

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0; font-size: small;">(All Comments submitted on this regulation will appear on IRRC's website)</p>	<p style="margin: 0;"><b>INDEPENDENT REGULATORY REVIEW COMMISSION</b></p> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="margin: 0; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</p> <p style="margin: 5px 0 0 0; font-size: 18px; font-weight: bold;">FEB 21 2020</p> <p style="margin: 0; font-size: small;">Independent Regulatory Review Commission</p> </div> <p style="margin: 0;">IRRC Number: <span style="font-size: 24px; font-family: cursive;">3254</span></p>
<p>(1) Agency <b>Department of State, Bureau of Professional and Occupational Affairs, State Board of Osteopathic Medicine</b></p>	
<p>(2) Agency Number: 16A Identification Number: 5334</p>	
<p>(3) PA Code Cite: 49 Pa. Code § 25.231 and 25.503</p>	
<p>(4) Short Title: Fees</p>	
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: <b>Kenneth J. Suter, Board Counsel, State Board of Osteopathic Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) ksuter@pa.gov</b></p> <p>Secondary Contact: <b>Jacqueline A. Wolfgang, Acting Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) cymontgome@pa.gov</b></p>	
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input checked="" type="checkbox"/> <b>PROPOSED REGULATION</b></p> <p><input type="checkbox"/> Final Regulation</p>	<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p><b>The State Board of Osteopathic Medicine (“Board”) proposes to amend § 25.231 (relating to fees) and to rescind § 25.503 (pertaining to respiratory therapist fees) to read as set forth in Annex A. The proposed rulemaking provides for graduated application fees increases for: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations and temporary provisional genetic counselors.</b></p> <p><b>The Board also proposes graduated biennial renewal fee increases for osteopathic physicians, physician assistants, acupuncturists, perfusionists, athletic trainers, respiratory therapists and genetic counselors.</b></p>	

(8) State the statutory authority for the regulation. Include specific statutory citation.

**Under section 13.1(a) of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.13a(a)), the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. Under the act, all fees required pursuant to the act shall be fixed by the board by regulation and shall be subject to the act of June 25, 1982 (P.L.633, No.181), known as the "Regulatory Review Act." If the revenues raised by fees, fines and civil penalties imposed under this act are not sufficient to meet expenditures over a two-year period, the board shall increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures. 63 P.S. § 271.13a((a). All "fees, fines and penalties imposed . . . shall be for the exclusive use by the board in carrying out the provisions of this act and shall be annually appropriated for that purpose." 63 P.S. § 271.13a(c).**

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

**Yes. Section 13.1(a) of the act mandates a fee increase when expenditures outpace revenue.**

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

**The act requires the Board to set fees by regulation so that revenues meet or exceed expenditures. The general operating expenses of the Board are borne by the licensee population through revenue generated by applications and the biennial renewal of licenses. Expenses for applications are based upon the actual 2019 processing fee for each respective application. Through this proposed regulation, the cost of providing the service of processing applications will be more accurately apportioned to users of this service.**

**The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses. In August of 2016, BFO presented its annual report of the Board's income and expenses. Based upon data presented, BFO recommended that the Board consider an increase in biennial renewal fees.**

**The Board reviewed the fees charged for licensure applications and determined that the current application fees do not accurately reflect the actual cost of processing applications. Accordingly, the Board decided to increase application fees so that the application fees more accurately reflect the cost of processing applications. Increasing the application fees, however, will not produce sufficient revenue to meet or exceed the Board's projected expenditures.**

**In February and August of 2019, representatives from the BFO presented updated summaries of the Board's revenue and expenses for fiscal years 2016-2017 and 2017-18 and the projected revenue and expenses through fiscal year 2027-2028. During fiscal years 2016-2017 through 2017-2018, the Board received revenue of \$2,128,270.14 and incurred expenses of \$3,221,243.36 and ended with a remaining balance of \$1,712,593.53. For fiscal years 2018-2019, and 2019-2020, the Board projects receiving revenue of \$2,228,122.60 and projects incurring expenses of \$3,950,000. At the end of fiscal year 2019-2020, BFO projects a deficit balance of \$4,238.87. Thus, BFO's data demonstrates that the Board will not able to meet expenditures over a two-year period in**

fiscal year 2019-2020 or thereafter. Therefore, in addition to increased application fees, the Board adopted an increase in biennial renewal fees beginning fiscal year 2020-2021.

The proposed rulemaking would increase licensure application fees to reflect updated costs of processing the applications. The Board proposes the following application fee increases: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations, and temporary provisional genetic counselors. Approximately 2,603 applicants will be impacted by this proposed regulation. While applicants will be impacted economically, the Board proposes a graduated increase as apposed to a flat fee increase to ensure that fees charged to licensees are reflective of costs for processing each application.

The Board also proposes seven graduated biennial renewal fee increases because the Board's projected revenues do not meet or exceed projected expenditures. The Board proposes biennial renewal fee increases for: osteopathic physicians, physician assistants, acupuncturists, respiratory therapists, athletic trainers, perfusionists, and genetic counselors. Approximately 12,032 individuals who possess current licenses, certificates and registrations will be required to pay more for biennial renewals. While licensed individuals will be impacted economically, the Board is proposing a graduated increase as apposed to a flat fee increase to ensure that fees charged coincide more closely with the projected expenses for each biennium.

