

# Department of State

State Board of Medicine  
State Board of Nursing





# State Board of Medicine

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State Board of Medicine Website: [www.dos.pa.gov/med](http://www.dos.pa.gov/med)

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On the State Board of Medicine website, click the Icon shown below to be taken to the PA Licensing System website.



PA Licensing  
System (PALS)

PA Licensing Website: [www.pals.pa.gov](http://www.pals.pa.gov)





# State Board of Nursing

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State Board of Nursing Website: [www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)

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On the State Board of Nursing website, click the icon shown below to be taken to the PA Licensing System website.

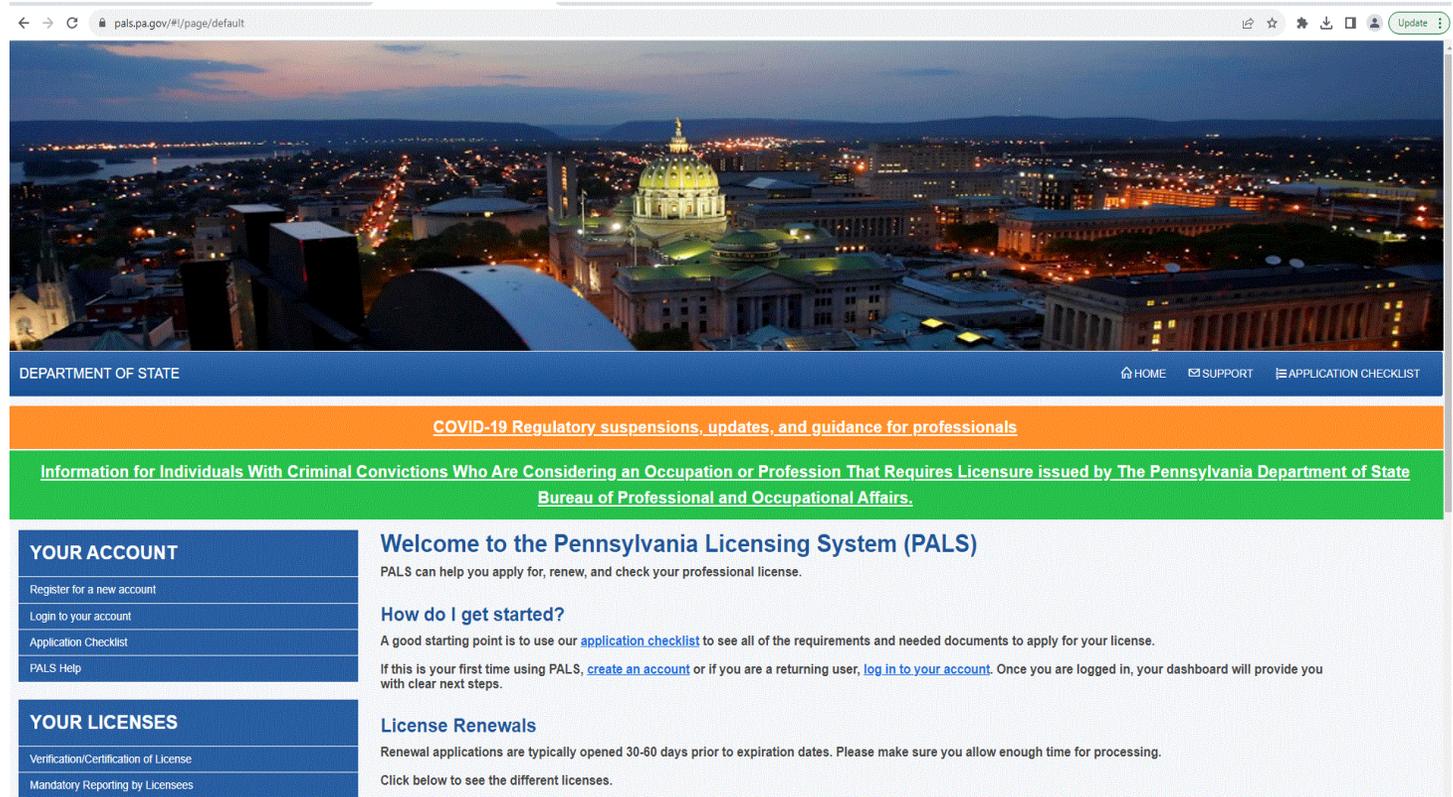


PA Licensing  
System (PALS)

PA Licensing Website: [www.pals.pa.gov](http://www.pals.pa.gov)



# Welcome to PALS: Submitting Applications

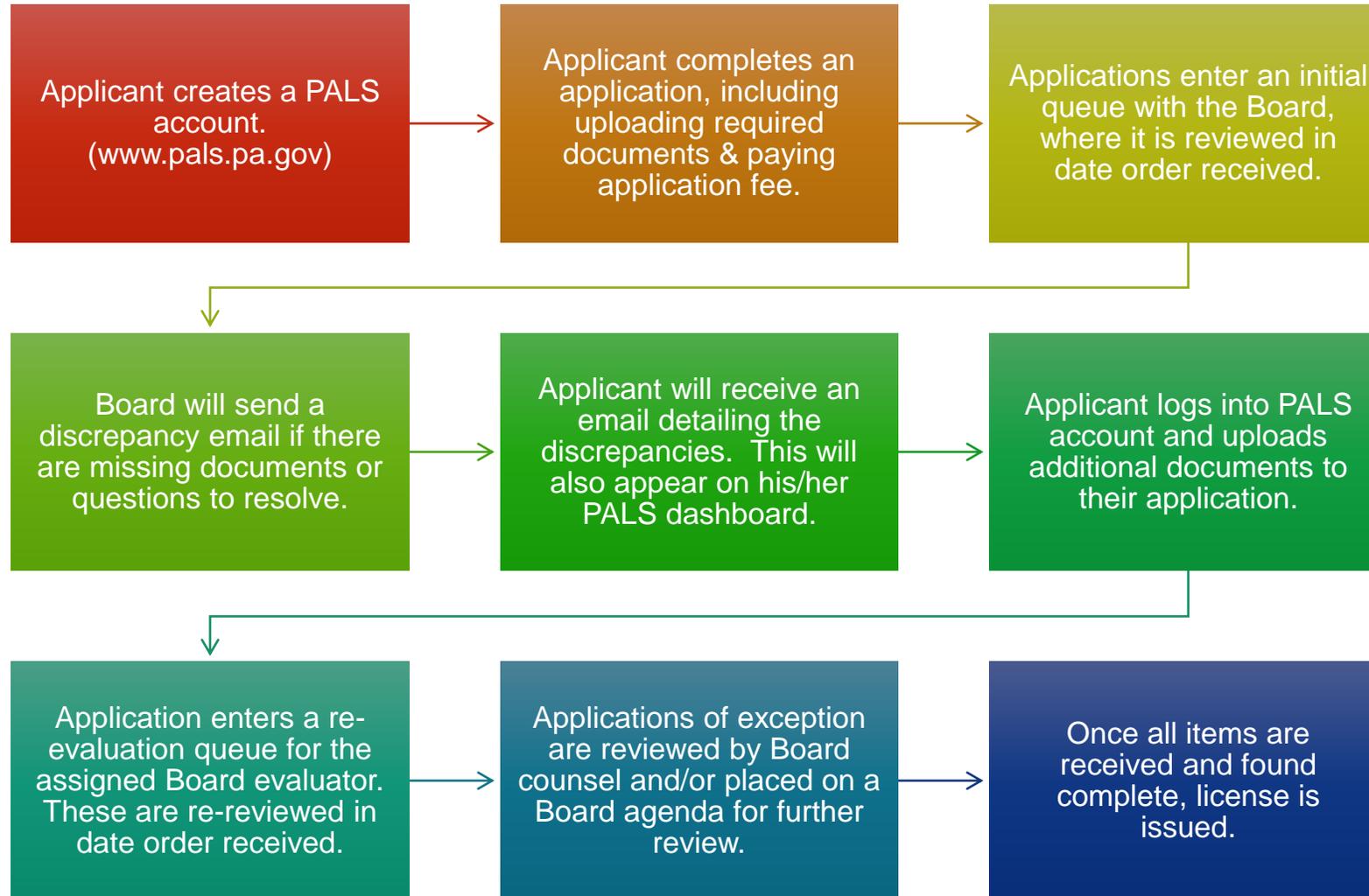


The screenshot shows the homepage of the Pennsylvania Licensing System (PALS). At the top, there is a navigation bar with the text "DEPARTMENT OF STATE" on the left and "HOME", "SUPPORT", and "APPLICATION CHECKLIST" on the right. Below this is a large banner image of the Pennsylvania State Capitol building at night. Underneath the banner is a blue bar with the text "COVID-19 Regulatory suspensions, updates, and guidance for professionals". Below that is a green bar with the text "Information for Individuals With Criminal Convictions Who Are Considering an Occupation or Profession That Requires Licensure issued by The Pennsylvania Department of State Bureau of Professional and Occupational Affairs." The main content area is divided into two columns. The left column has two sections: "YOUR ACCOUNT" with links for "Register for a new account", "Login to your account", "Application Checklist", and "PALS Help"; and "YOUR LICENSES" with links for "Verification/Certification of License" and "Mandatory Reporting by Licensees". The right column has three sections: "Welcome to the Pennsylvania Licensing System (PALS)" with a brief description; "How do I get started?" with a paragraph of instructions and links for "create an account" and "log in to your account"; and "License Renewals" with a paragraph of instructions and a link to "see the different licenses".

