



GRADUATE MEDICAL TRAINING APPLICATION/SUBMISSION PROCESS FAQs

- How can corrections be made to a graduate medical training application after it has been sent to the applicant, but before the applicant has submitted the application to the Board for processing?**
 - The licensee does not have the ability to correct the information under the applicant information section (name, address, SSN, date of birth, etc.). However, you as the hospital have this capability. Log into your dashboard and go to the “Third Party Activities” section, and click on the hyperlink under the description column for the applicant that you need to edit. When done, click on Save. Edits cannot be made after the application has been submitted to the Board for processing.
- What should be entered when a graduate medical trainee does not have a social security number?**
 - Please enter 9 zeros.
- What should be entered when a foreign school has no street address or zip code?**
 - The street, city, state and ZIP field are not mandatory and can be left blank. Enter the name of the Country after inputting the name of the medical school (i.e., Ross University School of Medicine – Barbados).
- What information must be submitted for an applicant who already has a Pennsylvania graduate medical training license?**
 - If an applicant has ever been issued a graduate training license (active, expired, etc.), do not submit an initial application. Applicants who have ever been issued a graduate training license should submit a renewal application.
- How can an applicant and/or the hospital track progress of the license and renewal application?**
 - Log into your dashboard and go to the “Third Party Activities” section. Click on “+” to open and view the status of the application checklist.
- If a resident has completed additional training in a different specialty, how should the number of years of training in the US be provided?**
 - The specialty does not impact the number of years. Enter the total number of years of “ACGME or AOA accredited” training in the US, regardless of specialty. This information is only a required field for initial applications.
- As a hospital representative, who should be contacted if my username (HS number) and email are not valid?**
 - If you are experiencing login issues, please contact the Board office at st-medicine@pa.gov.
- As the hospital representative, what is the process to delegate the application/renewal process to additional hospital credentialing staff?**
 - The functionality for this process is still under development.

9. **How should an application with a name change be entered?**

- Licensees can submit a name change request by clicking the “eye” icon located on the left panel in their dashboard labeled "Personal Details." Be prepared to electronically upload a copy of one of the following name change verification documents:
 - marriage certificate;
 - divorce decree which indicates the retaking of your maiden name;
 - passport;
 - court order (USA) or other government documentation (International applicants only) indicating that the applicant is authorized to retake a prior name or utilize a different name.
- Until the applicant has had a legal name change, the application must be submitted in the current name. After the name change, the applicant/licensee will need to submit a name change request.

10. **If the ACGME or AOA accredited specialty is not available on the dropdown provided, what is the process to have the new specialty added?**

- Contact the Board via email at st-medicine@pa.gov and provide documentation to provide proof of when ACGME accreditation was obtained, the date, the exact name of the specialty which is now accredited, the program approval number, etc.

11. **As the hospital representative, how should an extension of a training period be requested?**

- Less than 7 days - Contact the Board via email and provide the license number, licensee name, and requested extension dates.
- 7 or more days – Submit a renewal in PALS. Please note, if you are requesting an extension and then a renewal to a higher PGY Level, you will need to submit the extension first. When the extension is processed, you will then need to submit a renewal to renew at the higher level.

12. **As the hospital representative, how should a change of training dates be requested?**

- Email the Board and provide the licensee’s name, license number, and updated dates of training.

13. **Should a graduate medical trainee indicate they did not receive the email notification, how can this information be resent?**

- From your Dashboard, verify that the information listed on the applicant information section (first name, last four of SSN, year of birth, and email address) is correct, and if necessary, make changes. You can also resend the email from your dashboard.

14. **How can the applicant pay the application fee?**

- At this time, the hospital is the only party able to pay the application fee. You will need to seek reimbursement from the applicant(s) via your own procedures/policies to cover the application fee.

15. **Is there a way to identify or flag applications that may need to be expedited due to VISA concerns?**

- At this time and while that is being updated in our processes, please contact the Board via email and provide the following information identifying them as VISA applicants. This is reserved for VISA applicants only.
 - **SUBJECT LINE SHOULD INDICATE:** Graduate Medical Training VISA Application
 - Application number (i.e., AA0000126789)
 - Last Name
 - First Name
 - MT License # (if available)

- Hospital Name
- Training Program Name
- Start Date of Training Program

16. **Once the applicant information is submitted by the hospital, how does the resident/applicant receive notification?**

- Once the hospital successfully submits and pays for the applicants, the applicants are notified via email (from the information provided by the hospital on the application) to log into their account and complete their part of the application process—including answering the legal questions and uploading the required documents.

Email Example: Dear (Applicant Name),

A request has been initiated by a hospital for you to obtain a Graduate Medical Trainee license. You must log in to www.pals.pa.gov, using the below credentials. If you are logging into the system for the first time, please reset your password by answering the security questions and following the direction to login to the system. Once validated, log back into PALS, scroll to the Activities section of your Dashboard. Under Description column, click on the application link to access your application. Complete your portion of the application including answering the questions and uploading supporting documents. When complete, you will need to click “Submit” to forward the application to the Board for processing. Please click the below link to access PALS.

Your UserID is: dskajpidjfm

Click here to Log In. If you do not have your password, from the login page reset your password.

17. **What should be submitted for graduate medical trainees who will not be renewing their license?**

- Nothing needs to be submitted from you or the licensee.

18. **How does a graduate medical trainee submit proof of their opioid continuing education (CE) for renewal?**

- Licensees will be asked a question regarding completion of the opioid CE. Proof of completion does not need to be submitted. However, should the licensee receive notification of an audit, proof of CE will need to be submitted at that time.

19. **How does a graduate medical trainee submit proof of their child abuse continuing education (CE) for initial licensure or renewal?**

- Completion of the course will automatically be submitted by the continuing education provider. Proof of completion cannot be uploaded by the applicant/licensee. It is important that all applicants/licensees register with the CE provider with their name, social security number, and date of birth as it is listed on their application or license record. If the applicant does not have a social security number, they need to register using all zeros.

20. **What does a graduate medical trainee upload when “other” is selected as part of the CHRC question?**

- Upload a statement (Word document or PDF) listing the following:
 - Name of the country/countries in which the applicant has lived or worked within the last 10 years including dates of residence in month/year format.
 - For Example: India – 08/2016 thru 12/2017
England – 12/2017 thru 12/2018