The Board believes that the fees will be adequate to cover operating expenses through at least fiscal year 2025-2026.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No, there are no federal licensure standards for osteopathic medicine.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

In 2018, the Commissioner of the Bureau of Professional and Occupational Affairs (Bureau) issued an executive report on the Review of State Professional and Occupational Licensure Board Requirements and Processes. The report compares professional licensing in Pennsylvania to states in the Northeast Region (Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Vermont and West Virginia). The report can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/Documents/EO2017-03-Executive-Report-Occupational-Licensing.pdf>

The Board reviewed the Commissioner's report and the U.S. Osteopathic Licensure Summary by American Osteopathic Association (September 2019). Based upon the Board's review of other states' initial application fees as compared to the Board's proposed fee increases, the Board's proposed rulemaking will not put Pennsylvania at a competitive disadvantage with other states.

Osteopathic Physician - Pennsylvania, Maine, Vermont and West Virginia are the only states in

the Northeast Region that have separate osteopathic physician licensing boards. Of this group, based upon the Board's proposed application fee of \$170, Pennsylvania would have the lowest initial licensing/registration fee, compared to Maine at \$350, Vermont at \$500 and West Virginia at \$400. Even comparing the other states' current fees to the Board's 2022 increase to \$185 and 2024 increase to \$205, the Board's proposed fees will be less than fees charged by the other states.

Pennsylvania's proposed biennial renewal fee of \$350 (effective with the 2020-2022 biennial renewal) is lower than Maine at \$500, West Virginia at \$400, and would be equal to Vermont at \$350. Even comparing the other states' current renewal fees to the Board's 2022-2024 and 2024-2026 proposed biennial renewal fee increases, the Board's proposed renewal fees of \$425 and \$475 are in line with fees charged in the other states.

Physician Assistant – Pennsylvania's proposed application fee is \$115 in 2020, \$125 in 2022, and \$140 in 2024. Pennsylvania would have a competitive application fee of \$115, equal to New Hampshire and New York fees of \$115. The current fees for other states in the Northeast Region are: Rhode Island at \$110, Connecticut at \$190, Delaware at \$253, Maine at \$250, Maryland at \$225, Massachusetts at \$250, New Jersey at \$362.50, Ohio at \$503.50, Vermont at \$225 and West Virginia at \$250. Most of the surrounding states charge higher fees than Pennsylvania's fee of \$115, and the remaining states are comparable to Pennsylvania's proposed initial increase. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$125 (in 2022) and \$140 (in 2024) are less than or comparable to other states.

Pennsylvania's proposed biennial renewal fee of \$40 (effective with the 2020-2022 biennial renewal) is lower than, or comparable to, neighboring states. By comparison, the current renewal fees for other states are Connecticut at \$155, Delaware at \$188, Maine at \$200, Maryland at \$186, Massachusetts at \$150, New Hampshire at \$65, Rhode Island at \$110, Ohio at \$203.50, Vermont at \$215, West Virginia at \$100, and New Jersey and New York at \$45. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2022-2024 (\$75) and 2024-2026 (\$80), the Board's proposed renewal fees are less than, or comparable to, renewal fees charged by the other states.

Acupuncturist and Physician Acupuncturist - Pennsylvania's proposed application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Initial application fees in other states are: Connecticut at \$200, Delaware at \$188, Maine at \$396, Maryland at \$525, Massachusetts at \$300, New Hampshire at \$110, New Jersey at \$370, New York at \$788, Ohio at \$173.50, Rhode Island at \$310, Vermont at \$100, and West Virginia at \$500. Most of the surrounding states' fees are either comparable to or higher than Pennsylvania's proposed fees. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$110 (in 2022) and \$120 (in 2024) are less than most of the states.

Pennsylvania's proposed biennial renewal fee of \$40 (effective with the 2020-2022 biennial renewal) is significantly lower than the other comparison states. The current renewal fees for other states are Connecticut at \$255, Delaware at \$188, Maine at \$195, Maryland at \$551, Massachusetts at \$200, New Hampshire at \$110, New York at \$288, Rhode Island at \$310, New Jersey at \$270, Ohio at \$100, Vermont at \$200, and West Virginia at \$425. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2022-2024 (\$75) and 2024-2026 (\$80), the Board's proposed renewal fees are less than other states.

**Respiratory Therapists** - Pennsylvania's proposed application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Initial application fees in other states are: Connecticut at \$190, Delaware at \$108, Maine at \$86; both Maryland and West Virginia at \$200; Massachusetts at \$260, New Hampshire at \$170, New Jersey at \$285, and New York at \$294, Ohio at \$75, Rhode Island at \$60 and Vermont at \$100. By comparison, Pennsylvania's fees are less than, or comparable to, other fees in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$110 (in 2022) and \$120 (in 2024) are less than most other states.

