



Pennsylvania
Department of State

Bureau of Professional and Occupational Affairs

State Registration Board

The Applicant Submission Process

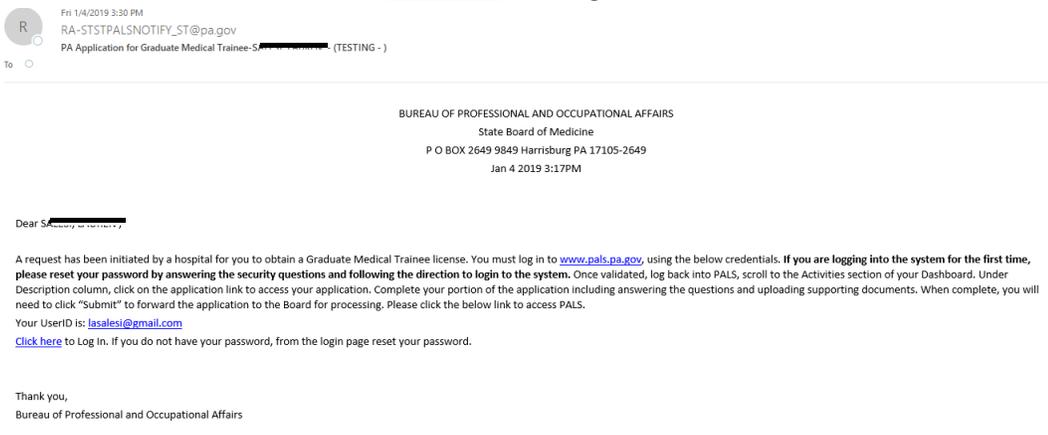
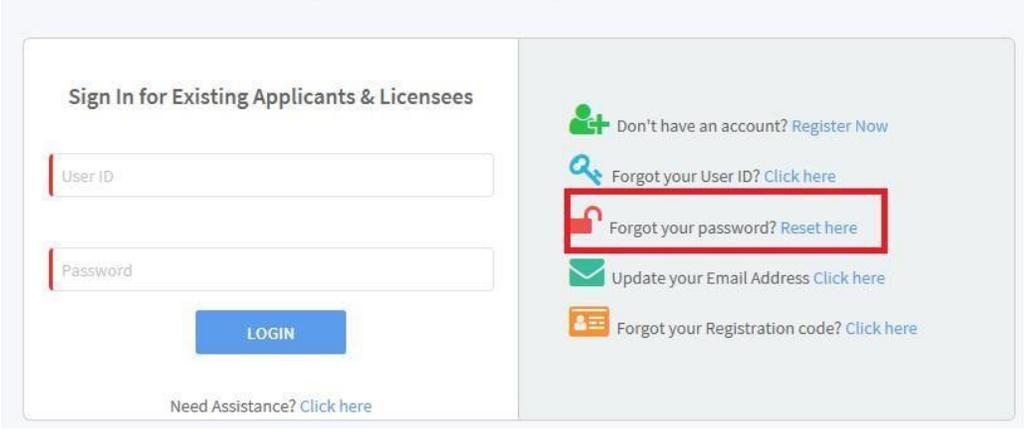
Version 1.2



The Applicant Submission Process

Once the Hospital initiates the application and makes the payment, an email will be sent to the applicant's email address that was provided in the application.

Follow the below steps to submit the application.