## PALS: Pennsylvania Licensing Systems

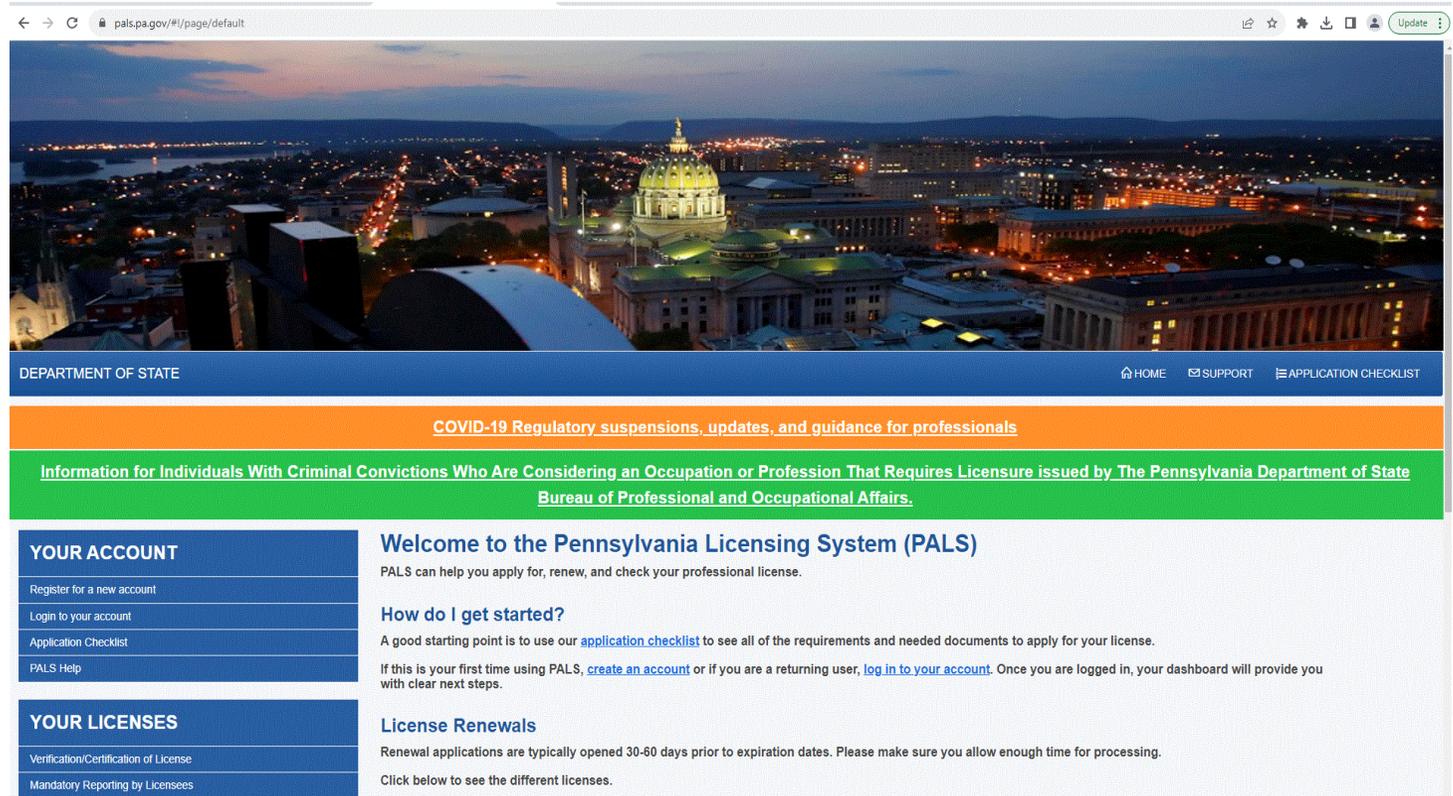


# Application Workflow





# Welcome to PALS: Submitting Applications



The screenshot shows the PALS website interface. At the top, there is a navigation bar with the text "DEPARTMENT OF STATE" on the left and "HOME", "SUPPORT", and "APPLICATION CHECKLIST" on the right. Below this is a blue banner with the text "COVID-19 Regulatory suspensions, updates, and guidance for professionals". Underneath is a green banner with the text "Information for Individuals With Criminal Convictions Who Are Considering an Occupation or Profession That Requires Licensure issued by The Pennsylvania Department of State Bureau of Professional and Occupational Affairs." The main content area is divided into two columns. The left column has two sections: "YOUR ACCOUNT" with links for "Register for a new account", "Login to your account", "Application Checklist", and "PALS Help"; and "YOUR LICENSES" with links for "Verification/Certification of License" and "Mandatory Reporting by Licensees". The right column has three sections: "Welcome to the Pennsylvania Licensing System (PALS)" with a brief description; "How do I get started?" with a paragraph of instructions; and "License Renewals" with a paragraph of instructions.

## PALS: Pennsylvania Licensing Systems



# Logging into your account

The screenshot shows the PALS website interface. At the top, there is a navigation bar with the text "DEPARTMENT OF STATE" on the left and "HOME", "SUPPORT", and "APPLICATION CHECKLIST" on the right. Below this is a large banner image of the Pennsylvania State Capitol building at night. Underneath the banner are two horizontal bars: an orange one with the text "COVID-19 Regulatory suspensions, updates, and guidance for professionals" and a green one with the text "Information for Individuals With Criminal Convictions Who Are Considering an Occupation or Profession That Requires Licensure issued by The Pennsylvania Department of State Bureau of Professional and Occupational Affairs." On the left side, there is a sidebar menu with the heading "YOUR ACCOUNT" and a list of items: "Create your account", "Login to your account" (highlighted with a yellow box), "Application Checklist", and "PALS Help". Below this is another section titled "YOUR LICENSES" with items "Verification/Certification of License" and "Mandatory Reporting by Licensees". The main content area on the right has the heading "Welcome to the Pennsylvania Licensing System (PALS)" and a sub-heading "How do I get started?". It contains text explaining that PALS can help with applying for, renewing, and checking licenses, and provides links for "create an account" and "log in to your account".

← → ↻ pals.pa.gov/#1/page/default Update

DEPARTMENT OF STATE HOME SUPPORT APPLICATION CHECKLIST

[COVID-19 Regulatory suspensions, updates, and guidance for professionals](#)

[Information for Individuals With Criminal Convictions Who Are Considering an Occupation or Profession That Requires Licensure issued by The Pennsylvania Department of State Bureau of Professional and Occupational Affairs.](#)

## YOUR ACCOUNT

- Create your account
- Login to your account**
- Application Checklist
- PALS Help

## YOUR LICENSES

- Verification/Certification of License
- Mandatory Reporting by Licensees

## Welcome to the Pennsylvania Licensing System (PALS)

PALS can help you apply for, renew, and check your professional license.

### How do I get started?

A good starting point is to use our [application checklist](#) to see all of the requirements and needed documents to apply for your license.

If this is your first time using PALS, [create an account](#) or if you are a returning user, [log in to your account](#). Once you are logged in, your dashboard will provide you with clear next steps.

### License Renewals

Renewal applications are typically opened 30-60 days prior to expiration dates. Please make sure you allow enough time for processing.

Click below to see the different licenses.



# Logging into your account (Cont.)

← → ↻ 📄 pals.pa.gov/#/page/login ☆ 📄 ⬇️ 👤 ⋮



DEPARTMENT OF STATE 🏠 HOME ✉️ SUPPORT ☰ APPLICATION CHECKLIST

### Sign In for Existing Applicants & Licensees

[LOGIN](#)

Need Assistance? [Click here](#)

- Don't have an account? [Register Now](#)
- Forgot your User ID? [Click here](#)
- Forgot your password? [Reset here](#)
- Update your Email Address [Click here](#)
- Forgot your Registration code? [Click here](#)

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# Registering a new account (Cont.)

DEPARTMENT OF STATE HOME SUPPORT APPLICATION CHECKLIST

## PALS Account Registration

Fill in your information Guest

**Name**

Title (optional) Last Name First Name Middle Name (optional) Suffix (optional)

Select Pierce Hawkeye Middle Name Select

**Birthday and Social Security Number**

Date of Birth (MM/DD/YYYY) Social Security Number (optional)

09/17/1972 Social Security Number  Check here if you do not possess a SSN or you are registering on behalf of a facility or institution

**Gender and Race/Ethnicity**

Gender (optional) Race/Ethnicity (optional)

Select Select

**Address**

Line 1 (Street Address)

2525 N 7TH ST

Line 2 (Apt. #, Suite, Room) (optional)

Address Line 2

City State Zip Code

HARRISBURG Pennsylvania 17110

Country Phone Number

Dauphin United States (717) 783-1400

**Account Information**

Harrisburg 7th Street Commonwealth

Confirm Primary Email Address

st-medicine@pa.gov

Confirm Secondary Email Address

st-osteopathic@pa.gov

Mobile Service Provider (optional)

Select Provider

service provider. All charges are billed by and payable to your mobile service provider. As mobile access and text message Board/Commission will not be liable for message delays or message failure as delivery is subject to the effective transmission

Confirm Password

\*\*\*\*\*

Password length between 8-20 characters

At least 1 Special Character (e.g. \$%^@#)

Security Question 3

I home to? What is the middle name of your oldest child?

I acknowledge that the Board/Commission will communicate with me on official Commonwealth government business through email at my primary email address.  
Note: By unchecking this box, I am requesting application discrepancy notices through first class mail rather than email. Please note this may cause delays in communication or processing.

I agree with the terms.

In order to comply with Federal Statute, the Bureau of Professional and Occupational Affairs is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.



# Registering a new account (Cont.)

**i** An Email has been sent to your registered Email address, please follow the instruction in the Email to complete the Email verification process. Please try Login after Email verification is successful.

Welcome to the Pennsylvania Licensing System



**R** RA-STPALSNOTIFY@pa.gov  
To: ST, MEDICINE

☺ 📧 🗑️ ↶ ↷ ⋮  
Thu 9/14/2023 12:20 PM

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Thank you for registering your online account with the Pennsylvania Department of State's Pennsylvania Licensing System. Please click the link below to verify your account and confirm your email.

<https://www.pals.tfp.pa.gov/#/page/EmailVerification?VerifyEmail=c3QtbWVkaWNpbmVAcGEuZ292&ismail=true>



Click here!

Please do NOT reply to this automated confirmation message.

Thank You,  
Bureau of Professional and Occupational Affairs

↶ Reply   ↷ Forward



# Registering a new account (Cont.)

DEPARTMENT OF STATE

HOME SUPPORT APPLICATION CHECKLIST

Email Confirmation

Please enter your User ID and Password to confirm your account.

User ID

pamedicalboard

Password

Confirm Email

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DEPARTMENT OF STATE

HOME SUPPORT APPLICATION CHECKLIST

Email Confirmation

Please enter your User ID and Password to confirm your account.

User ID

pamedicalboard

Password

Email Address and Password verified successfully.

Login

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DEPARTMENT OF STATE

HOME SUPPORT APPLICATION CHECKLIST

Sign In for Existing Applicants & Licensees

User ID

Password

LOGIN

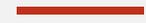
Need Assistance? [Click here](#)

- Don't have an account? [Register Now](#)
- Forgot your User ID? [Click here](#)
- Forgot your password? [Reset here](#)
- Update your Email Address [Click here](#)
- Forgot your Registration code? [Click here](#)

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# State Board of Medicine



**Medical Physician  
and Surgeon  
Application  
Overview**



**Obtained by:  
Accredited School  
Graduate**





# What will I need to apply for an MD license?

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- **Application** – Valid for one (1) year. Updates to certain sections and/or supporting documents may be required if not completed within six (6) months.
- **Application Fee** – A non-refundable fee in the amount of \$35.00 (accredited MD) or \$85.00 (unaccredited MD), made payable by credit/debit card. A new fee may be required if the application is not completed within one (1) year.
- **Child Abuse CE** – 3 hours of approved training by the Department of Human Services. Proof of completion must be provided electronically direct from the education provider.



## What will I need (Cont.)?

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- **Criminal History Record Check (CHRC)** – A report, dated no more than 180 days prior to the submission of the application. Required for all states in which the applicant has lived, worked, or trained/studied in within the past 10 years.
- **Databank Report** – A Self Query report from the National Practitioner Data Bank. Valid for 6 months from the date of the report.
- **Education Verification** – Form available for download and printing when the application is submitted. The school must return direct to the Board.



