY**

Depending on the application type, additional documentation may be required to complete the application. Please visit the Board of Pharmacy's website at www.pharmacy.ohio.gov requirements.

Once you have submitted a change, 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 application.

The screenshot shows a payment portal interface with the following elements:

- Navigation: ITEMS > CHECKOUT > CONFIRMATION
- Dropdown menu: Select a board: Board of Pharmacy
- Checkbox: Select All (indicated by a red arrow)
- Checked item: Service Request Fee for 0272000003
- Table of fees:

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

Total Due: \$160.00 (indicated by a red arrow)

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](#)

 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	
Operator	
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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