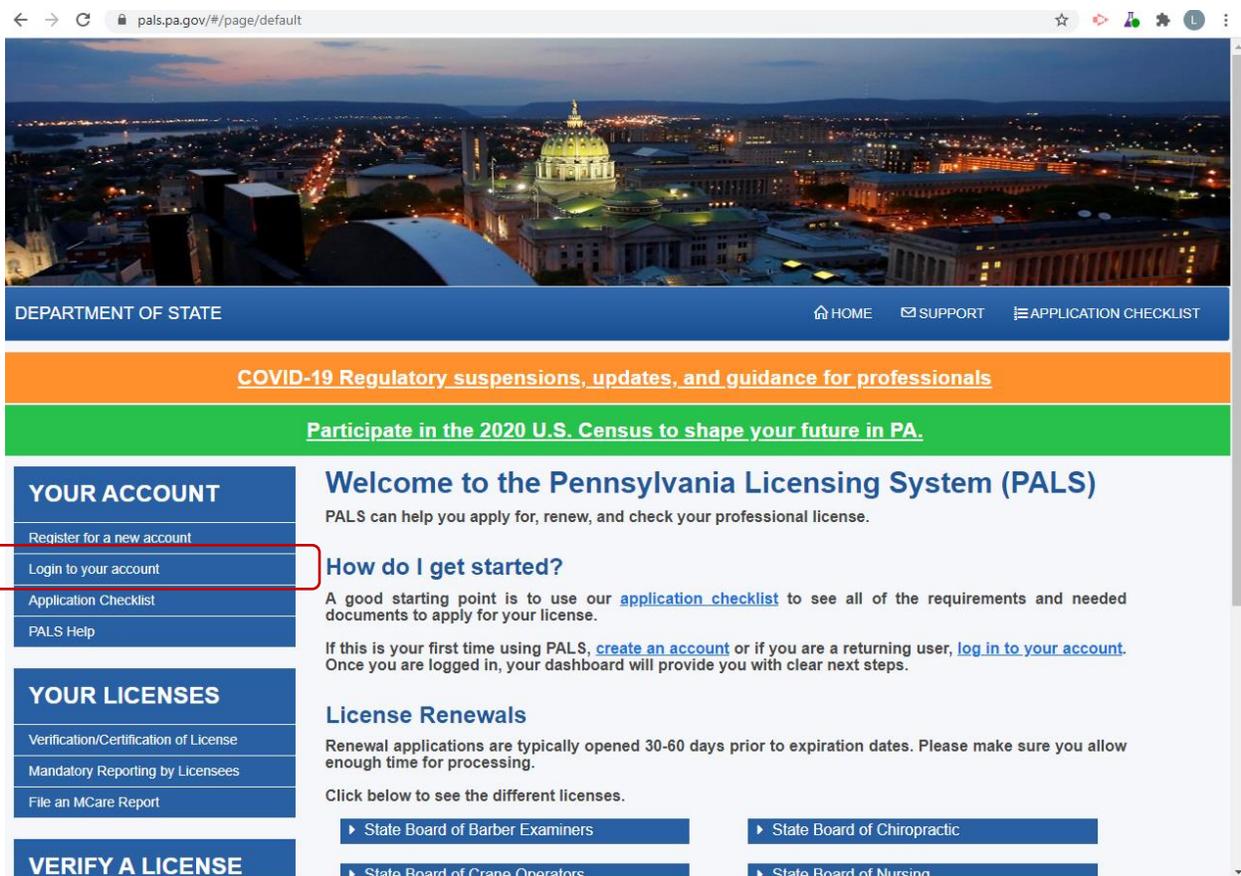


User Guide for Certified Registered Nurse Practitioner (CRNP) Prescriptive Authority Collaborative Agreement Change Application

These instructions will provide the applicant with the steps on how to submit a request for a change to an existing CRNP Prescriptive Authority Collaborative Agreement approval. To complete the application, both the CRNP and the primary collaborating physician will need to log into their online licensing account to complete specific portions of the application.

- CRNP will log into their PALS account by going to www.pals.pa.gov and clicking on “Login to your account” on the left-hand side of the screen.



- The CRNP will need to log in using their credentials.

