



**Bureau of Professional and Occupational Affairs**

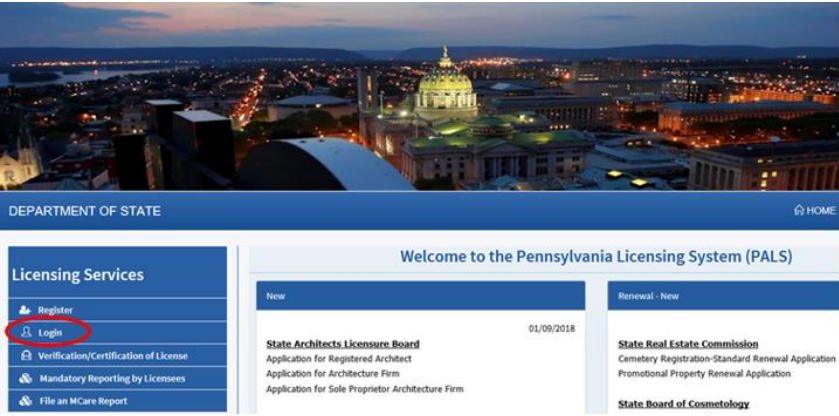
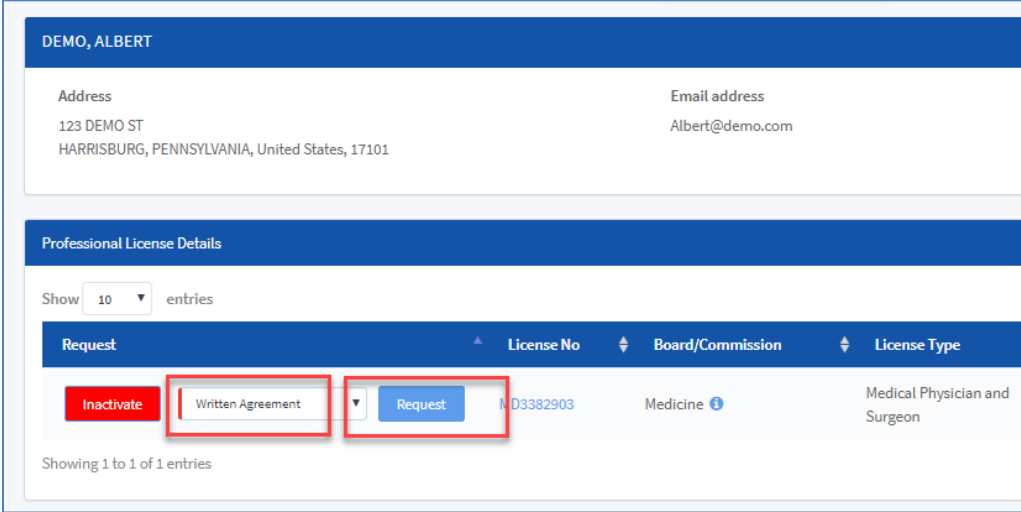
**State Boards of Medicine and Osteopathic  
Medicine**

**Job Aid for Written Agreement Initiated By Physician  
and Surgeon**

Version 1.0  
08-2022

# Written Agreement Initiated by Physician and Surgeon

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

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 Supervising Physician will need to Log into PALS by entering their User ID and Password and clicking LOGIN.</p> <ol style="list-style-type: none"> <li>The <b>Dashboard</b> screen will be displayed.</li> <li>In the <b>Request</b> section, click on the drop-down and select “Written Agreement”.</li> <li>Click on the <b>[Request]</b> button</li> </ol> 

# Written Agreement Initiated by Physician and Surgeon

3. The **WRITTEN AGREEMENT APPLICATION** page is displayed with the checklist items and Primary Supervisor 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](#)

Checklist items

**PRIMARY SUPERVISOR DETAILS:**

License Number  
MD3382903

Last Name First Name Middle Name  
DEMO ALBERT

Street  
123 DEMO ST

City State Zip  
HARRISBURG Pennsylvania 17101

4. Enter the Physician Assistant License number. **Note: This license number must be under the same Board as the supervising physician.** Press the [Tab] key on the keyboard. System will display the Physician Assistant details:

**PHYSICIAN ASSISTANT DETAILS:**

Please enter a valid Physician Assistant License Number. License Number should include the full number (i.e. MA00000L)

