



## eLicense Guide: Registered Pharmacy Technician Renewal

Updated 1/10/2024

### Renewal Application Required Information and Documentation:

- Employer Information (Name + Terminal Distributor License Number)
- Criminal conviction or disciplinary action documentation (*if applicable*)
- Veteran workforce documentation (*if applicable*)
- Valid payment via credit card (Visa, MasterCard, or Discover)

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**ENSURE YOUR EMPLOYER IS ON FILE WITH THE BOARD BEFORE STARTING YOUR RENEWAL APPLICATION. YOU WILL NOT BE ABLE TO MOVE FORWARD WITH THE RENEWAL PROCESS UNTIL THIS HAS BEEN COMPLETED. GUIDANCE CAN BE FOUND ON PAGE 2 OF THIS DOCUMENT UNDER 'MANAGE AFFILIATIONS'.**

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### Accessing the Renewal Application:

1. Access the portal using the eLicense system at [https://elicense.ohio.gov/oh\\_communitieslogin](https://elicense.ohio.gov/oh_communitieslogin).
2. Log in to your current account. You may utilize the 'Forgot Password?' option to reset your password.  
*For assistance with your eLicense Ohio account, please contact the Customer Support Center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.*

### Completing the Renewal Application:

From your Dashboard, locate your Registered Pharmacy Technician license, select **OPTIONS**, then **RENEW**.

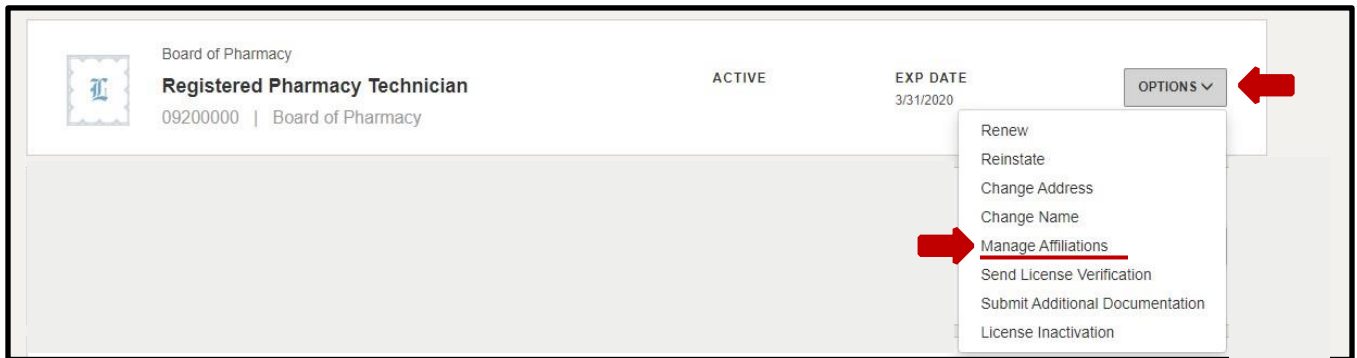
1. **ELIGIBILITY:** Answer the eligibility question and then 'Proceed to Application'.
2. **PERSONAL INFORMATION:** Ensure all personal information is current and select 'Next'.
3. **QUESTIONS:** This section will have (1) a question regarding continuing education and (2) legal and disciplinary action questions. Answer all questions truthfully and select 'Next'.
4. **ATTACHMENTS:** Dependent on specific answers in the QUESTIONS section, you may be required to upload documentation. If required, upload the documentation then select 'Next'.
5. **REVIEW & SUBMIT:** Correct any errors within the application and select the 'Consent to Electronic Signature' check box and type your first and last name in the box provided. Select 'Submit' to proceed to payment.

6. **CART:** Click the 'Select All' check box, then 'Continue' to checkout, then 'Continue' again to proceed to the payment screen.
7. **PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue', then select 'Submit' on the next screen.

**MANAGE AFFILIATIONS (EMPLOYER INFORMATION):**

Registered Pharmacy Technicians are required to report their employment information to the Board. This is most commonly a licensed pharmacy (Terminal Distributor). If you are unemployed or not currently working in Ohio or in a pharmacy setting, you are still required to report your employment information.

