

## **<u>eLICENSE GUIDE: APPLYING FOR A CHANGE IN BUSINESS DESCRIPTION</u></u>**

### Updated 1-11-2019

Access the portal using the eLicense system at <a href="https://elicense.ohio.gov/">https://elicense.ohio.gov/</a>

Once you navigate to the main page, click on the blue button over the picture that says: "LOG IN/CREATE YOUR ACCOUNT."



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

NOTE: You will need to create a personal eLicense account under your name, regardless if you are applying for a business license. If you are a licensed healthcare professional in the State of Ohio; ie. Nurse, Pharmacist, Doctor, etc. – You will use your CURRENT eLicense login information.

### PART A: CREATING AN ACCOUNT

Select, "I DON'T HAVE A LICENSE" and follow the instructions.



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



After registration, you will then be directed to your dashboard.

# PART B: ATTACHING EXISTING BUSINESS LICENSE TO DASHBOARD

Create an account, following instructions from **PART A** of this guide or login to the eLicense portal with your current login information. If the license is already attached to your dashboard, proceed to **PART C** of this guide.

Select the drop-down menu beside your name in the upper right-hand corner.

DASHBOARD	LICENSE LOOK-UP	FILE A COMPLAINT	<b>H</b> 0	JOHNSON, JOHN	
				MANAGE PROFILE MANAGE BUSINESS	

Select 'MANAGE BUSINESS'

Select **`ADD EXISTING BUSINESS'** enter the business security code and select, **SUBMIT**.



**NOTE:** To attach an existing business license to a user's dashboard, the user must have the business's unique security code.

If the user does not have this security code, select **OBTAIN SECURITY CODE**. The user can either select to enter the businesses current e-mail address that is on file with the Board for correspondence OR by entering the businesses FEIN number.

	Add Existing Business
	ou can add an existing business if it has been previously registered. To do so, enter your security code and click 'Submit'. If you do not have your security ode, click 'Obtain Security Code.'
*	Security Code SUBMIT OBTAIN SECURITY CODE

If the **OBTAIN SECURITY CODE** feature does <u>NOT</u> work, please send an email to <u>new.license@pharmacy.ohio.gov</u> and include the license number to request the security code.

Once you have successfully entered the security code, return to your **DASHBOARD** and the license tile will be displayed.

### PART C: SUBMITTING A CHANGE IN BUSINESS DESCRIPTION APPLICATION

Change in business description include the following:

- CHANGE OF BUSINESS NAME
- CHANGE OF ADDRESS
- CHANGE OF OWNERSHIP
- CHANGE OF CATEGORY

From your dashboard, select **OPTIONS** beside the license tile in which you need to submit a change, then select **CHANGE IN BUSINESS DESCRIPTION**.

Board of Pharmac	у				
<u>T</u>		ACTIVE	EXP DATE 8/31/2020	E	OPTIONS V
	Board of Pharmacy			Renew	
				Reinstate	
				Change in Business	Description
				License Inactivation	
				Manage Affiliations	
New License Applications				Send License Verification	
New License Appl	loauona			Submit Additional Do	cumentation

The first screen will display all current license affiliations. <u>All business owners/officers, the</u> <u>Applicant and Responsible Person should be listed as affiliates on the license</u>.

To remove an affiliation, select the drop-down under details, then select the Edit/Deactivate drop-down, click **DEACTIVATE**.

Search:						+ ADD N	EW AFFILIATION
Number	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details
REL-238841		Unlicensed Supervisee Business Owner				Active	$\widehat{}$
Supervi	Supervisor Details						ivate -
Primary Work Setting:						Edit Deactivate	
Average Hours Worked:							

Select, **DEACTIVATE** on the confirmation pop-up.

This License Affiliation would be	deactivated.
CANCEL	DEACTIVATE

The request will be sent to the Board for processing.

#### To ADD an affiliation, select ADD NEW AFFILIATION

Search:						+ ADD NE	EW AFFILIATION	]
Number 🔺	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details	

NOTE: If the Business Owner/Officer, Applicant or Responsible Person is a licensed healthcare professional in the state of Ohio, all personal information (name, date of birth, social security number and email) must EXACTLY match what is on their personal eLicense account. If you need assistance identifying that information contact the eLicense Customer Support Service Center at 855-405-5514.

Enter the individual's license number (if applicable), start date, affiliation type and select **ADD.** 

Average Hours Worked		<ul> <li>Supervisee</li> </ul>
Business Name		Phone
		- noite
Address		
	State	
City	None	ZipCode
Start Date		End Date
11/01/2018		
		Type of Affiliation
Primary Work Setting		Business Owner
		<b>`</b>

Once all affiliations are updated, select **NEXT** 

Current License Affiliations								
Search:								
Number 🔺	Supervisor	Supervisee	Type of Affiliation	Start Date	End Date	Status	Details	Deactivate
			No data	a available				
	ADD INDIVIDUAL							
		-						
							NEXT	

The next screen will bring you to the application, here you will select the change(s) needed.

Are you app	lying for a change of business name?
O Yes	◯ No
Are you requ	esting a change of address?
O Yes	No No
Are you requ	uesting a change in ownership?
O Yes	◯ No

After answering all required questions, select **SAVE AND CONTINUE**.

Next, attach all required documentation and select **PAY NOW** and complete payment.

Once payment is complete, you will receive a 'SR' number. This will be the application number for the pending changes requested.

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 855-405-5514, Monday – Friday, 8:00am to 5:00pm ET.