The screenshot shows the login page for the Pennsylvania Department of State. The browser address bar displays 'pals.pa.gov/#/page/login'. The page header includes a night view of the state capitol building and a navigation bar with 'DEPARTMENT OF STATE', 'HOME', 'SUPPORT', and 'APPLICATION CHECKLIST'. The main content area is divided into two sections. The left section, titled 'Sign In for Existing Applicants & Licensees', contains a 'User ID' input field, a 'Password' input field, and a blue 'LOGIN' button. A red box highlights the 'LOGIN' button. Below the 'LOGIN' button is a link: 'Need Assistance? [Click here](#)'. The right section contains a list of links for account management: 'Don't have an account? [Register Now](#)', 'Forgot your User ID? [Click here](#)', 'Forgot your password? [Reset here](#)', 'Update your Email Address [Click here](#)', and 'Forgot your Registration code? [Click here](#)'. The footer contains links for 'PRIVACY POLICY', 'SECURITY POLICY', 'AGENCIES', 'CONTACT US', and a copyright notice: 'COPYRIGHT © 2020 COMMONWEALTH OF PENNSYLVANIA. ALL RIGHTS RESERVED'.

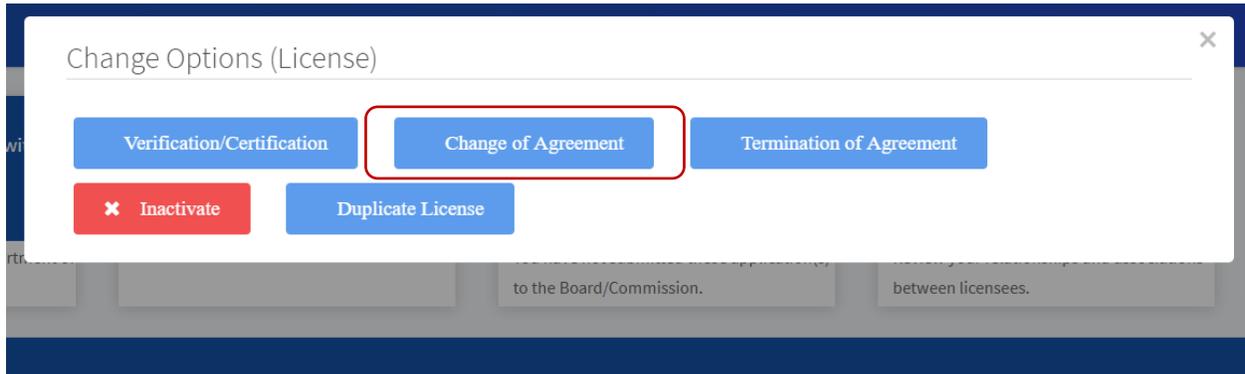
- Once logged in, the CRNP dashboard will be shown. Scroll to the Professional License Details section.

The screenshot displays the 'Professional License Details' section of the CRNP dashboard. It features a table with the following columns: Change, Review, License Number, Name, Board/Commission, License Type, Status, Issue Date, Expiration Date, and Related Licenses. The table contains several rows of license information, including three active licenses and several expired ones. A red box highlights the pencil icon in the 'Change' column of the first active license row.

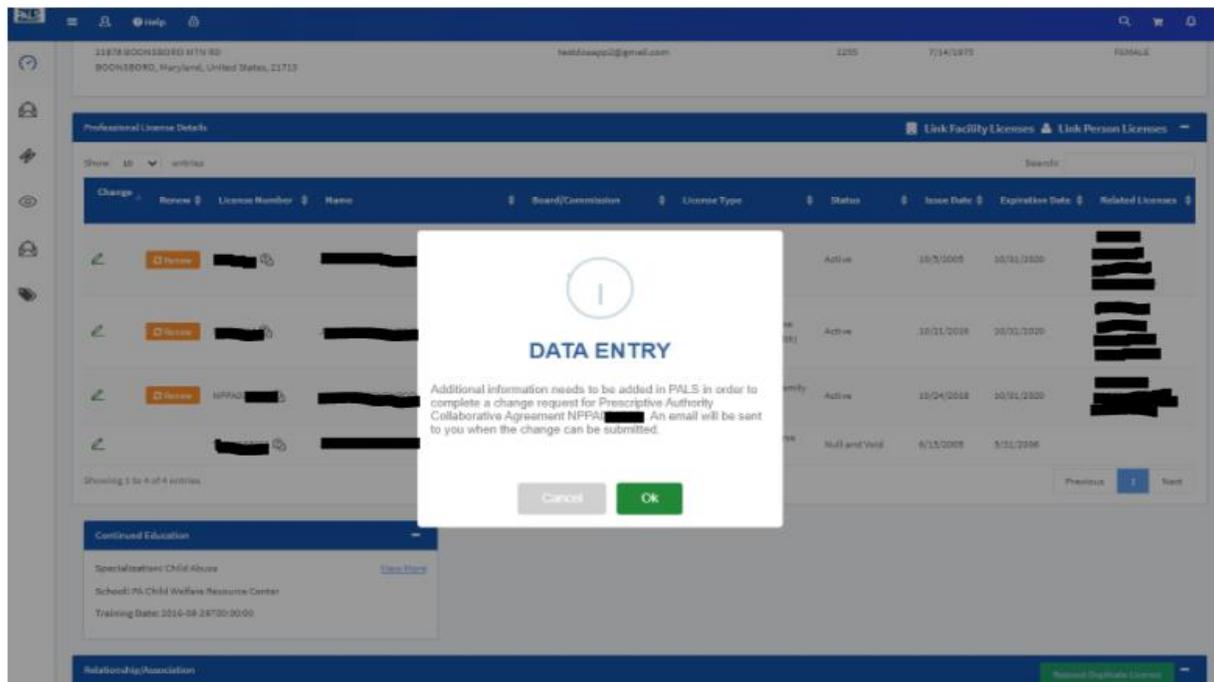
- Click the Pencil Icon beside the Active Prescriptive Authority.