## What will I need (Cont.)?

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- **Exam Results** – Proof of passing all examination levels provided direct to the Board from an acceptable examiner.
- **Graduate Training** – Form available for download and printing when the application is submitted. Proof of successful completion of PGY 1 and PGY2 sent direct to the Board by the training hospital(s).
- **Letter of Good Standing** – Verification of licensure information and disciplinary standing for each license, certificate, permit, registration or other authorization to practice in a health-related profession, regardless of the current status.



## What will I need (Cont.)?

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- **Opioid Continuing Education** – 4 hours of Board-approved education consisting of 2 hours in the topic of pain management or the identification of addiction *and* 2 hours in the practices of prescribing or dispensing of opioids.
- **Resume/Curriculum Vitae (CV)** – A current CV listing all periods of employment or unemployment from graduation from medical school to present.
- **International Education Verification** – For Unaccredited MD applicants only. Verification of ECFMG Certification sent direct to the Board, using Pennsylvania State Board of Medicine State Code: 039



## What will I need (Cont.)?

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**Additional Items for Unaccredited MD applicants** – May include a Diploma and Education Transcripts, submitted direct to the Board by the school.

All documents must be in English, or an official translation must be submitted to the Board from an official translation agency or professor of the language.



# PALS Dashboard

Apply for a license here

The dashboard features a top navigation bar with the PALS logo, a menu icon, a user profile icon, a help icon, and a lock icon. On the right side of the top bar are search, shopping cart, and notification icons. Below the top bar is a sidebar with various icons for navigation. The main content area is titled 'Activities' and contains several cards: 'My licenses with PA' (2), 'Current Renewals' (0), 'Save Applications', 'Relationships Between Licenses', and 'Messages'. Below these are three orange action buttons: 'Apply for New License' (highlighted with a green box), 'Request Preliminary Determination', and 'Request Approval'. To the right is a profile card for 'PIERCE, HAWKEYE' with an 'Edit your information' link. The profile card lists: Address (2525 N 7TH ST, HARRISBURG, Pennsylvania, United States, 17110), Email address (st-medicine@pa.gov), SSN, Date of Birth (9/17/1972), and Gender. Below the profile card is a 'Professional License Details' section with a search bar and two links: 'Link Facility Licenses' and 'Link Person Licenses'. At the bottom is a table of licenses with columns: Change, License Number, Name, Board/Commission, License Type, Status, Issue Date, Expiration Date, and Pre-Req. A single license entry is shown for MD484650, HAWKEYE PIERCE, Medicine, Medical Physician and Surgeon, Active, 4/16/2024, 12/31/2024. A 'REQUEST' button and a 'Help' icon are next to the license number.

My licenses with PA 2

Current Renewals 0

Save Applications

Relationships Between Licenses

Messages

Apply for New License

Request Preliminary Determination

Request Approval

PIERCE, HAWKEYE [Edit your information](#)

Address 2525 N 7TH ST  
HARRISBURG, Pennsylvania, United States, 17110

Email address st-medicine@pa.gov

SSN

Date of Birth 9/17/1972

Gender

Professional License Details [Link Facility Licenses](#) [Link Person Licenses](#)

Show 10 entries Search:

Change	License Number	Name	Board/Commission	License Type	Status	Issue Date	Expiration Date	Pre-Req
<a href="#">REQUEST</a>	MD484650 <a href="#">Help</a>	HAWKEYE PIERCE	Medicine	Medical Physician and Surgeon	Active	4/16/2024	12/31/2024	

# Application Highlights



## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

### Be advised:

Please refer to the [State Board of Medicine laws and regulations](#) for specific questions regarding application requirements.

Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months of its submission date, updates of certain sections and supporting documents will be required. If applicable, all criminal background check documents must be dated within 90 days of the date the application is submitted. If this application is not completed within one year of its submission date, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.

### WHAT YOU NEED TO COMPLETE THIS APPLICATION:

Click on **i** for more information. To email or print the application checklist instruction [click here](#).

- Application **i**
- Application Fee **i**
- Child Abuse CE **i**
- Criminal History Check **i**
- Databank Report **i**
- Education Verification **i**
- Exam Results **i**
- Graduate Training **i**
- Letter of Good Standing (LOGS) **i**
- Opioid CE **i**
- Resume Curriculum Vitae **i**

### IMPORTANT INFORMATION:

You may not practice in the Commonwealth of Pennsylvania until you have purchased medical professional liability coverage.

All licenses will expire December 31st of an even-numbered year. The expiration date is not determined by the issue date.

The fee submitted with this application is a processing fee. At renewal time, you will be assessed the full renewal fee.

## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

### IMPORTANT INFORMATION:

You may not practice in the Commonwealth of Pennsylvania until you have purchased medical professional liability coverage.

All licenses will expire December 31st of an even-numbered year. The expiration date is not determined by the issue date.

The fee submitted with this application is a processing fee. At renewal time, you will be assessed the full renewal fee.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP system for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit [www.doh.pa.gov/pdmp](http://www.doh.pa.gov/pdmp).

### APPLICANT INFORMATION:

Please complete all required fields. [Contact the Board Office](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name.

[Click here to refresh personal information.](#)

Last Name	First Name	Middle Name	Suffix
PIERCE	HAWKEYE		
Date of Birth(MM/DD/YYYY)	Social Security Number		
09/17/1972	999-99-9999		
Street Address			
2525 N 7TH ST			
Address Line 2			
City	State	Zip Code	
HARRISBURG	Pennsylvania	17110	
County	Country		
Dauphin	United States		
Phone Number	Email		
(717) 783-1400	st-medicine@pa.gov		
Maiden/Other Name			

PLEASE ANSWER THE FOLLOWING QUESTIONS:



# Application Highlights (Cont.)

**PALS** [Menu] [User] [Help] [Lock]

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Will any of your supporting documents be submitted under another name or names?  
 Yes  No

Are you applying using FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE)?  
 Yes  No

Applicants may use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education, post graduate training and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are detailed within the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.

Have you previously held a Pennsylvania Graduate Medical Training License?  
 Yes  No

List all of the states you have lived or worked in during the last 10 years.  
Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 180 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board requires a background check from the Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.

State or Jurisdiction	Document	Actions										
Pennsylvania	<div>Upload Document</div> <div>Choose Files No file chosen</div> <table border="1"><thead><tr><th>Name</th><th>Size</th><th>Progress</th><th>Status</th><th>Actions</th></tr></thead><tbody><tr><td>TEST UPLOAD.docx</td><td>0.01 MB</td><td><div style="width: 100%;"></div></td><td>✓</td><td><input checked="" type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/></td></tr></tbody></table>	Name	Size	Progress	Status	Actions	TEST UPLOAD.docx	0.01 MB	<div style="width: 100%;"></div>	✓	<input checked="" type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>	<input type="button" value="Trash"/>
Name	Size	Progress	Status	Actions								
TEST UPLOAD.docx	0.01 MB	<div style="width: 100%;"></div>	✓	<input checked="" type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>								
Pennsylvania (Already have one)	<div>Upload Document</div> <div>Choose Files No file chosen</div> <table border="1"><thead><tr><th>Name</th><th>Size</th><th>Progress</th><th>Status</th><th>Actions</th></tr></thead><tbody></tbody></table>	Name	Size	Progress	Status	Actions	<input type="button" value="Trash"/>					
Name	Size	Progress	Status	Actions								
California	<div>Upload Document</div> <div>Select files</div> <div>Choose Files No file chosen</div> <table border="1"><thead><tr><th>Name</th><th>Size</th><th>Progress</th><th>Status</th><th>Actions</th></tr></thead><tbody></tbody></table>	Name	Size	Progress	Status	Actions	<input type="button" value="Trash"/>					
Name	Size	Progress	Status	Actions								

**A background check must be uploaded for each state selected.**



# Application Highlights (Cont.)

**EXAMINATION INFORMATION:**

Select the exam that you have taken:

FLEX

- If taken between June 1968 and December 1984 – A score of 75.0 weighted average in an individual attempt is required.
- If taken after December 1984 – A score of 75 on each component.

LMCC - Must have been taken in or after May 1970. The scores must verify the language in which the examination was taken. If the examination was not taken in English, but is otherwise acceptable, and a passing score was secured, the Board will accept the examination results if the applicant has also secured a passing score (550) on the Test of English as a Foreign Language (TOEFL).

STATE BOARD - Must have been taken prior to December 1973.

USMLE - Must have secured a passing score on Steps 1, 2 and 3. If date of graduation from medical school is on or after

NBME - Must have secured a passing score on Parts I, II and III.

FLEX

NATIONAL BOARD

USMLE

LMCC-CANADIAN

STATE BOARD

STATE

Part I

Step I

STATE TAKEN

## Graduate Training Information

**TRAINING INFORMATION:**

Enter the below information for your ACGME Post Graduate Training Levels 1 and 2.

POST GRADUATE TRAINING LEVEL	TRAINING HOSPITAL NAME	FROM	TO	
		MM/dd/yyyy	MM/dd/yyyy	<input type="button" value="🗑️"/>
		MM/dd/yyyy	MM/dd/yyyy	<input type="button" value="🗑️"/>
<input style="border: none; background: none;" type="button" value="+"/>				

**PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS:**

If you answer YES to any question below, you must upload complete details including a written explanation and copies of any relevant Board and/or legal documents. Please click UPLOAD after the file is selected to upload.

Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?

Yes  No

Please provide the profession and state or jurisdiction.

Profession	State or Jurisdiction	
Medical Training License	California	<input type="button" value="🗑️"/>
<input style="border: none; background: none;" type="button" value="+"/>		

Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

Yes  No

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes  No

Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes  No

Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

Yes  No

Have you ever had your DEA registration denied, revoked or restricted?

Yes  No

Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

Examination Information

Legal Questions





# Application Highlights (Cont.)

**EALS** | Help | Search | Cart | Notifications

Have you ever had your DEA registration denied, revoked or restricted?  
 Yes  No

Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?  
 Yes  No

Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?  
 Yes  No

Select files  
Choose Files | No file chosen

Name	Size	Progress	Status	Actions
TEST UPLOAD.docx	0.01 MB	<div style="width: 100%;"></div>	✓	<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?  
 Yes  No

Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?  
 Yes  No

Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.  
 Yes  No

Select files  
Choose Files | No file chosen

Name	Size	Progress	Status	Actions
TEST UPLOAD.docx	0.01 MB	<div style="width: 0%;"></div>		<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Docket Number:

Filing Date:

Date you were served:

If you answer "YES" to any legal question, an uploaded statement of explanation and relevant documents are required





# Application Highlights (Cont.)

## Upload CV and Databank Self-Query Report

Please upload the required documents for the checklist below.

