SOUTH DAKOTA
BOARD OF PHARMACY

Nonresident Pharmacy

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

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# Nonresident Pharmacy Renewal Application

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General Information
1. License fee is $200.
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. Current home state license, its equivalent, or a written explanation why one is not available. (A primary source
   verification does fulfill this requirement).
2. Most recent inspection conducted in the last 4 years by home state regulatory or other inspecting entity. If one is not
   available, upload an explanation why.
   a. Documentation of corrections for of all non-compliance noted in the inspection.
3. DEA certificate (if dispensing controlled substances).
5. Notarized Supplemental Affidavit must be completed if pharmacist-in-charge is not sole owner of merchandise and
6. A list of other state(s) licensed in.
7. A complete Description of Type of Pharmacy Practice, i.e. retail, hospital, compounding, central fill, central
   processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota.
8. 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?”
9. 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.
   a. 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, alert message will alert to enter missing fields like below:

   ![Alert Message Image]

   - Please Enter First Name
   - Please Enter Email
   - Please Enter Primary Phone Number

**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 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 Step 1/2](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 Step 2/2](image)

![Alert Message](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: test@domain.com

Subject: South Dakota Board of Pharmacy Profile Registration

Thank you for registering with the South Dakota Board of Pharmacy. Your user name is TestWholesaler1 and your password has been set as requested. Please do not reply to this email.
```
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.

### 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.

![Image of Document Details section]

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.

![Image of Payment History section]

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.

![Image of Renewal Details section]
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. **Non-resident 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. Pharmacy Information and DEA License page.
   a. Non-Resident Pharmacy Information section.
      i. Information at the top will prepopulate.
      ii. Fax number: Input fax number of pharmacy, if desired.

   b. Type of Pharmacy section.
      i. Type of pharmacy – 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, Enter Explanation: Input an explanation in the explanation box.

   c. Description of Type of Pharmacy Practice section.
      i. Description of Type of Pharmacy: Click on Attach Document to upload a description of the prescription drugs and services provided to patients in South Dakota.

   d. Types of Prescription Drugs/Products Dispensed section.
      i. Type of prescription drugs/products dispensed – check all that apply: Click box in front of each item that applies.
      ii. If DEA Controlled Substance is selected:
         1. Current DEA License Number: Input DEA license number.
         2. DEA License Expiration date: Input DEA license expiration date in MM/DD/YYYY format.
         3. Copy of current DEA Certificate: Click on Attach Document to upload copy of DEA certificate.
      iii. If other is selected, Enter Explanation: Input an explanation in the required response box.
e. **Pharmacist-in-charge** section.
   i. Pharmacist-in-charge home state license number: Input pharmacist-in-charge’s home state professional license number.
   iii. Average hours worked/week: Input pharmacist-in-charge’s number of hours worked weekly.
   vi. Notarized Affidavit affirming pharmacist-in-charge understands SD Pharmacy laws/rules and intends to abide by the SD pharmacy law/rules: Click on Attach Document to upload completed notarized affidavit.

f. **License Preparer Information** section.
   i. Prepared by Pharmacist-in-charge information: Click box in front of statement if pharmacist-in-charge is completing this application.
   ii. If not prepared by pharmacist-in-charge:
      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.

   g. Click next to continue.
5. **Home State License/Inspection** page.
   a. **Home State License** section.
      i. **Home State License Number**: Input your home state license number.
      ii. **Home State License Expiration**: Input expiration date of home state license in MM/DD/YYYY format.
      iii. **Home state license or equivalent document**: Click on Attach Document to upload a copy of the home state license.
      iv. **Other states license in**: Click on Attach Document to upload a list of other states licensed in.

![Home State License/Inspection Section]

b. **Inspection** section.
   i. **Type of inspection**: From drop-down menu select type of inspection.
   ii. **Date of last inspection**: Enter date of inspection in MM/DD/YYYY format. Note: Inspection must be less than 4 years old.
   iii. **Inspection Document**, if no inspection or inspection is over 4 years since an inspection, please upload a document stating reason why: Click on Attach Document to upload inspection.
   iv. “**Were there any deficiencies/corrections required based on inspection identified above including any 483 observations?**”: Click on box in front of yes or no.

![Inspection Section]

1. If answered yes, **Inspection correction document(s)**: Click on Attach Document to upload inspection correction document(s).

![Inspection Correction Document]

c. **Click next.**
6. **Ownership** page.
   a. Type of Ownership: Check box in front of sole proprietorship, partnership, corporation, LLC, or Other.

   ![Ownership Page](image)

   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.
c. If Partnership is selected:

   ![Image of Partnership Information]

   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.

   ![Image of Partnership Information]

   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.

![Add more for LLC](image)

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:

i. **Name of Entity**: Input name of entity.

ii. **Address 1**: Input address of entity.

iii. **Address 2/3**: Input additional address information of entity, if needed.

iv. **Zip**: Input zip code of entity.

v. **City**: Input city of entity if it does not auto populate.

vi. **State**: Input state of entity if it does not auto populate.

vii. **Phone Number**: Input phone number of entity.

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: Click on Attach Document to upload the completed notarized Supplement to Application Affidavit.

ix. **Once completed**: Click next to continue.
7. **Employees page.**

![Image of Employees page]

- 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.

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

- To do manual input of each type of employee:
  1. **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 home state license number.
    3. **Staff Pharmacist Name:** Input pharmacist’s name.
    4. **Staff Pharmacist Average Hours Worked/Week:** Input average number of hours worked per week.
    5. Click Save.

  2. **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 home state license number.
    3. **Registered Technician Name:** Input the technician’s name.
    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 home state license number.
   3. Pharmacist Intern Name: Input the pharmacist intern’s name.
   4. Pharmacist Intern Average Hours Worked/Week: Input average number of hours worked per week.
   5. Click Save.

8. Prescription Drug Monitoring Program (PDMP) page.
   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.

   ![Image of a form with checkboxes and text boxes for explanations.]  

   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.

   ![Image showing checkboxes for various reasons and an explanation text box labeled "Explanation"]  

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

   ![Image showing checkboxes for various reasons and an explanation text box labeled "Explanation (Other)"]  

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

![Regulatory Question](image)

a. “Since the last renewal 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.

10. **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.
11. **Affirm and Submit** page.
   a. Read and understand the 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)
12. 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.

13. Once application is renewed, a no reply email will be sent.
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.

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*
Trouble Shooting and Other Tips

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 Form]

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

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d. **Credentials** Page
   i. 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.
   ii. New Password: Enter a new password.
   iii. Confirm the New Password: Enter your new password.
   iv. Click Submit.
   v. You will return to the log in page.
   vi. Enter the User name and new password to continue.