This close-up view shows the 'Change' column of the license table. A red box highlights a green pencil icon, which is used to edit the details of the corresponding license row.

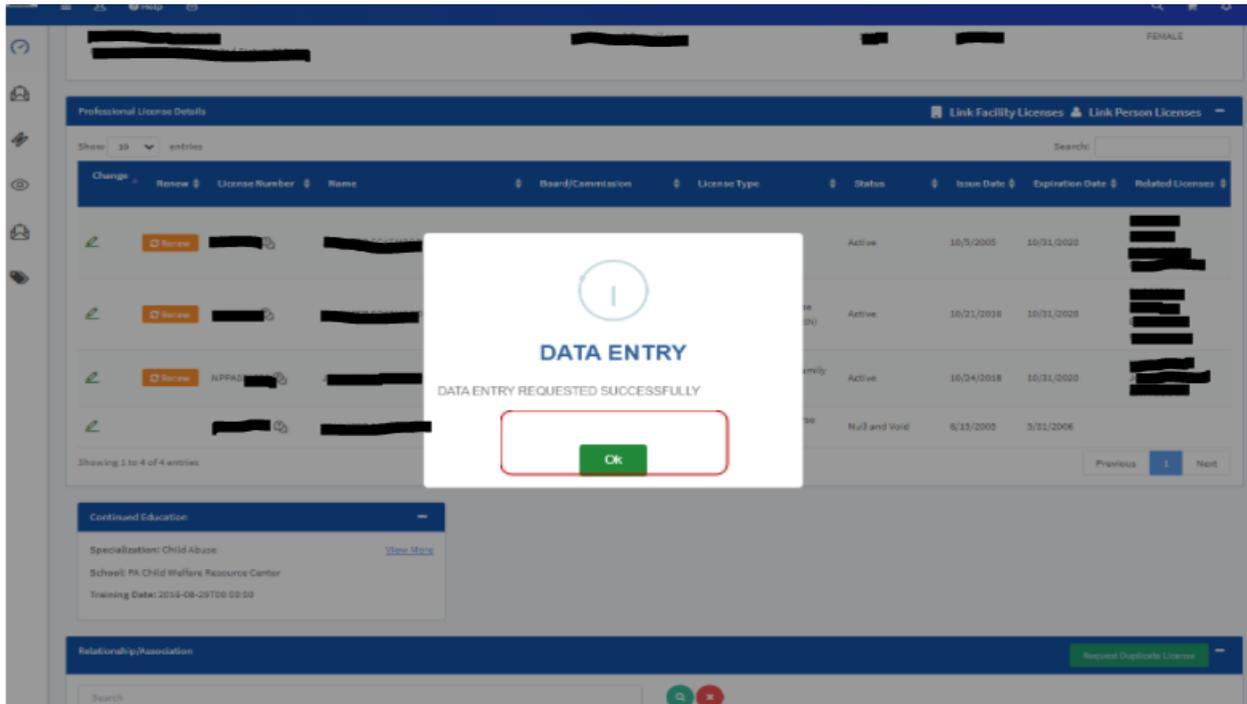
- The Change Options (License) menu will appear. Click on the option for Change of Agreement to make a change or Termination of Agreement to terminate the agreement with the primary collaborating physician.



