



eLICENSE GUIDE: MEDICAL MARIJUANA DISPENSARY EMPLOYEE APPLICATIONS

Updated 6-14-2018

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.

New eLicense Ohio users will need to register in the portal during their first visit, even if you have an existing Ohio license.

Paper applications are **no longer available** for any license type.

Once you navigate to the main page, click on the button over the picture that says: **"LOGIN, CREATE YOUR ACCOUNT."**



If you have an existing license with the State of Ohio Board of Pharmacy or another Ohio Board (ie. Medical Board, Nursing Board, Cosmetology Board, etc.), 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

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".

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 the email address on file with the Board of Pharmacy.

Existing License

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

*

*



APPLYING FOR A MEDICAL MARIJUANA DISPENSARY EMPLOYEE LICENSE

Once registered, you will be directed to the dashboard where you can click the “**APPLY FOR A NEW LICENSE**” link on the right side of the page.



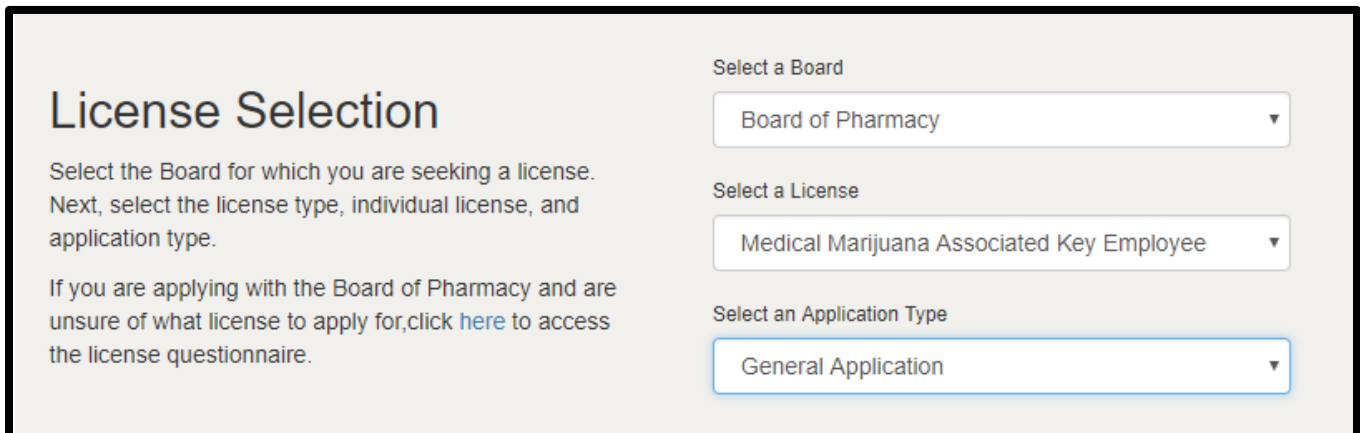
Next, using the drop-down menu, select the Board of Pharmacy, License Type* and General Application.

***License Types:**

Medical Marijuana Associated Key Employee

Medical Marijuana Key Employee

Medical Marijuana Support Employee

A screenshot of a "License Selection" form. On the left, there is instructional text: "Select the Board for which you are seeking a license. Next, select the license type, individual license, and application type. If you are applying with the Board of Pharmacy and are unsure of what license to apply for, click [here](#) to access the license questionnaire." On the right, there are three dropdown menus. The first is labeled "Select a Board" and has "Board of Pharmacy" selected. The second is labeled "Select a License" and has "Medical Marijuana Associated Key Employee" selected. The third is labeled "Select an Application Type" and has "General Application" selected.

Answer eligibility questions and review application instructions and select ‘SAVE AND CONTINUE.’

Complete the Personal Information section of the application. Ensure that you provide both a public and mailing address, then select ‘SAVE AND CONTINUE.’

Complete the Background Information section by adding your associated dispensary. Make sure to populate all required fields and add your affiliation, and then select 'SAVE AND CONTINUE.'