Item	File Name	Action
<p><b>* Resume Curriculum Vitae</b></p> <p>You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.</p>	"TEST UPLOAD.docx"	<a href="#">Browse</a>
<p><b>* Databank Report</b></p> <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>	"TEST UPLOAD.docx"	<a href="#">Browse</a>

Uploaded documents

Document Type	Document Name	Size	Progress	Status	Actions
<p><b>Resume Curriculum Vitae</b></p> <p>You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.</p>	TEST UPLOAD.docx	0.01 MB	<div style="width: 100%; height: 10px; background-color: #007bff;"></div>	✓	<a href="#">Upload</a> <a href="#">Refresh</a> <a href="#">Delete</a> <a href="#">Share</a>
<p><b>Databank Report</b></p> <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>					



# Application Highlights (Cont.)

The screenshot displays the PALS application interface. At the top, there is a navigation bar with the PALS logo, a menu icon, a user profile icon, a help icon, and a lock icon. On the right side of the navigation bar, there are search, shopping cart, and notification icons. Below the navigation bar is a sidebar with several icons representing different application sections. The main content area features a table with the following columns: Document Type, Document Name, Size, Progress, Status, and Actions.

Document Type	Document Name	Size	Progress	Status	Actions
<b>Resume Curriculum Vitae</b> You will need to upload, where prompted, a current Curriculum Vitae listing <b>all</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.	TEST UPLOAD.docx	0.01 MB	<div style="width: 100%; height: 10px; background-color: #007bff;"></div>	✓	<span>Upload</span> <span>Cancel</span> <span>Remove</span> <span>Share</span>
<b>Databank Report</b> Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.	TEST UPLOAD.docx	0.01 MB	<div style="width: 0%; height: 10px; background-color: #ccc;"></div>		<span>Upload</span> <span>Cancel</span> <span>Remove</span> <span>Share</span>

Below the table, there is a "Queue progress:" section with a progress bar. Underneath the progress bar are three buttons: "Upload all" (highlighted with a red circle), "Cancel all", and "Remove all". To the right of these buttons, the text "or... Upload All" is displayed. At the bottom left, there are "Save" and "Continue" buttons. A yellow arrow points from the text "You can save the application at any time." to the "Continue" button. To the right of this text, another line of text reads "Click continue to add to shopping cart and submit." In the bottom right corner of the interface, there is a small blue box that says "No of Documents: 2".

or... Upload All



You can save the application at any time.

Click continue to add to shopping cart and submit.



# Application Highlights (Cont.)

**PALS** ☰ 👤 🔍 Help 🔒 🔍 🛒 1 🔔

Check Out : You may continue adding additional items to your cart. [Click here](#) to go to the dashboard.

**Total: \$35.00**

Click box to the left of each item you wish to pay for at this time and proceed to payment.

	S.No	Item	Quantity	License Number	Fee	Price	
<input checked="" type="checkbox"/>	1	APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS	1		35	\$35.00	

Your available Credit: \$ 0

All fees are non-refundable. Please check to continue with your transaction.

**!** Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.



# Application Highlights (Cont.)

**Confirmation**

Thank you for your payment.

Your payment has been processed - please print this page for your records.  
Your application is not complete until the Board receives the completed checklist items below. Click Download to print the required documents for licensure. It is your responsibility to maintain a copy of this application and all documents submitted to the board or received from the board.

[Customer Satisfaction Survey.](#)

**Payment Summary**

Receipt Number: PAID0004319057      Payment Date: 09/14/2023

Application No # AA0004837168 ( Medicine/ Medical Physician and Surgeon/ Accredited School Graduate ) - 09/14/2023

CheckList Name	Status	Download
Application	Not Received	
Application Fee	Not Received	
Child Abuse CE	Not Received	
Criminal History Check	Not Received	
Criminal History Check-California	Not Received	
Criminal History Check-Pennsylvania	Not Received	
Criminal History Check-Pennsylvania (Already have one)	Not Received	
Databank Report	Not Received	
Education Verification	Pending Review	
Exam Results	Not Received	
Graduate Training	Not Received	
Letter of Good Standing (LOGS)	Not Received	
Letter of Good Standing (LOGS)-California	Not Received	
Opioid CE	Not Received	
Resume Curriculum Vitae	Pending Review	
SSN Waiver	Not Received	

To email or print the application checklist instruction [click here.](#)

Send payment receipt to an additional email address

Enter valid email address

**SEND**

[Next Steps](#)      [Go to Dashboard](#)

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# PALS Dashboard Revisited

The applicant can check the status of their application anytime by logging into their PALS account and locating the “Activities” section.

The screenshot displays the PALS dashboard interface. At the top, there is a navigation bar with the PALS logo, a menu icon, a search icon, a help icon, and a lock icon. Below the navigation bar, there is a table with columns: License Number, Correspondence Type, Category, Date Sent, CorrespondenceStatus, and View/Download. The table is currently empty, displaying "No data available in table".

Below the empty table, there is a section titled "Activities". It contains a link to view the application checklist and upload documents. Below this, there is a search bar and a "Show 10 entries" dropdown. A table with columns: Reference Number, Board/Commission, License Type, License Number, Description, Status, Timeline, and Action. The table contains one entry:

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0004837168	Medicine	Medical Physician and Surgeon		APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS 9/16 Items Not Received	Submitted		

Below the table, there is a "Showing 1 to 1 of 1 entries" indicator and "Previous", "1", "Next" navigation buttons.

At the bottom, there is a section titled "New Professional License Application" with a green checkmark and the text "I know what license I am applying for". A blue button labeled "Apply for New License" is located to the right.



# What notices an applicant will receive once the application has been successfully submitted.

- Once the application has been paid for and submitted, the physician will receive a payment receipt via email.
- A copy of this email receipt is also available for download in the correspondence section in their PALS account.

Correspondence (Showing Last 2 Years Correspondence) [Show more](#)

Show 10 entries Search:

License Number	Correspondence Type	Category	Date Sent	CorrespondenceStatus	View/Download
[REDACTED]	License Certificate	Mail	12/9/2022	PRINTED	
[REDACTED]	License Certificate	Mail	12/9/2022	PRINTED	
	Payment Receipt	Email	12/2/2022	DELIVERED	<a href="#">View/Download</a>



# What notices an applicant will receive once the application has been successfully submitted. (Cont.)

- This is an example of the payment confirmation email received after an application has been submitted.

EmailTo:ST-BPOA-Support@pa.gov  
EmailFrom:PA\_STRAL\_SNOTIFY@pa.gov  
Subject:PALS Payment Receipt [REDACTED]  
Date Sent:12/2/2022

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Dear [REDACTED]

This letter acknowledges receipt of your applications. Applications are reviewed and processed in order of receipt. Depending on the volume of applications received, the time from receipt to initial review may take several weeks from the date of this letter. You can access [www.pals.pa.gov](http://www.pals.pa.gov) website and check the status of your application once the initial review has occurred. Use the UserID and Password you have created when you registered to submit your application. If any information or documents are missing from your application when it is evaluated, the Board/Commission will notify you. You can access your application information on the website at any time to check the progress of the evaluation.

**Payment Receipt**  
RECEIPT NUMBER: PAID0003769206  
RECEIVED DATE: Dec 2 2022 9:26AM  
RECEIVED FROM: [REDACTED]  
RECEIVED AMOUNT: \$ 360.00  
PAYMENT TYPE: Credit Card  
APPLICANT NAME: [REDACTED]

Application No / Transaction No	Fee Type	Fee Amount	Full Name
[REDACTED] Medical Physician and Surgeon-[REDACTED]	Renewal Fee	360.00	[REDACTED]



# Uploading a document to an application after the application has been submitted.

- Scroll to the “Activities” section and locate the application.
- Click on the blue “+” to the left of the application reference number. This will expand the application checklist.
- This is also where additional copies of the education verification and graduate training forms, as well as a copy of the application itself, can be downloaded.

Activities (Showing Last 2 Years Activities) [Show more](#)

Click [+](#) to view the application checklist and upload required documents to your application. To upload documents, click the checklist item for the document you wish to upload. Under the “Check List Documents” header, click the Folder icon or “Multiple” button to browse your computer for the document. Once you have attached the document, click the blue “Upload” button. When all documents have been uploaded, click the “Submit” button.

Show  entries Search:

	Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
	AA0005094046  	Medicine 	Medical Physician and Surgeon		APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS <div style="width: 100%; height: 10px; background: linear-gradient(to right, green 60%, red 40%); margin: 5px 0;"></div> 6/ 12 Items Not Received 	Submitted		





# Uploading a document to an application after the application has been submitted. (Cont.)

- Click on the checklist item (hyperlink) you would like to upload the document to.

Item Name	Status	Date	Remarks
<a href="#">Application</a>	Pending Review		If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	Completed		An application fee of \$25 is required. Please note that all fees are non-refundable.
Child Abuse CE	Not Received		All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the <a href="#">Department of State Website</a> .



# Uploading a document to an application after the application has been submitted. (Cont.)

- Click on the white “Multiple” button that appears, then select the file you want to upload from your device.

<a href="#">Application</a>	Pending Review	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
-----------------------------	----------------	--

**Checklist Information**

If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.

Remarks For Document

Remarks For Document

**Check List Documents**



# Uploading a document to an application after the application has been submitted. (Cont.)

- After choosing the file, click on “Upload” or “Upload all”, then “Submit.”

Check List Documents

Multiple

Uploaded documents

S.No	Document Type	Document Name	Size	Progress	Status	Actions
1	Application	Exp Log.docx	0.01 MB	<div style="width: 100%;"></div>		Upload

Queue progress:

Upload all Cancel all Remove all

No of Documents: 1





# How an applicant will be notified if any additional information is needed.

- If additional information is needed, an email will be sent to the email address on file with the requested information.
- A copy of this email is also available for download in the correspondence section in their PALS account.

The screenshot shows the PALS web application interface. At the top, there is a navigation bar with the PALS logo, a menu icon, a user profile icon, a help icon, and a lock icon. Below the navigation bar, the user's location is displayed as "HARRISBURG, Pennsylvania, United States, 17110".

The main content area is divided into three sections:

- Professional License Details:** This section includes a search bar, a "Show 10 entries" dropdown, and a table with columns: License Number, Name, Board/Commission, License Type, Status, Issue Date, Expiration Date, and Related Licenses. A message "No data available in table" is displayed below the table.
- Correspondence:** This section is highlighted with a red oval. It includes a search bar, a "Show 10 entries" dropdown, and a table with columns: License Number, Correspondence Type, Category, Date Sent, CorrespondenceStatus, and View/Download. A single entry is shown with "Applicant-Person" as the Correspondence Type, "Email" as the Category, and "NOT DELIVERED" as the CorrespondenceStatus. The "View/Download" button for this entry is highlighted with a red rectangle.
- Activities:** This section is currently empty.

To view discrepancy emails and other communications from the board, locate the "Correspondence" section.



# What an applicant will see in PALS when additional info is needed.

Activities

Click to view application checklist and upload documents to the Board/Commission.

Show 10 entries Search:

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0004837168	Medicine	Medical Physician and Surgeon		APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS 7/16 Items Not Received	Need Action (Click Here)		

Showing 1 to 1 of 1 entries Previous 1 Next

- Locate the “Activities” section and click the blue plus sign next to the application number to view all checklist items.



# Uploading a document to an application after the application has been submitted with a discrepancy. (Cont.)

- Click on the appropriate checklist item (or if the checklist is in a discrepancy status, click on the blue cloud icon).