- Once Change of Agreement is clicked, a popup button may appear indicating additional information needs to be added by Board of Nursing staff before the change request can be submitted.



- Click OK



- Click OK

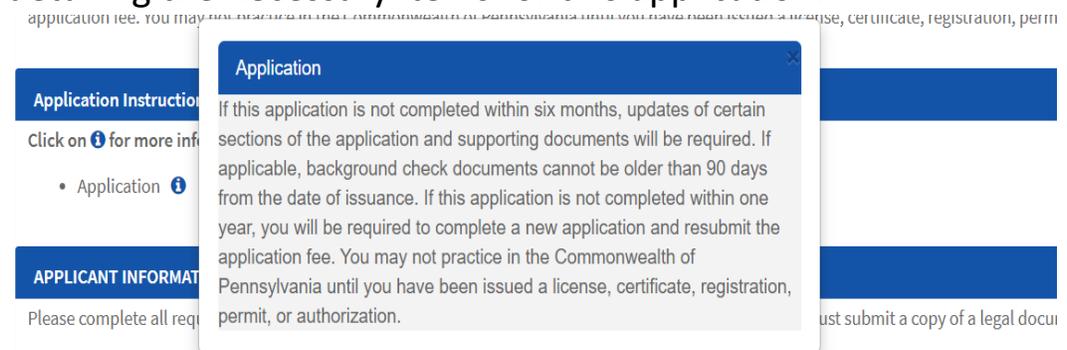
An email will be sent to the CRNP when the data entry has been completed and the change can be requested.

Note: If a request has already been initiated the Change of Agreement button will not be available. If data is already captured in the system a data entry request will not be generated; CRNP will be directed to the Change Form.

- Once Change of Agreement is clicked, the application will appear.
 - CRNP Prescriptive Authority Application board information section will appear at the top of the page:



- A checklist is available in the Application Instructions section detailing the necessary items for this application.



- The Applicant Information and Certified Registered Nurse Practitioner Information sections will be prepopulated.

APPLICANT INFORMATION

Please complete all required fields. [Click here for field definitions](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed in the board's records and also the new name.

[Click here to refresh personal information](#)

Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Title: [Redacted]

Date of Birth (MM/DD/YYYY): [Redacted] Social Security Number: [Redacted]

Street Address: [Redacted]

Address Line 2: [Redacted]

City: [Redacted] State: Pennsylvania Zip Code: [Redacted]

County: [Redacted] Country: United States

Phone Number: [Redacted] Email: [Redacted]

Aliases/Other Name: [Redacted]

CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION

Name of Certified Registered Nurse Practitioner: [Redacted]

Pennsylvania CRNP License Number: [Redacted]

CRNP specialty for this Collaborative Agreement for Prescriptive Authority: Women's Health

- Collaborating and Substitute Physician section:
 - Collaborating Physician – this is an auto populated field and cannot be deleted.
 - Substitute Physician/s – current substitute physician will be listed, and applicant can delete them or add more substitute physicians.

COLLABORATING PHYSICIAN

License Number: [Redacted]

First Name: [Redacted] Middle Name: [Redacted] Last Name: [Redacted]

PLEASE ENTER YOUR SUBSTITUTE PHYSICIAN:

[Please click here to search for a license.](#)

LICENSE NUMBER	NAME	EXPIRATION DATE	
[Redacted]	[Redacted]	[Redacted]	<input type="button" value="🗑️"/> <input type="button" value="➕"/>
			<input type="button" value="➕"/>

○ Professional Liability Section:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Professional Liability: Check one

I maintain the required professional liability insurance.

I am exempt from having the required professional liability insurance.

○ Circumstances Section:

Indicate the circumstances, and how often the collaborating physician will personally see the patient.(Must check at least one.)

<input type="checkbox"/> CRNP Request	<input type="checkbox"/> Daily
<input type="checkbox"/> Every other visit	<input type="checkbox"/> Once per year
<input type="checkbox"/> Patient condition outside CRNP scope of practice	<input type="checkbox"/> Patient not responding to treatment
<input type="checkbox"/> Patient or Family request	<input type="checkbox"/> Twice per year
<input checked="" type="checkbox"/> Other	

Please Mention:

○ Controlled Substance prescribing Authority Section:

Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule II (Maximum 30 Day Supply)

Yes No

Schedule III (Maximum 90 Day Supply)

Yes No

Schedule IV (Maximum 90 Day Supply)

Yes No

○ Drug Categories and Effective Date of the Agreement Section:

Drug Categories: Individually check each category of drugs from which the CRNP may prescribe and dispense.

