



Pennsylvania
Department of State

Bureau of Professional and Occupational Affairs

State Registration Board

GMT Hospital Application Initiation Process

Version 1.2

This job aid illustrates the steps to initiate the GMT initial and renewal applications under the Medical and Osteopathic Boards.

GMT applications that can be submitted by the Hospital:

- GMT Accredited
- GMT Unaccredited
- GMT Osteopathic
- GMT Renewal – Medical
- GMT Renewal – Osteo

GMT Applicant Troubleshooting:

- GMT Applicant has not received the login email.
- GMT Applicant information is incorrect.
- GMT Applicant is unable to answer the security questions.

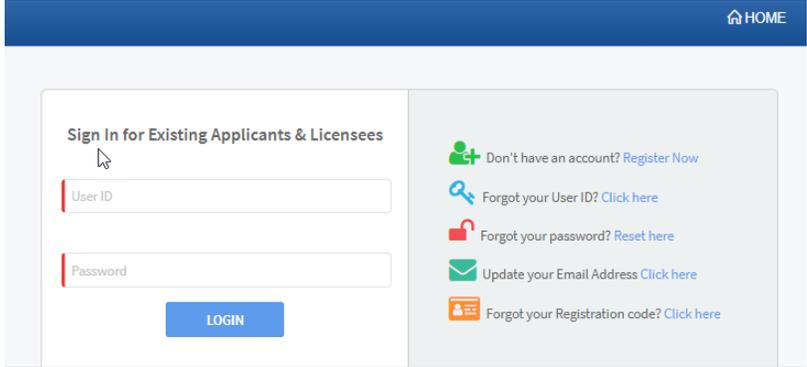
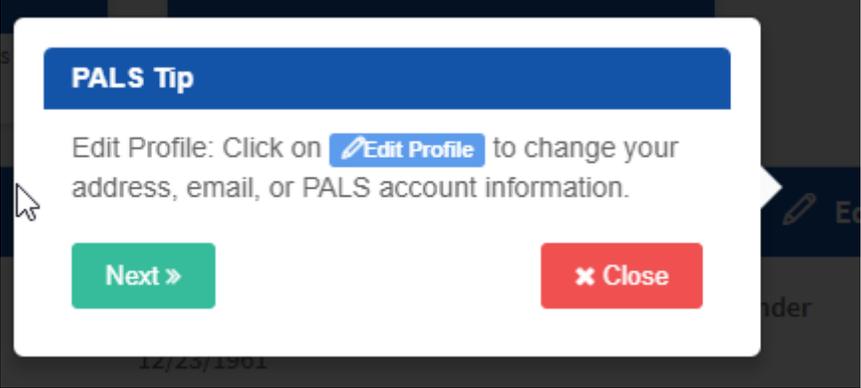
Initial application:

The following steps can be followed for the below application types:

- GMT Accredited
- GMT Unaccredited
- GMT Osteopathic

Step No	Action
1.	<p>Go to https://www.pals.pa.gov/#/page/default Select [Login]</p> 



2.	<p>Populate your User ID and Password and select Login.</p> 
3.	<p>User Profile information is displayed, if desired make necessary changes and select [Save Changes]. If no changes are made, select [No Changes].</p>
4.	<p>Select [Close] to the PALS tips or select [Next] to read the tips.</p> 



5. The **Dashboard** screen is displayed. The GMT icon is displayed in the left navigation pane.

The screenshot shows the PALS dashboard interface. At the top, there is a blue header with the PALS logo, a menu icon, a user profile icon, a help icon, and a lock icon. Below the header is a section titled "Third Party Activities" with a blue background. Underneath, there is a text prompt: "Click + to view application checklist and upload documents to the Board/Commission." Below this is a "Show 10 entries" dropdown menu. The main content is a table with the following columns: Reference Number, Board/Commission, License Type, and Applicant Name. The table contains several rows of data, with the first row having a red plus icon in the left margin. In the left navigation pane, the GMT icon (a square with a white 'G' and 'M' on a blue background) is highlighted with a red box.

Reference Number	Board/Commission	License Type	Applicant Name
AA0000936069	Medicine	Graduate Medical Trainee	[REDACTED]
AA0000936071	Medicine	Graduate Medical Trainee	S [REDACTED]
AA0000936020	Medicine	Graduate Medical Trainee	[REDACTED]
AA0000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	[REDACTED]
AA0000936072	Medicine	Graduate Medical Trainee	[REDACTED]
AA0000935977	Medicine	Graduate Medical Trainee	[REDACTED]
AA0000935976	Medicine	Graduate Medical Trainee	[REDACTED]
AA0000935951	Medicine	Graduate Medical Trainee	[REDACTED]



6. From the left navigation, select the GMT Icon and select your desired application type:

- GMT Accredited
- GMT Unaccredited
- GMT Osteopathic

The screenshot shows the PALS application interface. On the left is a navigation menu with various icons. A red box highlights the 'GMT' icon, which has opened a dropdown menu. The menu items are: GMT, GMT Accredited, GMT Unaccredited, GMT Osteopathic, GMT Renewal - Medical, and GMT Renewal - Osteo. The main content area shows a 'Request' table with one entry for license number HS000007L, a 'Relationship/Association' search section, and a 'Correspondence' table with several rows of data including 'Payment Receipt' and 'Email' categories.