Criminal History Check	 Discrepancy	<p>To obtain a Pennsylvania record check, please visit <a href="https://epatch.pa.gov">https://epatch.pa.gov</a>. A volunteer record check will not be accepted.</p> <p>For a list of other state identification agency websites, please visit <a href="#">State Police Criminal Record History - Out of State List.pdf (pa.gov)</a>.</p> <p>For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p>
------------------------	---	---



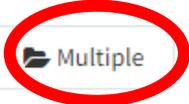
## Uploading a document to an application after the application has been submitted with a discrepancy. (Cont.)

- Click on the white “Multiple” button that appears, then select the file you want to upload from your device.

Remarks For Document

Remarks For Document

Check List Documents

 Multiple

Submit



# Uploading a document to an application after the application has been submitted with a discrepancy. (Cont.)

- After choosing the file, click on “Upload” or “Upload all”, then “Submit.”

Uploaded documents

S.No	Document Type	Document Name	Size	Progress	Status	Actions
1	Criminal History Check-Pennsylvania (https://epatch.pa.gov)	Exp Log.docx	0.01 MB	<div style="width: 100%;"></div>		<span>Upload</span> <span>Cancel</span> <span>Remove</span>

Queue progress:

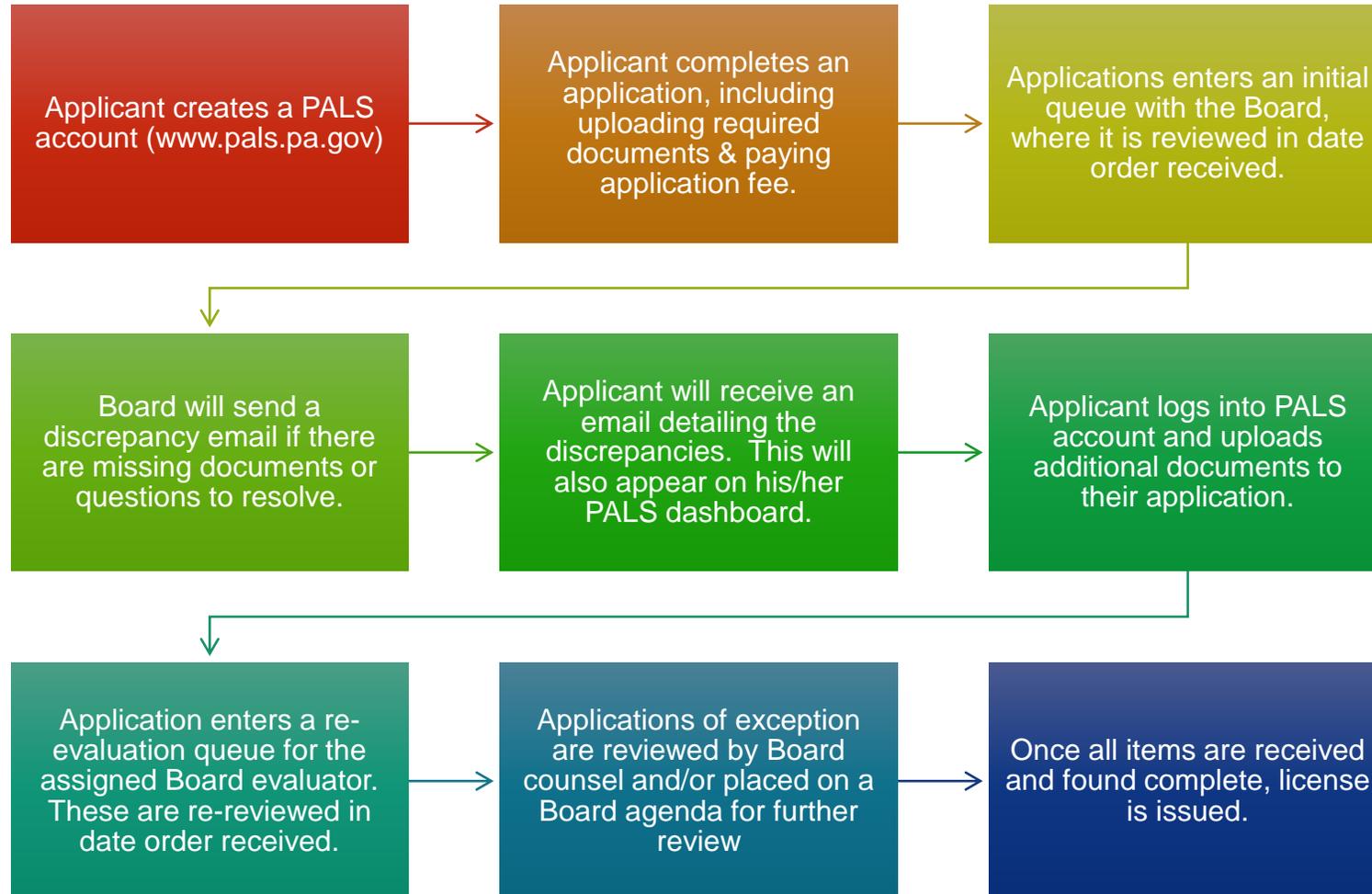
Upload all Cancel all Remove all

No of Documents: 1





# Remember that Application Workflow?





# What will I need to apply as a Registered Nurse?

**All applicants** are required to submit criminal history record checks (CHRCs) for all the states they have lived in, worked in, or professionally trained in within the past 10 years.

**All applicants** must complete the required 3-hour course in child abuse recognition in reporting. More information on Act 31 of 2014 and a list of approved providers can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pages/Act-31.aspx>

## **New Graduates** (not licensed elsewhere)

- Pennsylvania graduate: the program will submit program completion/graduation information electronically. Must make sure the name on the application matches what the school provides.
- Out of State graduate: transcripts must be submitted directly from the school

## **Endorsement** (licensed elsewhere)

- Transcripts must be submitted directly from the school
- Letter of Good Standing (license verification) from all state(s) the applicant holds RN and/or PN licenses. Almost all are done through NURSYS.com



# PALS: Pennsylvania Licensing Systems

[www.pals.pa.gov](http://www.pals.pa.gov)

Prescriptive Authority Applications will be completed through PALS. **The CRNP initiates the application by logging into their PALS account.**

The screenshot shows the PALS website interface. At the top, there is a navigation bar with the text "DEPARTMENT OF STATE" on the left and "HOME", "SUPPORT", and "APPLICATION CHECKLIST" on the right. Below this is a large banner image of the Pennsylvania State Capitol building at night. Underneath the banner is a blue bar with the text "DEPARTMENT OF STATE" and navigation links. Below that is an orange bar with the text "COVID-19 Regulatory suspensions, updates, and guidance for professionals". Below the orange bar is a green bar with the text "Participate in the 2020 U.S. Census to shape your future in PA.". The main content area is divided into two columns. The left column has a blue header "YOUR ACCOUNT" and contains four links: "Register for a new account", "Login to your account" (highlighted with a yellow box), "Application Checklist", and "PALS Help". Below this is a blue header "YOUR LICENSES" and three links: "Verification/Certification of License", "Mandatory Reporting by Licensees", and "File an MCare Report". At the bottom of the left column is a blue header "VERIFY A LICENSE". The right column has a blue header "Welcome to the Pennsylvania Licensing System (PALS)" and a sub-header "How do I get started?". Below the sub-header is a paragraph of text and a link to "application checklist". Below that is another paragraph of text and a link to "log in to your account". Below the text is a blue header "License Renewals" and a paragraph of text. Below the text is a blue header "Click below to see the different licenses." and four buttons: "State Board of Barber Examiners", "State Board of Chiropractic", "State Board of Crane Operators", and "State Board of Nursing".



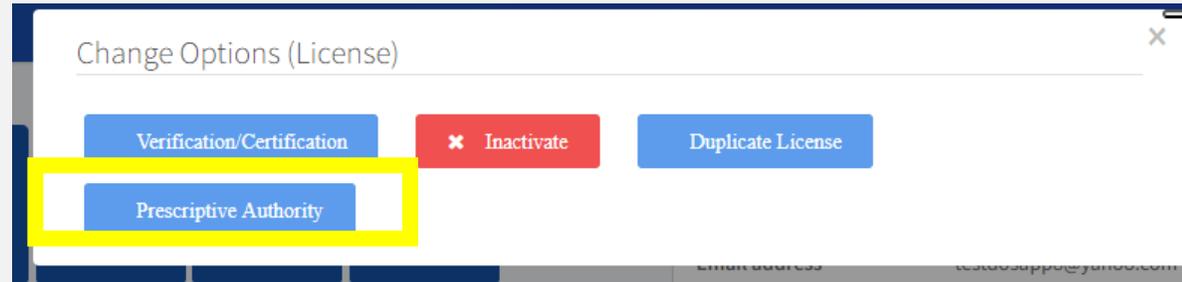
This is the PALS dashboard once logged in. The CRNP will need to scroll to the **Professional License Details** Section. Click the **request** button next to the CRNP number in which the collaborative agreement will be associated.

The screenshot shows the PALS dashboard interface. At the top, there are navigation icons and a search bar. Below the navigation bar, there are several action buttons: 'My licenses with PA' (5), 'Current Renewals' (0), 'Saved Applications' (0), 'Relationships Between Licenses', 'Messages', 'Apply for New License', 'Request Preliminary Determination', and 'Request Approval'. On the right side, there is a profile card for 'GLORIA' with an 'Edit your information' link. Below the profile card, there is a section for 'Professional License Details' which is highlighted with a yellow box. This section contains a table of licenses with columns for 'Change', 'License Number', 'Name', 'Board/Commission', 'License Type', 'Status', 'Issue Date', 'Expiration Date', and 'Pre-Req'. The first row of the table has a 'REQUEST' button highlighted in yellow. Below the table, there is a pagination control showing 'Showing 1 to 5 of 5 entries' and 'Previous 1 Next'.

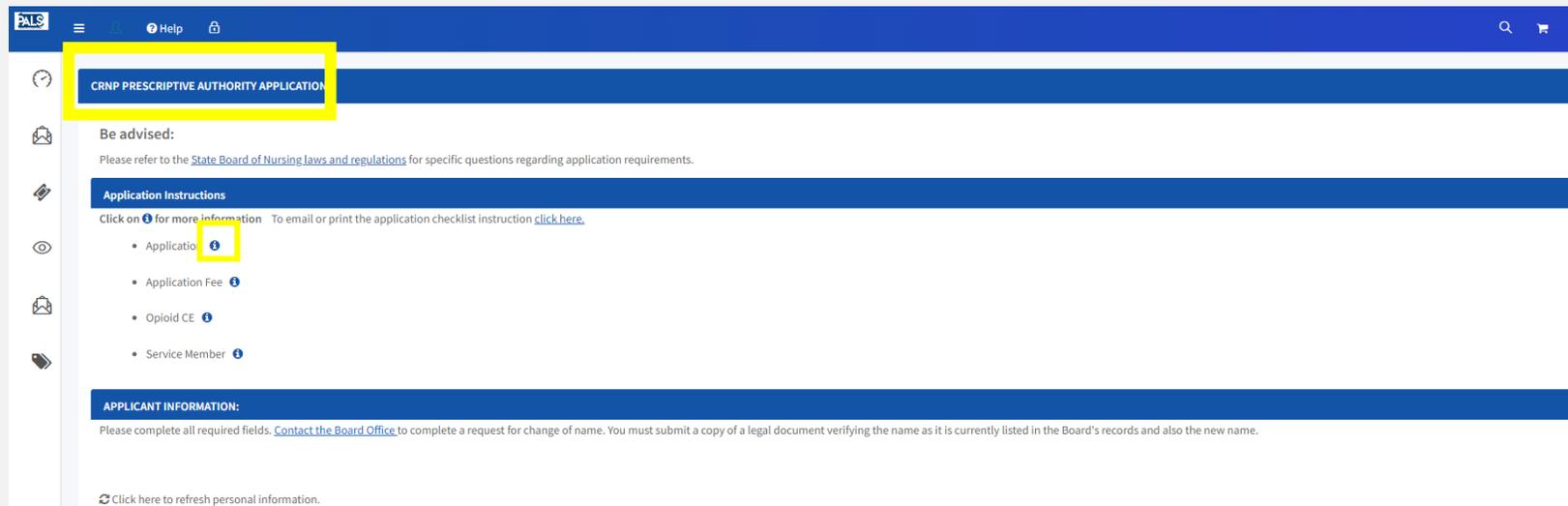
Change	License Number	Name	Board/Commission	License Type	Status	Issue Date	Expiration Date	Pre-Req
<b>REQUEST</b>	P	GLORIA	Nursing	Certified Registered Nurse Practitioner(Adult Oncology)	Active	11/5/2001	10/31/2024	RN, GLORIA
<b>REQUEST</b>	RN:	GLORIA	Nursing	Registered Nurse	Active	8/24/2000	10/31/2024	
	NPPA	GLORIA	Nursing	Prescriptive Authority(Adult Oncology)	Agreement Terminated	8/11/2003	12/21/2005	
	NPPW	GLORIA	Nursing	Prescriptive Authority(Adult Oncology)	Agreement Terminated	2/9/2006	10/31/2008	
<b>REQUEST</b>	NPPA	GLORIA	Nursing	Prescriptive Authority(Adult Oncology)	Expired	2/7/2008	10/31/2014	



# The Change Options (License) will appear. Click Prescriptive Authority to begin.



Once Prescriptive Authority is clicked, the application will appear. A checklist is listed to show instructions and necessary items for the application. Scroll over the “i” next to each checklist item for more information on the requirements.





The applicant information and CRNP information sections pre-populate. For CRNP's with multiple specialties, **ensure the correct specialty is indicated** that is associated with this new agreement.

[Click here to refresh personal information.](#)

Last Name	First Name	Middle Name	Suffix
<input type="text"/>	GLORIA	<input type="text"/>	<input type="text"/>
Date of Birth(MM/DD/YYYY)	Social Security Number		
<input type="text"/>	<input type="text"/>		
Street Address			
<input type="text"/>			
Address Line 2			
<input type="text"/>			
City	State	Zip Code	
DREXEL HILL	Pennsylvania	19026	
County	Country		
Delaware	United States		
Phone Number	Email		
<input type="text"/>	<input type="text"/>		
Maiden/Other Name			
<input type="text"/>			

**CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION:**

Name of Certified Registered Nurse Practitioner:	GLORIA
Pennsylvania CRNP Certificate Number:	SP
CRNP specialty for this Collaborative Agreement for Prescriptive Authority:	Adult Oncology



Collaborating and Substitute Physician sections are mandatory fields. Physicians must hold current Pennsylvania licenses. Enter the two-letter prefix as well as any suffix of the license numbers. Click the plus symbol to add more than 1 substitute.

**PLEASE ENTER YOUR COLLABORATING PHYSICIAN:**

LICENSE NUMBER	NAME	EXPIRATION DATE	EMAIL	CONFIRM EMAIL	
<input type="text" value="MD"/>	<input type="text" value="ALBERT"/>	<input type="text" value="12/31/2024"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="0"/>
					<input type="button" value="+"/>

**PLEASE ENTER YOUR SUBSTITUTE PHYSICIAN:**

LICENSE NUMBER	NAME	EXPIRATION DATE	
<input type="text" value="MD"/>	<input type="text" value="TASHVEEN"/>	<input type="text" value="12/31/2024"/>	<input type="button" value="0"/>
			<input type="button" value="+"/>



# CRNP must complete the sections related to:

## Professional Liability: Check one

I maintain the required professional liability insurance.

I am exempt from having the required professional liability insurance.

## Indicate the circumstances, and how often the collaborating physician will personally see the patient.(Must check at least one.)

<input type="checkbox"/> CRNP request	<input type="checkbox"/> Daily
<input type="checkbox"/> Every other visit	<input type="checkbox"/> Once per year
<input type="checkbox"/> Patient condition outside CRNP scope of practice	<input type="checkbox"/> Patient not responding to treatment
<input type="checkbox"/> Patient or Family request	<input type="checkbox"/> Twice per year

## Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule II (Maximum 30 Day Supply)  
 Yes  No

Schedule III (Maximum 90 Day Supply)  
 Yes  No

Schedule IV (Maximum 90 Day Supply)  
 Yes  No

## Drug Categories: Individually check each category of drugs from which the CRNP may prescribe and dispense.

<input type="checkbox"/> (a) Antihistamines	<input type="checkbox"/> (b) Anti-infective agents
<input type="checkbox"/> (c) Antineoplastic agents	<input type="checkbox"/> (d) Unclassified therapeutic agents
<input type="checkbox"/> (e) Devices and pharmaceutical aids	<input type="checkbox"/> (f) Autonomic drugs
<input type="checkbox"/> (g) Blood formation drugs	<input type="checkbox"/> (h) Coagulation and anticoagulation drugs
<input type="checkbox"/> (i) Thrombolytic and antithrombolytic agents	<input type="checkbox"/> (j) Cardiovascular drugs
<input type="checkbox"/> (k) Central nervous system agents	<input type="checkbox"/> (l) Contraceptives including foams and devices
<input type="checkbox"/> (m) Diagnostic agents	<input type="checkbox"/> (n) Disinfectants for agents used on objects other than skin
<input type="checkbox"/> (o) Electrolytic, caloric and water balance	<input type="checkbox"/> (p) Enzymes
<input type="checkbox"/> (q) Antitussive, expectorants and mucolytic agents	<input type="checkbox"/> (r) Gastrointestinal drugs
<input type="checkbox"/> (s) Local anesthetics	<input type="checkbox"/> (t) Eye, ear, nose and throat preparations
<input type="checkbox"/> (u) Serums, toxoids and vaccines	<input type="checkbox"/> (v) Skin and mucous membrane agents
<input type="checkbox"/> (w) Smooth muscle relaxants	<input type="checkbox"/> (x) Vitamins
<input type="checkbox"/> (y) Hormones and synthetic substitutes	

## The date you are requesting that this agreement become effective:

MM/dd/yyyy



# The CRNP must complete the Verification Statement, CRNP Signature section, and the checklist upload section (if applicable). Once this is done click **Send to Physician**.

### VERIFICATION STATEMENT:

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards/Commissions to comply with the requirements of the 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services. Additionally, if applicable, Social Security Numbers are required in order for the Board/Commission to comply with the reporting requirements of the U.S. Department of Health and Human Services.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the denial of my license, certificate, permit or registration.

I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

Signature	Date
<input type="text" value="Please type your name."/>	<input type="text" value="4/11/2024"/>

### CERTIFIED REGISTERED NURSE PRACTITIONER SIGNATURE:

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature	Date
<input type="text" value="Please type your name."/>	<input type="text" value="4/11/2024"/>

### CHECKLIST DOCUMENTS:

Please upload the required documents for the checklist below.

Item	
Opioid CE Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.  *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck</a> .  The Board's Regulations are available on the Board's website.	<input type="text" value="Browse"/>

Save

Send to Physician



You can save the application at any time.



After the CRNP sends to the physician, the application will be listed as “Pending Review” under the CRNP’s “Activities” section of their PALS account.

An email is sent to the collaborating physician with the information of the Prescriptive Authority application.

Activities (Showing Last 2 Years Activities) [Show more](#)

Click to view the application checklist and upload required documents to your application. To upload documents, click the checklist item for the document you wish to upload. Under the “Check List Documents” header, click the Folder icon or “Multiple” button to browse your computer for the document. Once you have attached the document, click the blue “Upload” button. When all documents have been uploaded, click the “Submit” button.

Show 10 entries Search:

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0001	Nursing	Prescriptive Authority		CRNP PRESCRIPTIVE AUTHORITY APPLICATION	Pending Review		
AA000	Nursing	Registered Nurse	RN	RENEWAL APPLICATION	Completed		
AA000	Nursing	Certified Registered Nurse Practitioner	SP	RENEWAL APPLICATION	Completed		



The collaborating physician will login to their PALS account and locate the “My Queue” section.

The red icon allows the collaborating physician to review the information. The blue button allows the collaborating physician to reject or approve the agreement.

Edits cannot be made by the collaborating physician.

The screenshot shows a web interface for a 'My Queue' section. At the top left, the 'My Queue' tab is highlighted with a yellow box. Below the header, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: 'Description', 'Requested Date', and 'Actions'. A single entry is visible in the table:

Description	Requested Date	Actions
Review-ALBERT I-For-CRNP PRESCRIPTIVE AUTHORITY APPLICATION from GLORIA	04/11/2024	Review  

Below the table, there is a pagination control showing 'Showing 1 to 1 of 1 entries' and buttons for 'Previous', '1', and 'Next'. A yellow arrow points to the 'Review' button in the 'Actions' column, and another yellow arrow points to the 'Previous' button in the pagination control.



The physician will review everything the CRNP included on the application. The physician types their name to sign it at the bottom.

They can hit Save which allows them to come back later to reject or approve.

They can click Reject which will send it back to the CRNP to edit.

They can click Send to CRNP if they approve it.

A screenshot of a digital signature form. At the top, a blue header bar contains the text "COLLABORATING PHYSICIAN SIGNATURE:". Below this, there are two input fields: "Signature" and "Date". The "Signature" field contains the placeholder text "Please type your name." and is highlighted with a yellow border. The "Date" field contains the date "4/11/2024" and is also highlighted with a yellow border. Below the input fields, there are three buttons: "Save", "Reject", and "Send to CRNP". These buttons are also highlighted with a yellow border.

Once the physician has approved the application, the application will be sent back to the CRNP to complete the process for submission. The CRNP will receive an email when the physician has sent it back.



# Once the physician has sent it back, the CRNP will login to their PALS account and locate the “My Queue” section.

My Queue

Show 10 entries Search:

Description	Requested Date	Actions
Review by CRNP-GLORIA ██████████ For-CRNP PRESCRIPTIVE AUTHORITY APPLICATION from ALBERT ██████████	04/11/2024	<a href="#">Review by CRNP</a>  

## The CRNP will complete the application by answering the legal questions. CRNP will submit the application by clicking the “Submit” button.

**PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS:**

If you answer YES to any question below, you must upload complete details including a written explanation and copies of any relevant Board and/or legal documents. Please click UPLOAD after the file is selected to upload.

Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

Yes  No

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes  No

Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

Yes  No

Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

Yes  No

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice ((PROFESSION\_LICENSETYPE)) in a competent, ethical, and professional manner?

Yes  No

Have you ever had your DEA registration denied, revoked or restricted?

Yes  No

Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

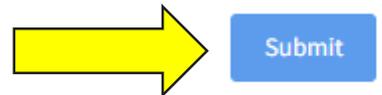
Yes  No

Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?

Yes  No

Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

Yes  No





Once the CRNP hits submit, they will be directed to review the entire application. At this time, changes can only be made to the legal questions. Once it has been reviewed, the CRNP clicks **“Add to Cart.”**

### Review Your Application

You cannot make any changes to your application once it is submitted to the Board/Commission.

Add to Cart

The CRNP will then be taken to their cart. The fees are: \$95 for initial CRNP Prescriptive Authority application & \$45 for any subsequent CRNP Prescriptive Authority Application. Both boxes must be checked before the “Proceed to Payment” button will appear. Click “Proceed to Payment.”

Click box to the left of each item you wish to pay for at this time and proceed to payment.

	S.No	Item	Quantity	License Number	Fee	Price	
<input checked="" type="checkbox"/>	1	CRNP PRESCRIPTIVE AUTHORITY APPLICATION	1		45	\$45.00	

Your available Credit: \$ 0

All fees are non-refundable. Please check to continue with your transaction.

Empty Cart

Proceed to Payment

Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.



The CRNP would need to input the payment details. After successful payment, the CRNP will be directed to the payment confirmation page. They can download a PDF copy of the application.

After the application has been reviewed and approved by Board Staff, a printable CRNP Prescriptive Authority Collaborative Agreement will be generated.

**Pay With Your Credit Card**

Card Holder Name :

Credit Card Number :



Expiry Date(MMY) :

Security Code :  
 Present

CVV2 is the Visa term for the 3-digit security code on the back of the credit card (Visa and MasterCard). For American Express, it is 4-digits and located on the front.



Address :

City :

State/Province :  
SELECT STATE

Zip/Postal Code :

Country :  
SELECT COUNTRY

Verification  
 I am human

CRNP - -



**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**  
P. O. Box 2649  
Harrisburg, PA 17105-2649

**COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY**

Name of Certified Registered Nurse Practitioner:	GLORIA
Pennsylvania CRNP Number:	SP
CRNP Specialty :	Adult Oncology

**Professional Liability**

I am exempt from having the required professional liability insurance.

**COLLABORATING PHYSICIAN DETAILS**

Type	Physician license No.	Full Name
Collaborating Physician	MD	

**CONTROLLED SUBSTANCE PRESCRIBING AUTHORITY**

Schedule Type	Days Supply
Drug Schedule 2	0 day supply
Drug Schedule 3	0 day supply
Drug Schedule 4	0 day supply

Effective Date : \_\_\_\_\_  
(mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:  
GLORIA (NPPA )

\_\_\_\_\_  
Signature of CRNP  
( MDI )

\_\_\_\_\_  
Signature of Collaborating Physician

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)



# PALS Continued: Filing a Written Agreement

← → ↻ pals.pa.gov/#/page/default

DEPARTMENT OF STATE [HOME](#) [SUPPORT](#) [APPLICATION CHECKLIST](#)

[COVID-19 Regulatory suspensions, updates, and guidance for professionals](#)

[Participate in the 2020 U.S. Census to shape your future in PA.](#)

### YOUR ACCOUNT

- Register for a new account
- Login to your account**
- Application Checklist
- PALS Help

### YOUR LICENSES

- Verification/Certification of License
- Mandatory Reporting by Licensees
- File an MCare Report

### VERIFY A LICENSE

## Welcome to the Pennsylvania Licensing System (PALS)

PALS can help you apply for, renew, and check your professional license.

### How do I get started?

A good starting point is to use our [application checklist](#) to see all of the requirements and needed documents to apply for your license.

If this is your first time using PALS, [create an account](#) or if you are a returning user, [log in to your account](#). Once you are logged in, your dashboard will provide you with clear next steps.

### License Renewals

Renewal applications are typically opened 30-60 days prior to expiration dates. Please make sure you allow enough time for processing.

Click below to see the different licenses.

- ▶ State Board of Barber Examiners
- ▶ State Board of Chiropractic
- ▶ State Board of Crane Operators
- ▶ State Board of Nursing



This application can be initiated by either the Physician or the Physician Assistant. Once logged into PALS, locate the **Professional License Details** Section.

Click the **request** button next to the Physician or Physician Assistant license, then **Written Agreement** under the Change Options.

HOULIHAN, MARGARET [Edit your information](#)

Address: 2525 N 7TH ST, HARRISBURG, Pennsylvania, United States, 17110  
Email address: st-osteopathic@pa.gov  
SSN: [Redacted]  
Date of Birth: 9/17/1972  
Gender: [Redacted]

My licenses with PA: 1 | Current Renewals: 0 | Saved Applications: 0 | Relationships Between Licenses | Messages

Apply for New License | Request Preliminary Determination | Request Approval

**Professional License Details** | Link Facility Licenses | Link Person Licenses

Show: 10 entries | Search: [Input]

Change	License Number	Name	Board/Commission	License Type	Status	Issue Date	Expiration Date	Pre-Req
<b>REQUEST</b>	MA065483	MARGARET HOULIHAN	Medicine	Medical Physician Asst	Active	4/16/2024	12/31/2024	

Showing 1 to 1 of 1 entries | Previous | 1 | Next

Change Options (License) [Close]

Verification/Certification | **Written Agreement** | Inactivate | Duplicate License | Duplicate Wall Certificate



# Application Highlights

## Be advised:

Please refer to the [State Board of Medicine laws and regulations](#) for specific questions regarding application requirements.

### WHAT YOU NEED TO COMPLETE THIS APPLICATION:

Click on **i** for more information

- Application **i**
- Application Fee **i**
- Proof Of Insurance **i**

**Application**

Please follow all directions. Any discrepancies will cause a delay in the filing of the written agreement. If this application is not completed within six months, updates of certain sections and supporting documents will be required.

### WHAT YOU NEED TO COMPLETE THIS APPLICATION:

Click on **i** for more information To email or print the application checklist instruction [click here](#).

- Application **i**
- Application Fee **i**
- Proof Of Insurance **i**
- Written Agreement **i**

**Application Fee**

An application fee of \$35.00 is required. Please note that all fees are non-refundable.



Please refer to the [State Board of Medicine laws and regulations](#) for specific questions regarding application requirements.

#### WHAT YOU NEED TO COMPLETE THIS APPLICATION:

Click on **i** for more information. To email or print the application checklist instruction [click here](#).

- Application **i**
- Application Fee **i**
- Proof Of Insurance **i**
- Written Agreement **i**

#### Proof Of Insurance

The physician assistant or delegate will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by their employer for the minimum amount of \$1,000,000.00 per occurrence or claims made.

**This proof of insurance/certificate must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania.**

#### PHYSICIAN ASSISTANT DETAILS:

License Number

#### WHAT YOU NEED TO COMPLETE THIS APPLICATION:

Click on **i** for more information. To email or print the application checklist instruction [click here](#).

- Application **i**
- Application Fee **i**
- Proof Of Insurance **i**
- Written Agreement **i**

#### Written Agreement

You will be asked to describe the physician assistant's scope of practice. In the text box for this section, you will need to type your answer.

#### PHYSICIAN ASSISTANT DETAILS:

License Number



# Application Highlights (Cont.)

**PRIMARY SUPERVISOR DETAILS:**

Please enter a valid Medical Physician and Surgeon License Number. License Number should include the full number (i.e. MD00000L)

License Number  
MD484650

Last Name: PIERCE      First Name: HAWKEYE      Middle Name:

Street: 2525 N 7TH ST

City: HARRISBURG      State: Pennsylvania      Zip: 17110

Enter the License Number for the Primary Supervising Physician

The Primary Supervising Physician must be licensed under the same board as the Physician Assistant

A Physician Assistant may be licensed under both the State Board of Medicine and State Board of Osteopathic Medicine.



# Application Highlights (Cont.)

## QUESTIONS SECTION:

Please provide the following information for questions below.

Specialties of the Primary Supervisor:



Enter the Specialties of Primary Supervisor

Will the physician assistant be employed by a health care facility licensed under the Health Care Facilities Act and be supervised by a group of physicians?

 Yes  No

Will the physician assistant prescribe and dispense drugs/therapeutic devices?

 Yes  No

Are there any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense?

 Yes  No

List below any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense:



Indicate any drugs that the PA will not be permitted to prescribe/dispense

Please identify which categories of controlled substances may be prescribed and dispensed

- Drug Schedule 2
- Drug Schedule 3
- Drug Schedule 4
- None

- Drug Schedule 2n
- Drug Schedule 3n
- Drug Schedule 5



Select the categories of controlled substances the PA may in fact prescribe/dispense

The supervising physician, whether primary or secondary, must countersign 100% of the patient records completed by the physician assistant within a reasonable time, which shall not exceed ten days during each of the following cases:

- The first 12 months of the physician assistant's practice post graduation and after obtaining licensure.
- The first 12 months of the physician assistant's practice in a new specialty.

Please note, deviation from chart review cannot be submitted prior to the completion of the initial period of the new supervision agreement



# Application Highlights (Cont.)

## WRITTEN AGREEMENT:

Describe the physician assistant's scope of practice.

Enter scope of practice here	Enter PA's scope of practice
------------------------------	------------------------------

Provide the nature and degree of supervision the supervising physician will provide to the physician assistant.

Enter nature and degree of supervision here	Enter the nature and degree of supervision
---	--

Enter the primary practice address:

2525 N 7th Street	Enter primary practice information
-------------------	------------------------------------

City:

Harrisburg
------------

State:

Pennsylvania	▼
--------------	---

Zip Code:

17110
-------

Enter the primary practice telephone number:

7177831400
------------



# Application Highlights (Cont.)

Read and confirm the verification statement section, then enter your signature.

## VERIFICATION STATEMENT SECTION:

- I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.



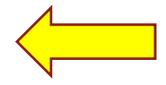
I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

Signature

Margaret Houlihan

Date

4/16/2024



You can save the application at any time.



Click "Send to Supervising Physician" to continue



# What the PA's Dashboard Looks Like

Activities (Showing Last 2 Years Activities) Show more

Click [+](#) to view the application checklist and upload required documents to your application. To upload documents, click the checklist item for the document you wish to upload. Under the "Check List Documents" header, click the Folder icon or "Multiple" button to browse your computer for the document. Once you have attached the document, click the blue "Upload" button. When all documents have been uploaded, click the "Submit" button.

Show 10 entries Search:

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0005305879	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Saved		
AA0005305872	Medicine	Medical Physician Asst	MA065483	APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT	Completed		

Showing 1 to 2 of 2 entries Previous 1 Next

The application will appear as "Saved" under the "Activities" Section and cannot be edited while pending the Physician's response

The application will also appear in the "My Queue" section in a view-only state.