From your dashboard, select **OPTIONS** from your Registered Pharmacy Technician tile, then select **'Manage Affiliations'**.



Review the information on file. If the information listed is accurate, you are ready to start your renewal application.

If it is incorrect, select the **'Details'** arrow, then select **'Deactivate'**. Then select **'+ Add New Affiliation'**.



**ADD NEW AFFILIATION:**

On the **ADD NEW AFFILIATION SCREEN**, in the **Supervisor/Supervisee License #** field, enter one of the following:

<b><u>Employer Type</u></b>	<b><u>Number</u></b>
In-State Employers licensed by the Board	Type the facility's 9 or 10 digit number (numbers only, no dashes or letters). Terminal Distributors begin with <b>02</b> . Wholesale Distributors begin with <b>01</b> .
Out-of-State Employer	Type <b>000000001</b>
Unlicensed/Non-Pharmacy Employer	Type <b>000000002</b>
Unemployed or Retired	Type <b>000000003</b>

**IMPORTANT - DO NOT ENTER A PHARMACIST'S OR PHARMACY TECHNICIAN'S LICENSE OR REGISTRATION NUMBER.**

Populate all required fields and select **'ADD'**.

★ Supervisor/Supervisee License # or Name

Average Hours Worked   Supervisor

Business Name  Phone

Address

City  State  ZipCode

Start Date  End Date

★

Primary Work Setting  Type of Affiliation

Check the attestation box and select **'SAVE'**.



I attest the request submitted constitutes a complete, truthful, and correct statement of information. I understand that any false/fraudulent representation or substantial misrepresentation may be grounds for denial of any application with the Board.

CANCEL SAVE

You will receive a confirmation that your request has been submitted and are now ready to begin your renewal application. **IMPORTANT - you do not need to wait for the Board to process your Manage Affiliations request to submit the renewal application.**

**RENEWAL APPLICATION:**

From your dashboard, select **OPTIONS** from your Registered Pharmacy Technician tile, then select **'Renew'**.



Board of Pharmacy  
Registered Pharmacy Technician  
092 | Board of Pharmacy

ACTIVE

EXP DATE  
3/31/2020

OPTIONS ▾

- Renew
- Reinstate
- Change Address
- Change Name
- Manage Affiliations
- Send License Verification
- Submit Additional Documentation
- License Inactivation

**ELIGIBILITY:**

Answer the eligibility question, then select **'PROCEED TO APPLICATION'**.

<h3>Eligibility</h3>	<p>By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.</p> <p>Is the employment information currently on file with the board correct? To review your employment information, navigate to your Ohio eLicense Dashboard and select "Manage Affiliations" from the Options menu on your license tile. If the information is not current, please update it by utilizing the "Add New Affiliation" link to add your current employment. If you are unemployed or not currently working in Ohio or a pharmacy setting, you are still required to report your employment information. Step-by-Step guidance can be found here – <a href="http://www.pharmacy.ohio.gov/employmentchange">www.pharmacy.ohio.gov/employmentchange</a>. If your employment information is updated but still listed as Pending, you may select "Yes" below and proceed with the renewal application.</p>
	<p><input type="radio"/> Yes   <input type="radio"/> No</p>

**PERSONAL INFORMATION:**

Review and ensure all personal information is correct, including your mailing address.

Personal Information   Questions   Attachments   Review - Submit

### Personal Information

Provide the necessary personal information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process.

Title

First Name  
\* PRXTest

Middle Name

Last Name  
\* Account

Suffix

Maiden Name

\* Social Security Number

\* Date of Birth

\* Email Address  
testbefore1conbefore1con@masoodtest.com

Other Phone Number

\* Phone Number

## Additional Information

Provide the necessary additional information in the fields to the right. All fields with (\*) are required and must be completed to continue the application process. If you were born in the United States, you will need to list the city and state where you were born.

Please list all other aliases.

What is your gender?

\*

What is your ethnicity?

In which country were you born?


\*

In which state were you born (if United States)?

In which city were you born?

## License Mailing Address

Select a license mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Board for this license.) To add a new address, click Add Address, complete the required fields, and click Save.