<input type="checkbox"/> (a) Antihistamines	<input type="checkbox"/> (b) Anti-infective agents
<input type="checkbox"/> (c) Antineoplastic agents	<input type="checkbox"/> (d) Unclassified therapeutic agents
<input type="checkbox"/> (e) Devices and pharmaceutical aids	<input type="checkbox"/> (f) Autonomic drugs
<input type="checkbox"/> (g) Blood formation drugs	<input type="checkbox"/> (h) Coagulation and anticoagulation drugs
<input type="checkbox"/> (i) Thrombolytic and antithrombolytic agents	<input type="checkbox"/> (j) Cardiovascular drugs
<input type="checkbox"/> (k) Central nervous system agents	<input type="checkbox"/> (l) Contraceptives including foams and devices
<input type="checkbox"/> (m) Diagnostic agents	<input type="checkbox"/> (n) Disinfectants for agents used on objects other than skin
<input type="checkbox"/> (o) Electrolytic, caloric and water balance	<input type="checkbox"/> (p) Enzymes
<input type="checkbox"/> (q) Antitussive, expectorants and mucolytic agents	<input type="checkbox"/> (r) Gastrointestinal drugs
<input type="checkbox"/> (s) Local anesthetics	<input type="checkbox"/> (t) Eye, ear, nose and throat preparations
<input type="checkbox"/> (u) Serums, toxoids and vaccines	<input type="checkbox"/> (v) Skin and mucous membrane agents
<input type="checkbox"/> (w) Smooth muscle relaxants	<input type="checkbox"/> (x) Vitamins
<input type="checkbox"/> (y) Hormones and synthetic substitutes	

The date you are requesting that this agreement become effective:

○ Verification Statement Section:

VERIFICATION STATEMENT:

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.

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.

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

Signature Date

Please type your name. 8/18/2021

○ CRNP Signature section for the agreement section:

CERTIFIED REGISTERED NURSE PRACTITIONER SIGNATURE:

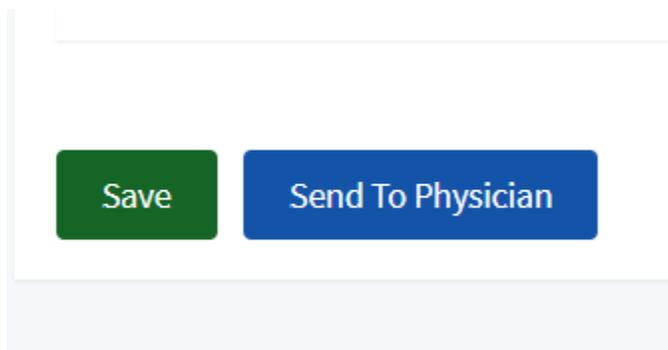
This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature Date

Please type your name. 8/18/2021

○ Save and Send to Physician Button:

- Save – allows the applicant to save information and send it to the collaborating physician it at a later time.
- applicant must click this button to send the application to the collaborating physician for review.



- After Send to Physician, CRNP will be directed to confirmation page, where they can download a pdf copy of the application.

Confirmation

Thank You For Submitting Your Application.

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.

[Customer Satisfaction Survey.](#)

Application Summary

Application No [REDACTED] (Nursing/ Prescriptive Authority/ Application) - 08/19/2021 📄

CheckList Name	Status	Download
Application	Pending Review	📄

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

Next Steps
Go to Dashboard

APPLICANT INFORMATION

Please complete all required fields. [Contact the Board](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed on the Board's records and also the new name.

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

CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION

Name of Certified Registered Nurse Practitioner: [REDACTED]

Pennsylvania CRNP Certificate Number: [REDACTED]

CRNP specialty for the Collaborative Agreement for Prescriptive Authority: Warning Health

PLEASE ENTER YOUR (S) ASSOCIATE PHYSICIAN

Please click here to search for a license.

LICENSE NUMBER	NAME	EXPIRES DATE	STATUS	LICENSED STATE
[REDACTED]	[REDACTED]	12/31/2022	🗄	[REDACTED]

PLEASE ENTER YOUR (S) PHYSICIAN

Please click here to search for a license.