Step No	Action
1.	<p>Access the email account. Select Click here to navigate to the PALS website.</p>  <p>The screenshot shows an email with the following content:</p> <p>From: RA-STSTPALSNOTIFY_ST@pa.gov Subject: PA Application for Graduate Medical Trainee-S [REDACTED] (TESTING -)</p> <p>From: BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS To: State Board of Medicine Address: P O BOX 2649 9849 Harrisburg PA 17105-2649 Date: Jan 4 2019 3:17PM</p> <p>Dear S [REDACTED],</p> <p>A request has been initiated by a hospital for you to obtain a Graduate Medical Trainee license. You must log in to www.pals.pa.gov, using the below credentials. If you are logging into the system for the first time, please reset your password by answering the security questions and following the direction to login to the system. Once validated, log back into PALS, scroll to the Activities section of your Dashboard. Under Description column, click on the application link to access your application. Complete your portion of the application including answering the questions and uploading supporting documents. When complete, you will need to click "Submit" to forward the application to the Board for processing. Please click the below link to access PALS.</p> <p>Your UserID is: lasalesi@gmail.com Click here to Log In. If you do not have your password, from the login page reset your password.</p> <p>Thank you, Bureau of Professional and Occupational Affairs</p>
2.	<p>The login page is displayed. Select Reset here next to the 'Forgot your password'.</p> <p>Note: If the user has an account already setup in PALS and the account has the same username, the user can login with their existing password.</p>  <p>The screenshot shows the login page with the following elements:</p> <p>Sign In for Existing Applicants & Licensees</p> <p>Fields: User ID, Password</p> <p>Buttons: LOGIN, Need Assistance? Click here</p> <p>Links on the right:</p> <ul style="list-style-type: none"> Don't have an account? Register Now Forgot your User ID? Click here Forgot your password? Reset here (highlighted with a red box) Update your Email Address Click here Forgot your Registration code? Click here



3. The Reset Your Password screen is displayed. Enter the 'User ID' that was in the email and complete the other required fields.

Reset Your Password

Please enter your User ID and Email Address/SSN and click continue for the security question. You will receive a link to create a new password via email once the security questions are validated.

User ID *

Enter User ID

Email or SSN

Email Address SSN

Email Address (Instructions to be sent) *

Enter Email

SSN *

Enter SSN

[Update your Email Address](#) [Forgot your User ID?](#)

* Required fields

Continue

4. Complete the fields and select **[Continue]**. Complete the Security Questions and Select **[Click Here to Reset Your Password]**.

Please enter your User ID and Email Address/SSN and click continue for the security question. You will receive a link to create a new password via email once the security questions are validated.

User ID *

simba@test.com

Email or SSN

Email Address SSN

Email Address *

Simba@test.com

[Update your Email Address](#) [Forgot your User ID?](#)

* Required fields

Continue

Security Question 1

What is your last 4 digits of Social Security number

7777

Security Question 2

What is your year of Birth

1979

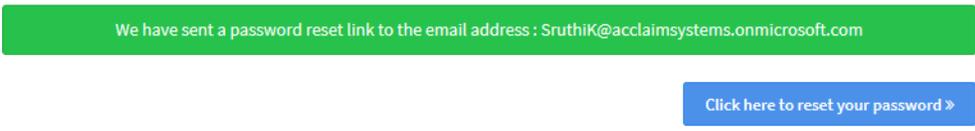
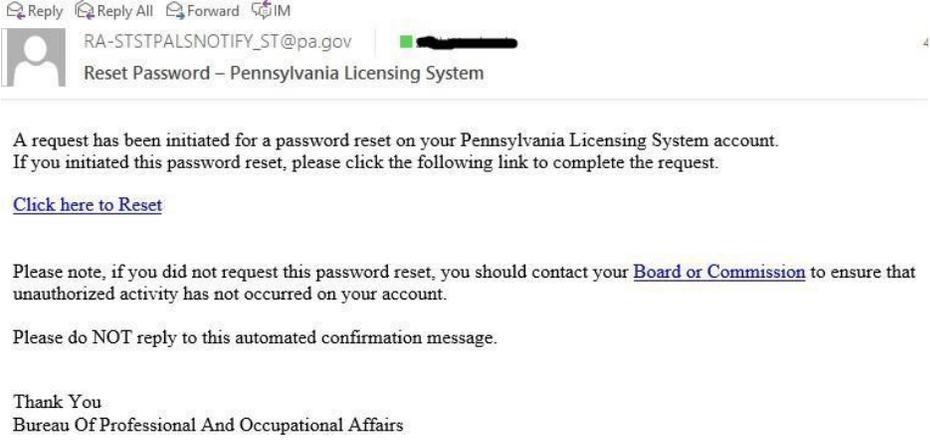
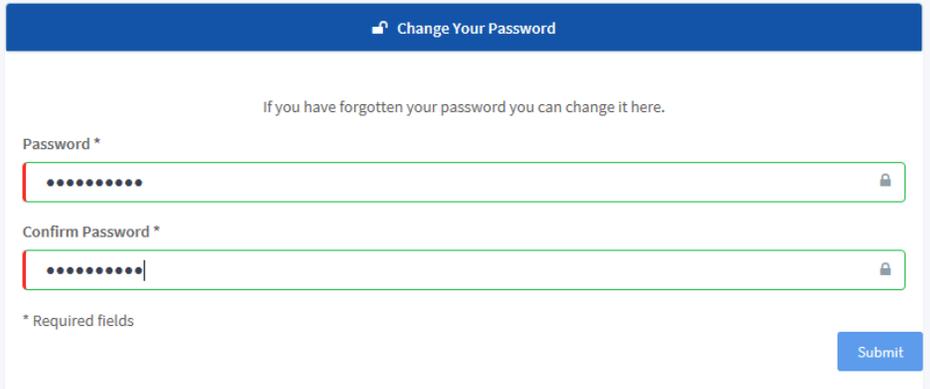
Security Question 3

