



State of Ohio Renewal Policy for Credit Card and Electronic Checks Payment

The applicant will renew online and have the option to pay by a credit card/pre-paid VISA/MasterCard or Electronic Check only.

Once an applicant renews online and pays by either a credit card/pre-paid VISA/MasterCard or Electronic check a confirmation is issued from the Ohio CBOSS Program to the licensee indicating that the authorization was either successful or not at the time of data entry. This confirmation will be sent electronically to the email provided on if the "EMAIL RECEIPT" box is marked.

NOTE: This authorization is the licensee **RECEIPT and PROOF OF PAYMENT**.

Once the transaction has been cleared by the respective financial institutions and the applicant meets the requirements for the renewal process, the license will be generated the next business day after 10:00am.

Please follow these steps:

Step 1: After completing the online renewal questions, the applicant will select their form of payment through the Central Payment Portal.



Central Payment Portal

- Credit Card
- Electronic Check

Technical Support

If you need technical support for this online payment processing application, please send an email to fiscal@bop.ohio.gov.

Step 2: The applicant will then enter payment information.

Credit Card Screen Shot



Central Payment Portal

Enter Payment Information

Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required.

The following link provides information regarding the [card security code](#).

Payment Information

* Credit Card Number:	<input type="text"/>	* Credit Card Type:	<input type="text"/>
* Expiration Month:	<input type="text"/>	* Expiration Year:	<input type="text"/>
* Card Security Code:	<input type="text"/>		

Billing Information

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
* Last/Business Name:	<input type="text"/>	* Phone:	<input type="text"/>
* Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
* City:	<input type="text"/>	* State/Province/Region:	<input type="text"/>
* Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Email:	<input type="text"/>	Email Receipt:	<input type="checkbox"/>

[Continue](#)

Technical Support

If you need technical support for this online payment processing application, please send an email to fiscal@bop.ohio.gov.

Electronic Check Screen Shot



**STATE OF
OHIO**
BOARD OF PHARMACY

Central Payment Portal

Enter Payment Information

Please enter your electronic check payment and billing information below. All of the fields marked with an asterisk are required.

Your checking account number **SHOULD NOT** include the 4-digit check number that usually appears on your check either before or after the checking account number.

John Doe 1234 Main Street Anytown, OH 12345-1234		Date _____	0123
Pay to the Order of _____		\$ _____	Dollars
For _____			
* Routing Number K 123456789	* Account Number 1234567893210	* Check Number 0123	

Payment Information

* Bank Routing Number: <input type="text"/>	* Confirm Routing Number: <input type="text"/>
* Bank Account Number: <input type="text"/>	* Confirm Account Number: <input type="text"/>

Billing Information

First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Business Name: <input type="text"/>	* Phone: <input type="text"/>
* Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>
* City: <input type="text"/>	* State/Province/Region: <input type="text"/>
* Zip/Postal Code: <input type="text"/>	Country: <input type="text"/>
Email: <input type="text"/>	Email Receipt: <input type="checkbox"/>

[Continue](#)

Technical Support

If you need technical support for this online payment processing application, please send an email to fixcat@bog.ohio.gov.

Step 3: If the authorization was successful, the applicant is instructed to print the authorization for their records.

This record will include:

1. The charge of the registration fee
2. The name of the licensee
3. The license number of the licensee
4. The approval code given at the time the authorization
5. The date and time the transaction was conducted
6. The option to provide an email address to send the receipt to

NOTE: This authorization is the licensee **RECEIPT and PROOF OF PAYMENT**.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

Authorization succeeded

You will be charged a registration fee of \$97.50

Name: [REDACTED]

Number: [REDACTED]

Approval Code: [REDACTED]

Date: 8/20/2016 8:39:42 AM

If you would like an email receipt, please enter your email address in the text box provided and click the "Send Email" button.

Email: _____

Confirm Email: _____

Once this transaction has been concluded, an email from noreply@das.ohio.gov email address is sent to the email address provided by the licensee indicating the authorization has been processed.

The Ohio Board of Pharmacy Fiscal Department does not issue a receipt of payment for licenses issued or renewed. Payment by credit card or electronic check is verified by the online transaction confirmation receipt emailed to the licensee at the time of successful renewal, as well as by the bank statement which corresponds to that credit card or bank. Licenses are issued to each licensee after the processing of payment has been completed.

Authorization succeeded

You will be charged a registration fee of \$97.50

Name: [REDACTED]

Number: [REDACTED]

Approval Code: [REDACTED]

Date: 8/20/2016 8:40:12 AM

*Please do NOT reply to this email as the electronic mailbox is not monitored.

- The licensee should add this email address to their contacts to avoid it going into the spam folder

If the authorization is unsuccessful; the applicant is instructed at that time and they would need to contact their respective financial institution or use a different form of payment.

Step 4: Once the transaction has been cleared by the respective financial institutions and the applicant meets the requirements for the renewal process; the license will be generated the next business day after 10:00 am.

When the license is ready to be issued to the licensee an email is generated from the

new.license@pharmacy.ohio.gov email address informing the licensee they may print their license from the link provided or the link on the website:
<https://pharmacy.ohio.gov/PrintLicense>

JOE SMITH RPH

Click here to print your 2017 license for license number 031111111 NOTE: Viewing the license requires Adobe Reader 9 or newer.

This link will only be good for a limited time. If you request a duplicate/reprint of your license there will be a duplicate license fee.

If you have any questions or comments, you may email the Board office by utilizing the 'CONTACT THE BOARD' selection along the left side of our website at www.pharmacy.ohio.gov. Be sure to select 'General Licensing Information' as your subject line.

Thank you

If the link to print your license is not visible above, copy and paste the address below into your browser:

<https://pharmacy.ohio.gov/PrintLicense.aspx?id=90ebf163-a7c3-46b7-9fdb-f0ffabdf147d>