SOUTH DAKOTA BOARD OF PHARMACY

South Dakota Pharmacy

User Guide and Renewal Application Instructions
Includes Change of Ownership (CHOW)
Valid through 4/30/2023

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# South Dakota Pharmacy Renewal Application

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General Information
1. License fee is $200 for a Full Time Pharmacy, $160 for a Part Time Pharmacy.
2. Payment methods – MasterCard, Visa or American Express ONLY.
   a. If you do not have a MasterCard, Visa, or American Express, purchase a MasterCard, Visa, or American Express gift card to complete the payment process.
3. All application fees are nonrefundable and nontransferable.
4. For current Statutes and Rules, go to https://doh.sd.gov/boards/pharmacy/, under Quick Links, in the center of the page, see the law book options and links.
5. All licenses expire June 30. There is no grace period.
6. License renewal period is May 1-June 30.
7. User name and password must be unique for each license. Please keep track of each user name and password.

You need to complete the entire application process from start to finish in one sitting
1. The online system does not retain information entered until the application has been submitted and payment process is completed.
2. Be sure to have information and copies of documents for upload ready before beginning the online process.

Required Documents to be Uploaded with Application
1. DEA certificate (if dispensing controlled substances).
4. A list of other state(s) licensed in.
5. Court documents if regulatory question(s) answered yes.
   a. First regulatory question is: “Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal?”
   b. Second regulatory question is: “Has the pharmacy been disciplined in the last four (4) years by any state or federal entity?”
6. If a Power of Attorney (POA) granting signing authority is being used, upload that document along with form that is signed using the POA.

If Change of Ownership (CHOW), Information Needed
1. Application for a change of ownership should be submitted if ≥ 50% change of ownership at the parent level or below. If other change of ownership, provide letter to Board.
2. If there is a name or address change, have that information available.
3. A diagram/listing of previous ownership structure and new ownership structure should be provided.

After Application Submission Information
After your application has been submitted, the Board will:
1. Review the application.
2. Email licensing contact if additional information is needed.
3. Approve or deny the application.
4. Once the license is approved, a no-reply, automated email will be sent.
You must log back into the account at https://sdbop.igovsolution.net/online/User_login.aspx to:
1. Check application status.
2. Print pharmacy license (instructions on page 24).
3. Print a payment receipt (instructions on page 24).

Licensure status can also be reviewed on: Verification page: http://doh.sd.gov/boards/pharmacy/verification.aspx
General Notes

1. Mandatory fields are marked with a red * in all screens and all those need to be entered before clicking on next.
2. If mandatory fields are not entered, an alert message, like below, will alert you to enter missing fields:

![Alert Message Image]

Profile/Account Set Up

1. Click on this link (Bookmark this page): [https://sdbop.igovsolution.net/online/User_login.aspx](https://sdbop.igovsolution.net/online/User_login.aspx)
   a. **If this is the first time this license has been renewed**, click on sign up and follow the next steps.
   b. **If this is not the first time this license has been renewed**, after clicking on above link and entering your user name and password, click log in, then skip to page 6, My Profile Page Information.
      i. Renewal application information begins on page 9.
2. **Registration.**
   a. After clicking on sign up, you will be directed to the registration box.
   b. Permit type: From drop down menu, select type of permit.
   c. Permit number: Input the last four digits of the permit number.
   d. Physical Zip Code: Input the zip code of the facility.
   e. This information must match what is on your current license.
   f. Click Next.

![Registration Form](image)

3. **Credentials.**
   a. Email: Input email address.
   b. Confirm email: Input email address used in first line.
   c. User Name: Input a user name.
   d. Password: Input a password.
   e. Confirm password: Input the password from previous line.
      i. There are no password guidelines or restrictions.
   f. Click Submit.
   g. An Alert Message will appear when registration is successful.

![Credentials Form](image)

4. Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration with a similar message as shown below:

```
To: mjs@egosolution.com

South Dakota Board of Pharmacy Profile Registration

Thank you for registering with the South Dakota Board of Pharmacy. Your user name is Test(Wholesaler) and your password has been set as requested. Please do not reply to this email.
```

![Notification Email](image)
5. **User Login.**
   a. You will be returned to the user login page after setting up the account.
   b. User Name: Input the user name and password used to set up the account.
   c. Click Login.
   d. You will be directed to the My Profile page.

![User Login Page](image)

**My Profile Page Information**

My Profile Section contains eight areas of information for review and/or edit.

