



Bureau of Professional and Occupational Affairs

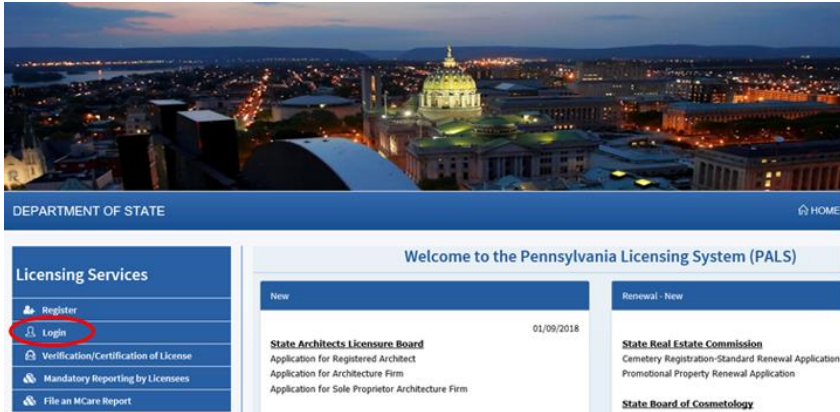
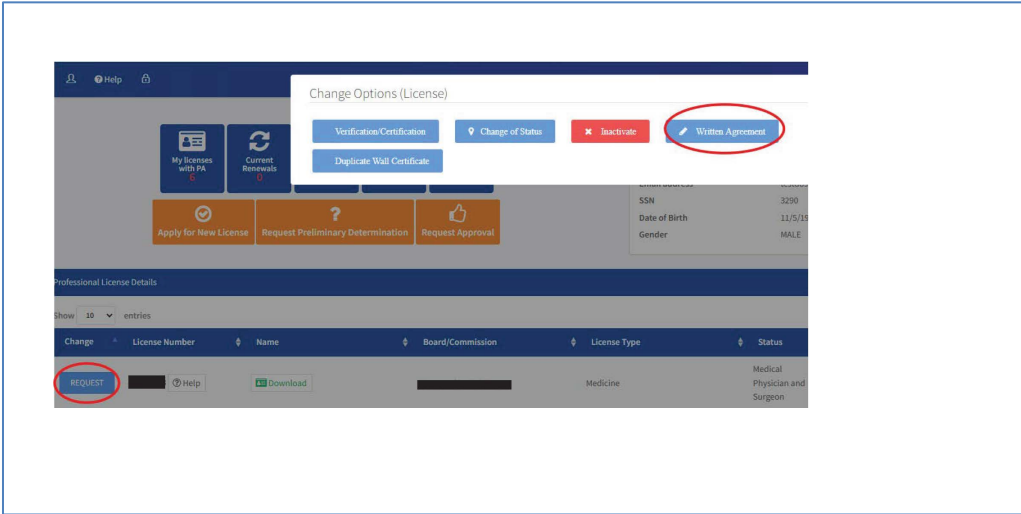
**State Boards of Medicine and Osteopathic
Medicine**

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

Version 2.0
10-2025

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.	Go to https://www.pals.pa.gov Select Login 
2.	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. In the Professional license details section, click the request button. c. In the change options box, click written agreement 

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

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

Checklist items

PRIMARY SUPERVISOR DETAILS:

