

# New Licensee - eLicense Registration Guide

**STEP 1: Go to the State of Ohio eLicensure Homepage:**

➤ [www.license.ohio.gov](http://www.license.ohio.gov)

**STEP 2: Applicants and existing licensees should choose the Register/Login option.**



**Step 3: New applicants must select the “New Licensee” button to begin the new license process.**

Licensees and applicants of the following Boards are required to register in the new system:

- The Ohio State Board of Cosmetology
- State Board of Sanitarian Registration Massage Therapy and Physician Assistant licenses issued by the State of Ohio Medical Board
- Physical Therapy licenses issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

For all other licensing needs, please visit <https://license.ohio.gov/>.

Email

Password

Remember me

[Reset Password](#) [Reset Username](#)

**Don't have an account?**

If you are accessing this site for the first time and have either previously held or applied for a professional license with the State of Ohio, click the **Existing Licensee** button.

If you are accessing this site for the first time and have never applied for or held a professional license with the State of Ohio, click the **New Applicant** button.

Step 4: Applicants must fill out “Registration” page. When finished click “Register” button to continue.

## Registration

To create an account for eLicense Ohio, please provide the following information:

**First Name**

**Last Name**

**Email**

**Re-enter Email**

**Date of Birth**

*[ Please provide either SSN or reason for not providing SSN, but not both. For information on privacy & security click on FAQs ]*

**SSN**

**Reason for not providing SSN**

*[ Password must be longer than 10 characters, contain at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 special character (eg. #S%@). Password should not contain user's First Name or Last Name. ]*

**Password**

**Verify Password**

Password must be longer than 10 characters, contain at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 special character (eg. #S%@). Password should not contain user's First Name or Last Name.

Ohio public records law requires state agencies, boards, and commissions to disclose most documents and records, including electronic records. Therefore, information submitted through this web site may be subject to disclosure pursuant to a public records request unless the information is made confidential or otherwise exempted from disclosure pursuant to state or federal law. Please be aware that for public records, Ohio law requires us to disclose the records despite your requests to keep information confidential.

 Click here

Please note: All Medical Board applicants are required to provide a SSN in order to submit an application.

Step 5: Applicant must complete "My Profile" section. All three sections must be completed to Proceed.

## My Profile

Welcome to Ohio eLicensing

Please complete your profile before moving on to your dashboard.

When you have successfully completed a section a check will appear next to the tab title as seen by "Contact information."

Contact Information ✓
Addresses
Military Information

\*"Contact Information" screen will display as is shown below.\*

### Contact Information

First Name	Physician Assistant	Middle Name	<input type="text" value="Middle Name"/>
Last Name	Test	Maiden Name	<input type="text" value="Maiden Name"/>
Suffix	<input type="text" value="Suffix"/>	Social Security Number	<input type="text" value="123456789"/>
Title	<input type="text" value="Title"/>		

### Communication Information

Email	ohetest+assistant@gmail.com	Phone Number	<input type="text" value="Phone Number"/>
Other Phone Number	<input type="text" value="Other Phone Number"/>	Fax	<input type="text" value="Fax"/>

### Additional Information

Birthdate (MM/DD/YYYY)	<input type="text" value="1/1/1980"/>	Birth City	<input type="text" value="Birth City"/>
Birth State or Province	--None--	Birth Country	United States
Gender	--None--	Aliases	<input type="text" value="Aliases"/>

### Ethnicity

Available	Chosen
American Indian or Alaska Native	
Asian Indian	
Black or African American	
Chinese	

### Addresses

### Military Information

Click "Save" button when "Contact Information" section is completed.

**\*“Addresses” screen will display as shown below.\***

Contact Information ✓

**Addresses**

Add an address

Street / International	City	State/Province	County	Postal/Zip Code	Country	Edit
Primary Contact		Physician Assistant Test				
Street	<input type="text" value="30 East Broad Street"/>					
City	<input type="text" value="Columbus"/>					
State/ Prov.	<input type="text" value="OH"/>					
County	<input type="text" value="Franklin"/>					
Post/Zip Code	<input type="text" value="43215"/>					
Country	<input type="text" value="United States"/>					

Find Address Back

You may add multiple addresses in this section. The addresses entered here will be used later to populate “Board Mailing Address” and “Public Address” fields.

You will notice when you enter a United States address two entries will appear. One will have a check in the validated field box. This indicates it is a USPS validated address. You may select either address in the “Action” field.

Action	Street	City	State/ Prov.	Post/Zip Code	Validated
✓ Select	30 E Broad St	Columbus	OH	43215-3414	<input checked="" type="checkbox"/>
Select	30 East Broad Street	Columbus	OH	43215	<input type="checkbox"/>

Save

Contact Information ✓

**Addresses ✓**

Add an address

Street / International	City	State/Province	County	Postal/Zip Code	Country	Edit
30 E Broad St	Columbus	OH	Franklin	43215-3414	United States	<input type="button" value="Edit"/>

Save

Military Information

At this time you may add another address or choose “save” and continue to next tab.