1. **Business Profile Information** section.
   a. This is a non-editable section.
   b. Fields in this section include the Business Name, License type, DBA, Ownership Type, Responsible Person, and Title.
2. **Registration Information** section.
   a. This is a non-editable section.
   b. Fields in this section include license information details including Type, License#, Issue date, Exp. Date, Status, Last renewal date, Renewal, and Certificate.
   c. The Renew button is used to renew the license. When clicked on, you will be taken to the renewal web page.
   d. Licensee can also print the facility license by clicking on the Print button.

3. **Primary Address** section.
   a. This is a non-editable section.
   b. This is the physical location of the pharmacy.

4. **Mailing Address Information** section.
   a. These are editable fields.
   b. This is the mailing address information if this is different from the physical address location.
   c. To edit, click on the Edit button. Make corrections/changes, then click submit.

5. **Contact Information** section.
   a. These are editable fields.
   b. This section contains the phone number, alternate phone, e-mail, and fax of the business.
   c. To edit, click on the Edit button. Make corrections/changes, then click submit.
6. **Document Details** section.
   a. This section contains all the documents uploaded as part of the application/renewal.
   b. This section can be used if the licensee would like to upload any additional documents outside of the renewal time period.
   c. To upload a document:
      i. Document Type: select type of document from the drop-down list.
      ii. Documents: Click on ‘Attach’ button to select/browse for the file from the local folder.
      iii. Upload document: Once document is selected, click on upload document.
   d. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

   ![Document Details](image1.png)

7. **Payment History** section.
   a. This section contains payments made for licensure. Fields include receipt #, payment method, date received, payer, amount, and print receipt.
   b. To print a receipt, click on the printer in the receipt column for the receipt needed.

   ![Payment History](image2.png)

8. **Renewal Details** section.
   a. In this section, licensee can check the status of their renewal application to see if licensure is Pending or if it is Cleared. If license is cleared, it has been renewed.
   b. If it is Cleared, in the Registration information grid it will show the updated license expiration date and last renewal date.
   c. Print your online submitted renewal form, if needed, by clicking on the printer in the print column.

   ![Renewal Details](image3.png)
1. **Validation of Current Information – My Profile Page.** After logging in and validating all the information in the My Profile section, click on the Renew icon under the Registration Information section, Renewal column.

   a. Renewal process will begin on next page after clicking yes on the confirmation message.

2. **South Dakota Pharmacy Renewal Instructions page.**
   a. You will be directed the renewal page with a link for instructions and forms, if needed.
   b. Click Next.
3. **Renew or Change of Ownership Application** page.
   a. What type of application is this – check all that apply: Select box in front of application type, either Renew and/or Change of Ownership.
   b. If only Renew is selected, click next to continue.
   c. If Change of Ownership is selected:
      i. “Do you have either a name change or location change?”: Answer by clicking box in front of yes or no.
         1. If answered no: Click on Attach Document to upload the previous and new ownership structure.
         2. If answered yes:
            i. New Legal Name of Business: Input new legal name of business.
            ii. DBA name: Input business dba name, if needed.
            iii. Address 1: Input address of business.
            iv. Address 2/3: Input additional address information, if needed.
            v. Zip: Enter business zip code.
            vi. City: Enter business city if it does not auto populate.
            vii. State: Enter business state if it does not auto populate.
            viii. County: Enter business county if it does not auto populate.
            ix. Pharmacy Email: Enter pharmacy email address.
            x. Previous license number: Enter previous license number.
            xi. Previous and New Ownership Structure: Click on Attach Document to upload the previous and new ownership structure by clicking on Attach Document.
   d. Click next to proceed.
4. **License Information** page.
   a. **License Classification** section.
      i. Information at the top will prepopulate.
      ii. Fax number: Input fax number of pharmacy, if desired.

   ![License Classification section]

   b. **DEA#** section.
      i. DEA#: Input the DEA certificate number.
      ii. DEA# Expiration Date, if applicable: Input the DEA expiration date in MM/DD/YYYY format.
      iii. DEA Certificate: Click on Attach Document to upload a copy of your DEA certificate.
      iv. No DEA certificate: Click box in front of this statement if this pharmacy does not have a DEA number.

   ![DEA# section]

   c. **Type of Practice** section.
      i. Type of practice – check all that apply: Click box in front of each item that identifies the type of practice(s) for this pharmacy.
      ii. If other is selected, Explanation: Input an explanation in the explanation box.

