

# Written Agreement Initiated by Physician Assistant

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## **Bureau of Professional and Occupational Affairs**

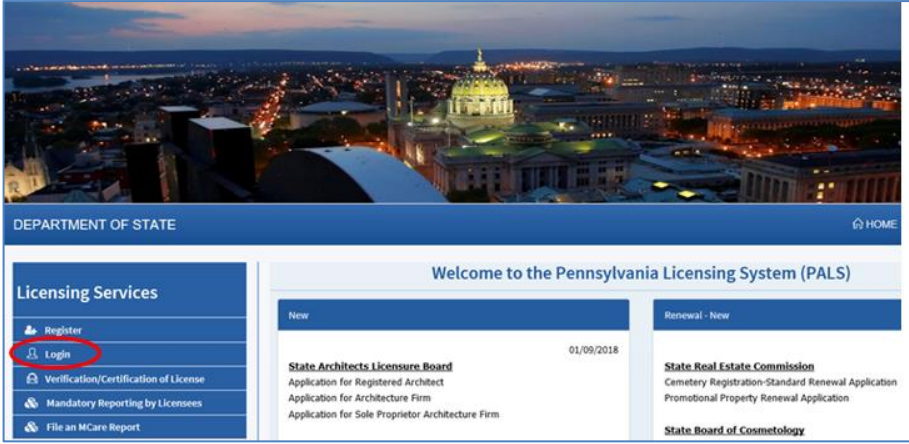
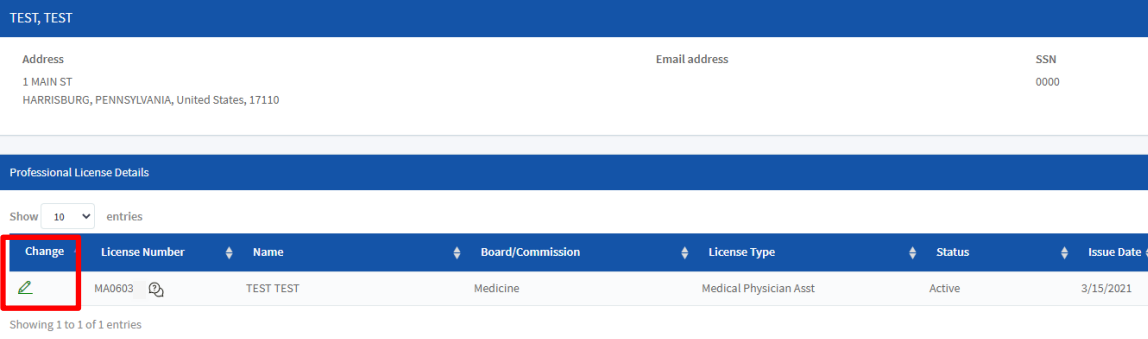
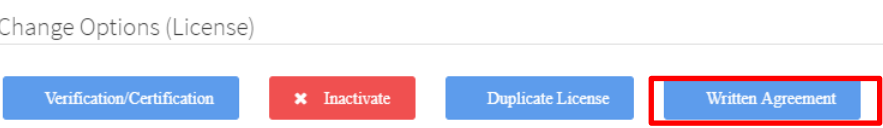
### **State Boards of Medicine and Osteopathic Medicine**

#### **Job Aid for Written Agreement Initiated By Physician Assistant**

Version 1.1  
08-2022

# Written Agreement Initiated by Physician Assistant

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

Step No	Action
1.	<p>Go to <a href="https://www.pals.pa.gov">https://www.pals.pa.gov</a></p> <p>Select <b>Login</b></p> 
2.	<p>The Physician Assistant will need to Log into PALS by entering their User ID and Password and clicking LOGIN.</p> <ul style="list-style-type: none"><li>a. The <b>Dashboard</b> screen will be displayed.</li><li>b. In the <b>Professional License Details</b> section, click on the green pencil icon next to your license number.</li><li>c. On the <b>Change Options (License)</b> pop-up, select <b>Written Agreement</b>.</li></ul>  

# Written Agreement Initiated by Physician Assistant

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.