Pennsylvania's proposed renewal fee of \$40 (effective with the 2021-2022 biennial renewal) would be lower than the other comparison states. Renewal fees for other states are: Connecticut at \$105, Delaware at \$108, Maine at \$65, Maryland at \$176, both Massachusetts and New Hampshire at \$110, New Jersey at \$160, New York at \$179, Ohio at \$75, Rhode Island at \$60, Vermont at \$200, and West Virginia at \$55. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 and 2025-2026, the Board's proposed renewal fees of \$55 and \$60 would be lower than most of the other states.

**Athletic Trainer** - Pennsylvania's proposed application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Pennsylvania would have a competitive application fee as compared to other states. The fees in other states are: Connecticut at \$190, Delaware at \$198, Maine at \$196, Maryland at \$200, Massachusetts at \$259, New Hampshire at \$170, New Jersey at \$140 to \$180, depending on biennial year, New York at \$158, Ohio and Vermont at \$100, and West Virginia at \$125. Rhode Island has the lowest fee of \$60. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$110 (in 2022) and \$120 (in 2024) are less than or comparable to fees charged in other states.

Pennsylvania's proposed biennial renewal fee of \$50 (effective with the 2021-2022 biennial renewal) is lower than Connecticut at \$205, Delaware at \$198, Maine at \$150, Maryland at \$161, Massachusetts at \$100, New Hampshire at \$110, New Jersey at \$80, New York at \$50 (triennial renewal), Ohio at \$70, Rhode Island at \$60, Vermont at \$200 and West Virginia at \$75. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 (\$70) and 2025-2026 (\$75), the Board's proposed renewal fees are less than or comparable to other states.

**Perfusionist** - Pennsylvania's proposed application fee is \$120 in 2020, \$130 in 2022, and \$145 in 2024. Delaware, Maine, New Hampshire, Ohio, Rhode Island, Vermont and West Virginia do not issue licenses to perfusionists. Of those states that do license perfusionists, the current fees are: Connecticut at \$315, Maryland at \$300, Massachusetts at \$225, New Jersey at \$370, and New York at \$200. By comparison, Pennsylvania would have the lowest application fee in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$130 (in 2022) and \$145 (in 2024) are less than other states.

Pennsylvania's proposed biennial renewal fee of \$75 (effective with the 2021-2022 biennial renewal) is significantly lower than the other comparison states, for example, Connecticut at \$320, Maryland at \$247, Massachusetts at \$150, New Jersey at \$150, and New York at \$150. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 and 2025-2026, the Board's proposed renewal fees of \$80 and

\$85 are less than other states.

**Genetic Counselor** - Pennsylvania's proposed application fee is \$120 in 2020, \$130 in 2022, and \$145 in 2024. Maine, Maryland, New York, Rhode Island, Vermont and West Virginia do not issue licenses to genetic counselors. Of those states that do license genetic counselors, the current fees are: Connecticut at \$315, Delaware at \$253, Massachusetts at \$300, New Hampshire at \$170, New Jersey at \$250, and Ohio at \$203.50. By comparison, Pennsylvania would have the lowest initial licensing/application fee of \$120 in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's proposed fees of \$130 (in 2022) and \$145 (in 2024) are less than other states.

Pennsylvania's proposed renewal fee of \$125 (effective with the 2021-2022 biennial renewal) renewal fee would be lower than other states. The current renewal fees for other states are: Connecticut at \$190, Delaware at \$188, Massachusetts at \$300, New Jersey at \$220 and Ohio at \$153.50. New Hampshire has the lowest fee of \$110. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 and 2025-2026, the Board's proposed renewal fees of \$155 and \$160 are less than or comparable to other states.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Board released an exposure draft of a proposed annex reflecting fee increases for public comment from stakeholders, interested parties and representatives of the licensed professions on May 8, 2018. As a result of the Board's exposure draft, two comments were received from stakeholders. Both stakeholders asked for information regarding the underlying rationale for the increases. As explained in the preamble, the Board is required to increase fees if projected revenues will not meet or exceed projected expenditures. Based upon the fiscal information provided to the Board by BFO, the Board's revenues are insufficient to meet or exceed its projected expenditures in the upcoming fiscal years. Of concern to one stakeholder was training certificate fees. Training certificate fees, like all other application fees, have been established and proposed by the Board to cover the cost of processing applications and not to raise revenue to support Board operations. Additionally, the proposed application fee is comparable to other states in the Northeast Region. The Board's 2020 (\$115) proposed fee is in line with current fees charged by West Virginia (\$100), Massachusetts (\$100), New York (\$105), and Ohio (\$130). Maine (\$200) and Maryland (\$300) are significantly higher while Delaware (\$65), Rhode Island (\$65) and Vermont (\$65) charge less than \$100. One of the stakeholders also suggested staggering fees over several years, which the Board has done through its graduated fee increases for application and biennial renewal fees.

The Board also discussed the proposed amendments on February 14, 2018, April 11, 2018, August 22, 2018, October 24, 2018, February 13, 2019, August 14, 2019, and December 11, 2019,

during the Board's regularly scheduled meetings which are routinely attended by representatives of the regulated community.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

On an annual basis, approximately 2,603 applicants will be affected by the following increased application fees: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate and provisional perfusionist licenses, genetic counselors, genetic counselor reactivations, and temporary provisional genetic counselors.

