

The Board has moved to a new online licensing and renewal platform. This gives licensees more access to apply for licenses, maintain their licenses, and to print off or download a copy of their licenses as needed, with the added benefit of increasing security and enabling an audit trail when tracking changes made to the licensure data.

IT'S BEST TO DO THIS ON A COMPUTER OR TABLET. YOU WILL NEED YOUR PHONE.

To apply for an individual or facility license, you will need to create a personal login account for yourself.

Go online to start the process here: <https://arbopharmv7prod.glsuite.us/ui/licensee/login/Login>

Please note that there are credit card processing fees that will be charged for each transaction. The current rate for INA is 3% + \$1.00.

For Step-by-Step Detailed Log In Instructions, please see below:

Once you've clicked on the link, you will click **"Don't have an Account? Sign up now"**



Sign in

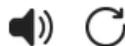
Sign in with your email address

Email Address

Password

[Forgot your password?](#)

Help us beat the bots



Sign in

Don't have an account? [Sign up now](#)

On the first page, you will enter the email address that you would like to use to access the account:

< Cancel



User Details

Email Address *

Send verification code

The system will then send a verification code to your email to ensure that it's valid. Please check your junk or spam folders for a verification code from Microsoft. Gmail addresses have been sending these codes directly to spam and junk mail folders and it will not show in your main mailbox. These codes also have a time limit on them, so they cannot be used after 15 minutes. Here's an example of what the email will look like:

From: Microsoft on behalf of Arkansas State Board of Pharmacy <msonlineserviceteam@microsoftonline.com>
Sent: Wednesday, April 30, 2025 11:31 AM
To: ASBP <asbp@arkansas.gov>
Subject: Arkansas State Board of Pharmacy account email verification code

You don't often get email from msonlineserviceteam@microsoftonline.com. [Learn why this is important](#)

Verify your email address

Thanks for verifying your asbp@arkansas.gov account!

Your code is: 829769

Sincerely,
Arkansas State Board of Pharmacy

This message was sent from an unmonitored email address. Please do not reply to this message.



Verification code has been sent to your inbox. Please copy it to the input box below.

asbp@arkansas.gov  *

Enter and verify the code and CAPTCHA. The system will then ask you to create a password.

New Password  *

Confirm New Password  *

If you get a message that the email address has already been used, you can go back to the main screen – your email address has already been used with some other Microsoft program and will use that same password. If you're not sure of your password, use the "Forgot Password" link.

The system will then ask you to use Microsoft Authentication for Multi Factor Authentication. It will only ask you to do this on an initial account set up and you will only need to use your email address and password once you have created your account.

YOU WILL NEED TO SCAN THE QR CODE THROUGH THE MICROSOFT AUTHENTICATOR APP.

IT WILL NOT WORK SCANNING IT JUST THROUGH THE CAMERA APP.

Download the Microsoft Authenticator using the download links for iOS and Android or use any other authenticator app of your choice.



Once you've downloaded the Authenticator app, you can use any of the methods below to continue with enrollment.

Scan the QR code

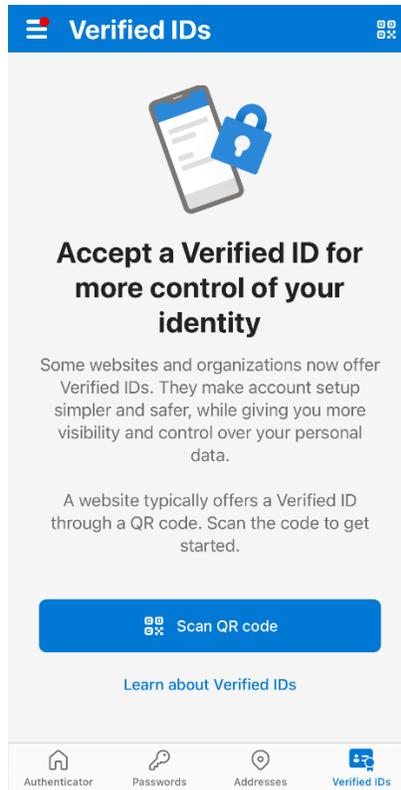
Using your app scan this QR code and click "Continue".