   ![Type of Practice section]

   d. **Other states licensed in** section.
      i. Other states licensed in: Click on Attach Document to upload a document listing all other states licensed.
      ii. No Other States: Click box if this pharmacy is not licensed in any other state.

   ![Other states licensed in section]

   e. Once information is complete, click Next.
5. **Pharmacy Information** page.
   a. **Pharmacist-in-charge** section.
      i. Pharmacist-in-Charge South Dakota License Number: Input the pharmacist-in-charge South Dakota license number.
         1. If the pharmacist has a reciprocating pharmacist license number that starts with an ‘R’, input R, then a dash, then the license number (R-XXXX).
      ii. Pharmacist name should populate.
      iii. Average Hours Worked/Week: Input number of hours pharmacist-in-charge works per week.
      iv. Pharmacist-in-Charge Email: Input the pharmacist-in-charge’s email address.
      v. Pharmacist-in-Charge Phone Number: Input the pharmacist-in-charge’s phone number.
      vi. Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Laws/Rules: Click on Attach Document to upload completed notarized affidavit.

   b. **License Preparer Information** section.
      i. “Is Pharmacist-in-Charge filling out this application?”: Click box in front of yes or no.
      ii. If answered yes, click next to continue.
      iii. If answered no:
         1. Preparer Name: Input preparer’s name.
         2. Preparer Title: Input preparer’s title.
         3. Company Name: Input preparer’s company name.
         4. Address 1: Input preparer’s address.
         5. Address 2/3: Input additional address information, if needed.
         7. City: Input city if it does not auto populate.
         8. State: Input state if it does not auto populate.
         9. Preparer Email: Input preparer’s email address.
         10. Preparer Phone Number: Input preparer’s phone number.
         11. Preparer Fax Number: Input preparer’s fax number.
      c. Click next to continue.
6. **Ownership** page.
   a. Type of Ownership: Check box in front of sole proprietorship, partnership, corporation, LLC, or Other.

   ![Ownership page screenshot]

   b. If **Sole Proprietorship** is selected:
      i. Name of Sole Proprietorship: Input name of sole proprietorship.
      ii. Address 1: Input address of sole proprietorship.
      iii. Address 2/3: Input additional address information, if needed.
      v. City: Input city of sole proprietorship if it does not auto populate.
      vi. State: Input state of sole proprietorship if it does not auto populate.
      vii. Phone number: Input phone number of sole proprietorship.
      viii. “Is pharmacist-in-charge sole owner of merchandise and fixtures?”: Click box in front of yes or no.
         1. If answered yes: Click next to continue.
         2. If answered no:
            a. Notarized Supplement to Application Affidavit: Click on Attach Document to upload the completed notarized affidavit.
      ix. Once completed: Click next to continue.

   ![Ownership page screenshot with fields filled in]
c. If **Partnership** is selected:

![Partnership Selection Screen](image)

i. Partnership: Click on Click Here to Add Partnership. You will get a pop-up box.
   a. Name of Partnership: Input name of partnership.
   b. Address 1: Input address of partnership.
   c. Address 2/3: Input additional address information of partnership, if needed.
   e. City: Input city of partnership if it does not auto populate.
   f. State: Input state of partnership if it does not auto populate.
   g. Phone Number: Input phone number of partnership.
   h. Click Save.

![Partnership Information Screen](image)

ii. Partner/member/officer information: Click on Attach Document to upload document that has the partner names and addresses.

iii. “Is pharmacist-in-charge sole owner of merchandise and fixtures?”: Click box in front of yes or no.
   1. If answered yes: Click next to continue.
   2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

iv. Once completed: Click next to continue.
d. If Corporation is selected:

i. Corporation: Click on Click Here to Add Corporation. You will get a pop-up box.
   1. Name of Corporation: Input name of corporation.
   2. Address 1: Input address of corporation.
   3. Address 2/3: Input additional address information of corporation, if needed.
   5. City: Input city of corporation if it does not auto populate.
   6. State: Input state of corporation if it does not auto populate.
   7. Phone Number: Input phone number of corporation.
   8. Click Save.

ii. Partner/member/officer information: Click on Attach Document to upload document that has the officer names and addresses.