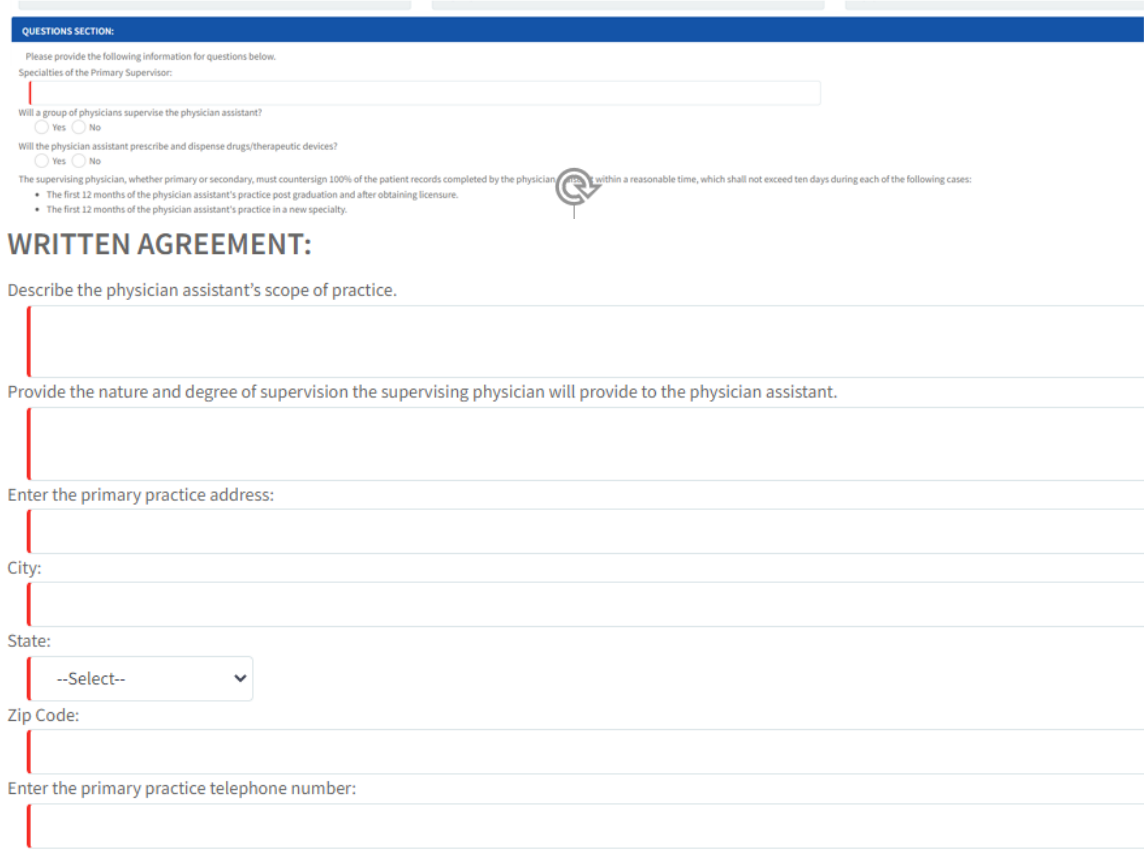
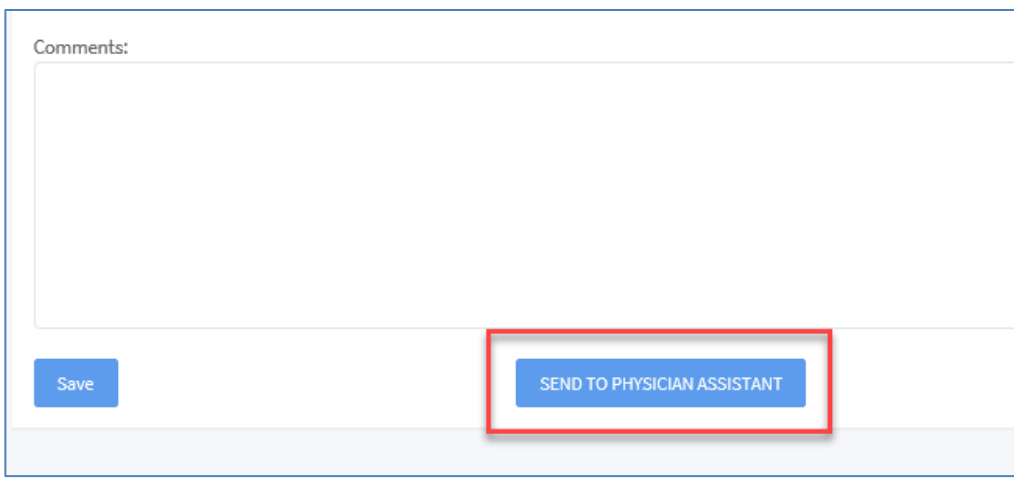
License Number  
MA3279862