7. The application is displayed:
Note: In this example, GMT Accredited application is used.

The screenshot displays the 'Graduate Medical Training License - Accredited Medical Schools (US and Canada)' application form. It includes a 'Be advised' section with instructions, a 'WHAT YOU NEED TO COMPLETE THIS APPLICATION' checklist with items like Application, Application Fee, Child Abuse CE, Criminal History Check, Education Verification, Exam Results, OPDID CE, and Resume/Curriculum Vitae. Below is the 'HOSPITAL INFORMATION' section, which is to be completed by hospitals located in Pennsylvania. It contains fields for Name of Hospital (ALLEGHENY HEALTH NETWORK MED EDUCATION CONSORTIUM), License Number (HS00), Street Address 1 (STE 385), Street Address 2 (320 E NORTH AVE), City, State, Zip, and Country.



8.	<p>The hospital information will be prepopulated in the HOSPITAL INFORMATION section:</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>HOSPITAL INFORMATION: (TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA)</p> <p><small>ATTENTION HOSPITAL: When listing the specialty in which the doctor will be training, list the specialty by the name in which the program is accredited with ACGME. If the Board cannot verify that the program is accredited by ACGME, a discrepancy will occur and could cause a delay in issuing the license.</small></p> <table border="0"> <tr> <td>Name of Hospital</td> <td>License Number</td> </tr> <tr> <td>ALLEGHENY HEALTH NETWORK MED EDUCATION CONSORTIUM</td> <td>H50 [REDACTED]</td> </tr> <tr> <td>Street Address 1</td> <td>Street Address 2</td> </tr> <tr> <td>STE 185,</td> <td>320 E NORTH AVE</td> </tr> <tr> <td>City</td> <td>Zip</td> </tr> <tr> <td>PITTSBURGH</td> <td>15212</td> </tr> <tr> <td>State</td> <td>Country</td> </tr> <tr> <td>Pennsylvania</td> <td>United States</td> </tr> </table> </div>	Name of Hospital	License Number	ALLEGHENY HEALTH NETWORK MED EDUCATION CONSORTIUM	H50 [REDACTED]	Street Address 1	Street Address 2	STE 185,	320 E NORTH AVE	City	Zip	PITTSBURGH	15212	State	Country	Pennsylvania	United States																																												
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9.	<p>Complete the APPLICANT INFORMATION section.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <p>APPLICATION INFORMATION:</p> <table border="0"> <tr> <td>Last Name</td> <td>First Name</td> <td>Middle Name</td> <td>Suffix</td> </tr> <tr> <td>Job</td> <td>Aid</td> <td></td> <td></td> </tr> <tr> <td>Date of Birth(MM/DD/YYYY)</td> <td>Social Security Number</td> <td colspan="2"></td> </tr> <tr> <td>11/01/1990</td> <td>[REDACTED]</td> <td colspan="2"></td> </tr> <tr> <td>Street Address</td> <td colspan="3"></td> </tr> <tr> <td>1 state street</td> <td colspan="3"></td> </tr> <tr> <td>Address Line 2</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Mechanicsburg</td> <td>Pennsylvania</td> <td>17050</td> <td></td> </tr> <tr> <td>Country</td> <td>Country</td> <td colspan="2"></td> </tr> <tr> <td>Cumberland</td> <td>United States</td> <td colspan="2"></td> </tr> <tr> <td>Phone Number</td> <td>Email</td> <td colspan="2"></td> </tr> <tr> <td>(909) 999-9999</td> <td>jobaid@testing.com</td> <td colspan="2"></td> </tr> <tr> <td>Maiden/Other Name</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3"></td> </tr> </table> <p>Important information: All applicants must have a unique email address; no two applicants should have the same email address. Please note: For a new applicant who is not registered in PALS, a PALS account will be created automatically upon the payment of the application by the Hospital. When automatically creating a PALS account, the system uses the applicant's email address. It is important to enter the correct email address during the input.</p> </div>	Last Name	First Name	Middle Name	Suffix	Job	Aid			Date of Birth(MM/DD/YYYY)	Social Security Number			11/01/1990	[REDACTED]			Street Address				1 state street				Address Line 2				City	State	Zip Code		Mechanicsburg	Pennsylvania	17050		Country	Country			Cumberland	United States			Phone Number	Email			(909) 999-9999	jobaid@testing.com			Maiden/Other Name							
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Country	Country																																																												
Cumberland	United States																																																												
Phone Number	Email																																																												
(909) 999-9999	jobaid@testing.com																																																												
Maiden/Other Name																																																													



10.