LICENSE NUMBER	NAME	EXPIRATION DATE
[REDACTED]	[REDACTED]	12/31/2022 🗄
[REDACTED]	[REDACTED]	12/31/2022 🗄

- Application will be listed as 'Pending Review' under My Activities section of the CRNP Dashboard:

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

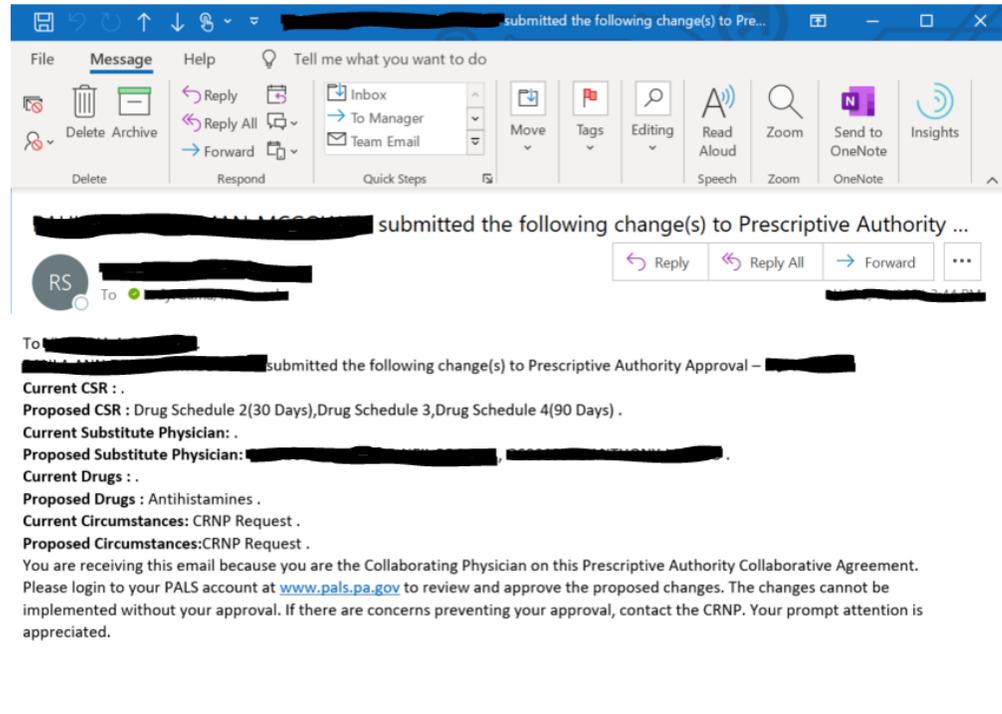
Show 10 entries

Reference Number	Board/Commission	License Type	License Number	Description	Status	Timeline	Action
[REDACTED]	Nursing	Certified Registered Nurse Practitioner	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Nursing	Registered Nurse	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Medicine	Nurse-Midlevel Prescriptive Authority	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Medicine	Nurse-Midlevel	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Nursing	Certified Registered Nurse Practitioner	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Nursing	Registered Nurse	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Medicine	Nurse-Midlevel Prescriptive Authority	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Medicine	Nurse-Midlevel	[REDACTED]	RENEWAL APPLICATION	Completed	[Timeline]	[Action]
[REDACTED]	Nursing	Prescriptive Authority	[REDACTED]	CRNP PRESCRIPTIVE AUTHORITY APPLICATION	Pending Review	[Timeline]	[Action]

Showing 1 to 10 of 12 entries

Previous 1 2 Next

- Once the CRNP sends the agreement to the collaborating physician, an email will be sent to the collaborating physician.
 - Collaborating Physician Email Notification:
 - The Collaborating Physician will receive an email with the information of the Prescriptive Authority Change Application from the CRNP Prescriptive Authority.



- Collaborating Physician will log in to their PALS account to access the application under their My Queue section:
 - The Collaborating Physician will not be able to edit the information.
 - The red icon allows the collaborating physician to view the information.
 - The blue button allows the collaborating physician to reject or approve the changes.



APPLICANT INFORMATION:

Please complete all required fields. [Contact the Board Office](#) to complete a request for change of name. You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name.

Last Name	First Name	Middle Name	Suffix
[Redacted]	[Redacted]	[Redacted]	[Redacted]

CERTIFIED REGISTERED NURSE PRACTITIONER INFORMATION:

Name of Certified Registered Nurse Practitioner: [Redacted]

Pennsylvania CRNP Certificate Number: [Redacted]

CRNP specialty for this Collaborative Agreement for Prescriptive Authority: [Redacted]

PLEASE ENTER YOUR COLLABORATING PHYSICIAN:

[Please click here to search for a license.](#)

LICENSE NUMBER	NAME	EXPIRATION DATE	EMAIL	CONFIRM EMAIL
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

PLEASE ENTER YOUR SUBSTITUTE PHYSICIAN:

[Please click here to search for a license.](#)

LICENSE NUMBER	NAME	EXPIRATION DATE
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Professional Liability: Check one

- I maintain the required professional liability insurance.
- I am exempt from having the required professional liability insurance.