Last Name First Name Middle Name  
DEMO DOROTHY

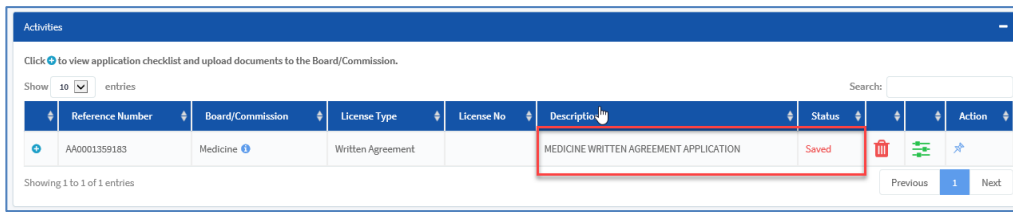
Street  
123 DEMO ST

City State Zip  
HARRISBURG Pennsylvania 17101


# Written Agreement Initiated by Physician and Surgeon

5.	<p>In the <b>QUESTIONS SECTION</b> complete all the questions</p>  <p><b>QUESTIONS SECTION:</b></p> <p>Please provide the following information for questions below.</p> <p>Specialties of the Primary Supervisor: <input type="text"/></p> <p>Will a group of physicians supervise the physician assistant? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Will the physician assistant prescribe and dispense drugs/therapeutic devices? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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:</p> <ul style="list-style-type: none"><li>• The first 12 months of the physician assistant's practice post graduation and after obtaining licensure.</li><li>• The first 12 months of the physician assistant's practice in a new specialty.</li></ul> <p><b>WRITTEN AGREEMENT:</b></p> <p>Describe the physician assistant's scope of practice. <input type="text"/></p> <p>Provide the nature and degree of supervision the supervising physician will provide to the physician assistant. <input type="text"/></p> <p>Enter the primary practice address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text" value="--Select--"/></p> <p>Zip Code: <input type="text"/></p> <p>Enter the primary practice telephone number: <input type="text"/></p>
6.	<p>Click on the <b>[SEND TO PHYSICIAN ASSISTANT]</b> button</p>  <p>Comments: <input type="text"/></p> <p><input type="button" value="Save"/> <input type="button" value="SEND TO PHYSICIAN ASSISTANT"/></p>
7.	<p>User will be redirected to the <b>Dashboard</b> page. The application will be displayed under the <b>Activities</b> section:</p>



# Written Agreement Initiated by Physician and Surgeon



Activities

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

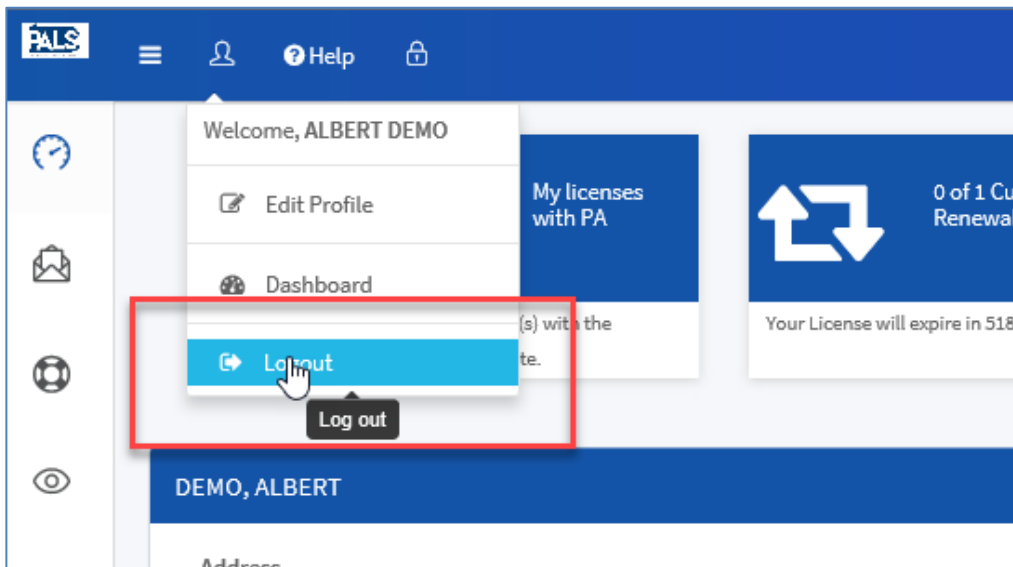
Show: 10 entries

Reference Number	Board/Commission	License Type	License No	Description	Status	Action
AA0001359183	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Saved	  