License Number
MD3382903

Last Name
DEMO

First Name
ALBERT

Middle Name

Street
123 DEMO ST

City
HARRISBURG

State
Pennsylvania

Zip
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
DEMO

First Name
DOROTHY

Middle Name

Street
123 DEMO ST

City
HARRISBURG

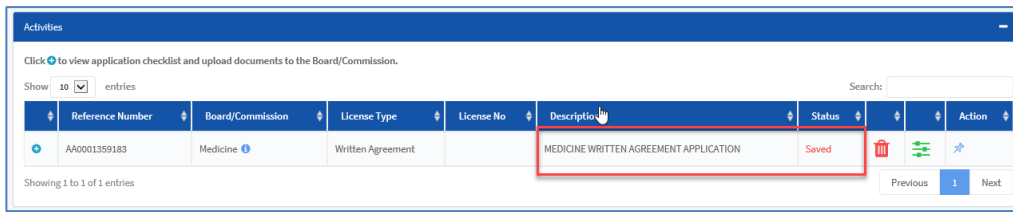
State
Pennsylvania

Zip
17101

Written Agreement Initiated by Physician and Surgeon

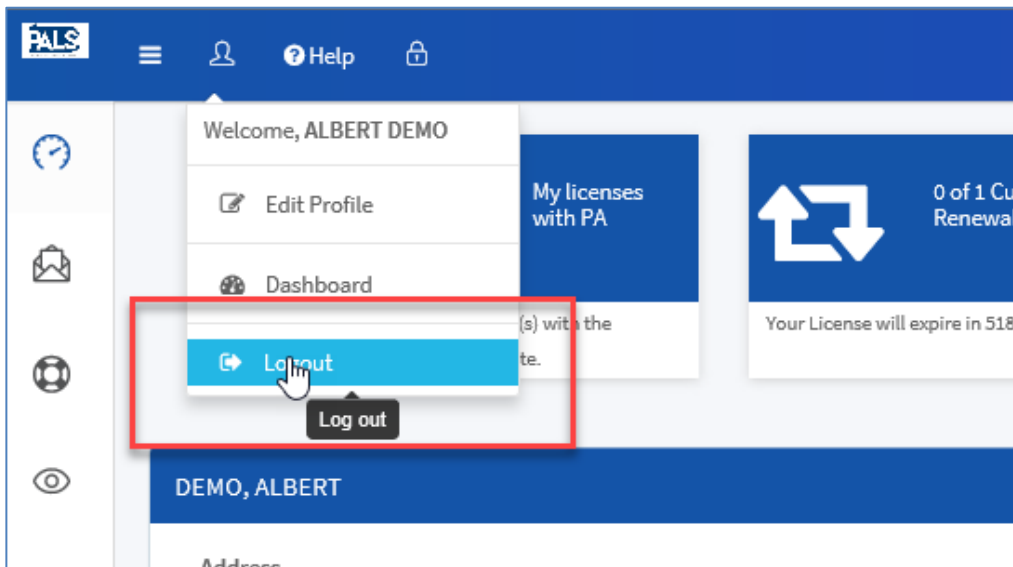
5.	In the QUESTIONS SECTION complete all the questions QUESTIONS SECTION: Please provide the following information for questions below. Specialties of the Primary Supervisor: Will a group of physicians supervise the physician assistant? ☐ Yes ☐ No Will the physician assistant prescribe and dispense drugs/therapeutic 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: --Select-- Zip Code: Enter the primary practice telephone number:
6.	Click on the [SEND TO PHYSICIAN ASSISTANT] button Comments: Save SEND TO PHYSICIAN ASSISTANT
7.	User will be redirected to the Dashboard page. The application will be displayed under the Activities section:

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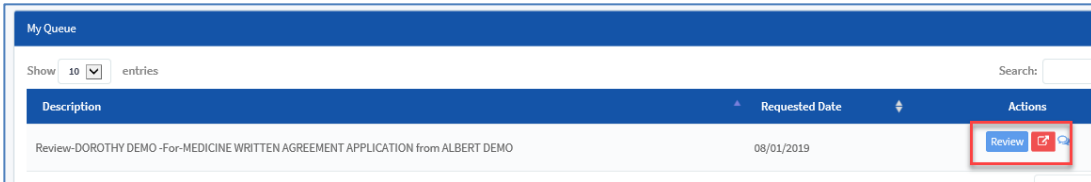
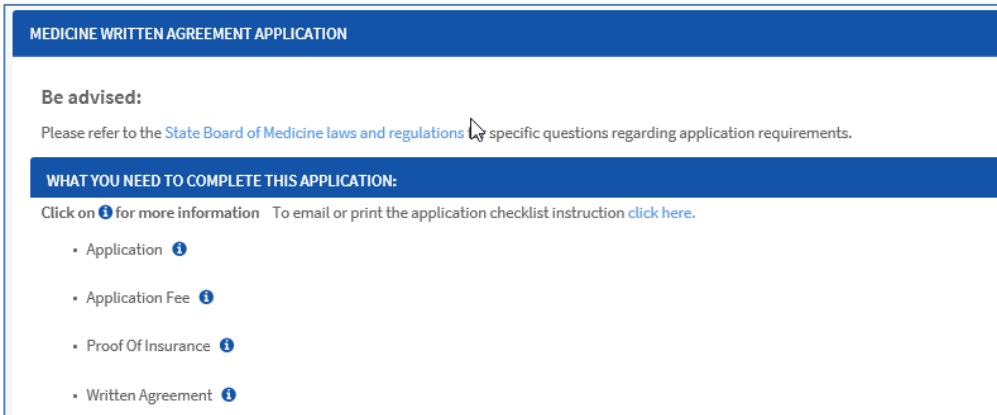
Reference Number	Board/Commission	License Type	License No	Description	Status	Action
AA0001359183	Medicine	Written Agreement		MEDICINE WRITTEN AGREEMENT APPLICATION	Saved	

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.