**MEDICINE WRITTEN AGREEMENT APPLICATION**

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

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

**IMPORTANT INFORMATION:**  
Upon submission of a **complete** application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with the application. Failure to provide one or more of the following items will result in a denial of temporary approval and the application will require additional processing time.

- Submission of an application with all requested information including complete answers to all questions with supporting documentation.
- Proof of current liability insurance coverage for the physician assistant.

The temporary authorization to practice is valid for 120 days **ONLY** while the written agreement is being evaluated for final Board approval. A physician assistant cannot practice prior to the Board issuing a temporary authorization to practice.

**PHYSICIAN ASSISTANT DETAILS:**

License Number  
MA3279863

Last Name  
DEMO

First Name  
CECILIA

Middle Name

Street  
123 DEMO ST

City  
State  
Zip

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:

**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  
MD3429698

Last Name  
DEMO

First Name  
ADRIANA

Middle Name

Street  
123 DEMO ST

City  
HARRISBURG

State  
Pennsylvania

Zip  
17101

# Written Agreement Initiated by Physician Assistant

5. In the **QUESTIONS SECTION** complete all the questions

**QUESTIONS SECTION:**

Please provide the following information for questions below.

Specialties of the Primary Supervisor:

  
  
Will a group of physicians supervise the physician assistant?  
 Yes  No

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

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.

**WRITTEN AGREEMENT:**

Describe the physician assistant's scope of practice.

  
  
Provide the nature and degree of supervision the supervising physician will provide to the physician assistant.  
  
Enter the primary practice address:  
  
City:  
  
State:  
  
Zip Code:  
  
Enter the primary practice telephone number:

6. In the **CONFIRMATION STATEMENT SECTION** mark the 'I CONFIRM' check box and type your name in the **Signature** box

**CONFIRMATION 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
- 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 will only work under the primary supervisor's supervision or the supervision of the designated substitute physician assistant supervisor(s).
- I will only provide medical services to the patients under the care of the primary supervisor or the care of the substitute supervisor(s) and WILL NOT practice if the primary substitute supervisor is not available.

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

Signature

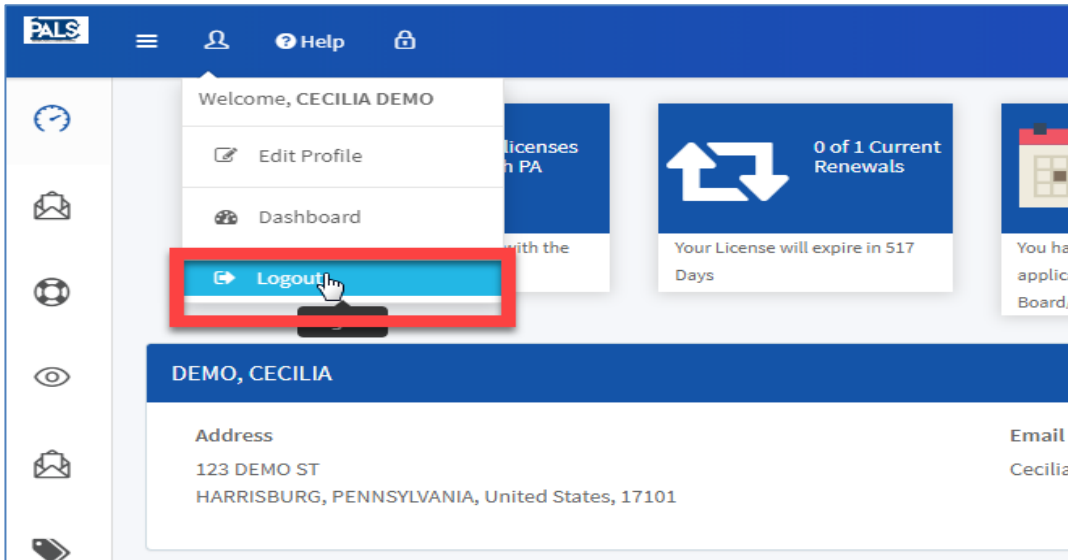
Date

# Written Agreement Initiated by Physician Assistant

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

The screenshot shows a 'VERIFICATION STATEMENT SECTION' with a list of terms and conditions. A checkbox is checked, indicating agreement. Below this, there are input fields for 'Signature' (containing 'Physician Assistant') and 'Date' (containing '8/2/2019'). A 'Save' button is on the left, and a 'SEND TO SUPERVISING PHYSICIAN' button is highlighted with a red box on the right.