What is your First Name?

Simba

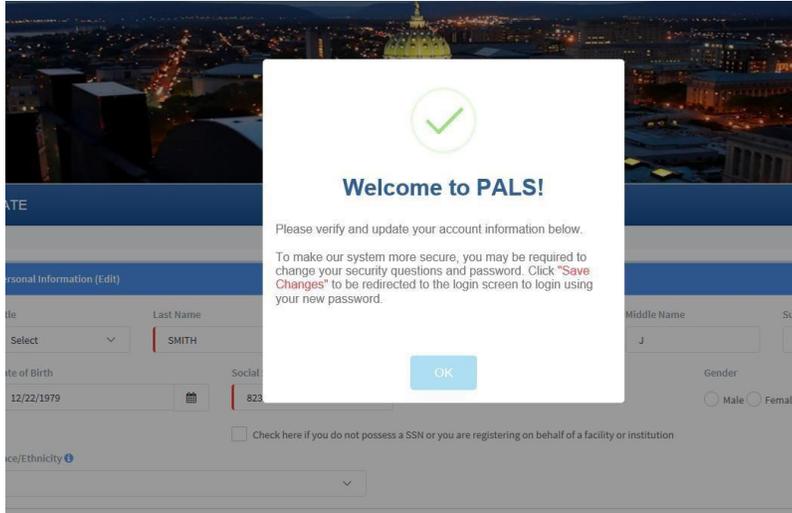
Click here to reset your password



5.	<p>An email will be sent to the applicant's email address.</p> 
6.	<p>Select Click here to Reset link.</p> 
7.	<p>Change Your Password page is displayed. Create a Password and select [Submit].</p> 

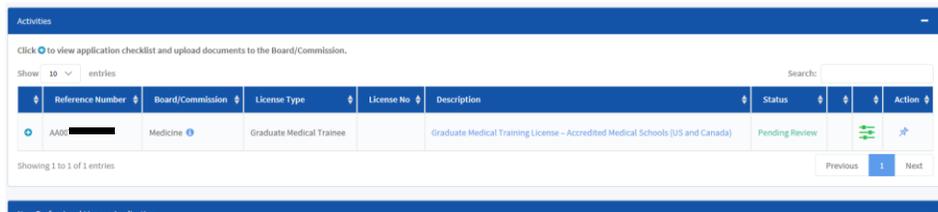


8. Select [Login]
Enter the User ID and Password and select [login]
Welcome to PALS screen is displayed.

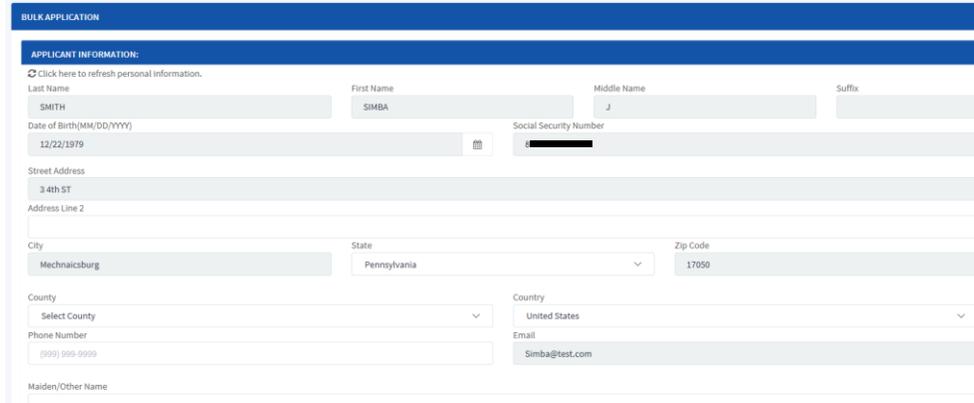


Note: Select OK and select [No Changes] or update as necessary.