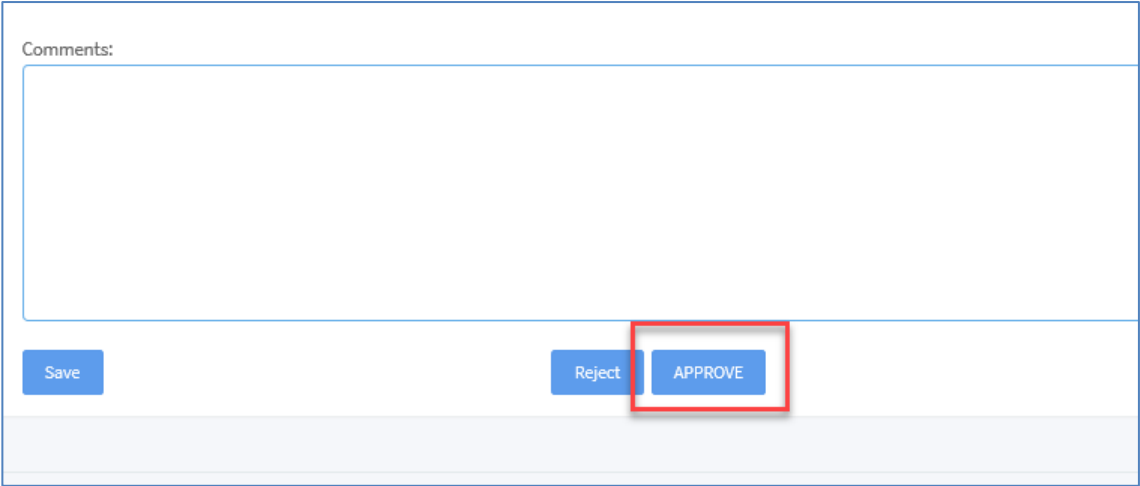
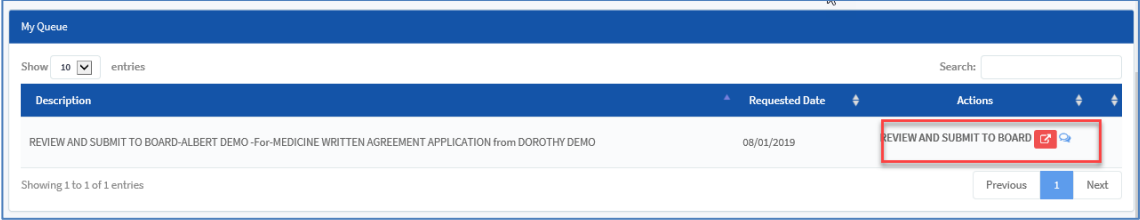
Written Agreement Initiated by Physician and Surgeon

9.	The Physician Assistant 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 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.
	