Complete the **NAME AND ADDRESS OF MEDICAL SCHOOL** section:

NAME AND ADDRESS OF MEDICAL SCHOOL:

Name of School/College/University
SNIST Health co

Street Address
440 S Old Middletown Rd

City
Millford

State
Texas

Zip
56789

Date of Attendance

FROM
05/17/2018

TO
01/08/2019

Date of Graduation
01/09/2019

Note: 'Graduate Medical Training License – Unaccredited Medical Schools (Outside of the US and Canada)' application – the following fields are not mandatory for this application and can be left blank: street, city, state, and zip. Enter the name of the Country after the name of the medical school (i.e., Ross University School of Medicine – Barbados).

NAME AND ADDRESS OF MEDICAL SCHOOL:

For schools outside of the US, please include the Country after inputting the name of the medical school (i.e., Ross University School of Medicine – Barbados).

Name of School/College/University

Street Address

City

State
Select State

Zip

Date of Attendance

FROM
MM/dd/yyyy

TO
MM/dd/yyyy

Date of Graduation
MM/dd/yyyy

11.

If previous training in the US, complete the **PREVIOUS TRAINING HOSPITAL INFORMATION** section:

PREVIOUS TRAINING HOSPITAL INFORMATION:

Name of Hospital
St Jones School of Medicine

Address of Hospital
11 downtown Road 23, India 5500013

Begin Date
01/07/2018

End Date
12/03/2018

Specialty
Blood Banking

Please click here to add more.

12.

Complete the **TRAINING HOSPITAL INFORMATION** section for which the applicant will be training at your facility:

TRAINING HOSPITAL INFORMATION:

Specialty
Adolescent Medicine

of years of training in USA (Between 0 and 99)
2

POY Training Level being requested by Hospital
Level 3

Date of Training Requested(MM/DD/YYYY)
02/01/2019

Begin Date
02/01/2019

End Date
09/27/2019



13.	<p>Answer the standard questions in the PLEASE ANSWER THE FOLLOWING QUESTIONS section:</p> <p>PLEASE ANSWER THE FOLLOWING QUESTIONS:</p> <p>APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE): <input type="radio"/> Yes <input type="radio"/> No</p> <p>Will any of your supporting documents be submitted under another name or names? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you a servicemember, veteran, or military spouse? <input type="radio"/> Yes <input type="radio"/> No</p>
14.	<p>Note: The legal questions are locked for the Hospital Users</p> <p>PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS: Edit</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 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>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>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 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 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 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>Do you currently engage in or have you ever engaged in the imtemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Since May 15, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u>, <u>filing date</u>, and the <u>date you were served</u>. 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>
15.	<p>Note: The verification Statement will be disabled for the Hospital.</p> <p>Complete the TO BE COMPLETED BY HOSPITAL REPRESENTATIVE section.</p> <p>VERIFICATION STATEMENT: Edit</p> <p>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. § 4304.1(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.</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 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="1/14/2019"/></p> <p>TO BE COMPLETED BY HOSPITAL REPRESENTATIVE:</p> <p>I VERIFY THAT I AM THE HOSPITAL REPRESENTATIVE FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACCME ACCREDITED PROGRAM AT THIS HOSPITAL.</p> <p>Signature of Hospital Representative: <input type="text" value="Ramsay"/></p> <p>Date: <input type="text" value="1/14/2019"/></p>



16.

The required documents can be uploaded by either the hospital of application. Upload the required documents and select **[Upload All]**.

17.

Select **[Save]** to save the application.

or

Select **[Save and Add Another]** to save the application, clear the form, and begin entering another application of the same type.

Selecting **[Go to Dashboard]** will take the user to the dashboard.

18.

Select **[Go to Dashboard]** upon entering all the applications that you have desired to enter. User dashboard is displayed.



19. Scroll down to the **Third-Party Activities** section and select the applications by selecting the check box. Select **[Add to Cart]**.

Third Party Activities Add To Cart

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

Show 10 entries Search:

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend Email	
AA0000936069	Medicine	Graduate Medical Trainee	[REDACTED]	RENEWAL APPLICATION	Completed	Resend Email	
AA0000936071	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email	
AA0000936020	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email	
AA0000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	[REDACTED]	Graduate Osteopathic Training License	Completed	Resend Email	
AA0000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email	<input checked="" type="checkbox"/>
AA0000936072	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email	<input type="checkbox"/>
AA0000935977	Medicine	Graduate Medical Trainee	[REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	<input type="checkbox"/>
AA0000935976	Medicine	Graduate Medical Trainee	[REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	<input type="checkbox"/>
AA0000935951	Medicine	Graduate Medical Trainee	[REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	<input type="checkbox"/>
AA0000936392	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	<input type="checkbox"/>

Showing 1 to 10 of 32 entries Previous 1 2 3 4 Next

20. The checkout page is displayed. Acknowledge that 'All fees are not refundable' by checking the box next to this statement. Select **[Proceed to Payment]**

Total: \$52.00

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	
<input type="checkbox"/>	1	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	1	AID JOB	30	\$30.00	<input type="checkbox"/>
<input type="checkbox"/>	2	PA CHRC Fee	1	AID JOB	22	\$22.00	

Your available Credit: \$ 378 Apply Credit

All fees are non-refundable. Please check to continue with your transaction.