9. Initial or renewal applications will be displayed in the Activity Section.



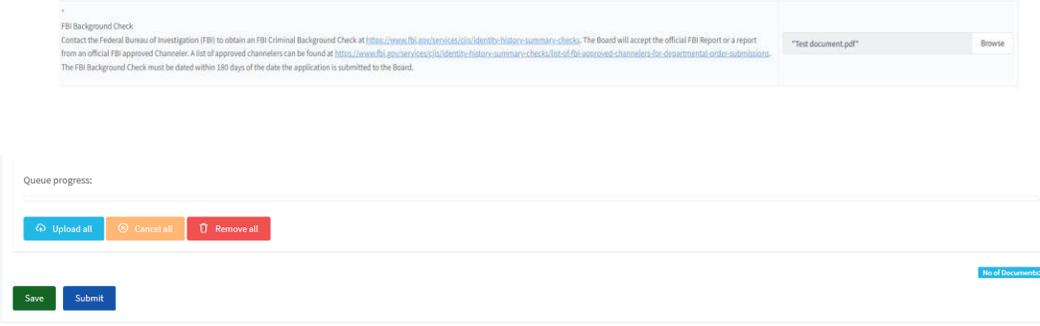
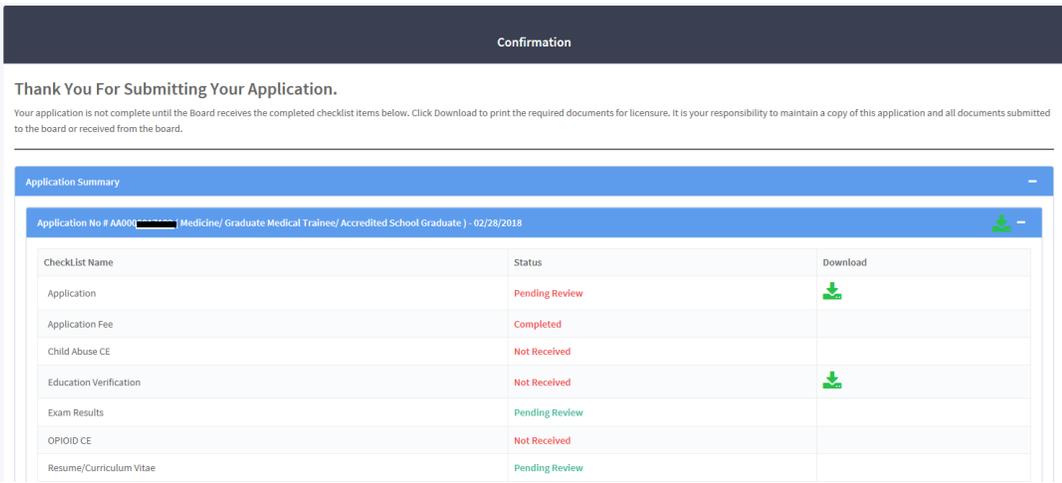
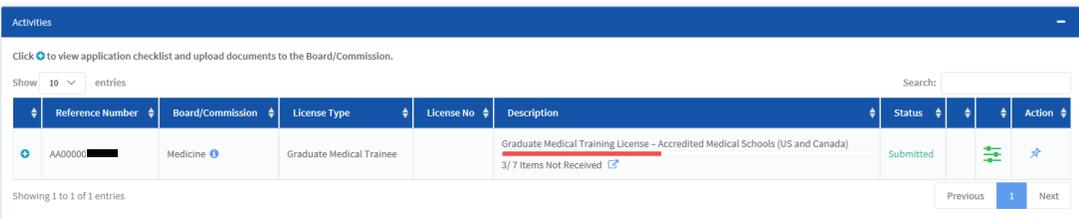
10. Select the application. The applicant information section will be displayed. Verify that the information is correct. If the information is incorrect, contact the hospital to correct the information before proceeding with the application and submitting to the Board.