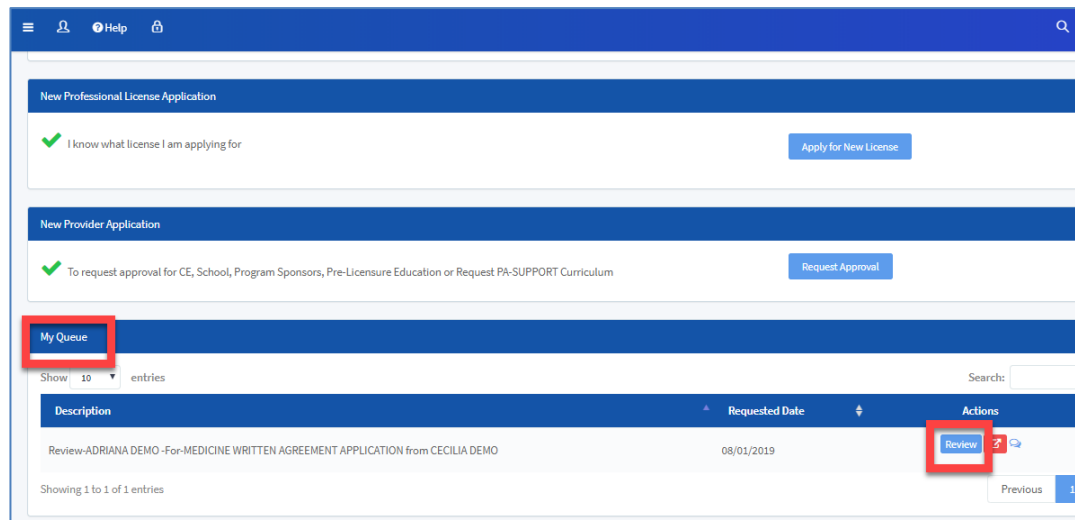
8. In the **Dashboard** page, at the top left corner, click on the **Person** icon and then click on the **Logout** option:



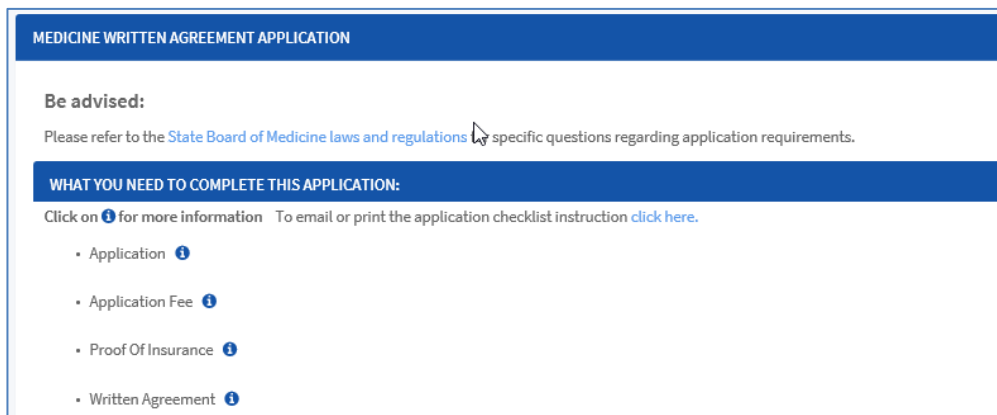
The PALS website home page will be displayed.

# Written Agreement Initiated by Physician Assistant

9. The Supervising Physician will need to Log into PALS by entering their User ID and Password and clicking LOGIN.
- The **Dashboard** screen will be displayed.
  - Scroll to the **My Queue** section, click on the **[Review]** button. The application will also show in the **Activities** Section. However, you must use the **My Queue** section.



10. 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.

