



Bureau of Professional and Occupational Affairs

State Registration Board

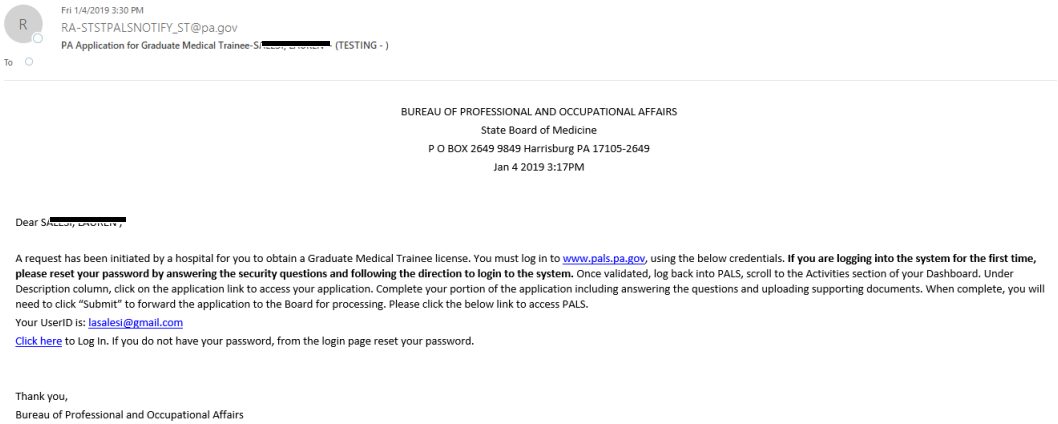
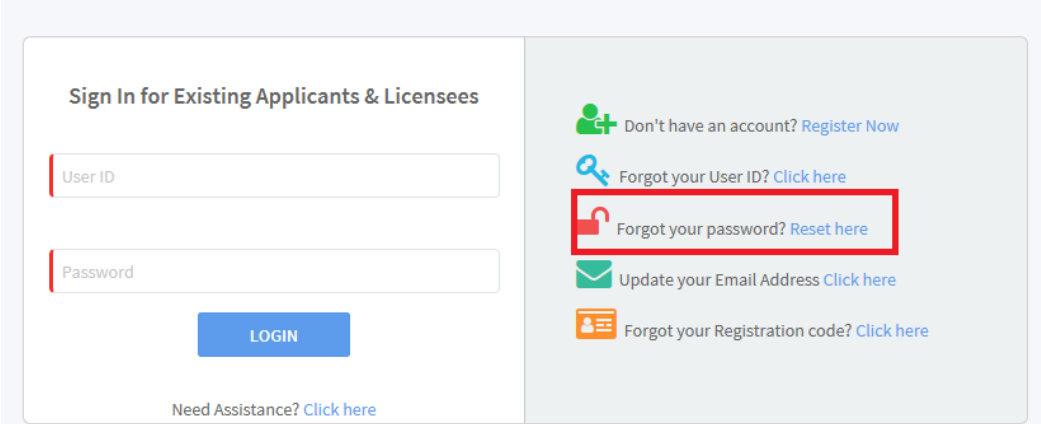
The Applicant Submission Process

Version 1.0

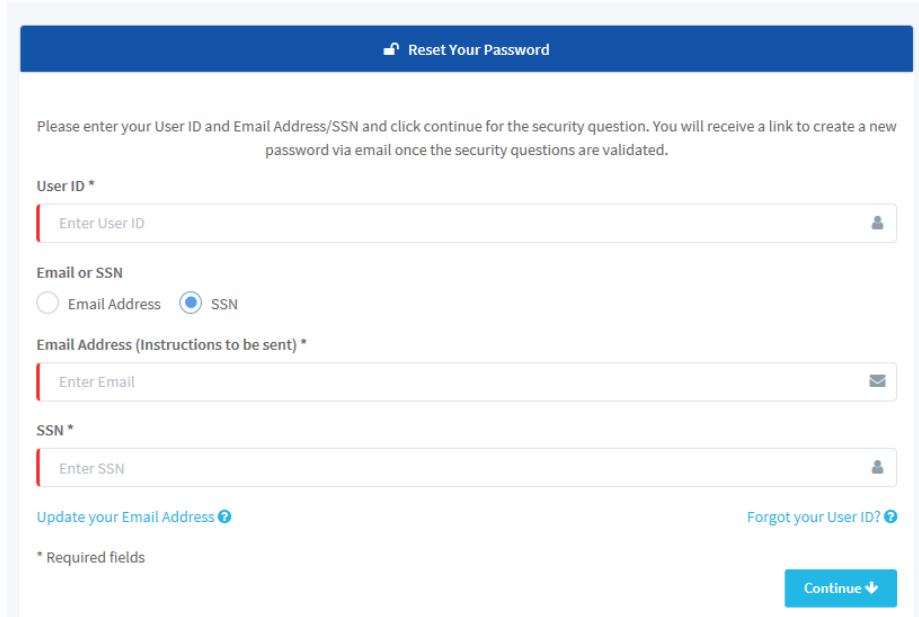
The Applicant Submission Process

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> 
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 user name, the user can login with their existing password.</p> 