Showing 1 to 1 of 1 entries

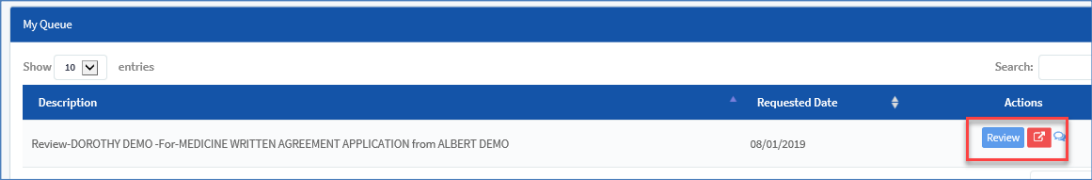
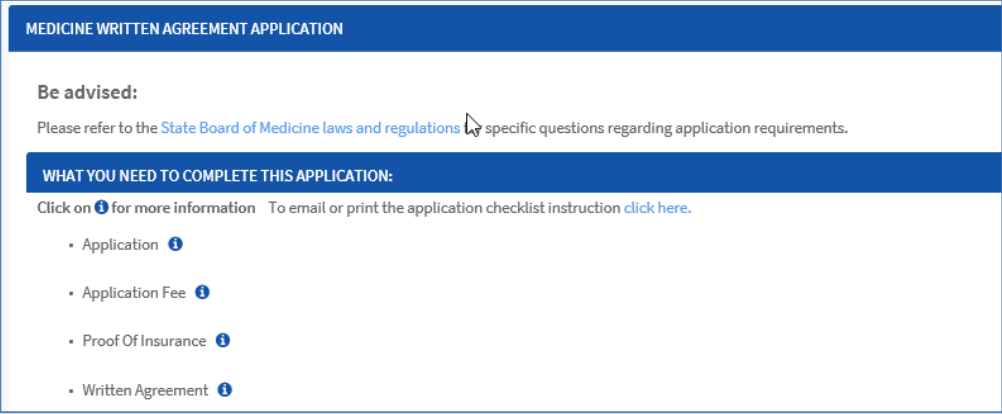
Previous 1 Next

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. An email will be sent to the physician assistant advising them that you have initiated the application process.

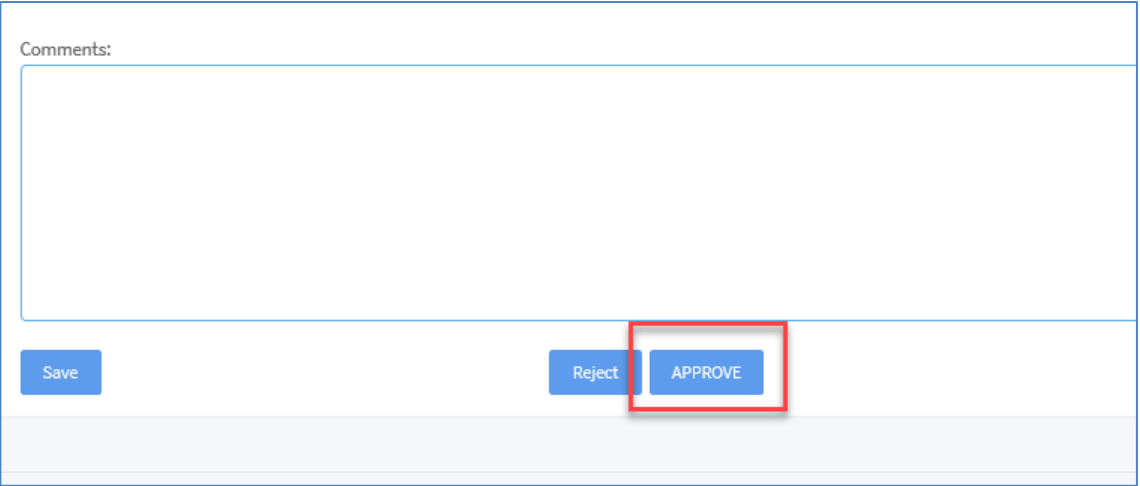
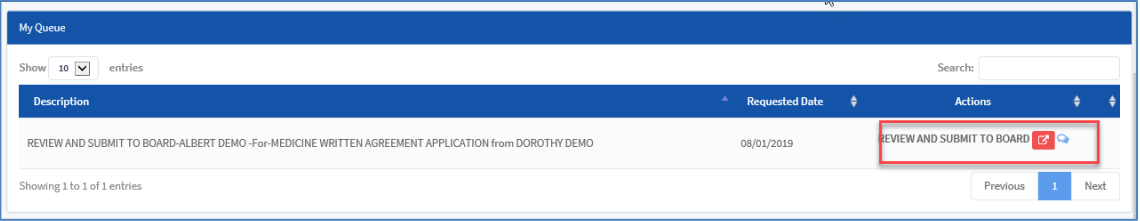
# Written Agreement Initiated by Physician and Surgeon

9.	<p>The Physician Assistant will need to Log into PALS by entering their User ID and Password and clicking LOGIN.</p> <ol style="list-style-type: none"><li>The <b>Dashboard</b> screen will be displayed.</li><li>Scroll to the <b>My Queue</b> section, click on the <b>[Review]</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> 
10.	<p>The <b>WRITTEN AGREEMENT APPLICATION</b> 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 supervising physician and surgeon. You cannot make edits to the information that the supervising physician has completed. If there are any errors, please contact the supervising physician. The supervising physician will need to make the corrections in the application and resend to you.</p> 
11.	<p>In the <b>CONFIRMATION STATEMENT SECTION</b> mark the 'I CONFIRM' check box and type your name in the <b>Signature</b> box</p>