iii. “Is pharmacist-in-charge sole owner of merchandise and fixtures?”: Click box in front of yes or no.
   1. If answered yes: Click next to continue.
   2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

iv. Once completed: Click next to continue.
e. If LLC is selected:

i. LLC: Click on Click Here to Add LLC. You will get a pop-up box.
   1. Name of LLC: Input name of LLC.
   2. Address 1: Input address of LLC.
   3. Address 2/3: Input additional address information of LLC, if needed.
   4. Zip: Input zip code of LLC.
   5. City: Input city of LLC if it does not auto populate.
   6. State: Input state of LLC if it does not auto populate.
   7. Phone Number: Input phone number of LLC.
   8. Click Save.

ii. Partner/member/officer information: Click on Attach Document to upload document that has the member names and addresses.

iii. “Is pharmacist-in-charge sole owner of merchandise and fixtures?“: Click box in front of yes or no.
   1. If answered yes: Click next to continue.
   2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

iv. Once completed: Click next to continue.
f. If **Other** is selected:

![Ownership Form](image)

- **Name of Entity**: Input name of entity.
- **Address 1**: Input address of entity.
- **Address 2/3**: Input additional address information of entity, if needed.
- **Zip**: Input zip code of entity.
- **City**: Input city of entity if it does not auto populate.
- **State**: Input state of entity if it does not auto populate.
- **Phone Number**: Input phone number of entity.
- “Is pharmacist-in-charge sole owner of merchandise and fixtures?”: Click box in front of yes or no.
  
  1. If answered yes: Click next to continue.
  
  2. If answered no: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.
- **Once completed**: Click next to continue.
8. Employees page.

a. There will be options to manually input each employee OR to upload a full listing of pharmacist, technicians, and interns currently working at this location.

b. To upload a full listing of pharmacists, technicians, and intern currently working at this location:
   i. Check the correct boxes for type of employees at the pharmacy. If there are none, check box in front of none.
   ii. Full Listing of Pharmacist, Technicians, and Interns: Click on Attach Document to upload document that lists all employees.

c. To do manual input of each type of employee:
   i. Staff Pharmacists: Click box in front of staff pharmacists if there are pharmacists working at this location. If there are no staff pharmacists working at this location, click box in front of none.
      1. If a manual input is desired for pharmacists: Click on Click here to Add More for Staff Pharmacists.
      2. Staff Pharmacist Home State License Number: Input the pharmacist’s license number.
         a. If the pharmacist is a reciprocating pharmacist license number that starts with an ‘R’, input R then a dash, then the license number (R-XXXX).
      3. Staff Pharmacist Name: This field will auto populate.
      4. Staff Pharmacist Average Hours Worked/Week: Input average number of hours worked per week.
      5. Click Save.
   ii. Registered Technicians currently working at this location: Click box in front of registered technicians currently working at this location if there are technicians working at this location. If there are no technicians working at this location, click box in front of none.
      1. If a manual input is desired for technicians: Click on Click here to Add More for Registered Technicians.
      2. Registered Technician Registration Number: Input the technician’s license number.
      3. Registered Technician Name: This field will auto populate.
      4. Registered Technician Average Hours Worked/Week: Input average number of hours worked per week.
      5. Click Save.
iii. Pharmacist interns currently working at this location: Click box in front of pharmacist interns currently working at this location if there are interns working at this location. If there are no interns working at this location, click box in front of none.
1. If a manual input is desired for interns: Click on Click here to Add More for Pharmacist Intern.
2. Pharmacist Intern Registration Number: Input the intern’s license number.
3. Pharmacist Intern Name: This field will auto populate.
4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
5. Click Save.

   a. Read and understand the information in the first paragraph and each statement that follows.
      i. Select one of the options by clicking box in front of the statement.

   b. If this location will be reporting to the PDMP and the first box was chosen:
      i. Days of Operation: Please mark all days that the pharmacy is open.
      1. **Note: This is only being used for PDMP reporting compliance purposes.**
c. If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen:
   i. Choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP by checking the box in front of the statement(s) that apply.

   ![Prescription Drug Monitoring Program (PDMP) Form]

   ii. If Dispenser NEVER dispenses ANY controlled substance in Schedule II, III, and IV (includes CV) in or into State of South Dakota statement was selected: Provide an explanation in the required response box.

   ![Request for Waiver/Exemption from PDMP Reporting]

   iii. If Other is selected: Provide an explanation in the required response box.

