

Licensure Submission

General Information

Select "Licensure" from the Document Type drop-down menu.

The screenshot shows the 'Upload Documents for CAROL UNDERWOOD' form. The 'Document Type' dropdown menu is open, displaying a list of document types. 'Licensure' is highlighted in blue. Other options include ACLS Certification, Agency/Category Awards, Appointment, BLS Certification, Certificate of Appreciation, Certificate of Completion, Continuing Education Summary Sheet, Counseling Form A, Counseling Form B, Curriculum Vitae, HHS-520 - Request for Approval of Outside Activity, Immunization, Letter of Appreciation, Medical Waiver Request, Officer Statement, PALS Certification, TDY without POs, Telework Agreement, and Transcript (Unofficial). The 'I want to receive a notification email' checkbox is checked. The 'All fields are required' message is visible. Buttons for 'Browse...', 'Upload', and 'Return to OSA Menu' are present.

The system will display the following Licensure fields for input. If you have a category professional license on record, the information will automatically populate:

- **State** pulldown
- **License** authorizing agency pulldown
- **License #** input field
- **Expiration Date** field

The screenshot shows the 'Upload Documents for CAROL UNDERWOOD' form with the Licensure fields populated. The 'Document Type' dropdown is set to 'Licensure'. The 'State' dropdown is set to 'Oklahoma - OK'. The 'License' dropdown is set to 'OKLAHOMA STATE BOARD OF PHARMACY'. The 'License #' input field contains 'OK 12345' and has a 'Primary' checkbox checked. The 'Expiration Date' input field contains '8/31/2017'. The 'I want to receive a notification email' checkbox is checked. The 'All fields are required' message is visible. Buttons for 'Browse...', 'Upload', and 'Return to OSA Menu' are present.

If you are updating a current license on record, you should only need to change the expiration date before uploading. If a new license needs to be uploaded, even if eDOC-U automatically populates your information, you can still overwrite the populated information and enter your new license.

If you have multiple licenses, upload each license separately. Be sure to indicate which one is your primary license by selecting the “Primary” check box (shown below). Ensure only your primary license is checked as primary when uploading. The primary license will be viewed on the PIR. Do NOT upload multiple licenses in one upload.

If your license is not in the drop-down list, chances are it is not a Category Professional License and your credentials should be uploaded through the Board Certification document type.

Commissioned Corps Electronic Office

Upload Documents for CAROL UNDERWOOD

Document Type: Licensure

State: Oklahoma - OK

License: OKLAHOMA STATE BOARD OF PHARMACY

License #: OK 12345 Primary

Expiration Date: 8/31/2017

Upload File Name: [] [Browse]

Licensure Fields

The **State** field indicates the state in which you are licensed. If you have a license from a national authority, select ‘United States (National) – US.’

Electronic Official Personnel Folder

Help

Document Type: []

State: []

License: []

License #: []

Expiration Date: []

Upload File Name: [] [Browse]

State dropdown menu options:

- Georgia - GA
- Guam - GU
- Hawaii - HI
- Idaho - ID
- Illinois - IL
- Indiana - IN
- Iowa - IA
- Kansas - KS
- Kentucky - KY
- Louisiana - LA
- Maine - ME
- Marshall Islands - MH
- Maryland - MD
- Massachusetts - MA
- Michigan - MI
- Minnesota - MN
- Mississippi - MS
- Missouri - MO
- Montana - MT
- Nebraska - NE
- Nevada - NV
- New Hampshire - NH
- New Jersey - NJ
- New Mexico - NM
- New York - NY
- Pennsylvania - PA
- Puerto Rico - PR
- Rhode Island - RI
- South Carolina - SC
- South Dakota - SD
- Tennessee - TN
- Texas - TX
- United States (National) - US**
- Utah - UT
- Vermont - VT
- Virgin Islands - VI
- Virginia - VA

The **License** field will populate with a list of authorized licensing bodies specific to the state you selected. Select your licensing authority from the drop-down menu.

Commissioned Corps Electronic Official Personnel Folder

Upload Documents for CAROL UNDERWOOD [Help](#)

Document Type: Licensure I want to receive a notification email

State: Maryland - MD

License: MARYLAND BOARD OF PHARMACY

License #: MD 987654 Primary

Expiration Date: 8/31/2017 **All fields are required**

Upload File Name:

You can then enter the new **License Number** and **Expiration Date**. Expiration date should be the expiration date of the document. If only month and year are present (no day), please use the last day of the month listed.

Once all fields are completed, select the browse button to choose the document you want to upload. Only pdf's and Word documents are accepted (i.e. no jpg and png). Upload only CLEAR and LEGIBLE documents. Double check that all fields are correct and select the **Upload** button.

All professional licenses will be verified by a licensure specialist. Any documents that are illegible (cannot be read clearly), or contain incorrect information will be rejected by the licensure specialist. If this happens, you will receive an email stating the reason for the document rejection. If a document is rejected, please re-upload again with the necessary corrections.

Processing time will vary depending on the amount of submissions received.

Please review the [Licensure webpage](#) for more information. If you still have questions please email: PHSLicensure@hhs.gov.