Total: \$52.00

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	
<input checked="" type="checkbox"/>	1	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	1	AID JOB	30	\$30.00	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2	PA CHRC Fee	1	AID JOB	22	\$22.00	

Your available Credit: \$ 378 Apply Credit

All fees are non-refundable. Please check to continue with your transaction.



21. The Snap Pay Gateway Payment page is displayed. Complete the fields, Captcha verification and then click **[submit]**.

Charge

Cardholder First Name * Cardholder Last Name *

Test 1 Test 2

Cardholder Billing Address * City *

2525 N 7th Street Harrisburg

Country * State * Zip

United States of America Pennsylvania 17110

Email Phone

abcd123@hotmail.com

Card Number * Expiration * CVV *

4111 1111 1111 1111 12/34

Transaction Amount

45.00

I am human  hCaptcha
Privacy - Terms

Submit



22. The Payment Confirmation page is displayed, select **[Go to Dashboard]**.

Payment Summary

Receipt Number: PAID0000738367 Payment Date: 02/14/2019

Application No: PA0000006296 (Medical/Graduate Medical Trainee/Accredited School Graduate) - 02/14/2019

Checklist Name	Status	Download
Application	Pending Review	
Application Fee	Completed	
Child Abuse CE	Not Received	
Criminal History Check	Not Received	
Criminal History Check-Arkansas	Pending Review	
Criminal History Check-Pennsylvania	Not Received	
Education Verification	Not Received	
Exam Results	Not Received	
OPIOID CE	Not Received	
Resume/Curriculum Vitae	Pending Review	

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



23.

The User Dashboard is displayed, the status of the application is displayed as **[Pending Review]**.

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend
AA0000936069	Medicine	Graduate Medical Trainee	[REDACTED]	RENEWAL APPLICATION	Completed	Resend Email
AA0000936071	Medicine	Graduate Medical Trainee	SAGI [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email
AA0000936020	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email
AA0000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	TEST501 OSTTEST	Graduate Osteopathic Training License	Completed	Resend Email
AA0000936072	Medicine	Graduate Medical Trainee	TEST [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email
AA0000935977	Medicine	Graduate Medical Trainee	CHRISTOPHER [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000935976	Medicine	Graduate Medical Trainee	OSHEEN [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000935951	Medicine	Graduate Medical Trainee	GREGORY [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email
AA0000936392	Medicine	Graduate Medical Trainee	[REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email

Showing 1 to 10 of 32 entries

Previous 1 2 3 4 Next

At this point, an email will be sent to the applicant with their login information and instructions to reset their password.

24.

The status of the Application can be viewed from the Third-Party Activities grid.

- The application status will be marked as **Pending Payment** for those applications you have saved, but not yet paid and submitted.
- The application status will be marked as **Pending Review** for those applications that are awaiting completion and submission by the applicants.
- The application status will be marked as **Submitted** when the applicant submits the application.
- The application status will be marked as **Completed** when the application is processed, and a License is issued.



Renewal application:

The following steps can be followed for all the form types:

- GMT Renewal – Medical
- GMT Renewal – Osteo

1. From the left navigation select GMT Icon and select your desired application type:

- GMT Renewal – Medical
- GMT Renewal – Osteo

The screenshot shows the PALS system interface. On the left, a navigation menu is visible with a red box highlighting the 'GMT' icon. A dropdown menu is open, listing the following options: GMT, GMT Accredited, GMT Unaccredited, GMT Osteopathic, GMT Renewal - Medical, and GMT Renewal - Osteo. The main content area shows a 'Request' section with a dropdown menu set to 'Please Select a Request' and a 'License No' field containing 'HS000007L'. Below this is a 'Relationship/Association' section with a search bar and a table with columns for 'License Number', 'Relationship', and 'License Type / Position'. At the bottom, a 'Correspondence' section displays a table with columns for 'Correspondence Type' and 'Category'. The table contains four rows, all with 'Payment Receipt' as the type and 'Email' as the category.

