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ATTENTION – PA CAMPS

WARNING – THE PA MEDICAL BOARD IS REQUIRING THE USE OF THE PENNSYLVANIA LICENSING SYSTEM (PALs) TO APPLY AND RENEW FOR YOUR CAMP’S MEDICAL DOCTORS LICENSING FOR THE 2019 SEASON.

The Pennsylvania Medical Board will now **ONLY ACCEPT** licensing applications submitted directly from the doctors.

Each doctor is required to register and set up their own PALs profile.



Our office is no longer able to assist in the licensing process with the exception of providing documentation of medical malpractice insurance. **It is strongly recommended to have your camp doctors start this process as early as January 2019.**

IMPORTANT CONTACT INFORMATION:

Website Address: <https://www.dos.pa.gov/ProfessionalLicensing/LicensingServices/Pages/default.aspx>

For Assistance: <https://www.pals.pa.gov/#/page/AnonymousSupportTicket>

PA Medical Board Contact Information: Email: **ST-MEDICINE@PA.GOV** Phone: **(717) 783-1400**

Please see the following pages of this newsletter to *view the current list of required information per the Pennsylvania Licensing System, keeping in mind that the list can change at any time.* Refer to the PALs website (*address noted above*) for an accurate list. Additional items such as a criminal history check now required by the State of Pennsylvania.



BOARD/COMMISSION: State Board of Medicine
LICENSE TYPE: Temporary MD License
OBTAINED BY: Application

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Below is the current list of required information per the Pennsylvania Licensing System. This list can change at any time. Please refer to the PALS website <https://www.dos.pa.gov/ProfessionalLicensing/LicensingServices/Pages/default.aspx> to ensure you have the most accurate list.

PLEASE USE THE FOLLOWING PROMPTS WHEN SEARCHING IN PALS:

▶ **BOARD / COMMISSION: STATE BOARD OF MEDICINE**

▶ **LICENSE TYPE: TEMPORARY MD LICENSE**

CHECKLIST

INSTRUCTIONS

APPLICATION

If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents **cannot be older than 90 days** from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. **PLEASE ALLOW AT LEAST 60 DAYS FOR PROCESSING AN APPLICATION.**

APPLICATION FEE

An application fee of **\$45.00** is required for **Allopathic Physicians** and a fee of **\$35.00** is required for **Osteopathic Physicians**. **Please note that all fees are non-refundable.**

CHILD ABUSE CE

All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of training approved by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CRIMINAL HISTORY CHECK

Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.



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CHECKLIST

INSTRUCTIONS

DATABANK REPORT

Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.

LETTER FROM BACKUP PHYSICIAN

Complete Section 1 of the Collaborating/Back-Up Physician Form and submit to the collaborating/back-up physician for completion of Section 2. The form will be available for download and printing when the application is submitted.

LETTER OF GOOD STANDINGS (LOGS)

Contact the State Board where you are currently practicing and request a letter of good standing. The letter must include the following: license issue and expiration date, license status (current or expired), and disciplinary standing. The letter of good standing must be sent directly to the Board.

MALPRACTICE INSURANCE

You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the organization during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.

OPIOID CE

Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.

*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: <http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck>.

[cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0 &act=191](http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0 &act=191). The Board's Regulations are available on the Board's website.

POSITION VERIFICATION

Complete Section 1 of the Hospital, Health Care Facility, Employer, or Camp Verification form. Arrange for the hospital, health care facility, employer, or camp to complete Section 2. The form will be available for download and printing when the application is submitted."

RESUME/ CURRICULUM VITAE

Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity