Bureau of Professional and Occupational Affairs

State Boards of Medicine and Osteopathic Medicine

Job Aid for Written Agreement Initiated By Physician Assistant

Version 1.1
03-2021
Written Agreement Initiated by Physician Assistant

These steps can be followed for Written Agreement applications initiated by Physician Assistant

<table>
<thead>
<tr>
<th>Step No</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Go to <a href="https://www.pals.pa.gov">https://www.pals.pa.gov</a> Select Login</td>
</tr>
</tbody>
</table>

2. The Physician Assistant will need to Log into PALS by entering their User ID and Password and clicking LOGIN.
   a. The Dashboard screen will be displayed.
   b. In the Professional License Details section, click on the green pencil icon next to your license number.
   c. On the Change Options (License) pop-up, select Written Agreement.
3. The **WRITTEN AGREEMENT APPLICATION** page is displayed with the checklist items and Physician Assistant Details. Click on the “Information Icon” to review the requirements for each of these checklist items.

4. Enter the Primary Supervisor License number. **Note:** This license number must be under the same Board as the physician assistant. Press the [Tab] key on the keyboard. System will display the Supervising Physician details:
5. Enter a Substitute Supervising License number and press the [Tab] key on the keyboard. **You do not need to list all substitute supervisors.** System will display the Substitute Supervising details:

<table>
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<tr>
<th>SUBSTITUTE SUPERVISING LICENSE DETAILS:</th>
</tr>
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<tbody>
<tr>
<td>(Please enter the name and license number of a substitute supervisor):</td>
</tr>
<tr>
<td>License Number</td>
</tr>
<tr>
<td>103382903</td>
</tr>
</tbody>
</table>

6. In the **QUESTIONS SECTION** complete all the questions
Written Agreement Initiated by Physician Assistant

**QUESTIONS SECTION:**

Please provide the following information for questions below.

**Specialties of the Primary Supervisor:**

- Urgent Care

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

Will the physician assistant practice in a hospital and/or surgical center?
- Yes
- No

Will you countersign 100% of the physician assistant’s patient records within the required 10-day period?
- Yes
- No

Have you been registered as a substitute supervisor for the above identified physician assistant’s practice in the same specialty for at least six months and in patient records within the required 10-day period?
- Yes
- No

You will need to enter in the text box provided the specific details regarding how you will select patient records for review and with what frequency such as the percentage of patient charts, specific types or categories of patient cases, etc.

100% of the Patient charts

I affirm that the number of patient records reviewed shall be sufficient to assure adequate review of the physician assistant’s practice. Dev

**WRITTEN AGREEMENT:**

Describe the functions/tasks to be delegated to the physician assistant.

- Observation, Communication

Provide the details describing the time, place and manner of supervision and direction you will provide to the physician assistant, including the

During the Office Hours and in the Urgent Clinic

Does the Primary Supervisor hold hospital or surgical center staff privileges?
- Yes
- No

Enter the primary practice address:

- 123 State St

City:

- Harrisburg

State:

- Pennsylvania

Zip Code:

- 17101

Enter the primary practice telephone number:

- 7177777777
7. **In the CONFIRMATION STATEMENT SECTION** mark the ‘I CONFIRM’ check box and type your name in the **Signature** box

![Confirmation Statement Section]

8. **Click on the [SEND TO SUPERVISING PHYSICIAN] button**

![Send to Supervising Physician]

9. **In the Dashboard page, at the top left corner, click on the Person icon and then click on the Logout option:**
Written Agreement Initiated by Physician Assistant

10. The Supervising Physician will need to Log into PALS by entering their User ID and Password and clicking LOGIN.
   a. The **Dashboard** screen will be displayed.
   b. Scroll to the **My Queue** section, click on the **[Review]** button.
11. The **WRITTEN AGREEMENT APPLICATION** is displayed. Click on the “Information Icon” to review the requirements for each of the checklist items. Review the information in the application that has been completed by the physician assistant. Edits can be made to the information that has been entered.