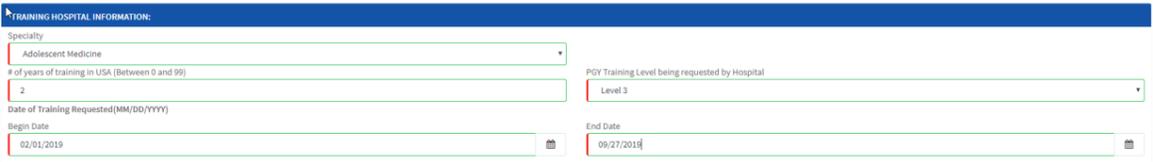
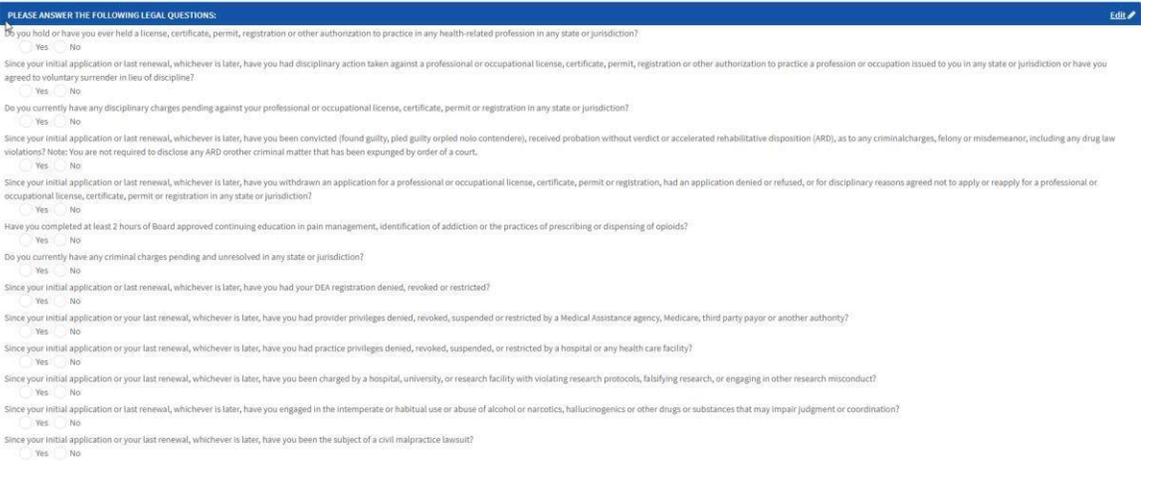
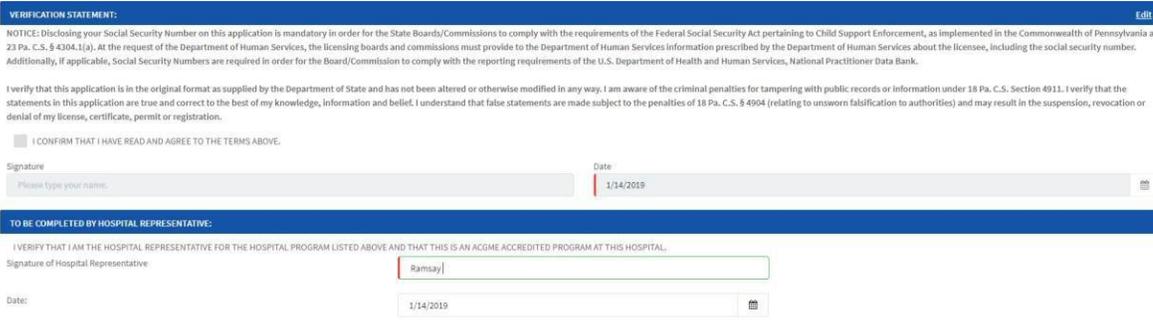
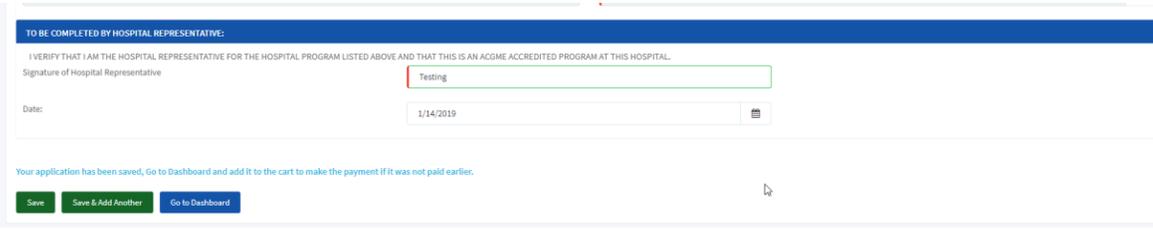
2. The application is displayed:
Note: In this example, GMT Renewal – Medical application is used.