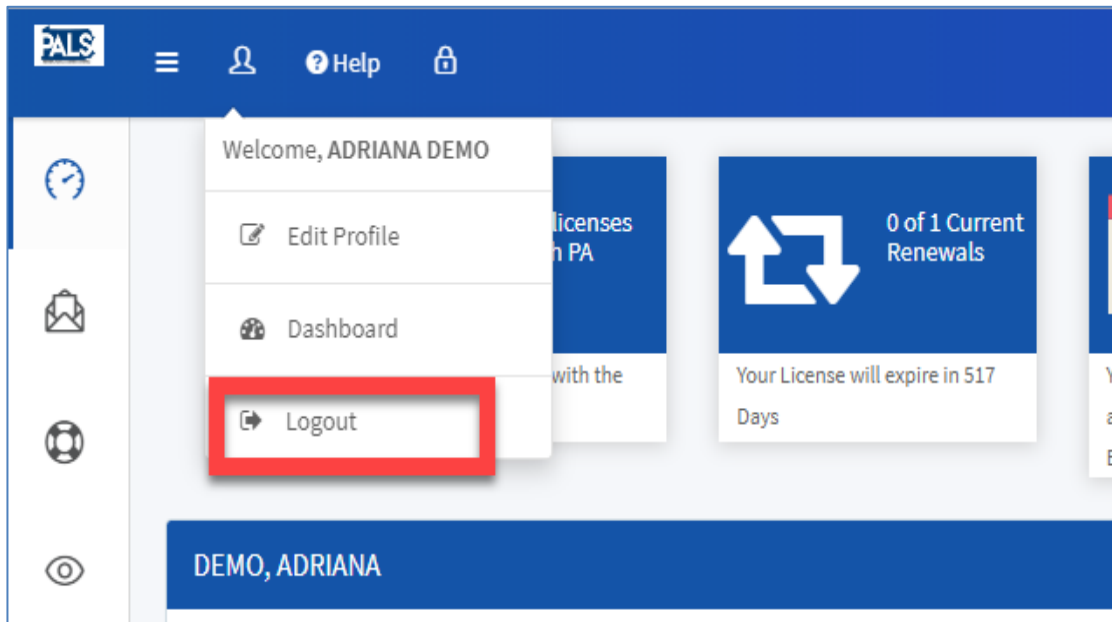


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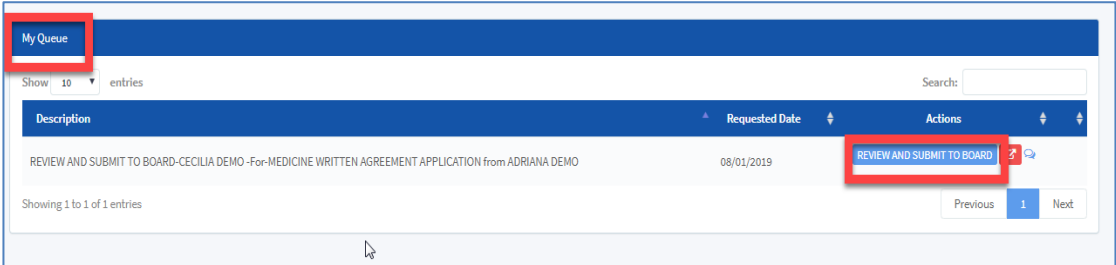
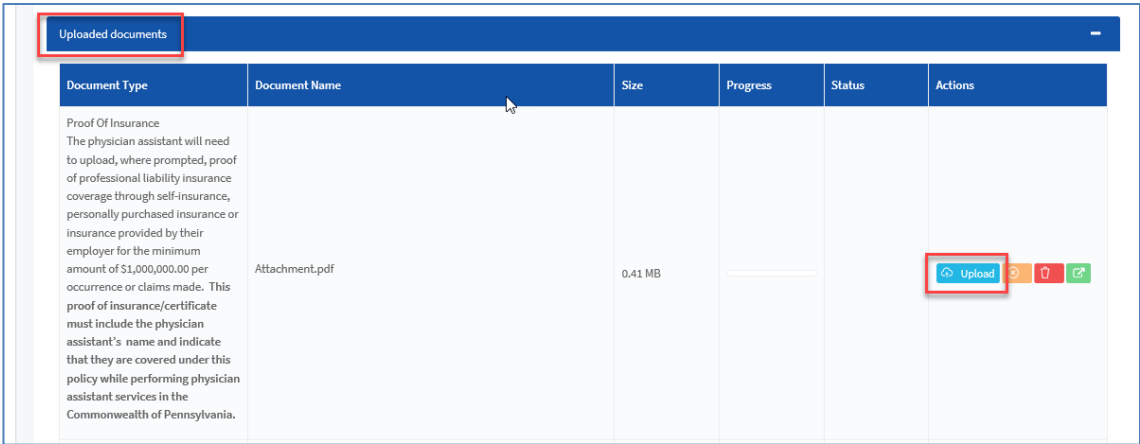
11. Sign the application, provide comments (if any) and click **Approve** to approve the written agreement