A total of approximately 12,032 licensees will be affected by the biennial renewal fee increases, comprising of approximately 8,694 physicians and supervisors, 2,286 physician assistants, 154 acupuncturists, 549 respiratory therapists, 34 perfusionists, 19 genetic counselors and 296 athletic trainers.

According to the Small Business Administration (SBA), there are approximately 1,041,905 businesses in Pennsylvania; of which 1,037,737 are small businesses. Of the 1,037,737 small businesses, 225,847 are small employers (those with fewer than 500 employees) and the remaining 811,890 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

According to the Pennsylvania Department of Labor and Industry, based on data collected in 2016, about half of physicians work in physicians' offices. Others work in hospitals, in academia, or for the government. Physicians held about 713,800 jobs in 2016. Many physician assistants work in primary care specialties, such as general internal medicine, pediatrics, and family medicine. Specifically, the majority of physician assistants work in offices of physicians (56%) while a minority work in hospitals, state, local, and private (23%), outpatient care centers (8%), educational services: state, local, and private (3%), and employment services (3%). The largest employers of athletic trainers are educational services- state, local, and private (38%), while others are employed in offices of physical, occupational and speech therapists, and audiologists (15%), hospitals- state, local, and private (15%), fitness and recreational sports centers (10%), and self-employed (6%). The largest employers of genetic counselors are hospitals - state, local, and private (33%), while others are employed in offices of physicians (20%), medical and diagnostic laboratories (18%), colleges, universities, and professional schools- state, local, and private (11%), and self-employed (8%). Respiratory therapists held about 130,200 jobs in 2016. The largest employers of respiratory therapists were as follows: hospitals; state, local, and private (81%), nursing care facilities (skilled nursing facilities) (5%), offices of physicians (2%). Respiratory therapists work closely with registered nurses, physicians, and medical assistants. There is no specific data collected for acupuncturists or perfusionists.

For the business entities listed above collectively, small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification

**System (NAICS). In applying the NAICS standards to osteopathic medicine, the standard set for offices of physicians (NAICS Code 621111) to qualify as a small business is \$12 million or less in average annual receipts. Also, in the NAICS category for general medical and surgical hospitals (NAICS Code 622110) to qualify as a small business is \$41.5 million or less in average annual receipts. Other businesses in the NAICS small business category include colleges, universities and professional schools (NAICS Code 611310) with annual receipts of \$30 million or less, all other outpatient care centers (NAICS Code 621498) with annual receipt of \$22 million or less, nursing care facilities (skilled nursing care facilities) (NAICS Code 623110) with annual receipts of \$30 million or less, offices of physical, occupational and speech therapists and audiologists (NAICS Code 621340) with annual receipts of \$8 million or less, fitness and recreational sports centers (NAICS Code 713940) with annual receipts of \$8 million or less, and medical laboratories (NAICS Code 621511) with annual receipts of \$35.0 million or less. Although the Board does not collect data regarding the size of businesses where its licensees work, in considering all of these small business thresholds set by NAICS, it is probable that most work in small businesses.**

**The regulation's impact should not extend to those businesses as there are no direct costs that would be passed on to the licensee's employer, unless the employer voluntarily assumes those costs. It would, therefore, be up to the business to determine the benefit of paying employee licensing fees.**

**(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.**

**The proposed amendments will increase the application and biennial renewal fees for all licensee/certificate holders of the Board. Specifically, those affected are:**

**APPLICANTS - Approximately 2,603 applicants will be impacted annually by the increased application fees, including: 1,200 osteopathic physicians; 600 temporary or graduate trainees; 60 short-term camp physicians; 500 physician assistants; 51 supervising physicians; 13 acupuncturists and physician acupuncturists; 10 perfusionists; 5 perfusionists seeking reactivation; 1 temporary graduate perfusionist; 3 temporary provisional perfusionist; 80 athletic trainers; 50 respiratory therapists; 10 genetic counselors; 5 genetic counselors seeking reactivation; and 15 temporary provisional genetic counselors.**

**LICENSEES/CERTIFICATE HOLDERS (Biennial Renewal) - There are approximately 12,032 individuals who will be required to pay more to renew their licenses, certifications and registrations, including: 8,694 physicians; 2,286 physician assistants; 154 acupuncturists and physician acupuncturists; 19 genetic counselors; 34 perfusionists; 296 athletic trainers and 549 respiratory therapists.**

**The fees may be paid by applicants, licensees, certificate holders or employers, if employers choose to pay these fees. The proposed regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.**

**The proposed rulemaking will require the Board to alter its online applications to reflect the new fees; however, the amendments will not create additional paperwork for the regulated community or for the private sector.**

**(17) Identify the financial, economic and social impact of the regulation on individuals, small**

businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The Board proposes to amend § 25.231 to update its fee schedules. The proposed amendments will increase the application and biennial renewal fees for licensees of the Board.