The screenshot shows the 'RENEWAL APPLICATION' form. It includes a 'Be advised:' section with instructions to refer to the State Board of Medicine laws and regulations. Below this is a 'WHAT YOU NEED TO COMPLETE THIS APPLICATION:' section with a list of items: Application, Application Fee, Child Abuse CE, and Exam Results. The 'HOSPITAL INFORMATION: (TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA)' section contains fields for 'Name of Hospital' (ALLEGHENY HEALTH NETWORK MED EDUCATION CONSORTIUM), 'Street Address 1' (STE 145), 'City' (PITTSBURGH), 'State' (Pennsylvania), 'License Number' (HS000000), 'Street Address 2' (320 E NORTH AVE), 'Zip' (15212), and 'Country' (United States).



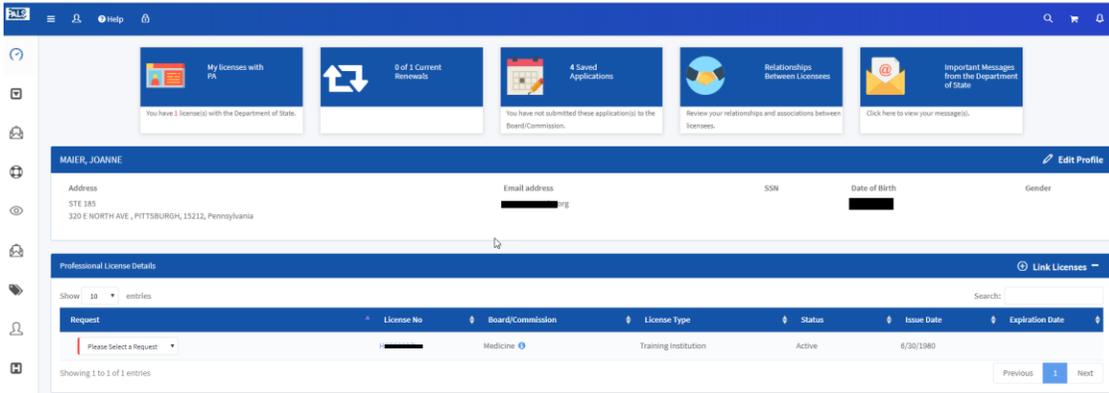
<p>3.</p>	<p>Hospital Information will be prepopulated in the HOSPITAL INFORMATION section:</p> <div style="border: 1px solid black; padding: 5px;"> <p>HOSPITAL INFORMATION: (TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA)</p> <p><small>ATTENTION HOSPITAL: When listing the specialty in which the doctor will be training, list the specialty by the name in which the program is accredited with ACGME. If the Board cannot verify that the program is accredited by ACGME, a discrepancy will occur and could cause a delay in issuing the license.</small></p> <p>Name of Hospital: ALLEGHENY HEALTH NETWORK MED EDUCATION CONSORTIUM</p> <p>Street Address 1: STE 185, City: PITTSBURGH, State: Pennsylvania</p> <p>Street Address 2: 320 E NORTH AVE, Zip: 15212, Country: United States</p> <p>License Number: HSO [REDACTED]</p> </div>
<p>4.</p>	<p>Complete the APPLICANT INFORMATION section with the GMT license number and hit tab. The applicant information will be populated. Make updates as needed.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Applicant Information</p> <p>License Number: MT [REDACTED]</p> <p>Last Name: A [REDACTED], First Name: [REDACTED], Middle Name: [REDACTED], Suffix: [REDACTED]</p> <p>Date of Birth(MM/DD/YYYY): 04/05/1982, Social Security Number: [REDACTED]</p> <p>Address Line 1: 31 [REDACTED], Address Line 2: [REDACTED]</p> <p>City: ALLENTOWN, State: Pennsylvania, Zip Code: 18104, Country: United States</p> <p>Email: [REDACTED]@hvn.org</p> </div>



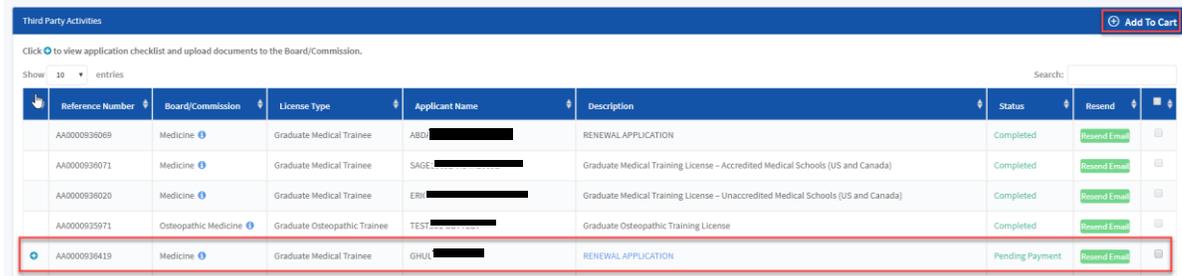
5.	<p>Complete the TRAINING HOSPITAL INFORMATION section:</p> 
6.	<p>Note: The legal questions are locked for the Hospital users</p> 
7.	<p>Note: The verification Statement will be disabled for the Hospital.</p> <p>Complete the 'TO BE COMPLETED BY HOSPITAL REPRESENTATIVE' section.</p> 
8.	<p>Select [Save] to save the application.</p> <p>Or</p> <p>Select [Save and Add Another] to save the application, clear the form, and begin entering another application of the same type.</p> <p>Selecting [Go to Dashboard] will take the user to the dashboard.</p> 