The screenshot shows a form for signing a written agreement. At the top, there are three bullet points:   
• I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.   
• The physician assistant identified in that application will only work under my supervision or the supervision of the designated substitute physician assistant supervisor(s).   
• The physician assistant will only provide medical services to the patients under my care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising substitute supervisor is not available.   
Below the text, there is a 'Signature' field containing 'Physician and Surgeon' and a 'Date' field containing '8/1/2019'. Below that is a 'Comments:' field containing 'Test Comments'. At the bottom, there are three buttons: 'Save', 'Reject', and 'APPROVE'. The 'APPROVE' button is highlighted with a red box.

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

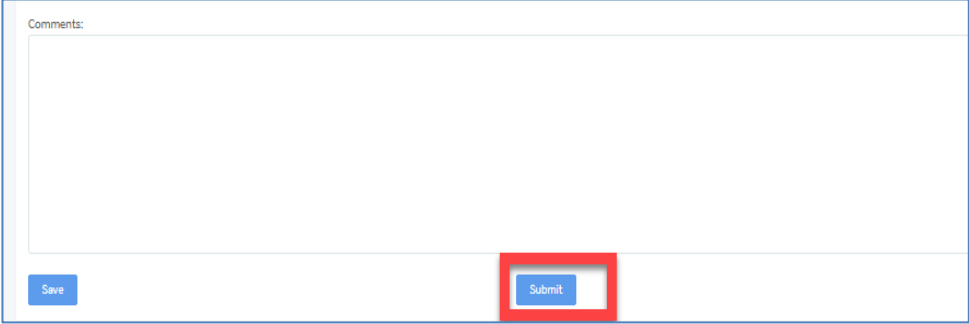



# Written Agreement Initiated by Physician Assistant

	<p>The PALS website home page will be displayed</p>
13.	<p>In the home page, click on <b>Login</b>:</p> <ol style="list-style-type: none"><li>Enter <b>Physician Assistant</b> User ID and Password and click <b>LOGIN</b>.</li><li>The <b>Dashboard</b> screen will be displayed.</li><li>Scroll to the <b>My Queue</b> section, click on the <b>[REVIEW AND SUBMIT TO BOARD]</b> button. The application will also show in the <b>Activities</b> Section. However, you must use the <b>My Queue</b> section.</li></ol>  <p>The <b>WRITTEN AGREEMENT APPLICATION</b> is displayed</p>
14.	<p>In the <b>Check List Documents</b> section, you will be required to upload current proof of malpractice insurance. Click on <b>[Browse]</b></p> <p>The <b>Choose File To Upload</b> message is displayed. Select the file and click on the <b>[Open]</b> button</p>
15.	<p>In the <b>Upload documents</b> section, click on the <b>[Upload]</b> button</p> 



# Written Agreement Initiated by Physician Assistant

16.	<p><b>Click <b>Submit</b></b></p> 
17.	<p>The <b>Review Your Application</b> page is displayed. Review the application and click on the <b>[Add to Cart]</b> button</p> 
18.	<p>The checkout page will be displayed.</p> <ol style="list-style-type: none"><li>Select the check box for the application</li><li>Select the <b>All fees are non-refundable</b> checkbox</li><li>Click on the <b>[Proceed to Payment]</b> button</li></ol>

# Written Agreement Initiated by Physician Assistant

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
1	MEDICINE WRITTEN AGREEMENT APPLICATION	1		35	\$35.00

Your available Credit: \$ 0

All items 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.