My Queue

Show 10 entries Search:

Description	Requested Date	Actions
Review-HAWKEYE PIERCE -For-MEDICINE WRITTEN AGREEMENT APPLICATION from MARGARET HOULIHAN	04/16/2024	Review

Showing 1 to 1 of 1 entries Previous 1 Next

However, the PA can delete the application at any time by clicking the red trash can under "Activities."



# What the Physician's Dashboard Looks Like

- An email is sent to the supervising physician with the information of the Written Agreement application.
- The supervising physician will login to their PALS account and locate the “My Queue” section.
- Click the blue “Review” button to review the application and either reject or approve the agreement.

The screenshot displays the PALS dashboard interface. At the top, a blue header bar contains the text "My Queue", which is circled in red. Below this, there is a search bar and a dropdown menu set to "10 entries". A table with columns for "Description", "Requested Date", and "Actions" is shown. The first entry is "Review-HAWKEYE PIERCE -For-MEDICINE WRITTEN AGREEMENT APPLICATION from MARGARET HOULIHAN" with a "Requested Date" of "04/16/2024". The "Actions" column for this entry contains a blue "Review" button, a red button with a document icon, and a blue cloud icon. A yellow arrow points to the "Review" button, and another yellow arrow points to the blue cloud icon. Below the table, it says "Showing 1 to 1 of 1 entries". A pop-up window titled "Comments History" is open on the right, showing a timeline of comments between Margaret Houlihan and Hawkeye Pierce. Margaret's comment is "Drug Schedule Corrected" and Hawkeye's comment is "Correct to include drug schedules 2 and 2n". A yellow arrow points from the blue cloud icon in the table to the "Comments History" pop-up.

- The red button is a view-only option.
- The blue cloud displays the comments history between the physician and physician assistant.



# Physician's Review of Written Agreement

- Review the agreement in full. **Note, edits to the application cannot be made by the supervising physician.**
- If corrections need to be made, the supervising physician must first reject the agreement.

**CONFIRMATION STATEMENT SECTION:**

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine.
- I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistants patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

Signature:  Date:

Comments:





# Once rejected, the PA will log back into

## PAIS

Click to view the application checklist and upload required documents to your application. To upload documents, click the checklist item for the document you wish to upload. Under the "Check List Documents" header, click the Folder icon or "Multiple" button to browse your computer for the document. Once you have attached the document, click the blue "Upload" button. When all documents have been uploaded, click the "Submit" button.

Show  entries

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0005305879	Medicine	Written Agreement		<a href="#">MEDICINE WRITTEN AGREEMENT APPLICATION</a>	Saved		
AA0005305872	Medicine	Medical Physician Asst	MA065483	APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT	Completed		

Showing 1 to 2 of 2 entries

To make the necessary changes, locate the "Activities" section and click the blue application link under "Description."

Or click the blue "Review Status" button under the "My Queue" section.

My Queue

Show  entries

Description	Requested Date	Actions
REVIEW STATUS-MARGARET HOULIHAN -For-MEDICINE WRITTEN AGREEMENT APPLICATION from HAWKEYE PIERCE	04/16/2024	<a href="#">REVIEW STATUS</a>

Showing 1 to 1 of 1 entries

Remember that blue cloud for the comments history.



# Make the necessary corrections

**QUESTIONS SECTION:**

Please provide the following information for questions below.

Specialties of the Primary Supervisor:

Will the physician assistant be employed by a health care facility licensed under the Health Care Facilities Act and be supervised by a group of physicians?  
 Yes  No

Will the physician assistant prescribe and dispense drugs/therapeutic devices?  
 Yes  No

Are there any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense?  
 Yes  No

Please identify which categories of controlled substances may be prescribed and dispensed

<input checked="" type="checkbox"/> Drug Schedule 2	<input checked="" type="checkbox"/> Drug Schedule 2n
<input checked="" type="checkbox"/> Drug Schedule 3	<input checked="" type="checkbox"/> Drug Schedule 3n
<input checked="" type="checkbox"/> Drug Schedule 4	<input checked="" type="checkbox"/> Drug Schedule 5
<input type="checkbox"/> None	

The supervising physician, whether primary or secondary, must countersign 100% of the patient records completed by the physician assistant within a reasonable time, which shall not exceed ten days during each of the following cases:

- The first 12 months of the physician assistant's practice post graduation and after obtaining licensure.
- The first 12 months of the physician assistant's practice in a new specialty.

Please note, deviation from chart review cannot be submitted prior to the completion of the initial period of the new supervision agreement

Comments:

Add any additional comments, then click "Send to Supervising Physician"





# The Physician's Dashboard Revisited

Once the application has been resent from the Physician Assistant, the supervising physician can again locate the application under the “My Queue” section.

Click the blue “Review” button as before to review the application again and either reject or approve the agreement.

If ready to approve, read and sign the confirmation statement and click the “Approve” button

**CONFIRMATION STATEMENT SECTION:**

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine.
- I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistants patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

Signature:  Date:

Comments:





# Back to the PA to upload proof of insurance and submit to the Board.

At this point, no additional edits can be made to the Written Agreement.

Locate the application under the “Activities” or “My Queue” section as before.

Activities (Showing Last 2 Years Activities) [Show more](#)

Click to view the application checklist and upload required documents to your application. To upload documents, click the checklist item for the document you wish to upload. Under the “Check List Documents” header, click the Folder icon or “Multiple” button to browse your computer for the document. Once you have attached the document, click the blue “Upload” button. When all documents have been uploaded, click the “Submit” button.

Show  entries Search:

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
AA0005305879	Medicine	Written Agreement		<a href="#">MEDICINE WRITTEN AGREEMENT APPLICATION</a>	Saved		
AA0005305872	Medicine	Medical Physician Asst	MA065483	APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT	Completed		

Showing 1 to 2 of 2 entries Previous **1** Next

My Queue

Show  entries Search:

Description	Requested Date	Actions
REVIEW AND SUBMIT TO BOARD-MARGARET HOULIHAN -For-MEDICINE WRITTEN AGREEMENT APPLICATION from HAWKEYE PIERCE	04/16/2024	<a href="#">REVIEW AND SUBMIT TO BOARD</a>

Showing 1 to 1 of 1 entries Previous **1** Next



Within the Written Agreement application, located the “Checklist Documents” section at the bottom.

Click the “Browse” button to select the document of proof of insurance and then click the blue “upload” button to attach the document to the application.

**CHECKLIST DOCUMENTS:**

Please upload the required documents for the checklist below.

Item
<p>•</p> <p><b>Proof Of Insurance</b></p> <p>The physician assistant or delegate will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by their employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania.</p>

"Screenshot 46.png" **Browse**

**Uploaded documents**

Document Type	Document Name	Size	Progress	Status	Actions
Proof Of Insurance The physician assistant or delegate will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by their employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania.	Screenshot 46.png	0.02 MB	<div style="width: 100%;"></div>	✓	<b>Upload</b>

Queue progress:

**Upload all** **Cancel all** **Remove all**

Queue length: 1

Comments:

**Save** **Submit**

Click the “Submit” button to review and add to shopping cart



Review the application and click “Add to Cart”

### Review Your Application

You cannot make any changes to your application once it is submitted to the Board/Commission.

**MEDICINE WRITTEN AGREEMENT APPLICATION**

**WHAT YOU NEED TO COMPLETE THIS APPLICATION:**

Click on [i](#) for more information To email or print the application checklist instruction [click here](#).

**Add to Cart**

Select the fees, acknowledge that fees are non-refundable, and click “Proceed to Payment”

Check Out : You may continue adding additional items to your cart. [Click here](#) to go to the dashboard.

**Total: \$35.00**

Click box to the left of each item you wish to pay for at this time and proceed to payment.

	S.No	Item	Quantity	License Number	Fee	Price	
<input checked="" type="checkbox"/>	1	MEDICINE WRITTEN AGREEMENT APPLICATION	1		35	\$35.00	

Your available Credit: \$ 0

All fees are non-refundable. Please check to continue with your transaction.

**Empty Cart** **Proceed to Payment**

**Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.**



# After the Written Agreement is submitted

- All written agreements are considered effective upon submission to the Board.
- A copy of the receipt and the downloadable PDF of the application serve as proof of submission.
- The submitted application will leave the “My Queue” section for both the physician and physician assistant and can be found in the “Activities” section of the initiator's dashboard.
- 10% of all submitted written agreement filings are subject to full review by the board.
- If a Written Agreement application is subject to the 10% review, the physician, physician assistant, or named delegate has two (2) weeks to resolve any discrepancies.
- If not resolved in that timeframe, a new written agreement must be filed, including the submission of a new Written Agreement application and fee.
- An email notification is sent to both parties confirming when the Written Agreement filing has been processed.



# After the Written Agreement filing is

## processed

The Written Agreement number is found under “Professional License Details” on the supervising physician’s dashboard.

PIERCE, HAWKEYE [Edit your information](#)

Address 2525 N 7TH ST  
HARRISBURG, Pennsylvania, United States, 17110

Email address st-medicine@pa.gov

SSN

Date of Birth 9/17/1972

Gender

My licenses with PA 2 | Current Renewals 0 | Saved Applications 0 | Relationships Between Licenses | Messages

Apply for New License | Request Preliminary Determination | Request Approval

**Professional License Details** | Link Facility Licenses | Link Person Licenses

The physician can initiate a change to the written agreement by clicking the “Request” button next to the agreement number.

Professional License Details | Link Facility Licenses | Link Person Licenses

Show 10 entries

Change	License Number	Name	Board/Commission	License Type
<a href="#">REQUEST</a>	MD484650	HAWKEYE PIERCE	Medicine	Medical Physician and Surgeon
<a href="#">REQUEST</a>	MX042984	HAWKEYE PIERCE	Medicine	Written Agreement

Showing 1 to 2 of 2 entries

The physician assistant can initiate the change by clicking the “Request” button next to the appropriate agreement under the “Relationship/Association” section.

Relationship/Association (Showing Active Relationships) [Show more](#) [Request Duplicate License](#) [Add Association](#)

Search

Change	Relationship	License Number	Name	License Type / Position	Related Licenses	Association Start Date	Association End Date	
<a href="#">Request</a>	Supervisor	MX042984	HAWKEYE PIERCE	Written Agreement	MA065483 - MARGARET HOULIHAN	4/16/2024		<input type="checkbox"/>



# Additional Resources



State Board of Medicine Website:  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)

State Board of Nursing Website:  
[www.dos.pa.gov/nurse](http://www.dos.pa.gov/nurse)

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PALS Website:  
[www.pals.pa.gov](http://www.pals.pa.gov)

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State Boards' Phone Number:  
1-833-DOS-BPOA



State Board of Medicine Email Address:  
[st-medicine@pa.gov](mailto:st-medicine@pa.gov)

State Board of Nursing Address:  
[st-nurse@pa.gov](mailto:st-nurse@pa.gov)