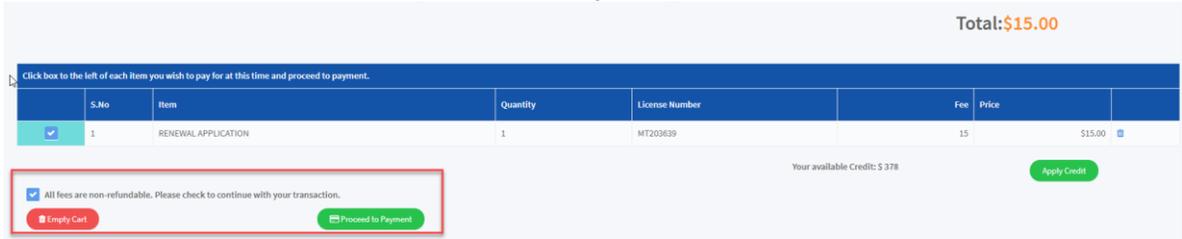
9. Select **[Go to Dashboard]** upon entering all the applications that you have desired to enter. User dashboard is displayed.



10. Scroll down to the **Third-Party Activities** section and select the applications by selecting the check box. Select **[Add to Cart]**.



11. The checkout page is displayed. Acknowledge that 'All fees are not refundable' by checking the box next to this statement. Select **[Proceed to Payment]**





- 12. The Snap Pay Gateway Payment page is displayed. Complete the fields, Captcha verification and then click **[submit]**.

Charge

Cardholder First Name * Cardholder Last Name *

Test 1 Test 2

Cardholder Billing Address * City *

2525 N 7th Street Harrisburg

Country * State * Zip

United States of America Pennsylvania 17110

Email Phone

abcd123@hotmail.com

Card Number * Expiration * CVV *

4111 1111 1111 1111 12/34

Transaction Amount

45.00

I am human

Submit

- 13. The Payment Confirmation page is displayed, select **[Go to Dashboard]**.
The User Dashboard is displayed, the status of the application is displayed as **[Pending Review]**.

Third Party Activities Add To Cart

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

Show: 10 entries Search:

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend Email	
AA000093609	Medicine	Graduate Medical Trainee	ABDUL	RENEWAL APPLICATION	Completed	Resend Email	
AA000093601	Medicine	Graduate Medical Trainee	SAG	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email	
AA000093602	Medicine	Graduate Medical Trainee	ERIK	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email	
AA0000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	TEST	Graduate Osteopathic Training License	Completed	Resend Email	
AA0000936072	Medicine	Graduate Medical Trainee	TEST	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email	
AA0000935977	Medicine	Graduate Medical Trainee	CHRISTOPHER	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA0000935976	Medicine	Graduate Medical Trainee	OSHEEN	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA0000935951	Medicine	Graduate Medical Trainee	GREGORY	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA0000936419	Medicine	Graduate Medical Trainee	GHUL	RENEWAL APPLICATION	Pending Review	Resend Email	
AA0000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	

Showing 1 to 10 of 33 entries Previous 1 2 3 4 Next

At this point, an email will be sent to the applicant with their login information and instructions to reset their password.



14.	<p>The status of the Application can be viewed from the Third-Party Activities grid.</p> <ul style="list-style-type: none">• The application status will be marked as Pending Payment for those applications you have saved, but not yet paid and submitted.• The application status will be marked as Pending Review for those applications that are awaiting completion and submission by the applicants.• The application status will be marked as Submitted when the applicant submits the application.• The application status will be marked as Completed when the application is processed, and a License is issued.
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GMT Applicant Troubleshooting:

GMT Applicant did not receive login email

1. If the applicant's email address was entered incorrectly, open the application from the Third-Party Activities grid by clicking on the application link:

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend
AA000093069	Medicine	Graduate Medical Trainee	ABDI [REDACTED]	RENEWAL APPLICATION	Completed	Resend Email
AA000093071	Medicine	Graduate Medical Trainee	SAGO [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email
AA000093020	Medicine	Graduate Medical Trainee	ERIC [REDACTED]	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email
AA0000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	TEST [REDACTED]	Graduate Osteopathic Training License	Completed	Resend Email
AA000093072	Medicine	Graduate Medical Trainee	TEST [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email
AA0000935977	Medicine	Graduate Medical Trainee	CHRISTOPHER [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000935976	Medicine	Graduate Medical Trainee	OSHEEN [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000935951	Medicine	Graduate Medical Trainee	GREGORY [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email
AA0000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email
AA0000936392	Medicine	Graduate Medical Trainee	ERIC [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email

Showing 1 to 10 of 32 entries

Edit the email and select **[Save]** and select **[Go to Dashboard]**.