# Written Agreement Initiated by Physician and Surgeon

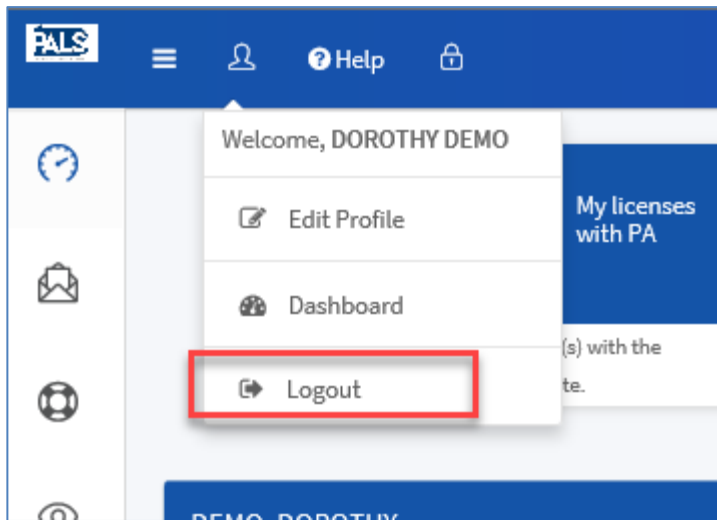
	<div data-bbox="305 201 1406 583"> <p><b>CONFIRMATION STATEMENT SECTION:</b></p> <ul style="list-style-type: none"> <li>• I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.</li> <li>• I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination</li> <li>• I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.</li> <li>• 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 of my registration.</li> <li>• I will only work under the primary supervisor's supervision or the supervision of the designated substitute physician assistant supervisor(s).</li> <li>• 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.</li> </ul> <p><input checked="" type="checkbox"/> I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.</p> <p>Signature <input type="text" value="Please type your name."/> Date <input type="text" value="8/1/2019"/></p> </div>												
12.	<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>												
13.	<p>In the <b>Upload documents</b> section, click on the <b>[Upload]</b> button</p> <div data-bbox="305 911 1435 1348"> <p>Uploaded documents</p> <table border="1"> <thead> <tr> <th>Document Type</th> <th>Document Name</th> <th>Size</th> <th>Progress</th> <th>Status</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>Proof Of Insurance 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.</td> <td>Attachment.pdf</td> <td>0.41 MB</td> <td><div style="width: 100%; height: 10px; background-color: #ccc;"></div></td> <td></td> <td><input checked="" type="button" value="Upload"/> <input type="button" value="Refresh"/> <input type="button" value="Delete"/> <input type="button" value="Share"/></td> </tr> </tbody> </table> </div>	Document Type	Document Name	Size	Progress	Status	Actions	Proof Of Insurance 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.	Attachment.pdf	0.41 MB	<div style="width: 100%; height: 10px; background-color: #ccc;"></div>		<input checked="" type="button" value="Upload"/> <input type="button" value="Refresh"/> <input type="button" value="Delete"/> <input type="button" value="Share"/>
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14.	<p>After uploading the required documents, click on the <b>[Approve]</b> button</p>												

# Written Agreement Initiated by Physician and Surgeon

	
15.	<p>User will be redirected to the <b>Dashboard</b> page. The application will be displayed in the <b>My Queue</b> section as <b>REVIEW AND SUBMIT TO BOARD</b></p> 
16.	<p>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>

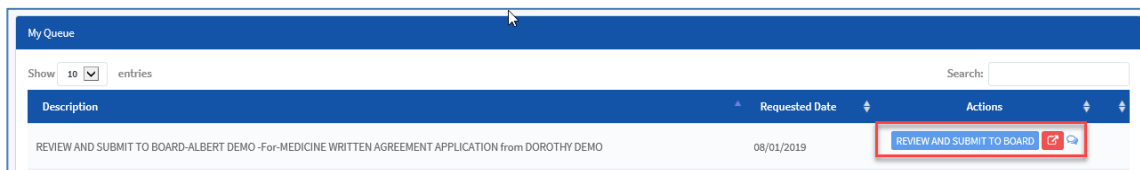


# Written Agreement Initiated by Physician and Surgeon



The PALS website home page will be displayed. The supervising physician will receive an email advising them that you have completed your portion of the application.

17. 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 AND SUBMIT TO BOARD]** button. The application will also show in the **Activities** Section. However, you must use the **My Queue** section.



The **WRITTEN AGREEMENT APPLICATION** is displayed

# Written Agreement Initiated by Physician and Surgeon

18. Scroll down to the **VERIFICATION SECTION:**
- Select the **[Yes]** radio button
  - In the **Signature** box, type your name

**VERIFICATION 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 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 assistant.
- 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 a criminal offense.
- 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.
- 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 medicine if the substitute supervisor is not available.