License Affiliation

To add your associated dispensary, click the ADD button then begin typing the name or license number of the license dispensary. After you type three characters, a list of active and submitted licensees will appear matching the characters you type. If you continue typing, the list will refine further. If you make a mistake, you can edit or delete any listing. To edit an existing dispensary, click the pencil icon. To delete an existing dispensary, click the trash can icon.

Supervisor/Supervisee License # or Name
* Enter Dispensary License Number Here

Supervisor

Average Hours Worked

Business Name Phone

Address

City State ZipCode

Start Date * End Date

Primary Work Setting Type of Affiliation
Employee

CANCEL ADD

Under the Attachments section, upload all required attachments and attest to the 'Compensation Arrangement with a Laboratory' attestation, then select 'SAVE AND CONTINUE.'

Once you review and submit your application, you will be directed to your cart. Select the fee checkbox and then select 'CONTINUE.'

License Fee for APP-000162218

Type	Licensee Name	Amount	Amount Outstanding	Waived Amount
Medical Marijuana Associated Key Employee - Application Fee	Rachael Collins	\$500.00	\$500.00	
eLicense System Transaction Fee	Rachael Collins	\$3.50	\$3.50	\$0.00

Total Due: **\$503.50** **CONTINUE**

Select 'CONTINUE' on the next screen for confirmation.

Rachael Collins's Cart

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.
To continue paying, select the appropriate board and any fee or fees you wish to pay, and then press the continue button.
Click [here](#) for more information on eLicense Transaction Fee

ITEMS > CHECKOUT > CONFIRMATION

Total Amount: \$503.50
You will be redirected to a payment gateway to complete this transaction

BACK **CONTINUE**

On the payment screen, select your method of payment and fill in the required details.
Select 'CONTINUE' then select 'CONFIRM.'

Pharmacy Board

Confirm Payment Information

Please confirm that your credit card payment and billing information below is correct.

Ohio Pharmacy Board - SIT Payment Summary

Total

\$503.50

Quantity	Description	Price	Total
1	Medical Marijuana Associated Key Employee - Application Fee	\$500.00	\$500.00
1	eLicense System Transaction Fee	\$3.50	\$3.50

Payment Information

* Credit Card Number

4111111111111111

* Credit Card Type

Visa

* Expiration Month

10

* Expiration Year

18

* Card Security Code

123

Billing Information

First Name

Rachael

Middle Name

* Last/Business Name

Collins

* Phone

6144664143

* Address Line 1

77 South High Street

Address Line 2

* City

Columbus

* State/Province/Region

OHIO

* Zip/Postal Code

43123

Country

United States

Email

Rachael.Collins@pharmacy.ohio.gov

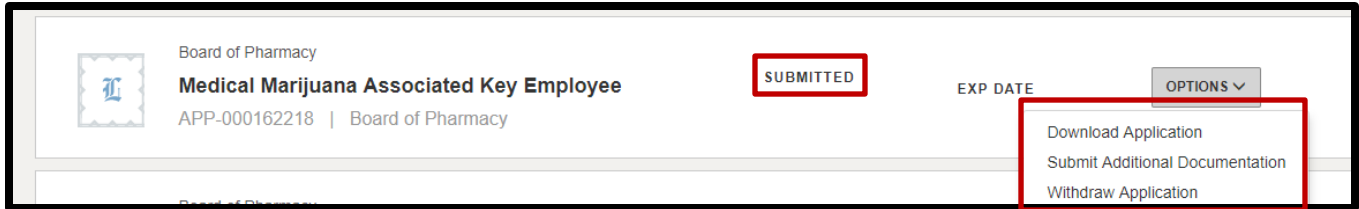
Back

Confirm



The next screen will allow you to print a receipt or have one emailed to you. Select 'DONE' after determining your receipt type.

You will then be directed back to your 'Dashboard' where you will be able to view the status of your application, withdraw your application, or submit additional documentation.



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