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 *

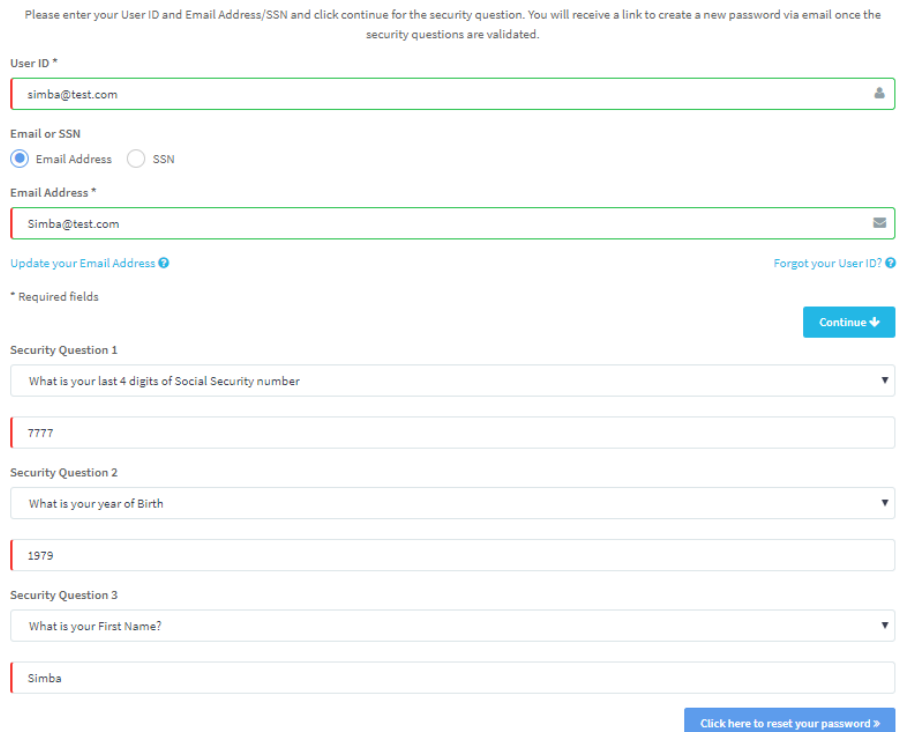
Enter SSN

[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

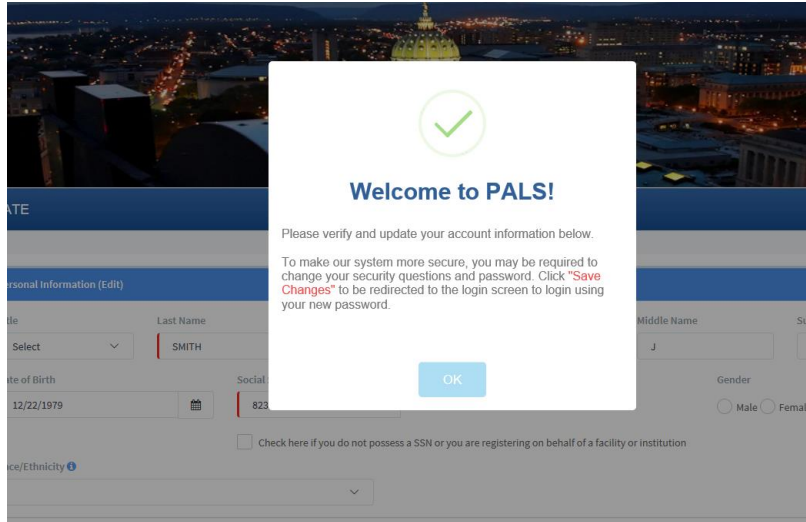
What is your First Name?