Specifically, those affected are as follows:

### **APPLICANTS**

Approximately 2,603 applicants will be impacted annually by the proposed graduated application fee increase.

#### **1,200 Osteopathic Physicians**

**FY 20-21: The fee increase (\$45 to \$170) will generate an additional \$150,000 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$150,000 in application fees.**  
**FY 22-23: The fee increase (\$170 to \$185) will generate an additional \$18,000 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$18,000 in application fees.**  
**FY 24-25: The fee increase (\$185 to \$205) will generate an additional \$24,000 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$24,000 in application fees.**

#### **60 Short-term Camp Physicians**

**FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$4,200 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$4,200 in application fees.**  
**FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$600 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$600 in application fees.**  
**FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$600 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$600 in application fees.**

#### **600 Temporary Training License or Graduate Training Certificate**

**FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$51,000 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$51,000 in application fees.**  
**FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$6,000 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$6,000 in application fees.**  
**FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$9,000 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$9,000 in application fees.**

#### **500 Physician Assistants**

**FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$42,500 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$42,500 in application fees.**  
**FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$5,000 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$5,000 in application fees.**  
**FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$7,500 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$7,500 in application fees.**

### **51 Supervising Physicians**

**FY 20-21: The fee increase (\$95 to \$145) will generate an additional \$2,550 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$2,550 in application fees.**

**FY 22-23: The fee increase (\$145 to \$160) will generate an additional \$765 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$765 in application fees.**

**FY 24-25: The fee increase (\$160 to \$175) will generate an additional \$765 in application fees.**

**FY 25-26: The fee increase will continue to generate an additional \$765 in application fees.**

### **13 Acupuncturists and Physician Acupuncturists**

**FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$910 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$910 in application fees.**

**FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$130 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$130 in application fees.**

**FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$130 in application fees.**

**FY 25-26: The fee increase will continue to generate an additional \$130 in application fees.**

### **50 Respiratory Therapists**

**FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$3,500 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$3,500 in application fees.**

**FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$500 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$500 in application fees.**

**FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$500 in application fees.**

**FY 25-26: The fee increase will continue to generate an additional \$500 in application fees.**

### **80 Athletic Trainers**

**FY 20-21: The fee increase (\$20 to \$100) will generate an additional \$6,400 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$6,400 in application fees.**

**FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$800 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$800 in application fees.**

**FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$800 in application fees.**

**FY 25-26: The fee increase will continue to generate an additional \$800 in application fees.**

### **10 Perfusionists**

**FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$700 in application fees.**

**FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$100 in application fees.**

**FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.**

**FY 25-26: The fee increase will continue to generate an additional \$150 in application fees.**

### **5 Perfusionist Reactivation Fee**

**FY 20-21: The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.**

**FY 21-22: The fee increase will continue to generate an additional \$275 in application fees.**

**FY 22-23: The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.**

**FY 23-24: The fee increase will continue to generate an additional \$50 in application fees.**  
**FY 24-25: The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$50 in application fees.**

### **1 Temporary Graduate Perfusionist**

**FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$70 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$70 in application fees.**  
**FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$10 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$10 in application fees.**  
**FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$15 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$15 in application fees.**

### **3 Temporary Provisional Perfusionist**

**FY 20-21: The fee increase (\$40 to \$80) will generate an additional \$120 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$120 in application fees.**  
**FY 22-23: The fee increase (\$80 to \$88) will generate an additional \$24 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$24 in application fees.**  
**FY 24-25: The fee increase (\$88 to \$95) will generate an additional \$21 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$21 in application fees.**

### **10 Genetic Counselors**

**FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$700 in application fees.**  
**FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$100 in application fees.**  
**FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$150 in application fees.**

### **5 Genetic Counselor Reactivations**

**FY 20-21: The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$275 in application fees.**  
**FY 22-23: The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$50 in application fees.**  
**FY 24-25: The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$50 in application fees.**

### **15 Temporary Provisional Genetic Counselors**

**FY 20-21: The fee increase (\$50 to \$90) will generate an additional \$600 in application fees.**  
**FY 21-22: The fee increase will continue to generate an additional \$600 in application fees.**  
**FY 22-23: The fee increase (\$90 to \$100) will generate an additional \$150 in application fees.**  
**FY 23-24: The fee increase will continue to generate an additional \$150 in application fees.**  
**FY 24-25: The fee increase (\$100 to \$105) will generate an additional \$75 in application fees.**  
**FY 25-26: The fee increase will continue to generate an additional \$75 in application fees.**

### Total Economic Impact to Applicants

Based upon the above application fee increases, the total economic impact per fiscal year is as follows:

FY 20-21: \$263,800  
FY 21-22: \$263,800  
FY 22-23: \$32,279  
FY 23-24: \$32,279  
FY 24-25: \$43,806  
FY 25-26: \$43,806  
TOTAL: \$679,770

### BIENNIAL RENEWAL FEES

Approximately 12,032 licensees will be impacted by the proposed graduated biennial fee structure.

#### 8,694 Osteopathic Physicians

FY 20-21: The fee increase (\$220 to \$350) will generate an additional \$1,130,220 in revenue.  
FY 22-23: The fee increase (\$350 to \$425) will generate an additional \$652,050 in revenue.  
FY 24-25: The fee increase (\$425 to \$475) will generate an additional \$434,700 in revenue.