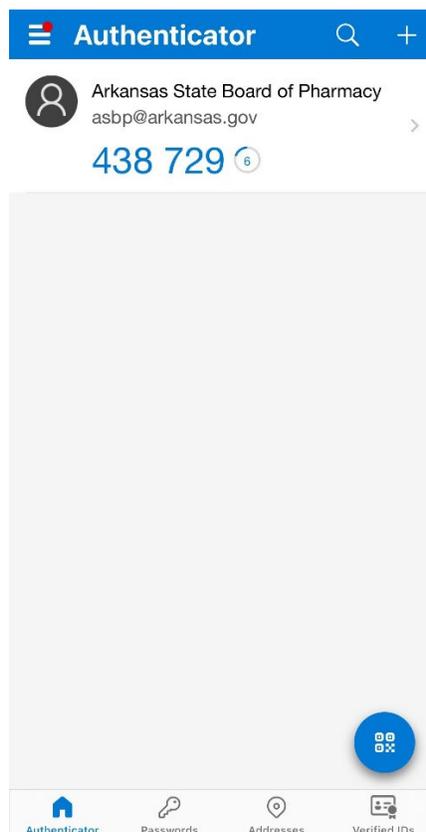
[Can't scan? Try this](#)

[Still having trouble?](#)

When you open the Microsoft Authenticator app to scan the QR code, you'll go under "Verified IDs" and hit "Scan QR Code."



Once you scan the QR code through the Authenticator app, it should generate a six-digit code. Click the "Continue" button and enter the code to continue verifying the account.



The system will then prompt you to link to a license already in the system. Since you have not been licensed or previously applied for a license with the Board before, please fill in your first name, last name, the last four of your social, and put 0000 for the license number.

Enter the following information to link your account:

First Name

Last Name

Last 4 Digits of SSN

Please put your license number in the below field, if you are not currently licensed by ASBP or have not been previously licensed by ASBP then please put 0000 and select next.

Verify User

It appears you do not have an existing account with the Agency. Click Next to create a new account, or contact the Agency for assistance.

Next

Cancel

When you get to this screen, click **NEXT**.

The system will create an account and give you a few options on the left-hand menu.

Overview Page

Individual Name Change

Address Change

You want to select “**Address Change**” and you will have two options, Date of Birth and Social Security Number and Mailing Address.

Once this information has been submitted, you will see a full menu of services.

✓ DATE OF BIRTH AND SOCIAL SECURITY NUMBER

✓ MAILING ADDRESS

Under “Date of Birth and Social Security Number” if you are applying for an individual license (Pharmacist, Intern, or Pharmacy Technician) fill in all this information and save. It will be used to run your background check. Failure to fill out this information will delay your application.

If you are creating this account solely to link to a facility, to create a new facility application, or to renew a facility license, you only have to fill out the **SSN** and **DOB** at the top.

^ DATE OF BIRTH AND SOCIAL SECURITY NUMBER

| | | | |
|-----------------------|----------------------|------------------------------------|---|
| SSN | <input type="text"/> | DOB | <input type="text"/> |
| Gender | <input type="text"/> | Maiden / All Other Married Names | <input type="text"/> |
| Race | <input type="text"/> | Ethnicity | <input type="text"/> |
| State of Birth | <input type="text"/> | Country of Birth | <input type="text" value="United States of America"/> |
| Height | <input type="text"/> | Weight | <input type="text"/> |
| Eye Color | <input type="text"/> | Hair Color | <input type="text"/> |
| EyeList | <input type="text"/> | HairList | <input type="text"/> |
| Driver License Number | <input type="text"/> | Driver's License State of Issuance | <input type="text"/> |

If Foreign National Visa/Work Permit#

Please be sure to click this box when saving your information:

I confirm that the information entered above is correct.

Save

Once that information is saved, please then click on the drop down for “Mailing Address.” You can use the boxes at the top to indicate whether this is mailing or physical and can add or change your address at a later time if needed. The main information needed on this page is some sort of address, your communication preference and an email address.