Simba

Click here to reset your password

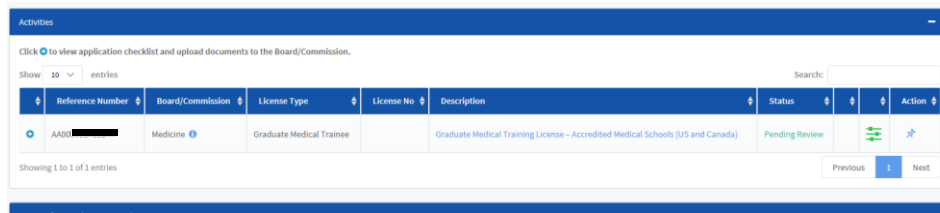
5.	<p>An email will be sent to the applicant's email address.</p> <div data-bbox="375 275 1349 401"> <p style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;">We have sent a password reset link to the email address : SruthiK@acclaimsystems.onmicrosoft.com</p> <p style="text-align: right; margin-top: 10px;">Click here to reset your password ></p> </div>
6.	<p>Select Click here to Reset link.</p> <div data-bbox="412 495 1341 932"> <p>  4 </p> <p>  RA-STSTPALSNOTIFY_ST@pa.gov [REDACTED] </p> <p>Reset Password – Pennsylvania Licensing System</p> <hr/> <p>A request has been initiated for a password reset on your Pennsylvania Licensing System account. If you initiated this password reset, please click the following link to complete the request.</p> <p>Click here to Reset</p> <p>Please note, if you did not request this password reset, you should contact your Board or Commission to ensure that unauthorized activity has not occurred on your account.</p> <p>Please do NOT reply to this automated confirmation message.</p> <p>Thank You Bureau Of Professional And Occupational Affairs</p> </div>
7.	<p>Change Your Password page is displayed.</p> <p>Create a Password and select [Submit].</p> <div data-bbox="412 1087 1341 1472"> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center; font-weight: bold;">Change Your Password</div> <p style="text-align: center; margin-top: 10px;">If you have forgotten your password you can change it here.</p> <p> Password * <input style="width: 100%; border: 1px solid #ccc; padding: 5px;" type="password"/> </p> <p> Confirm Password * <input style="width: 100%; border: 1px solid #ccc; padding: 5px;" type="password"/> </p> <p><small>* Required fields</small></p> <p style="text-align: right; margin-top: 10px;">Submit</p> </div>

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.

BULK APPLICATION

APPLICANT INFORMATION:

Click here to refresh personal information.

Last Name: SMITH First Name: SIMBA Middle Name: J Suffix:

Date of Birth (MM/DD/YYYY): 12/22/1979 Social Security Number: [redacted]

Street Address: 3 4th ST

Address Line 2:

City: Mechanicsburg State: Pennsylvania Zip Code: 17050

Country: United States

Phone Number: (999) 999-9999 Email: Simba@test.com

Maiden/Other Name:

11. 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.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):
 Yes No

Will any of your supporting documents be submitted under another name or names?
 Yes No

List all of the states you have lived or worked in during the last 10 years.
 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 ten (10) 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 ten (10) 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.

State or Jurisdiction	Document
Pennsylvania	
Arkansas	

Upload Document

Select files
 No file chosen

Name	Size	Progress	Status	Actions
Sales emp verification (8).pdf	0.11 MB	<div style="width: 100%;"></div>	✔	

Please click here to add more.

PLEASE ANSWER THE FOLLOWING LEGAL QUESTIONS:

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?
 Yes No

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?
 Yes No

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?
 Yes No

Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
 Yes No

Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
 Yes No

Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
 Yes No

Have you ever had your DEA registration denied, revoked or restricted?
 Yes No

Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
 Yes No

Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
 Yes No

Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
 Yes No

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.
 Yes No

12. Complete the Verification 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:

13. Upload the necessary checklist documents by selecting **[Browse]** and select **[Upload All]**

PGY3 LEVEL or above – Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of you run restricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.

Resume/Curriculum Vitae Browse

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.

Queue progress:

Upload all Cancel all Remove all

Save Submit No of Documents:

14. 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.

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.

Application Summary		
Application No # AA0000000000 Medicine/ Graduate Medical Trainee/ Accredited School Graduate) - 02/28/2018		
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	

15. 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.

Activities

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

Show entries

Reference Number	Board/Commission	License Type	License No	Description	Status	Action
AA000000	Medicine	Graduate Medical Trainee		Graduate Medical Training License – Accredited Medical Schools (US and Canada)	Submitted	

Showing 1 to 1 of 1 entries

Previous 1 Next

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. **I do not possess an SSN, what should I Enter as Last 4 digits as part of security questions? :**
Enter 0000 as your SSN.
4. **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.
5. **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.