The following is a guide to common application discrepancies. Please review this guide prior to submitting your application. Discrepancies cause delays in processing and the issuance of an approval letter. We encourage you to follow the application instructions, which outline the necessary documentation and information needed to successfully complete your application. The instructions can be found by visiting the Board website at www.dos.pa.gov.

WRONG APPLICATION SUBMITTED

You must ensure that you are submitting the correct application for the Board under which you wish to be licensed (State Board of Medicine or State Board of Osteopathic Medicine). They are different applications with different application fees. You must use the correct application and it must match the Board under which the primary supervising physician is licensed.

SUBMITTING APPLICATIONS BY EMAIL OR FAX

Applications submitted by email or fax will not be processed.

PROFESSIONAL LIABILITY INSURANCE

Applicants must submit proof of current liability insurance in the required amount through self-insurance, personally purchased insurance, or insurance provided by the employer. This proof of insurance/certificate of insurance 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. Insurance coverage must include current policy dates and be issued for the correct coverage amounts.

SUBSTITUTE SUPERVISOR INFORMATION

Each applicant is required to submit information for at least one substitute supervisor on the application.

WRITTEN AGREEMENT DUTIES

Your written agreement must be sent to the Board and must include specific information related to duties, treatments and procedures which the physician and physician assistant proposed to be performed by the physician assistant as well as the manner of supervision to be provided by the primary and/or substitute physician(s). This form must be completed by the primary supervising physician in coordination with the physician assistant. You can find this form on the Board website. Common mistakes include:

- Vague or open-ended statements (using “including but not limited to”, “such as”, etc.)
- Job duties that are outside the scope of practice for a physician assistant
CONTRADICTORY INFORMATION

A common error occurs when applicants supply contradictory information, which then requires a longer review time. For example:

- Applicants indicate that they will not be prescribing or dispensing controlled substances, but later list which substances they will be prescribing
- Applicants indicate 100% chart review but submit a deviation from the chart review plan

NEW APPLICATION VS CHANGE APPLICATION

For supervising physicians reporting a change to an existing, approved written agreement, use the form titled “Written Agreement Change Form.” This form must be used when:

- Changing job duties
- Changing prescribing/dispensing privileges
- Adding/deleting hospital surgical center practice locations
- Changing the 100% counter signature of patient records or inactivating a written agreement. A separate form must be completed for each written agreement (MX/OX number). All signatures and dates must be included.

MINIMUM REQUIREMENTS FOR TEMPORARY AUTHORIZATION TO PRACTICE

To obtain a temporary authorization to practice, the application must include all of the following information/items:

- Correct application (Medical or Osteopathic Medicine Board)
- Required fee
- Complete application including all required signatures and dates
- All questions are answered
- Proof of current liability insurance coverage for the physician assistant in the required coverage amounts
- Copy of the written agreement outlining the specific duties of the physician assistant

Please note: If a temporary authorization to practice is issued, it is valid for 120 days while the written agreement is being evaluated for final Board approval.