#### 2,286 Physician Assistants

FY 20-21: The fee increase (\$10 to \$40) will generate an additional \$68,580 in revenue.  
FY 22-23: The fee increase (\$40 to \$75) will generate an additional \$80,010 in revenue.  
FY 24-25: The fee increase (\$75 to \$80) will generate an additional \$11,430 in revenue.

#### 154 Acupuncturists and Physician Acupuncturists

FY 20-21: The fee increase (\$25 to \$40) will generate an additional \$2,310 in revenue.  
FY 22-23: The fee increase (\$40 to \$75) will generate an additional \$5,390 in revenue.  
FY 24-25: The fee increase (\$75 to \$80) will generate an additional \$770 in revenue.

#### 549 Respiratory Therapists

FY 20-21: The fee increase (\$25 to \$40) will generate an additional \$8,235 in revenue.  
FY 22-23: The fee increase (\$40 to \$55) will generate an additional \$8,235 in revenue.  
FY 24-25: The fee increase (\$55 to \$60) will generate an additional \$2,745 in revenue.

#### 296 Athletic Trainers

FY 20-21: The fee increase (\$37 to \$50) will generate an additional \$3,848 in revenue.  
FY 22-23: The fee increase (\$50 to \$70) will generate an additional \$5,920 in revenue.  
FY 24-25: The fee increase (\$70 to \$75) will generate an additional \$1,480 in revenue.

#### 34 Perfusionists

FY 20-21: The fee increase (\$50 to \$75) will generate an additional \$850 in revenue.  
FY 22-23: The fee increase (\$75 to \$80) will generate an additional \$170 in revenue.  
FY 24-25: The fee increase (\$80 to \$85) will generate an additional \$170 in revenue.

**19 Genetic Counselors**

FY 20-21: The fee increase (\$75 to \$125) will generate an additional \$950 in revenue.  
FY 22-23: The fee increase (\$125 to \$155) will generate an additional \$570 in revenue.  
FY 24-25: The fee increase (\$155 to \$160) will generate an additional \$190 in revenue.

**Total Economic Impact to Licensees**

Based upon the above biennial renewal fee increases, the economic impact is as follows:

FY 20-22: \$1,214,993  
FY 22-24: \$752,345\*  
FY 24-26: \$451,485\*\*  
TOTAL: \$2,418,823

*\* The amount in this fiscal year includes the additional costs incurred for this biennium only; this figure does not include the costs incurred as a result of the prior fiscal year increases in FY20-22.*

*\*\* The amount in this fiscal year includes the additional costs incurred for this biennium only; this figure does not include the costs incurred as a result of the prior fiscal year increases in FY20-22 or FY22-24.*

The above application and renewal fees may be paid by applicants, licensees, registrants, certificate holders or employers, should employers choose to pay these fees. The Board does not expect this rulemaking to have any other financial, economic or social impact on individuals, small businesses, businesses or labor communities or other public or private organizations.

This increase is necessary to ensure the fiscal integrity of the Board and to ensure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board's licensees. Additionally, the Board's graduated fee approach is beneficial because the application fee increases are reflective of actual costs during each biennium and biennial renewal fees coincide more closely with the projected expenses for each biennium.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

Under section 13.1(a) of the act, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. If the revenues raised by fees, fines and civil penalties imposed under this act are insufficient to meet expenditures over a two-year period, the board must increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures. The rulemaking would benefit every citizen of the Commonwealth in that it would ensure the fiscal integrity of the Board and allow the Board to carry out its mission. The costs to applicants and licensees are outweighed by the Board's duty to license and regulate the practice of osteopathic medicine in the public interest. Additionally, application fees will

**more accurately address the actual cost of resources devoted to processing applications.**

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

**As reflected in the Board's response to question 17, the regulated community will incur additional costs as a result of the graduated application and biennial renewal fee increases. By adding the costs for the graduated application fees with biennial renewal fees per fiscal year, the Board estimates that the cost to licensees and applicants is as follows: FY 20-21 at \$1,478,793; FY 21-22 at \$263,800; FY 22-23 at \$784,624; FY 23-24 at \$32,279; FY 24-25 at \$495,291 and FY 25-26 at \$43,806. The Board does not anticipate additional administrative, legal, accounting or consulting costs to the Board, applicants or licensees by implementing the rulemaking. The regulatory amendment will permit the Board to continue to fund the costs of its operations. There are no other costs or savings to state government associated with compliance with the rulemaking.**

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

**There are no costs or savings to local governments associated with compliance with the rulemaking.**

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

**The Board will incur a minimal cost to revise its print and online application forms and online renewal platform to indicate the increased fees. The Board would incur no other increase in administrative costs by implementing the rulemaking. There are no other costs or savings to state government associated with implementation of the rulemaking.**

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

**This rulemaking will not require any additional record keeping nor will there be any legal, accounting or consulting procedures required for implementation of the proposed rulemaking. The new fees will require no additional paperwork, as these fees are being imposed to cover the Board's costs associated with services that are already being provided and paperwork that is already required.**

(22a) Are forms required for implementation of the regulation? **Yes, the Board will have to revise its print and online application forms and online renewal platform to indicate the increased fees.**

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the

information required to be reported.