**\*“Military Information” screen will display as shown below.\***

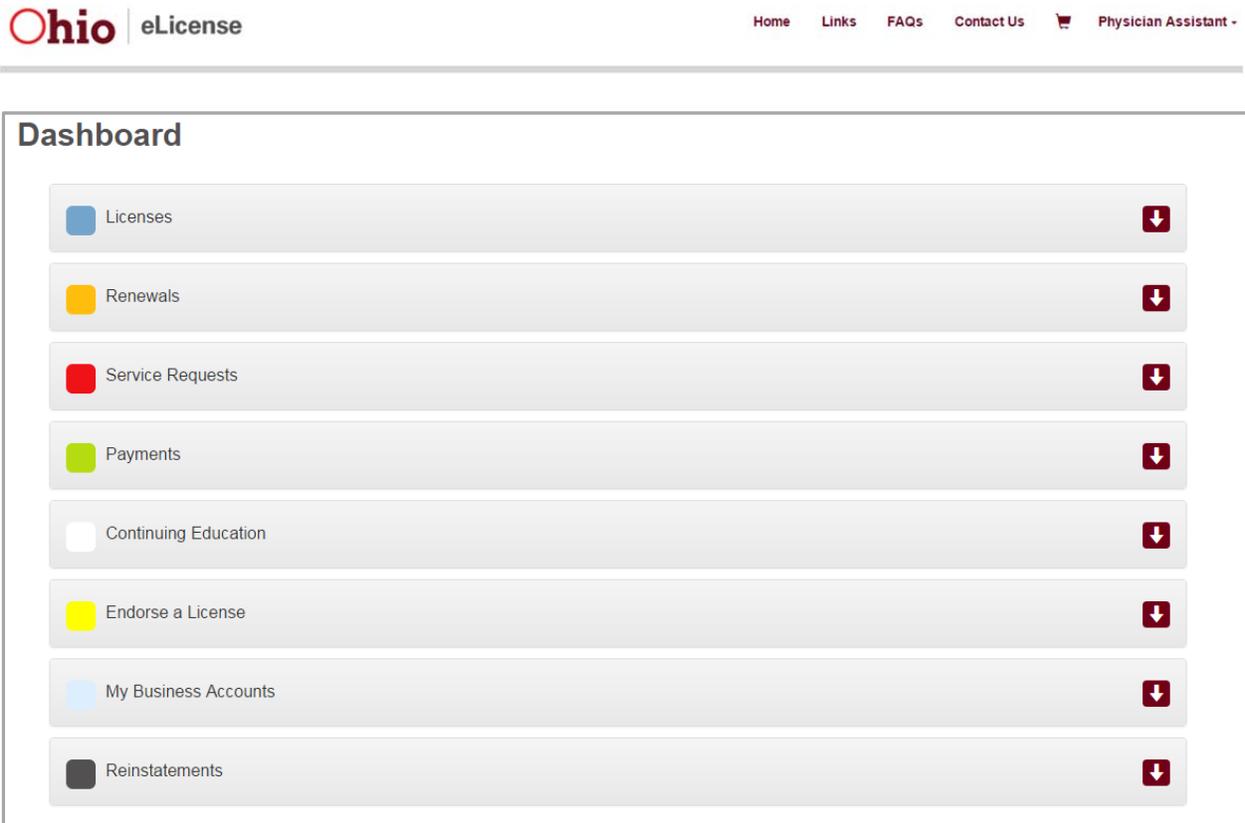
Contact Information ✓			
Addresses ✓			
<b>Military Information</b>			
Served in the Military?*	<input type="text" value="Yes"/>	Spouse Served in the Military?	<input type="text" value="--None--"/>
Still serving in the Military?	<input type="text" value="--None--"/>	Branch of Military Service	<input type="text" value="--None--"/>
Country of Military Service	<input type="text" value="--None--"/>	Start Date	<input type="text"/>
Honorable Discharge?	<input type="text" value="--None--"/>	End Date	<input type="text"/>
<input type="button" value="Save"/>			

**\*Completed My Profile pages will display as shown below.\***

<h2>My Profile</h2> <p>Welcome to Ohio eLicensing</p> <p>Please complete your profile before moving on to your dashboard.</p> <table border="1"><tr><td>Contact Information ✓</td></tr><tr><td>Addresses ✓</td></tr><tr><td>Military Information ✓</td></tr></table> <p><input type="button" value="Proceed to Dashboard"/></p>	Contact Information ✓	Addresses ✓	Military Information ✓	<p>Once you have completed your “My Profile” page you will choose “Proceed to Dashboard.”</p>
Contact Information ✓				
Addresses ✓				
Military Information ✓				

## STEP 6: Ohio eLicense Dashboard.

- The dashboard allows registered users to manage multiple licenses at one central point.
- Registered users can apply for and renew licenses, submit service requests, add an RX endorsement to an existing Physician Assistant license, and view your payments.
- Please note: the Continuing Education, My Business Accounts, and Reinstatements tabs are not currently applicable to Physician Assistants.



If you experience problems with the login/registration process please send an email describing the problem you experienced to: [eLicense Registration Problem](#).