



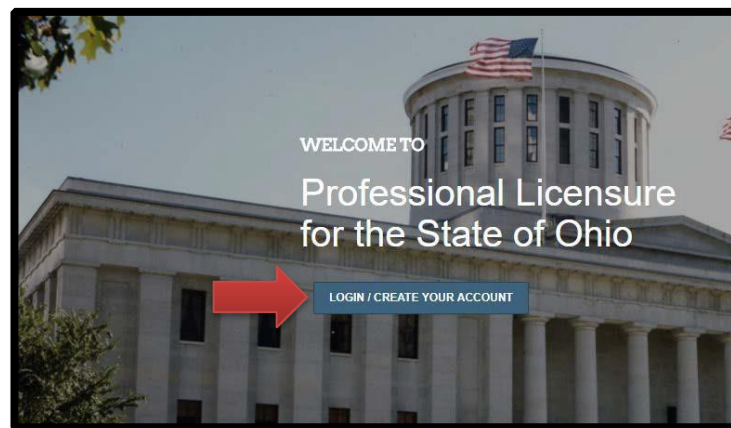
eLicense Guide: Change in Responsible Person

Updated 1-11-2019

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 responsible person, you must access the portal using the eLicense system at <https://elicense.ohio.gov/>

Once you navigate to the main page, click on the blue 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 for an account. To do so, follow the ‘Registering for a Business Account’ instructions which can be found [here](#).

REQUESTING A CHANGE OF RESPONSIBLE PERSON

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

From your license tile, select options, then select **Change of Responsible Person**.

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.

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.

SORT BY ▾

	Board of Pharmacy								
	Terminal - Clinic - Category 2	ACTIVE	EXP DATE	OPTIONS ▾					
	0260000005 Board of Pharmacy Rachael RX			<ul style="list-style-type: none"> Renew Reinstate Change in Business Description Change in Responsible Person Download Wall Certificate License Inactivation Manage Affiliations Send License Verification Submit Additional Documentation 					

New License Applications

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

SORT BY ▾

Next, select **'Add Individual'**


Change in Responsible Person

Current License Affiliations

Search:

Number	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details	Deactivate
REL-215148	Rachael Collins	Unlicensed Supervisor	Responsible Person	5/16/2018		Active	▾	<input type="checkbox"/>
REL-215150	Chandra Galante	Unlicensed Supervisor	Responsible Person	5/16/2018		Active	▾	<input type="checkbox"/>
	Unlicensed Supervisor	Jane Doe	Responsible Person	5/18/2018		Pending	▾	<input type="checkbox"/>

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 [ADD INDIVIDUAL](#)

[NEXT](#)

Complete the required fields and select **'NEXT'**

NOTE: If the Responsible Person is a licensed healthcare professional in the state of Ohio, all personal information (name, date of birth, social security number and email) must EXACTLY match what is on their personal eLicense account. If you need assistance identifying that information contact the eLicense Customer Support Service Center at 855-405-5514.

Type of Affiliation		
* Responsible Person		
First Name	Last Name	
* Jane	* Doe	
Date of Birth	Social Security Number	
* 05/17/1990	* 123456780	
Position/ Title	* Email	
Other License Number	Phone	
	(111)-111-1111	
Other License Type	Other License State	
Street Address		
City	State	ZipCode
Start Date	End Date	
* 05/17/2018		
CANCEL ADD		
NEXT		


Answer the required background questions and select **'Save and Continue'**

Upload required Responsible Person Attestation by selecting 'Upload'

Update Business Info

Submission List for this service request


Please either upload an electronic copy of the documents by clicking the 'Upload' button, or Acknowledge that you or the appropriate third party will send the documents to the Board by clicking the 'Acknowledge' button. 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).

Action	Title	Description	Acknowledge	Uploads	Complete
 <input type="button" value="Upload"/>	Responsible Person Attestation	Signed Responsible Person Attestation. A copy of the form may be found here .			

Select 'choose file' and select your document.

Submission List for this service request




Please either upload an electronic copy of the documents by clicking the 'Upload' button, or Acknowledge that you or the appropriate third party will send the documents to the Board by clicking the 'Acknowledge' button. 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).



Action	Title	Description	Acknowledge	Uploads	Complete
<input type="button" value="Change Name"/>  <input type="button" value="Choose File"/>		No file chosen			

Once file is selected and uploading is complete, select 'submit'

Submission List for this service request

Please either upload an electronic copy of the documents by clicking the 'Upload' button, or Acknowledge that you or the appropriate third party will send the documents to the Board by clicking the 'Acknowledge' button. 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).


Action	Title	Description	Acknowledge	Uploads	Complete
	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.		fest.png 	

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!



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