 ADDRESS SAVED  
SUCCESSFULLY

77 S High St  
Columbus OH 43215-6108  
Franklin  
United States

 USE DIFFERENT ADDRESS

## Military Service

If you are a U.S. Veteran, active duty or reserves service member, or the spouse of one, you and/or your spouse may be eligible for certain benefits under Ohio licensing laws, rules, or policies. Benefits may include: the consideration of military experience and training towards professional and experience requirements, Priority of service, expedited services, waiver or reduction of licensing fees, extended time allowances, temporary licensing, etc.

Have you served in the military?  
\*

If you answered "Yes", are you currently serving in the military?  
\*

Has your spouse served in the military?  
\*

If you answered "Yes", are they currently serving in the military?  
\*



I decline to Answer these questions and I understand by not answering, I may not receive expedited/priority licensing service, temporary licensure, extended time allowances, or a waiver of fees, if applicable, for me or my eligible spouse.

Ohio Department of Veterans Services

OhioMeansJobs

Once all information is populated, select '**Save and Continue**'.

### **CE QUESTION:**

Registered Pharmacy Technicians are required to complete 10 contact hours of ACPE approved continuing education, 2 of which must be in jurisprudence/law and 2 of which must be in patient safety/medication errors every 2 years. Have you completed the continuing education requirements and reported your courses to NABP?

Yes

No

## **LEGAL AND DISCIPLINARY QUESTIONS:**

For assistance in completing the legal and disciplinary questions, review the Board's guidance document available [here](#).

Have you ever (1) been arrested for; (2) been charged with; (3) pleaded guilty to; (4) been convicted of; or (5) been subject to a judicial finding of guilt of a disqualifying offense, as outlined in this document ([www.pharmacy.ohio.gov/DO](http://www.pharmacy.ohio.gov/DO)), regardless of the jurisdiction in which the act was committed? *This includes a court granting intervention in lieu of conviction (also known as treatment in lieu of conviction, ILC or TLC), or other court ordered diversion programs. Pursuant to Section 2953.34(N) of the Ohio Revised Code, you must answer in the affirmative if you have a record of a conviction of a disqualifying offense that has subsequently been sealed.*

Yes

No

In the last 3 years, have you had any application, license, permit, registration, certification, or other authorization suspended, rejected, revoked, denied, surrendered, placed on probation, or otherwise restricted either by order, settlement, or other decree or disciplinary action by any governmental agency, court, tribunal, or other regulatory authority, or is any such action pending? *This includes any business entity of which you were the majority owner.*

Yes

No

Once all questions are answered, select '**Save and Continue**'.



**ATTACHMENTS:**

If applicable, you will be asked to upload attachments for your renewal application. If an attachment is required, a description and 'ADD ATTACHMENT' button will be populated. **If nothing is displayed under the attachments section, simply select 'Save and Continue' to advance to the next screen.**

**Required Attachment Example:**

Legal Action Documentation

Copy of the citation, charging instrument and the final judgment entry for each occurrence.

**ADD ATTACHMENT**


**REVIEW & SUBMIT:**

Application Review Completed


Attestation

I declare under penalties of falsification as set forth in Chapters 2921. and 4729. of the Ohio Revised Code that the answers provided on this application, including and accompanying documents are true, correct, and complete.

Consent to Electronic Signature

I accept 

Type your First Name and Last Name as they appear on the application to sign electronically.




( )

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.



**CART & PAYMENT:**

Select the 'License Renewal/Reinstatement' fee check box, then select '**Continue**' and follow the prompts to complete payment.

Type	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount
Registered Pharmacy Technician - Renewal - Fee	1/8/2020 8:56 AM		\$50.00	\$50.00	
eLicense System Transaction Fee	1/8/2020 8:56 AM		\$3.50	\$3.50	\$0.00

**IMPORTANT - Your name and billing address information (street number and zip code) must match what is on file with your bank EXACTLY or your payment will be declined for fraud protection reasons. If this happens, please contact your bank to verify your information on file.**

**QUESTIONS:**

If you need help or have questions, please e-mail [technician@pharmacy.ohio.gov](mailto:technician@pharmacy.ohio.gov).

If you need help logging in to your eLicense account, registering, or any other technical issues with eLicense Ohio, please call the eLicense Customer Service Center at 855-4055514, Monday – Friday, 8:00am to 5:00pm ET.