12. Sign the application, provide comments (if any) and click **Approve** to approve the written agreement.
Written Agreement Initiated by Physician Assistant

13. In the Dashboard page, at the top left corner, click on the Person icon and then click on the Logout option:

The PALS website home page will be displayed

14. In the home page, click on Login:
   a. Enter Physician Assistant User ID and Password and click LOGIN.
   b. The Dashboard screen will be displayed.
Written Agreement Initiated by Physician Assistant

c. Scroll to the **My Queue** section, click on the [REVIEW AND SUBMIT TO BOARD] button

The **WRITTEN AGREEMENT APPLICATION** is displayed

15. In the **Check List Documents** section, you will be required to upload current proof of malpractice insurance. Click on [Browse]

The **Choose File To Upload** message is displayed. Select the file and click on the [Open] button

16. In the **Upload documents** section, click on the [Upload] button

17. Click **Submit**
18. The **Review Your Application** page is displayed. Review the application and click on the [Add to Cart] button.

19. The checkout page will be displayed.
   a. Select the check box for the application
   b. Select the **All fees are non-refundable** checkbox
   c. Click on the [Proceed to Payment] button

20. In the **Payment** page, enter the payment details as prompted.
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21. Click on the [Pay With Your Credit Card] button

ZIP/Postal Code

Country
United States

Email

A confirmation email will be sent to this address.

Pay With Your Credit Card
The Confirmation page is displayed. Application number will be displayed in the Payment Summary.

Click on the Dashboard icon on the top left side.

User will be redirected to the Dashboard page. The application will be displayed in the Activities section in the Submitted Status. The application will stay in the Submitted Status until it is evaluated by Board Staff.

You will need to print a copy of the application that was submitted. Expand the checklist by clicking on the plus sign next to the application number.
26. **Click on the download button next to the Application Checklist Item.**

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<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>A4001156302</td>
<td>Medicine</td>
<td>Written Agreement</td>
<td></td>
<td>MEDICINE WRITTEN AGREEMENT APPLICATION</td>
<td>Need Action</td>
<td></td>
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**Application**
- Status: Discrepancy
- Date: 8/7/2019
- Remarks: Please follow all directions. Any discrepancy will cause a delay in the approval of the written agreement. If this application is not completed within six months, updates of certain sections and supporting documents will be required.

**Application Fee**
- Status: Completed
- Date: 8/6/2019
- Remarks: An application fee of $55.00 is required. Please note that all fees are non-refundable.

**Proof Of Insurance**
- Status: Discrepancy
- Date: 8/7/2019
- Remarks: The physician assistant 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.

**Written Agreement**
- Status: Discrepancy
- Date: 8/7/2019
- Remarks: Describe the functions/tasks to be delegated to the physician assistant. Provide the details describing the time, place and manner of supervision and direction you will provide to the physician assistant, including the frequency of personal contact with the physician assistant.

27. **You can follow the status of the application by logging into your dashboard and going to the Activities Section. If the application status indicates Pending Review, the application is pending review by Board Staff. If the status changes to Need Action, expand the checklist by clicking on the plus sign next to the application number. The items will be noted which indicate a discrepancy.**
28. Click on the Arrow to view the specific discrepancy.

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- **Application**: Discrepancy 8/7/2019
  - Please follow all directions. Any discrepancies will cause a delay in the approval of the written agreement. If this application is not completed within six months, updates of certain sections and supporting documents will be required.

- **Application Fee**: Completed 8/9/2019
  - An application fee of $5.00 is required. Please note that all fees are non-refundable.

- **Proof of Insurance**: Discrepancy 8/7/2019
  - The physician assistant 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 per occurrence or claims made. The 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.

- **Written Agreement**: Discrepancy 8/7/2019
  - Describe the functions/tasks to be delegated to the physician assistant. Provide the details describing the time, place and manner of supervision and direction you will provide to the physician assistant, including the frequency of personal contact with the physician assistant.

29. You will need to respond to the discrepancy by uploading supporting documents to answer the discrepancy.

![Check List Documents](Check List Documents)

Submit

30. In the **Dashboard** page, at the top left corner, click on the **Person** icon and then click on the **Logout** option:

The PALS website home page will be displayed