I agree with the details of this written agreement and wish to submit this application to the Board for Approval.

Yes  No

Signature

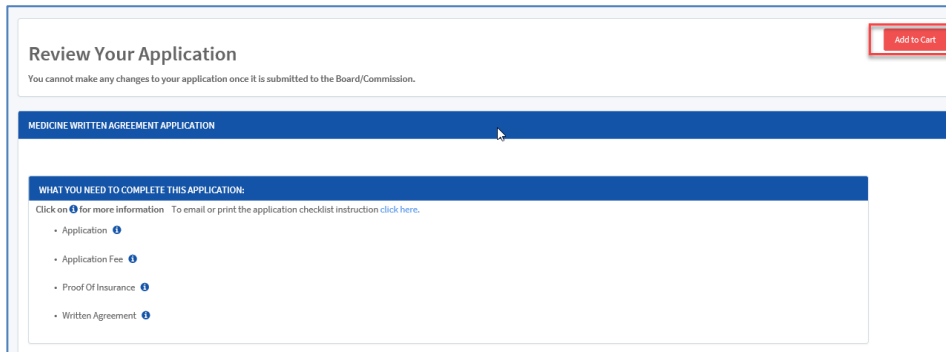
Date

19. Click on the **[Submit]** button

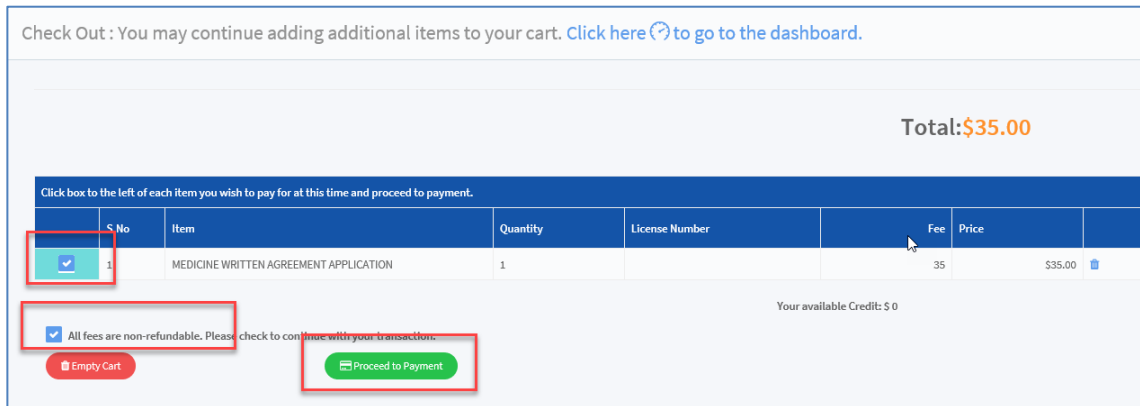
Comments:

# Written Agreement Initiated by Physician and Surgeon

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

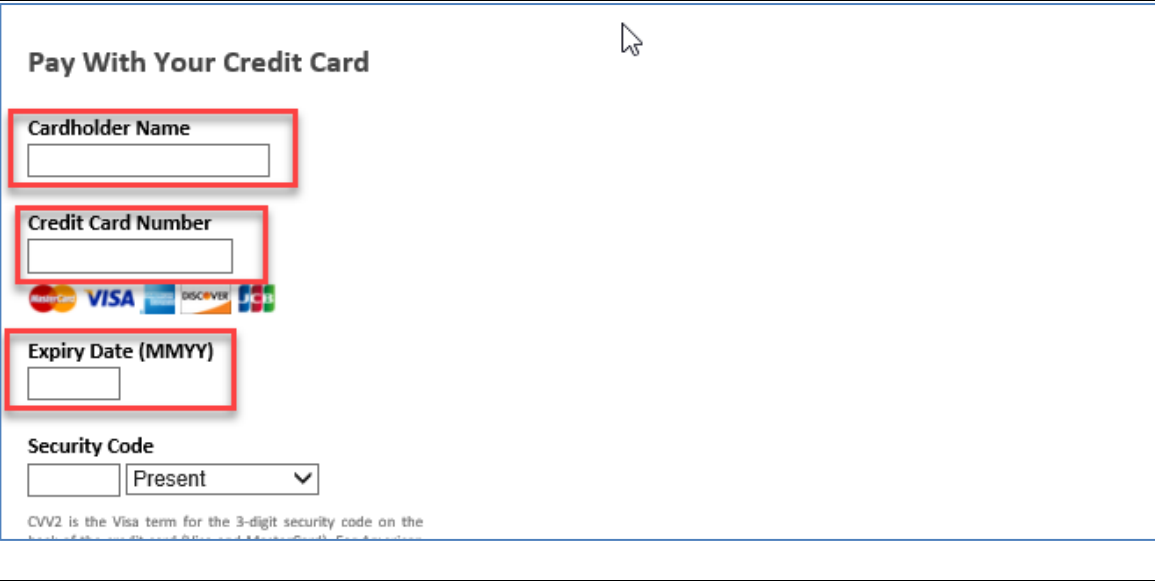
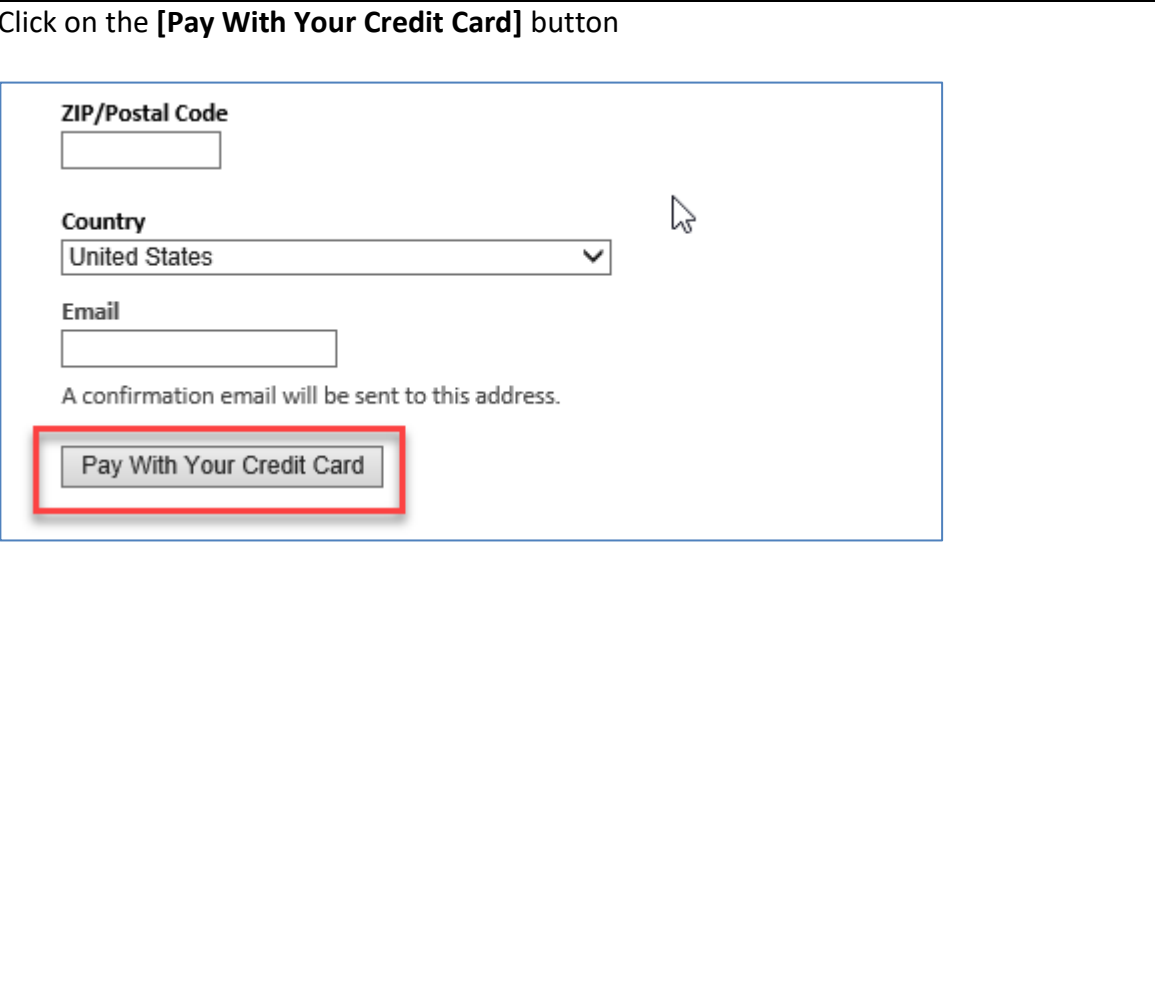


21. In the **Check Out** page:  
a. Select the check box for the application  
b. Select the **All fees are non-refundable** checkbox  
c. Click on the **[Proceed to Payment]** button



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

# Written Agreement Initiated by Physician and Surgeon

	 <p><b>Pay With Your Credit Card</b></p> <p>Cardholder Name <input type="text"/></p> <p>Credit Card Number <input type="text"/></p> <p>Expiry Date (MMYY) <input type="text"/></p> <p>Security Code <input type="text"/> Present</p> <p><small>CVV2 is the Visa term for the 3-digit security code on the</small></p>
23.	<p>Click on the <b>[Pay With Your Credit Card]</b> button</p>  <p>ZIP/Postal Code <input type="text"/></p> <p>Country United States</p> <p>Email <input type="text"/></p> <p>A confirmation email will be sent to this address.</p> <p><b>Pay With Your Credit Card</b></p>
24.	<p>The <b>Confirmation</b> page is displayed. Application number will be displayed in the <b>Payment Summary</b></p>