19. In the **Payment** page, enter the payment details as prompted.

**Pay With Your Credit Card**

Cardholder Name

Credit Card Number



Expiry Date (MMYY)


Security Code  Present

CVV2 is the Visa term for the 3-digit security code on the

20. Click on the **[Pay With Your Credit Card]** button

# Written Agreement Initiated by Physician Assistant

**ZIP/Postal Code**

**Country**  
United States 

**Email**

A confirmation email will be sent to this address.

**Pay With Your Credit Card**

21. The **Confirmation** page is displayed. Application number will be displayed in the **Payment Summary**


**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 the board.

**Payment Summary**

Receipt Number: PAID000741600      Payment Date: 08/01/2019

Application No # AA0001359180 ( Medicine/ Written Agreement/ Application ) - 08/01/2019

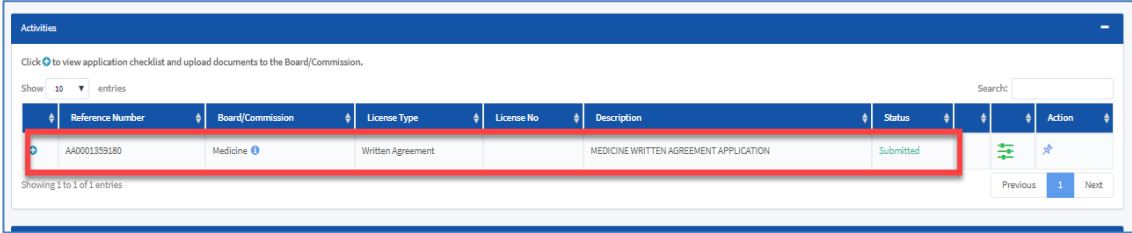
CheckList Name	Status	Download
Application	Pending Review	
Application Fee	Completed	
Proof Of Insurance	Pending Review	
Written Agreement	Pending Review	

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

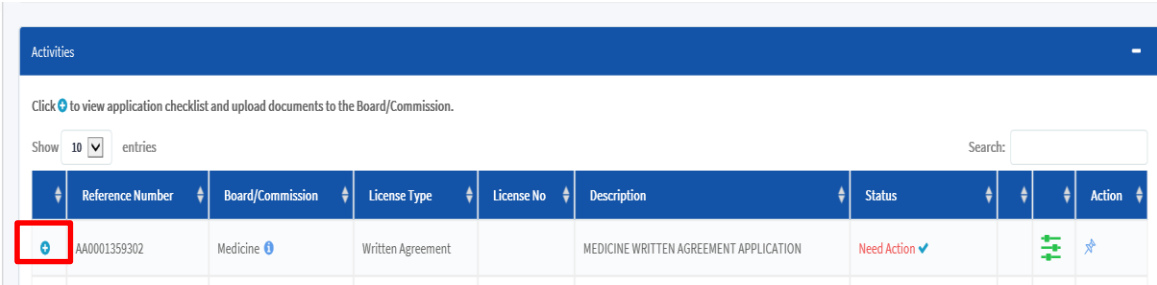
22. Click on the **Dashboard** icon on the top left side

# Written Agreement Initiated by Physician Assistant

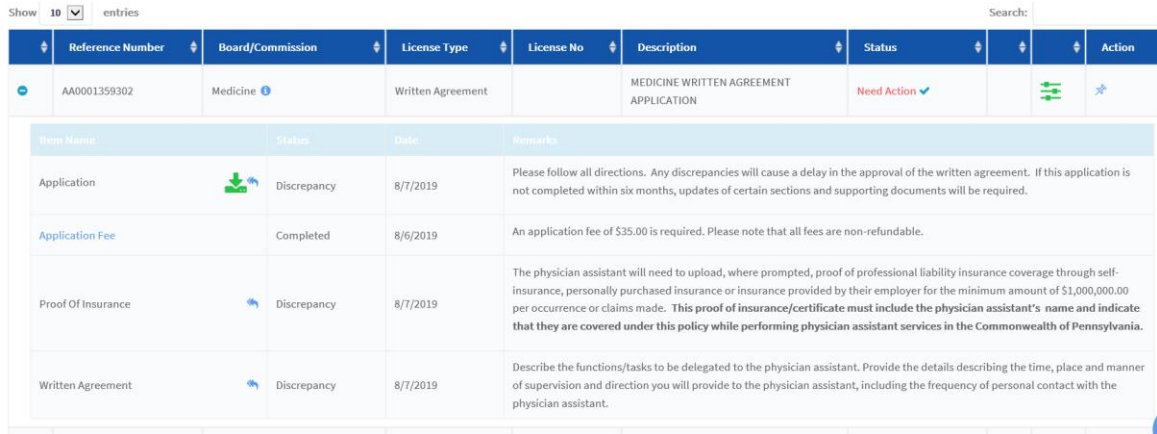
23. User will be redirected to the **Dashboard** page. The application will be displayed in the **Activities** section in the **Submitted** Status. The application will stay in the **Submitted** Status until it is evaluated by Board Staff.



