



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## eLICENSE GUIDE: CHANGE OF ADDRESS

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 change of address, 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

T: (614) 466.4143 | F: (614) 752.4836 | [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov) | [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)



## **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](#) 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".

**I HAVE A LICENSE**   **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](#)

\* Social Security Number    I don't have a Social Security Number

\* Security Code   **OBTAIN SECURITY CODE**

\* Date of Birth

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 ADDRESS

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

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

**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 Type	Status	EXP DATE	Options
Board of Pharmacy <b>Pharmacist</b> 012345678   Board of Pharmacy	ACTIVE	9/15/2018	OPTIONS ▾
Board of Pharmacy <b>Pharmacy Intern - Graduate</b> 06000010   Board of Pharmacy	ACTIVE	9/15/2018	OPTIONS ▾
Board of Pharmacy <b>Terminal - Non-Resident Pharmacy - Category 2</b> 034000003   Board of Pharmacy Soleo Health, Inc. (NRP)	ACTIVE	3/31/2019	OPTIONS ▾ Renew Reinstate Change Address Change Name Duplicate Wall Certificate License Inactivation Manage Affiliations Send License Verification Submit Additional Documentation

Next, fill out all required fields and select **ADD ADDRESS**

## Change License Address

### Select Address

Please select a Mailing and Public address for this license application. The Mailing Address is the address where all Board mailings will be sent. The Public Address is the address that will be publicly available on the Public License Search page.


License Number  
06000010

License Type  
Pharmacy Intern - Graduate

Mailing Address  
77 S High St, Columbus ▼

Use as Public Address

Public Address  
77 S High St, Columbus ▼

**+ ADD ADDRESS** 

CANCEL SUBMIT

Enter new address information and select **SAVE**

Address Format  
US Address

Street Address Line 1  
\* 123 1st Street

Street Address Line 2

City  
\* Columbus

State  
\* OH

Zip Code  
\* 43215

County  
Franklin

CANCEL SAVE

Select the validated address by clicking on the street address.

### Geo Validated address Options

Multiple addresses are available in system for provided search criteria , you can select one address from options .

Street Address	City	State	Zip Code	County	Validated
123 W 1st Ave	Columbus	OH	43201-3489	Franklin	✓
123 E 1st Ave	Columbus	OH	43201-3520	Franklin	✓
123 W 1st Ave	Columbus	OH	43201-3402	Franklin	✓
123 E 1st Ave	Columbus	OH	43201-3522	Franklin	✓
123 1st Street	Columbus	OH	43215	Franklin	

Next, in the mailing address drop down menu, select the new mailing address.

### Select Address

Please select a Mailing and Public address for this license application. The Mailing Address is the address where all Board mailings will be sent. The Public Address is the address that will be publicly available on the Public License Search page.


License Number  
06000010


License Type  
Pharmacy Intern - Graduate


Mailing Address  
123 W 1st Ave, Columbus

Use as Public Address

Public Address  
123 W 1st Ave, Columbus



 ADDRESS SAVED SUCCESSFULLY  
123 W 1st Ave  
Columbus OH 43201-3489  
Franklin  
United States

 EDIT

DONE

CANCEL SUBMIT

Check the **USE AS PUBLIC ADDRESS** check box. Then select **SUBMIT**.

**Select Address**

Please select a Mailing and Public address for this license application. The Mailing Address is the address where all Board mailings will be sent. The Public Address is the address that will be publicly available on the Public License Search page.

License Number: 06000010

License Type: Pharmacy Intern - Graduate

Mailing Address: 123 W 1st Ave, Columbus

Use as Public Address

Public Address: 123 W 1st Ave, Columbus

**ADDRESS SAVED SUCCESSFULLY**  
123 W 1st Ave  
Columbus OH 43201-3489  
Franklin  
United States

[EDIT](#)

[DONE](#)

[CANCEL](#) [SUBMIT](#)

You will then receive a confirmation that your address has been updated.

**Success**

You have successfully changed your address.

Please note that if you hold multiple licenses, you must update the address on each license individually.

[OK](#)

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