11.	In the CONFIRMATION STATEMENT SECTION mark the ‘I CONFIRM’ check box and type your name in the Signature box

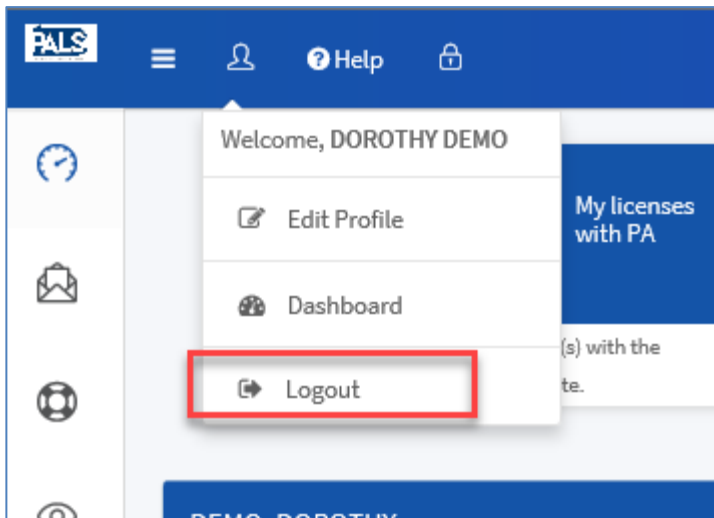
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	CONFIRMATION STATEMENT SECTION: - I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. - I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my employment. - 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 supervisor is not available. ☒ I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE. Signature Please type your name. Date 8/1/2019												
12.	In the Check List Documents section, you will be required to upload current proof of malpractice insurance. Click on [Browse] The Choose File To Upload message is displayed. Select the file and click on the [Open] button												
13.	In the Upload documents section, click on the [Upload] button Uploaded documents <table><tr><th>Document Type</th><th>Document Name</th><th>Size</th><th>Progress</th><th>Status</th><th>Actions</th></tr><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></td><td></td><td> Upload </td></tr></table>	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			Upload
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14.	After uploading the required documents, click on the [Approve] button												

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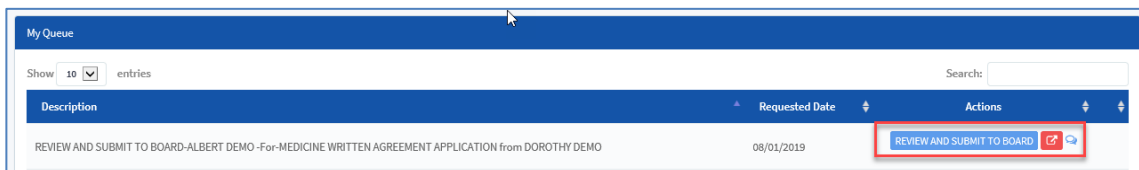
	
15.	User will be redirected to the Dashboard page. The application will be displayed in the My Queue section as REVIEW AND SUBMIT TO BOARD 
16.	In the Dashboard page, at the top left corner, click on the Person icon and then click on the Logout option:

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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.
- The **Dashboard** screen will be displayed.
 - 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

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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
- 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 as a 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

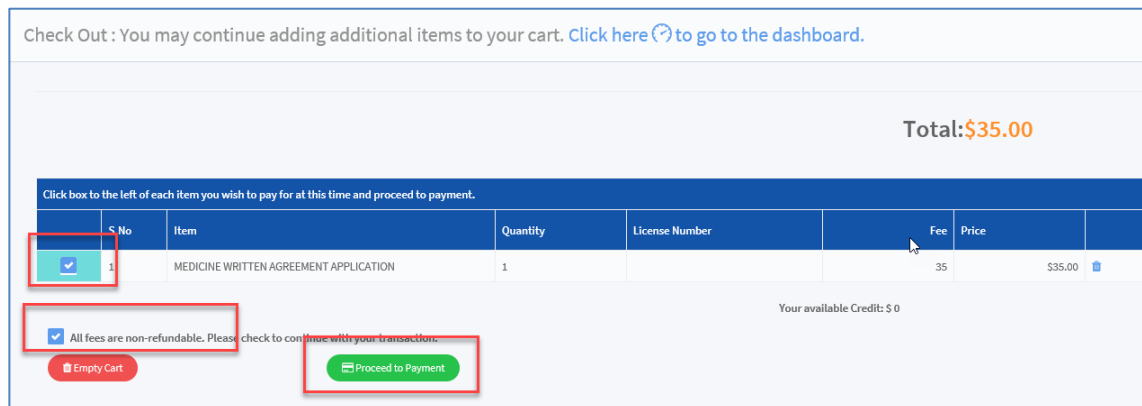
Comments:

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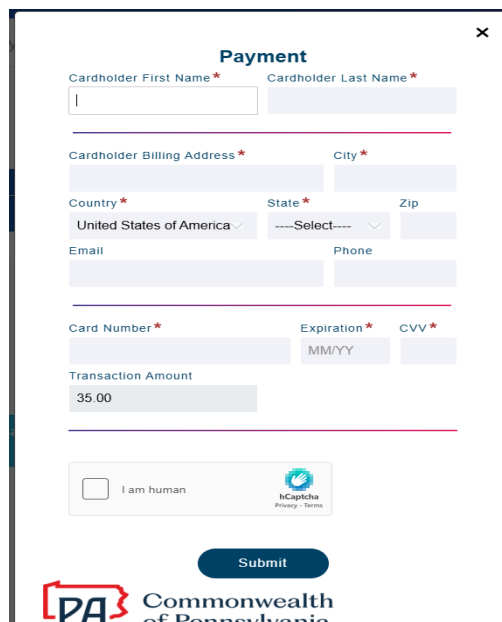
20. The **Review Your Application** page is displayed. Review the application and click on the **[Add to Cart]** button