^ MAILING ADDRESS

Mailing Address

Physical Location

Street 1

Street 2

City

State

Zip

County

Metro Region

Country

Home Phone Number

Work Phone Number

Email Address

Save

Communication Preference

Cell Phone Number

Contact Phone Number

Once these two screens have been completed and saved, the menu on the left-hand side of the screen will expand to give you more options:

- Overview Page
- Manage Facilities Page
- Print Certificates Page
- Applications Page
- Renewals Page
- School Page
- Communication Center
- Exam Score
- Employment Information
- Complaints
- Complaint Status Page
- Submit CE Hours Page
- Individual Name Change
- Address Change

Welcome to the Arl
From here you can ap

Physical Address

322 South Main Street
Suite 600
Little Rock, AR 72201

Mailing Address

322 South Main Street
Suite 600
Little Rock, AR 72201

Contact Info

asbp@arkansas.gov

If you click on Applications Page, and then hit “New Application”, it will give you a drop down of all the applications you can submit through the portal:

The screenshot shows a web interface with a search bar and a "New Application" button. A dropdown menu is open, listing various application types. A mouse cursor is hovering over "Pharmacy Technician Application".

My Account

Search...

New Application

License Number

Web - New Individual Application

Application Type

- Intern Application
- Pharmacist Application by Exam
- Pharmacist Application by Reciprocity
- Pharmacist Reinstatement Application
- Pharmacy Technician Application
- Pharmacy Technician Reinstatement Application
- Preceptor Application

The application will load, and it will list out all the requirements to be completed and submitted:

The screenshot shows a user profile for Jennifer Burgin, a Pharmacy Technician, with application number A080329 and status Pending. A sidebar contains "Requirements Page" and "Pay Invoices Page". The main content area has a "Return to Dashboard" button and a list of requirements under the heading "Applicant Incomplete Requirements".

Jennifer Burgin
Pharmacy Technician
Application
App #: A080329
Status: Pending

Requirements Page
Pay Invoices Page

Return to Dashboard

Applicant Incomplete Requirements

- CRIMINAL BACKGROUND CHECK TASK
- DRIVER LICENSE OR STATE ID WITH PHOTO OR PASSPORT
- HIGH SCHOOL DIPLOMA OR EQUIVALENT
- EMPLOYMENT QUESTIONS
- SOCIAL SECURITY CARD
- CITIZENSHIP QUESTIONS
- PERSONAL HISTORY INFORMATION
- PHARMACY TECHNICIAN CERTIFICATION ATTESTATION
- PHARMACY TECHNICIAN APPLICATION FEE

Requirements Under Review

Completed Requirements

You can leave the application process at any time and complete it later, just log back in and click “Applications Page” and Continue to pick up where you left off:

| | | | | |
|-------------------------|----------|--------------|---------------------------------|---------|
| Overview Page | Status | License Type | License Number | |
| Manage Facilities Page | Continue | Pending | Pharmacy Technician Application | A080329 |
| Print Certificates Page | | | | |
| Applications Page | | | | |

As you complete the requirements, they will move from “Incomplete” to “Under Review”:

Applicant Incomplete Requirements

- CRIMINAL BACKGROUND CHECK TASK
- EMPLOYMENT QUESTIONS
- CITIZENSHIP QUESTIONS
- PERSONAL HISTORY INFORMATION
- PHARMACY TECHNICIAN CERTIFICATION ATTESTATION
- PHARMACY TECHNICIAN APPLICATION FEE

Requirements Under Review

- DRIVER LICENSE OR STATE ID WITH PHOTO OR PASSPORT
- HIGH SCHOOL DIPLOMA OR EQUIVALENT
- SOCIAL SECURITY CARD

Completed Requirements

As the last step, on the “Pay Invoices” screen, be sure to select “Credit Card” under “Payment Type”, then “Authorize Payment.”

Enter either Logged Payment ID or Payment Type

Logged Payment ID

Payment Type

Payment Type

It’s going to give you a pop-up screen that allows you to enter the information for the credit card payment. Enter the credit card payor’s information then hit next. **Be sure to enter an email address on this page, as this is where a receipt will be automatically emailed once payment is made.** Please be sure to look in your junk and spam folders for this email as it will be coming from support@ark.org. On the next page click this box to avoid having to reenter this information:

Payment Address is the same as Customer Information

Board staff will not review your application until payment has been made and all application requirements have been completed.

We went live with this system in October 2024 and are in the process of refining it. If you run into an issue, please contact us at asbp@arkansas.gov and let us know what the issue is, the license that you are having issues with, and a screenshot, if possible. We're trying to respond as quickly as possible, but we ask for your patience as we move everyone to the new system. Thanks!