Indicate the circumstances, and how often the collaborating physician will personally see the patient. (Must check at least one.)

- CRNP Request
- Every other visit
- Patient condition outside CRNP scope of practice
- Patient or Family request
- Other
- Daily
- Once per year
- Patient not responding to treatment
- Twice per year

Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule I (Maximum 30 Day Supply)

- Yes
- No

Schedule II (Maximum 30 Day Supply)

- Yes
- No

Schedule IV (Maximum 90 Day Supply)

- Yes
- No

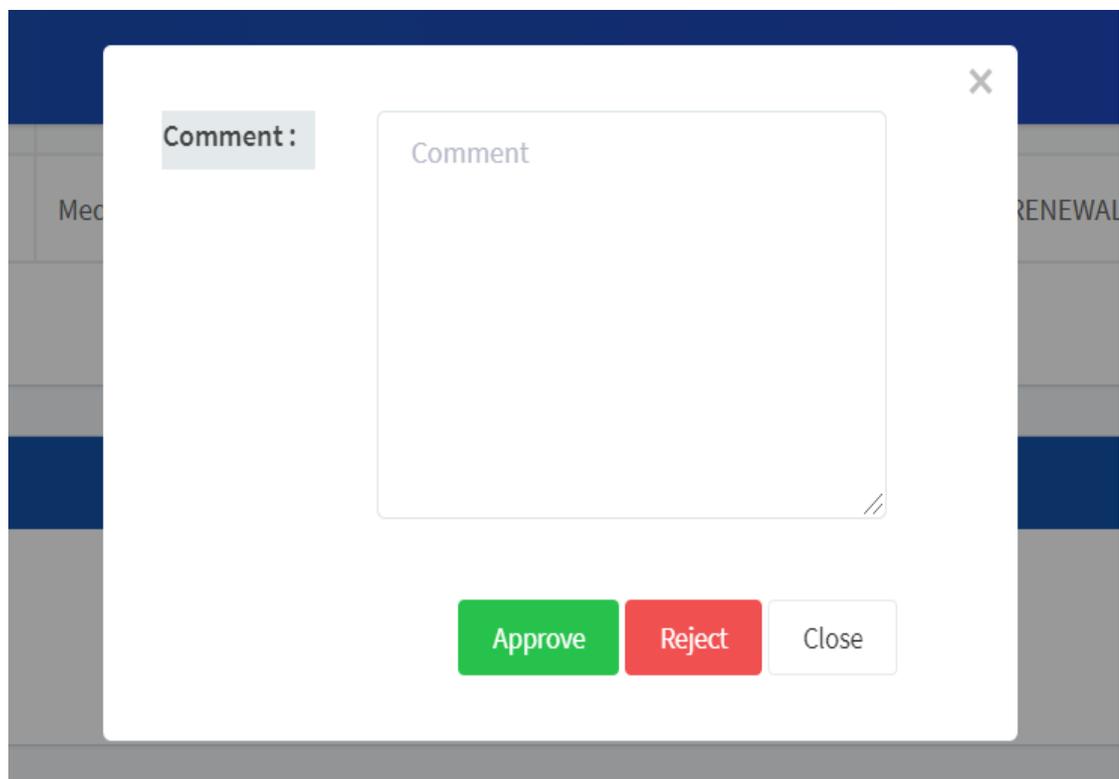
Drug Categories: Individually check each category of drugs from which the CRNP may prescribe and dispense.

- (a) Antihistamines
- (b) Anti-infective agents
- (c) Antineoplastic agents
- (d) Unclassified therapeutic agents
- (e) Devices and pharmaceutical aids
- (f) Autonomic drugs
- (g) Blood formation drugs
- (h) Coagulation and anticoagulation drugs
- (i) Thrombolytic and antithrombolytic agents
- (j) Cardiovascular drugs
- (k) Central nervous system agents
- (l) Contraceptives including foams and devices
- (m) Diagnostic agents
- (n) Disinfectants for agents used on objects other than skin
- (o) Electrolytic, caloric and water balance
- (p) Enzymes
- (q) Antitussive, expectorants and mucolytic agents
- (r) Gastrointestinal drugs
- (s) Local anesthetics
- (t) Eye, ear, nose and throat preparations
- (u) Serums, toxins and vaccines
- (v) Skin and mucous membrane agents
- (w) Smooth muscle relaxants
- (x) Vitamins
- (y) Hormones and synthetic substitutes