In October of 2016, the Bureau launched the Pennsylvania Licensing System (PALS), which provides for an online application and biennial renewal system. Most of the Board's applications and biennial renewals are in PALS. As reflected in Attachment "A", the only remaining hard copy forms are reactivations and application forms for supervising physicians. Regarding all the other initial applications, because the Board no longer uses paper applications, the Board is providing online "checklists" that correlate with each application. For biennial renewals, the Board has attached copies of biennial renewal forms that are reflective of the online content of the online content.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year (19-20)	FY +1 Year (20-21)	FY +2 Year (21-22)	FY +3 Year (22-23)	FY +4 Year (23-24)	FY +5 Year (24-25)
<b>SAVINGS:</b>	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$0	\$0	\$0	\$0	\$0
Local Government						
State Government						
<b>Total Savings</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>COSTS:</b>	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$1,478,793	\$263,800	\$784,624	\$32,279	\$495,291
Local Government						
State Government						
<b>Total Costs</b>	\$0	\$1,478,793	\$263,800	\$784,624	\$32,279	\$495,291
<b>REVENUE LOSSES:</b>						
Regulated Community	\$0	\$0				
Local Government						
State Government						
<b>Total Revenue Losses</b>	\$0	\$0	N/A	N/A	N/A	N/A

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

<b>Program</b>	<b>FY - 3 16-17 (Actual)</b>	<b>FY - 2 17-18 (Actual)</b>	<b>FY - 1 18-19 (Projected)</b>	<b>Current FY 19-20 (Projected)</b>
<b>State Board of Osteopathic Medicine</b>	<b>\$1,554,198.23</b>	<b>\$1,667,045.13</b>	<b>\$1,935,000</b>	<b>\$2,015,000</b>

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
  - (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
  - (c) A statement of probable effect on impacted small businesses.
  - (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.
- (a) All “small businesses” as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. The Board does not collect data relating to the size of the businesses that employ its licensees. Please also see the response to Question 15.
- (b) There are no projected reporting or recordkeeping costs required for compliance. There are only negligible additional administrative costs required to revise online applications for increased fees.
- (c) The probable effect on impacted small businesses may be an increase in application and biennial renewal fees for applicants or licensees employed by small businesses, should the businesses choose to pay these fees for employees.
- (d) The Board has evaluated and considered increasing fees since 2016. As previously discussed, the Board’s expenditures exceed its revenue. Section 13.1(a) of the act mandates a fee increase when expenditures outpace revenue. Thus, based upon the insufficient revenue and continued reduction of remaining funds, the Board determined that fee increases are the only way to sustain operations, insuring public health and safety.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

**No groups with particular needs have been identified.**

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board considers the regulations to be the least burdensome and acceptable alternative, consistent with public health, safety and welfare. This increase is necessary to ensure the fiscal integrity of the Board and to assure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board's licensees. The Board did consider an alternative fee increase that did not include a graduated fee schedule. The Board believes the graduated application fee and biennial renewal fee increases are beneficial because the application fee increases are reflective of actual costs to process applications and biennial renewal fees coincide more closely with the projected expenses for each biennium.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

- a) & b) All applicants pay the application fees at the time the application is submitted, and all licenses renew biennially. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application and biennial renewal processes are the same whether a particular licensee or applicant is, or is employed by, a small business or a large business.
- d) The regulations do not contain design or operational standards that need to be altered for small businesses.
- e) To exclude any applicants or licensees from the requirements contained in the rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining adequate revenue to meet projected expenditures and it would not be able to carry out its legislative mandate.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where

possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

The Board relied on data contained in the Bureau's executive report on the Review of State Professional and Occupational Licensure Board Requirements and Processes. The report can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/Documents/EO2017-03-Executive-Report-Occupational-Licensing.pdf>

The Board relied on data contained in the U.S. Osteopathic Licensure Summary by American Osteopathic Association (September 2019). (See, Attachment "B"). The Board also relied on financial records of the Board presented by the BFO. (See, Attachment "C").

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: **30 days from publication in the PA Bulletin**
- B. The date or dates on which any public meetings or hearings will be held: **The proposal was discussed at public Board meetings in August 10, 2016, 2017, February 14, 2018, April 17, 2019, August 14, 2019, and December 11, 2019. No specific date has been scheduled for future discussions. The Board holds regularly scheduled meetings and considers public comment at those meetings. A schedule is provided in item (30) below.**
- C. The expected date of delivery of the final-form regulation: **Summer 2020**
- D. The expected effective date of the final-form regulation: **Summer 2020**
- E. The expected date by which compliance with the final-form regulation will be required: **Upon publication in the PA Bulletin as final.**
- F. The expected date by which required permits, licenses or other approvals must be obtained: **N/A**

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The Board is scheduled to meet on the following dates in 2020: February 12, April 8, June 10, August 12, October 14 and December 9, 2020.