# Written Agreement Initiated by Physician and Surgeon

**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.

---

**Payment Summary**

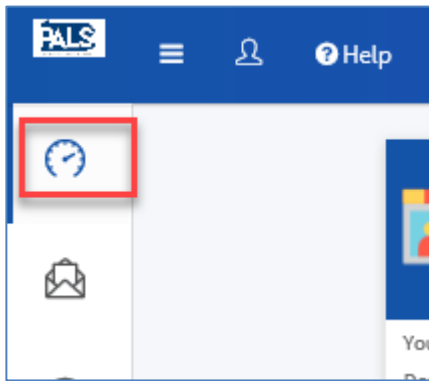
Receipt Number: PAID000741604      Payment Date: 08/01/2019

**Application No # AA0001359183 ( 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.](#)

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



# Written Agreement Initiated by Physician and Surgeon

26. 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.

Activities

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

Show  entries

Reference Number	Board/Commission	License Type	License No	Description	Status	Action
AA0001359183	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Submitted	

Showing 1 to 1 of 1 entries

Previous 1 Next

27. 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.

Activities

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

Show  entries

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

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

Show  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 and Surgeon

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

Show 10 entries Search:

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

Show 10 entries Search:

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.

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

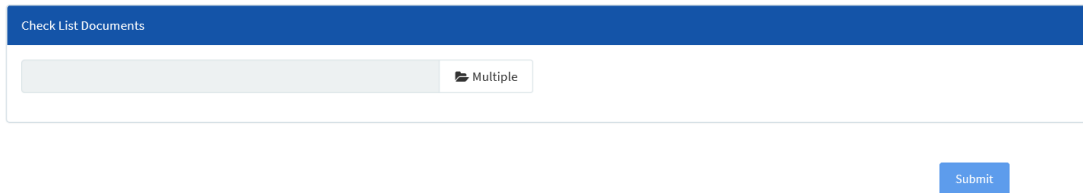
Show 10 entries Search:

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.
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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.

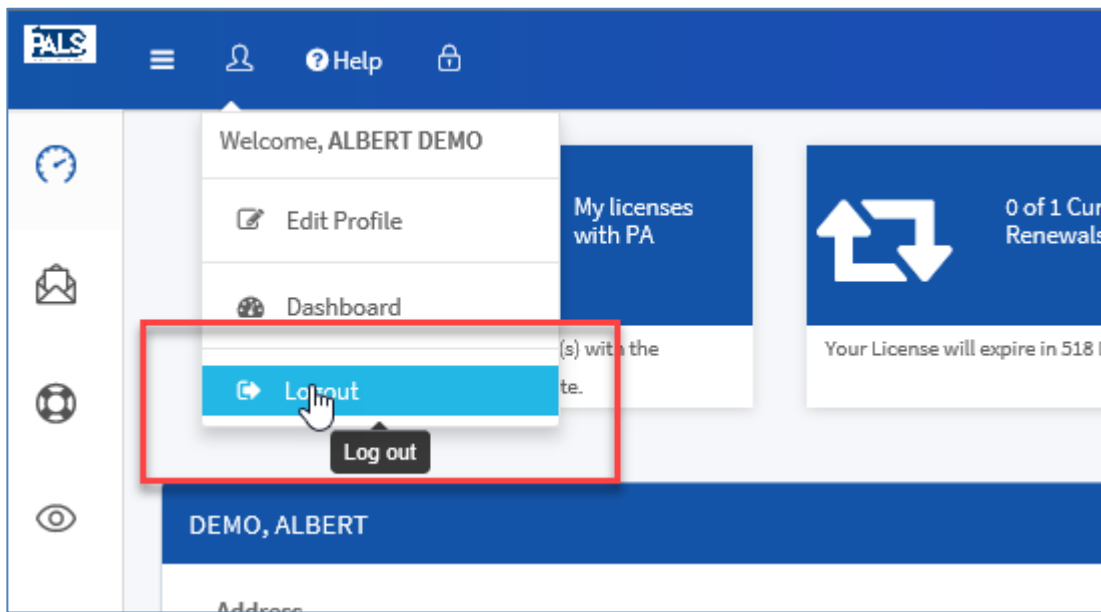
# Written Agreement Initiated by Physician and Surgeon

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



The screenshot shows a web form titled "Check List Documents". It features a large, empty rectangular input area for document uploads. To the right of this area is a small button labeled "Multiple" with a document icon. At the bottom right of the form is a blue "Submit" button.

32. 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.