   ![Request for Waiver/Exemption from PDMP Reporting (Other)]

   d. Once complete: Click next to continue.
10. **Regulatory Question** page.

   a. “Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member plead guilty, no contest, or received a suspended imposition of sentence for felony or other criminal offense (excluding minor traffic violations) that was not reported on the last renewal?”: Click the box in front of yes or no.
      i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
   b. “Since the last renewal has the pharmacy been disciplined by any state or federal agency that has not been reported?”: Click the box in front of yes or no.
      i. If question is answered yes: Click on Attach Document to upload document(s) regarding the incident(s).
   c. Once complete, click next to continue.

11. **Application Input Preview** page.

   a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
   b. Use the vertical scroll bar to review the completed application.
   c. Once review is complete: Click Next to continue.
12. **Affirm and Submit** page.
   a. Read and understand the ‘I declare’ statement at the top, then check the affirmation/certify check box.
   b. E-Signature: Enter full name of person filling out the renewal.
   c. Date: This will auto populate.
   d. Fee: This will auto populate.
   e. Debit/Credit: From drop-down menu select debit or credit for type of credit card being used.
   f. Card Type: From drop-down menu select type of credit card you are using.
      i. **Mastercard, VISA, or American Express only accepted.**
   g. Person’s Name on Card: Enter name of person that appears on the credit card.
   h. Card #: Enter Mastercard, Visa, or American Express credit card number.
   i. Expiration date: Enter credit card expiration date in MM/YY format.
   j. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
   k. Once confident that the application is complete: Click on Submit.
   l. **Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.**
   m. All application fees are nonrefundable and nontransferable.

![Affirm and Submit Image]

n. If any invalid information was entered, an alert message will appear indicating that your card was invalid.
   i. Click on Ok: Re-enter the correct information and click on submit to complete the application.

![Alert Message Image]

o. Once successfully submitted, you will get an auto generated reference number. Note the auto generated reference number for your future reference, if needed.
   i. Click OK when complete.

![Alert Message Image]
13. After the confirmation alert message, the completed renewal application will show. Two options are available:
   a. By clicking on My Profile, this will return to the My Profile page.
   b. This application can be printed by clicking on the printer in the upper right corner.

14. Once application is renewed, a no reply email will be sent.
After the Renewal Process – Helpful Information

After the renewal process has been completed, at any time you can log back into this account to:

1. **Print your license.**
   a. On the My Profile page in the Registration Information section, click on ‘Print’ to print your license.
   b. Licenses are no longer mailed out.

<table>
<thead>
<tr>
<th>Business Profile Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business Name</strong></td>
</tr>
<tr>
<td><strong>E RN#</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registrar Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Licenses</td>
</tr>
<tr>
<td>Full Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monetary #</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>234567890</td>
</tr>
</tbody>
</table>

2. **Print a receipt.**
   a. On the My Profile page scroll down to the Payment History section, click on the small printer under the receipt column to the right for the receipt desired.

*Note: Once the license has been renewed, a no-reply email will be sent*
1. **I’m having trouble getting through the licensing process.**
   a. Try a different browser. Example: If you’ve tried Internet Explorer, switch to Google Chrome.
   b. This platform does not support the use of a mobile phone.
   c. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
   d. Be sure your pop-up blocker is turned off.
   e. Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.

2. **Tips**
   a. PDF documents are the preferred type of documents for required uploads.
   b. Only upload documents during the licensing process. DO NOT UPLOAD on the My Profile page for a new or renewal application.
   c. This platform does not support the use of a mobile phone.
   d. At the top of your licensure documentation, if it includes ‘This is a Primary Source Verification’ – **NOTE: THIS IS NOT YOUR LICENSE.** Refer to item #1 on page 24 to see how to print your license.

3. **Reset Password**
   a. At the User Login page, click on Forgot Password.

   ![User Login](image)

   b. Upon advancing to the next page, an alert message pops up.
      i. **PLEASE NOTE THIS:** Please be prepared to write down your temporary password after filling out the details.
      ii. Click OK.

   ![Alert Message](image)
c. Return to the **User Login** page.
   i. Select Business at the top.
   ii. User Name: Enter your User Name.
   iii. Password: Input the temporary password from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
   iv. Click Log In.

![User Login](image)

- **Credentials** Page
  - Old Password: Enter your temporary password from the Alert Message as the Old Password. If you copied password into a word document, copy and paste the temporary password into the password text box.
  - New Password: Enter a new password.
  - Confirm the New Password: Enter your new password.
  - Click Submit.
  - You will return to the log in page.
  - Enter the User name and new password to continue.