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



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



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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: PAID0000741604

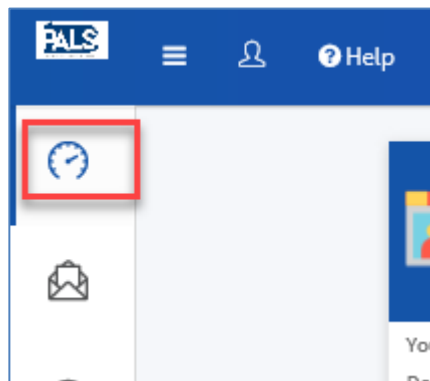
Payment Date: 08/01/2019

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



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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	10	entries	Search:				
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	10	entries	Search:				
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	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	 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. 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.				
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.				

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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 entries Search:

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

Show 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
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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. 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.
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.

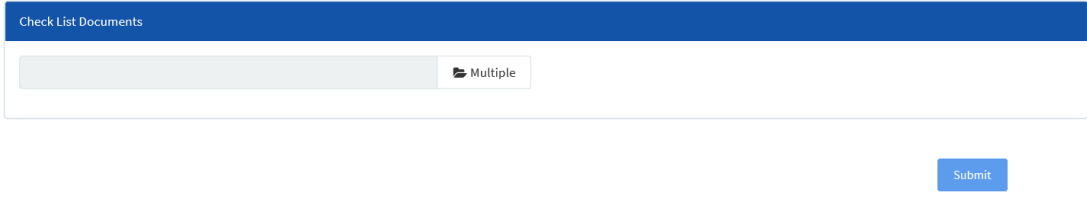
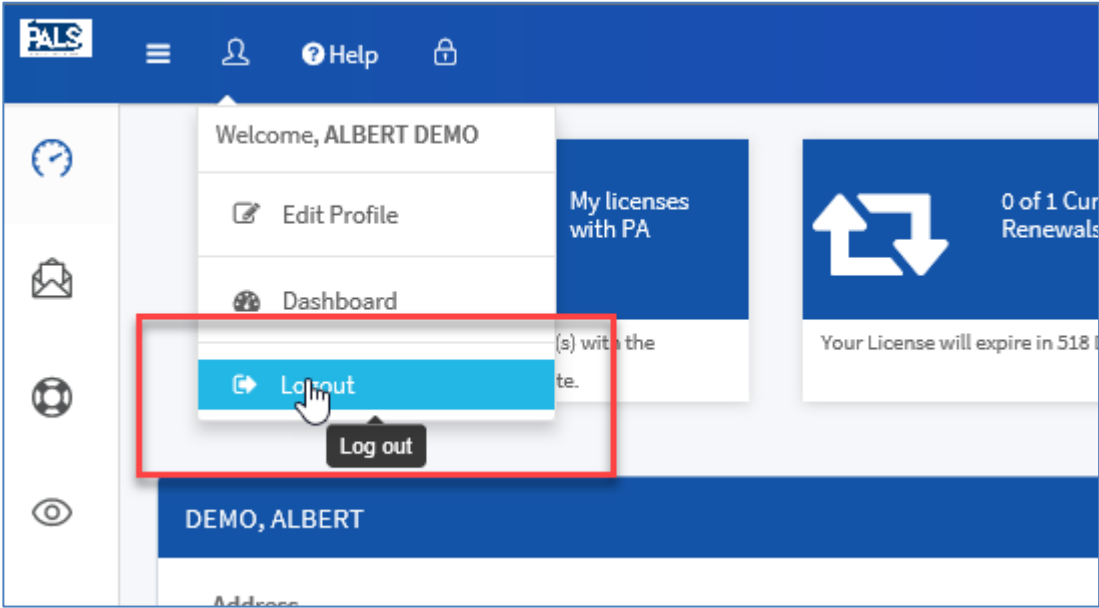
30. Click on the Arrow to view the specific discrepancy.

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