



**STATE OF
OHIO**
BOARD OF PHARMACY

eLICENSE GUIDE: CHANGE OF NAME 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 change of name, 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.

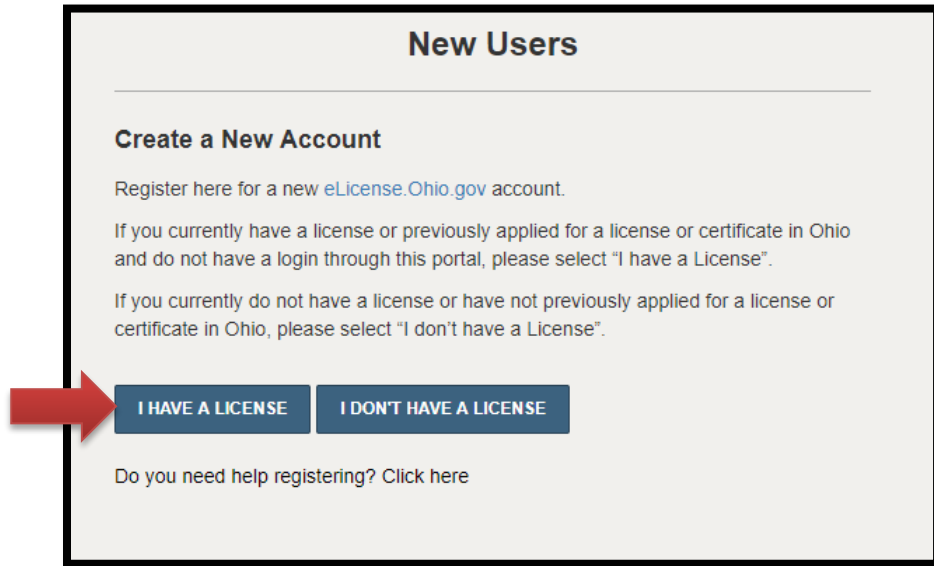
77 South High Street, 17th Floor, Columbus, Ohio 43215

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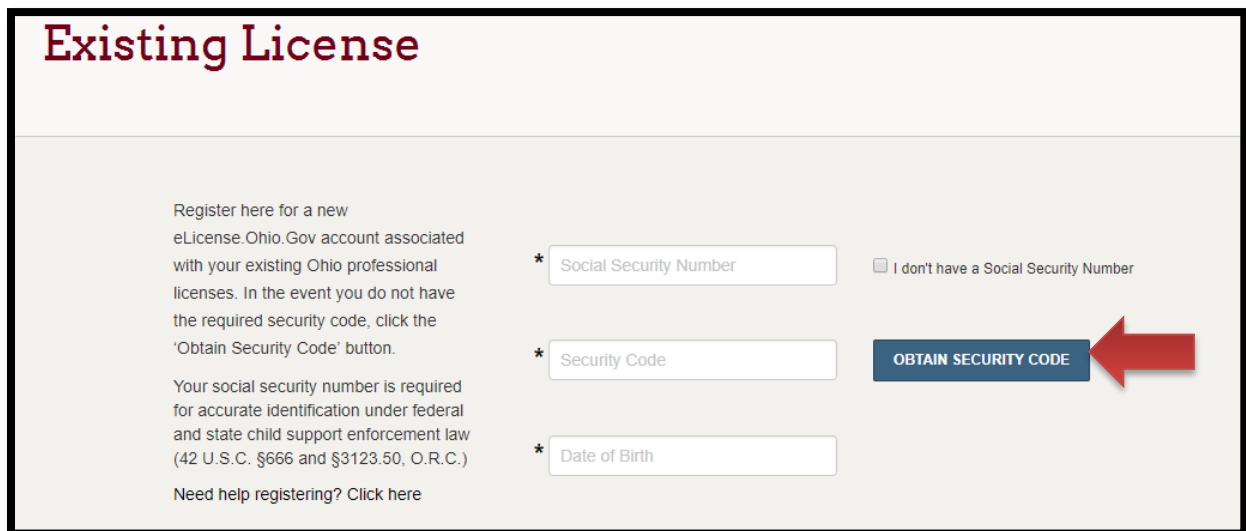
PART A: CREATING AN ACCOUNT FOR AN EXISTING BOARD OF PHARMACY LICENSE

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 can continue to **PART B** of this guide.

PART B: REQUESTING A CHANGE OF NAME

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

From your license tile, select options, then select **CHANGE NAME**.

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 ▾

License Image	License Title	Status	Expiration Date	Options
	Board of Pharmacy Pharmacist 012345678 Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	OPTIONS ▾
	Board of Pharmacy Pharmacy Intern - Graduate 06000010 Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	OPTIONS ▾
	Board of Pharmacy Terminal - Non-Resident Pharmacy - Category 2	ACTIVE	EXP DATE 3/31/2019	OPTIONS ▾ <ul style="list-style-type: none">RenewReinstateChange AddressChange NameDuplicate Wall CertificateLicense InactivationManage AffiliationsSend License VerificationSubmit Additional Documentation

Next, fill out all required fields and select **SAVE AND UPLOAD DOCUMENTS**

Name Change

Personal Information

Provide the new first, last, middle, and maiden name (if applicable) in the fields to the right. Then, provide the reason for the name change service request.

License Number
06000010

License Type
Pharmacy Intern - Graduate


* New First Name

* New Last Name

New Middle Name

Maiden Name

* Reason for Submitting Service Request


CANCEL **SAVE AND UPLOAD DOCUMENTS** 

Upload required documentation by selecting **UPLOAD**.

Name Change

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"/>	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.			

Select **CHOOSE FILE** and select the required document to upload.

Submission List for this service request

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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

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Action	Title	Description	Acknowledge	Uploads	Complete
Upload	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	

CANCEL **SUBMIT**

You will be directed to the Service Request Submitted Screen. This is your confirmation that the request was submitted.

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!

DONE

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