APPLICATION INFORMATION:

Last Name: [REDACTED] First Name: Aid Middle Name: Suffix: [REDACTED]

Job: [REDACTED] Aid: [REDACTED] Social Security Number: [REDACTED]

Date of Birth(MM/DD/YYYY): 11/01/1990

Street Address: [REDACTED]

City: Mechanicsburg State: Pennsylvania Zip Code: 17050

County: Cumberland Country: United States

Phone Number: (717) 111-1111 Email: jobaid12@esting.com

Maiden/Other Name: [REDACTED]

2. Dashboard is displayed. Click on resend to have the email sent to the updated email address and then click OK.

AA0000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email
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www.pals.beta.pa.gov says
Email Sent.

OK



GMT Applicant information is incorrect

1. If the applicant information was entered incorrectly, open the application from the Third-Party Activities grid by clicking on the application link:

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend Email	
AA000936069	Medicine	Graduate Medical Trainee	ABDUL [REDACTED]	RENEWAL APPLICATION	Completed	Resend Email	
AA000936071	Medicine	Graduate Medical Trainee	SAGI [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email	
AA000936020	Medicine	Graduate Medical Trainee	ERIG [REDACTED]	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email	
AA000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	TES [REDACTED]	Graduate Osteopathic Training License	Completed	Resend Email	
AA000936072	Medicine	Graduate Medical Trainee	TEST [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email	
AA000935977	Medicine	Graduate Medical Trainee	CHRISTOPHER [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000935976	Medicine	Graduate Medical Trainee	OSHEEN [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000935951	Medicine	Graduate Medical Trainee	GREGORY [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	
AA000936392	Medicine	Graduate Medical Trainee	ERIC [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	

Showing 1 to 10 of 32 entries

Previous 1 2 3 4 Next

Edit the information and select [Save] and select [Go to Dashboard].

APPLICATION INFORMATION:

Last Name: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED] Suffix: [REDACTED]

Job: [REDACTED] Address: [REDACTED] Social Security Number: [REDACTED]

Date of Birth (MM/DD/YYYY): 11/01/1999

Street Address: [REDACTED] Address Line 2: [REDACTED]

City: Mechanicsburg State: Pennsylvania Zip Code: 17050

Country: United States

Phone Number: (717) 111-1111 Email: job4123@testing.com

Maiden/Other Name: [REDACTED]



GMT Applicant unable to answer security questions.

1. Select the application from the 3rd Party Activity grid.

Reference Number	Board/Commission	License Type	Applicant Name	Description	Status	Resend	
AA000936069	Medicine	Graduate Medical Trainee	ABDI [REDACTED]	RENEWAL APPLICATION	Completed	Resend Email	
AA000936071	Medicine	Graduate Medical Trainee	SAGI [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Completed	Resend Email	
AA000936020	Medicine	Graduate Medical Trainee	ERIK [REDACTED]	Graduate Medical Training License - Unaccredited Medical Schools (US and Canada)	Completed	Resend Email	
AA000935971	Osteopathic Medicine	Graduate Osteopathic Trainee	TEST [REDACTED]	Graduate Osteopathic Training License	Completed	Resend Email	
AA000936072	Medicine	Graduate Medical Trainee	TEST [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Payment	Resend Email	
AA000935977	Medicine	Graduate Medical Trainee	CHRISTOPHER [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000935976	Medicine	Graduate Medical Trainee	OSHEEN [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000935951	Medicine	Graduate Medical Trainee	GREGORY [REDACTED]	RENEWAL APPLICATION	Pending Payment	Resend Email	
AA000936396	Medicine	Graduate Medical Trainee	AID JOB	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	
AA000936392	Medicine	Graduate Medical Trainee	ERIK [REDACTED]	Graduate Medical Training License - Accredited Medical Schools (US and Canada)	Pending Review	Resend Email	

Showing 1 to 10 of 32 entries

Previous 1 2 3 4 Next

Verify the details and provide the necessary information to the applicant.

APPLICATION INFORMATION:

Last Name: [REDACTED] First Name: Aid Middle Name: Suffix:

Job: [REDACTED] Social Security Number: [REDACTED]

Date of Birth(MM/DD/YYYY): 11/01/1990

Street Address: [REDACTED]

City: Mechanicsburg State: Pennsylvania Zip Code: 17050

County: Cumberland Country: United States

Phone Number: (717) 311-1111 Email: jobaid12@esting.com

Maiden/Other Name: [REDACTED]