The date you are requesting that this agreement become effective:

08/18/2021

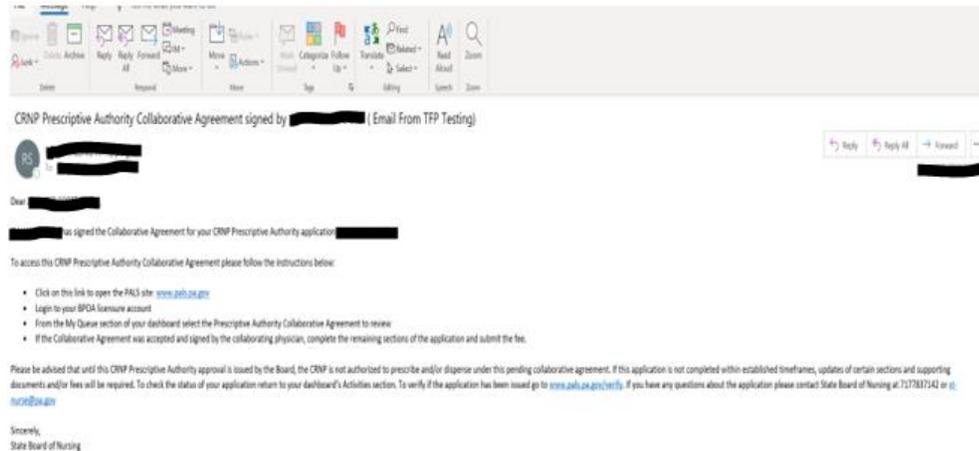
- Collaborating Physician will click the Review button to approve or reject the application.
 - Reject – the application will be sent back to the CRNP to make the changes needed.
 - Approve – the application will process automatically by the system.
 - Comment – when rejecting the application, the comment section will be mandatory. When approving the application comment section is not mandatory.



The image shows a screenshot of a web application interface. A modal dialog box is open, centered on the screen. The dialog has a white background and a dark blue border. In the top right corner of the dialog, there is a small 'X' icon for closing. On the left side, there is a label 'Comment:' in a light blue box. To the right of this label is a large, empty text input area with a light blue border and the placeholder text 'Comment'. At the bottom of the dialog, there are three buttons: a green 'Approve' button, a red 'Reject' button, and a white 'Close' button with a grey border. The background of the web application is partially visible, showing a dark blue header and a grey sidebar with the text 'Med' and 'RENEWAL'.

- Once the Collaborating Physician approves the change(s), the application will be processed automatically by the system if there is nothing listed in the “other” text box.

- CRNP Prescriptive Authority Email Notification for Approval:



- If there is something noted in the “other” text box, the application will be submitted to the Board for review. After staff review the application may be processed. An updated Prescriptive Authority Collaborative Agreement will be generated and will be available to print from the website.
- If there is no need for staff review, an updated Prescriptive Authority Collaborative Agreement will be generated and will be available to print from the website.



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY

Name of Certified Registered Nurse Practitioner:		[REDACTED]
Pennsylvania CRNP Number:		[REDACTED]
CRNP Specialty :		Family Health
Professional Liability		
I maintain the required professional liability insurance.		
COLLABORATING PHYSICIAN DETAILS		
Type	Physician license No.	Full Name
Collaborating Physician	[REDACTED]	[REDACTED]
SUBSTITUTE PHYSICIAN DETAILS		
Type	Physician license No.	Full Name
Substitute Physician	[REDACTED]	[REDACTED]
Substitute Physician	[REDACTED]	[REDACTED]
CIRCUMSTANCES AND HOW OFTEN THE COLLABORATING PHYSICIAN WILL PERSONALLY SEE THE PATIENT		
CRNP Request		
CONTROLLED SUBSTANCE PRESCRIBING AUTHORITY		
Schedule Type	Days Supply	
Drug Schedule 2	30 day supply	
Drug Schedule 3	0 day supply	
Drug Schedule 4	0 day supply	
DRUG CATEGORIES FROM WHICH THE CRNP MAY PRESCRIBE OR DISPENSE		
Antihistamines		

Effective Date : _____
(mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

Signature of CRNP

Date Signed (mm/dd/yyyy)

Signature of Collaborating Physician

Date Signed (mm/dd/yyyy)