<p>11.</p>	<p>Review and updated the hospital’s answers to the standard questions and answer the legal questions. Note: The Renewal application will not have any standard questions.</p> <div style="background-color: #0056b3; color: white; padding: 2px;">PLEASE ANSWER THE FOLLOWING QUESTIONS:</div> <p>Will any of your supporting documents be submitted under another name or names? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Are you applying using FOVIS (FEDERATION CREDENTIAL VERIFICATION SERVICE)? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Have you previously held a Pennsylvania Graduate Medical Training License? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Are you a servicemember, veteran, or military spouse? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <div style="background-color: #0056b3; color: white; padding: 2px;">PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS:</div> <p><small>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.</small></p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever had your DEA registration denied, revoked or restricted? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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 (Medicine-Medical Physician and Surgeon) in a competent, ethical, and professional manner? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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. <input type="radio"/> Yes <input type="radio"/> No</p>
<p>12.</p>	<p>Complete the Verification section</p> <div style="background-color: #0056b3; color: white; padding: 2px;">VERIFICATION STATEMENT:</div> <p><small>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 Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4204.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services Information prescribed by the Department of Human Services about the licensee, including the social security number. 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, National Practitioner Data Bank.</small></p> <p>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 of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify 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 penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.</p> <p><input checked="" type="checkbox"/> I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.</p> <p>Signature: <input type="text" value="testing PALS"/></p> <p>Date: <input type="text" value="2/28/2018"/></p>



<p>13.</p>	<p>Upload the necessary checklist documents by selecting [Browse] and select [Upload]</p> 																								
<p>14.</p>	<p>Select [Submit]. The application confirmation screen is displayed. Click on the download icon to obtain the Education Verification form to send to your school for completion.</p>  <table border="1"> <thead> <tr> <th>Checklist Name</th> <th>Status</th> <th>Download</th> </tr> </thead> <tbody> <tr> <td>Application</td> <td>Pending Review</td> <td></td> </tr> <tr> <td>Application Fee</td> <td>Completed</td> <td></td> </tr> <tr> <td>Child Abuse CE</td> <td>Not Received</td> <td></td> </tr> <tr> <td>Education Verification</td> <td>Not Received</td> <td></td> </tr> <tr> <td>Exam Results</td> <td>Pending Review</td> <td></td> </tr> <tr> <td>OPIOID CE</td> <td>Not Received</td> <td></td> </tr> <tr> <td>Resume/Curriculum Vitae</td> <td>Pending Review</td> <td></td> </tr> </tbody> </table>	Checklist Name	Status	Download	Application	Pending Review		Application Fee	Completed		Child Abuse CE	Not Received		Education Verification	Not Received		Exam Results	Pending Review		OPIOID CE	Not Received		Resume/Curriculum Vitae	Pending Review	
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Application	Pending Review																								
Application Fee	Completed																								
Child Abuse CE	Not Received																								
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<p>15.</p>	<p>Go to Dashboard. The application will be marked as Submitted. You can continue to check your Dashboard to monitor the status of your application. Until the application is evaluated, the status of the checklist items will not change.</p>  <table border="1"> <thead> <tr> <th>Reference Number</th> <th>Board/Commission</th> <th>License Type</th> <th>License No.</th> <th>Description</th> <th>Status</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>AA00000</td> <td>Medicine</td> <td>Graduate Medical Trainee</td> <td></td> <td>Graduate Medical Training License - Accredited Medical Schools (US and Canada) 3/7 Items Not Received</td> <td>Submitted</td> <td> </td> </tr> </tbody> </table>	Reference Number	Board/Commission	License Type	License No.	Description	Status	Action	AA00000	Medicine	Graduate Medical Trainee		Graduate Medical Training License - Accredited Medical Schools (US and Canada) 3/7 Items Not Received	Submitted											
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GMT Application FAQ's:

1. **Did not receive the email:** Contact the hospital and verify the email address that was provided on the application.
2. **Unable to Reset Password:** Contact the hospital and verify that the applicant information that was provided on the application is correct.
3. **Data on the application is incorrect:** Contact Hospital and update them with the correct information. Do not submit the application until all corrections have been made by the hospital.
4. **Why does my application indicate that 3/7 items are not received even after uploading all the documents:** Until the board reviews the application, the items will be marked as not received in the activity grid.

Note: If you still are having difficulty in logging in and submitting the application, your hospital will need to contact the Board.