



## eLicense Guide: License Verification Request

Updated 4-23-2018

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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.

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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.”

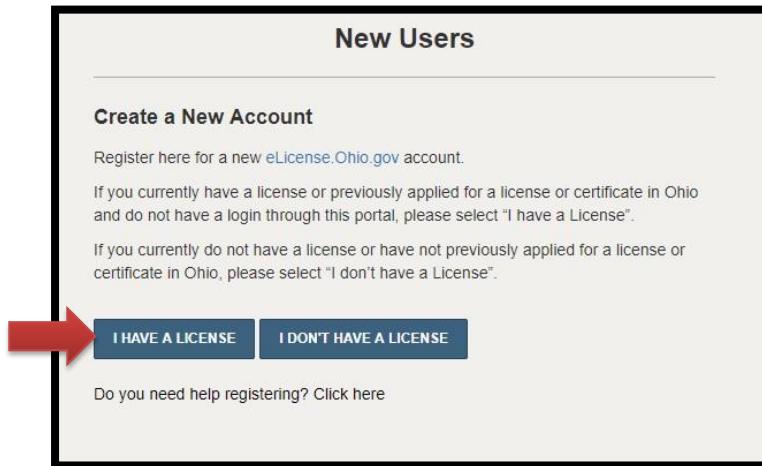


If this is your **FIRST TIME** using the new eLicense Ohio portal, you will need to register your contact information. To do so, follow the instructions in **PART A** and **PART B** of this guide.

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**

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**Create a New Account**

Register here for a new [eLicense.Ohio.gov](https://eLicense.Ohio.gov) account.

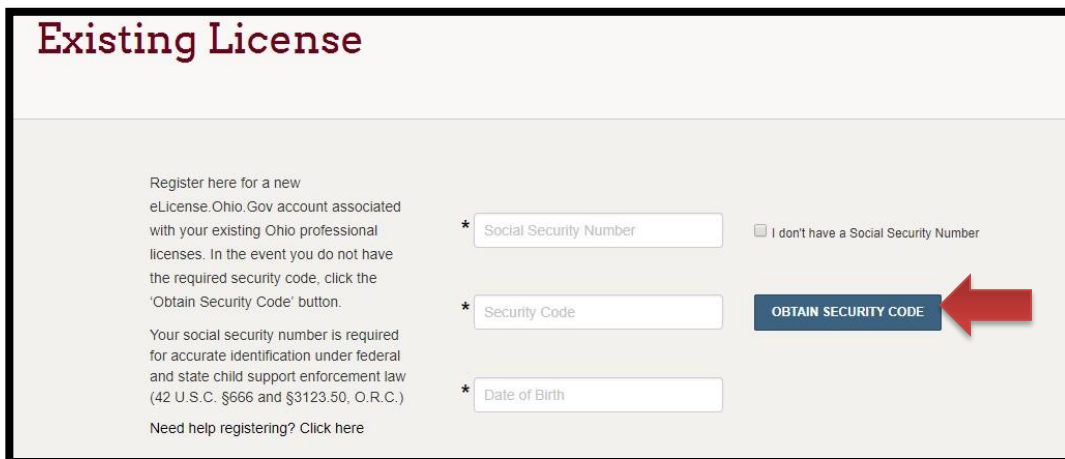
If you currently have a license or previously applied for a license or certificate in Ohio and do not have a login through this portal, please select "I have a License".

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**

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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

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\*

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**.

**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 <b>Pharmacist</b> 012345678   Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	OPTIONS ▾
	Board of Pharmacy <b>Pharmacy Intern - Graduate</b> 06000010   Board of Pharmacy	ACTIVE	EXP DATE 9/15/2018	OPTIONS ▾
	Board of Pharmacy <b>Terminal - Non-Resident Pharmacy - Category 2</b> 0240000003   Board of Pharmacy	ACTIVE	EXP DATE 3/31/2019	OPTIONS ▾ <ul style="list-style-type: none"><li>Renew</li><li>Reinstate</li><li>Change Address</li><li>Change Name</li><li>Duplicate Wall Certificate</li><li>License Inactivation</li><li>Manage Affiliations</li><li>Send License Verification</li><li>Submit Additional Documentation</li></ul>

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

### Submit Verification to Another Entity

License Number  
012345678

License Type  
Pharmacist

#### Recipient Details

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

\* 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 Verification

Please provide the reason for verification. Once completed with this form, click Pay (if applicable) and Submit.

\* 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](mailto: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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