24. 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.



25. Click on the download button next to the Application Checklist Item.



Item Name	Status	Date	Remarks
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	8/6/2019	An application fee of \$35.00 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 \$1,000,000.00 per occurrence or claims made. <b>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.</b>
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.




# Written Agreement Initiated by Physician Assistant

26. 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.



Activities




Click [here](#) to view application checklist and upload documents to the Board/Commission.

Show 10 entries

Reference Number	Board/Commission	License Type	License No	Description	Status	Action
 AA0001359302	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Need Action	 




Show 10 entries




Reference Number	Board/Commission	License Type	License No	Description	Status	Action
AA0001359302	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Need Action	 

Item Name	Status	Date	Remarks
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	8/6/2019	An application fee of \$35.00 is required. Please note that all fees are non-refundable.
Proof Of Insurance	 <b>Discrepancy</b>	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 \$1,000,000.00 per occurrence or claims made. <b>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.</b>
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.

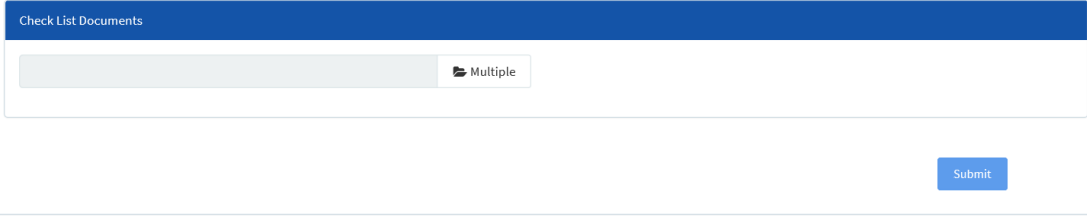
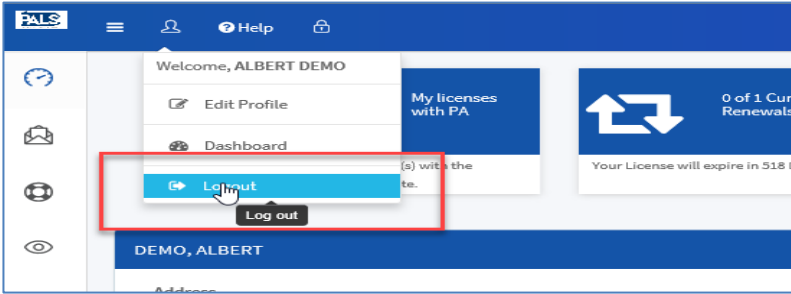
27. Click on the Arrow to view the specific discrepancy.

Show 10 entries

Reference Number	Board/Commission	License Type	License No	Description	Status	Action
 AA0001359302	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Need Action	 

Item Name	Status	Date	Remarks
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	8/6/2019	An application fee of \$35.00 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 \$1,000,000.00 per occurrence or claims made. <b>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.</b>
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.

# Written Agreement Initiated by Physician Assistant

	<p>28. You will need to respond to the discrepancy by uploading supporting documents to answer the discrepancy.</p> 
	<p>29. In the <b>Dashboard</b> page, at the top left corner, click on the <b>Person</b> icon and then click on the <b>Logout</b> option:</p>  <p>The PALS website home page will be displayed</p>