# **Attachment A**

# PHYSICIAN AND SURGEON

Evaluation results:  
 Board/Commission: Osteopathic Medicine  
 License Type: Osteopathic Physician and Surgeon  
 Obtained By: Application

2020

CheckList Name	Instructions
Application	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
Application Fee	An application fee of <del>\$45.00</del> is required. Please note that all fees are non-refundable. <b>\$170.00</b>
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 approved training 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	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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</p>

CheckList Name	Instructions
	Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
<b>Databank Report</b>	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
<b>Graduate Training</b>	Verification of AOA Approved Internship Form must be received <b>DIRECTLY</b> from the hospital where you have completed your first year of training.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>National Examination</b>	National Board scores (NBOME/COMLEX) must be received <b>DIRECTLY</b> from the National Board of Osteopathic Medical Examiners, Inc.
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1\type=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1\type=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a></p> <p>The Board's Regulations are available on the Board's website.</p>
<b>Pennsylvania Exam</b>	Osteopathic Manipulation Test (OMT) scores must be received <b>DIRECTLY</b> from the testing service.
<b>Record of Graduation</b>	Verification of Medical Education must be received <b>DIRECTLY</b> from the medical school.
<b>Resume/Curriculum Vitae</b>	Curriculum Vitae listing <b>ALL</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician and Surgeon

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
Application Fee	An application fee of <del>\$45.00</del> is required. Please note that all fees are non-refundable. <b>\$185.00</b>
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 approved training 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	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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</p>

CheckList Name	Instructions
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<b>Databank Report</b>	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
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<b>National Examination</b>	National Board scores (NBOME/COMLEX) must be received <b>DIRECTLY</b> from the National Board of Osteopathic Medical Examiners, Inc.
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1vpe=HTM&amp;vr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1vpe=HTM&amp;vr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a></p> <p>The Board's Regulations are available on the Board's website.</p>
<b>Pennsylvania Exam</b>	Osteopathic Manipulation Test (OMT) scores must be received <b>DIRECTLY</b> from the testing service.
<b>Record of Graduation</b>	Verification of Medical Education must be received <b>DIRECTLY</b> from the medical school.
<b>Resume/Curriculum Vitae</b>	Curriculum Vitae listing <b>ALL</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

Evaluation results:  
 Board/Commission: Osteopathic Medicine  
 License Type: Osteopathic Physician and Surgeon  
 Obtained By: Application

July 1, 2024

CheckList Name	Instructions
<b>Application</b>	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
<b>Application Fee</b>	An application fee of <del>\$45.00</del> is required. Please note that all fees are non-refundable. <b>\$205.00</b>
<b>Child Abuse CE</b>	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 approved training 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.
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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</p>

CheckList Name	Instructions
	Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
Graduate Training	Verification of AOA Approved Internship Form must be received DIRECTLY from the hospital where you have completed your first year of training.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Examination	National Board scores (NBOME/COMLEX) must be received DIRECTLY from the National Board of Osteopathic Medical Examiners, Inc.
Opioid CE	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtf1vpe=HTM&amp;vr=2014&amp;sessInd=0&amp;smthLwind=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtf1vpe=HTM&amp;vr=2014&amp;sessInd=0&amp;smthLwind=0&amp;act=191</a></p> <p>The Board's Regulations are available on the Board's website.</p>
Pennsylvania Exam	Osteopathic Manipulation Test (OMT) scores must be received DIRECTLY from the testing service.
Record of Graduation	Verification of Medical Education must be received DIRECTLY from the medical school.
Resume/Curriculum Vitae	Curriculum Vitae listing ALL periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

## **SHORT-TERM CAMP PHYSICIAN**

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Short Term Camp Physician

Obtained By: Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of <del>\$30.00</del> , made payable by credit/debit card. <b>\$100.00</b>
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Letter from Backup Physician</b>	<p>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.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a>. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
<b>Position Verification</b>	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
<b>Resume/Curriculum Vitae</b>	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.

**Evaluation results:**

**Board/Commission:** Osteopathic Medicine

**License Type:** Short Term Camp Physician

**Obtained By:** Application

July 1, 2022

CheckList Name	Instructions
<b>Application</b>	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
<b>Application Fee</b>	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. <b>\$110.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Letter from Backup Physician</b>	<p>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.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a>. The Board's Regulations are available on the Board's website.</p>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Position Verification</b>	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
<b>Resume/Curriculum Vitae</b>	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.

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Short Term Camp Physician  
**Obtained By:** Application

July 1, 2024

CheckList Name	Instructions
<b>Application</b>	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
<b>Application Fee</b>	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. <b>\$ 120.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Letter from Backup Physician</b>	<p>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.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a>. The Board's Regulations are available on the Board's website.</p>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Position Verification</b>	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
<b>Resume/Curriculum Vitae</b>	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.

# **GRADUATE TRAINING LICENSE**

2020

(08/2017)

<p><u>Regular Mailing Address</u>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b>  P.O. BOX 2649  HARRISBURG, PA 17105-2649  717-783-4858  Email: <a href="mailto:st-osteopathic@pa.gov">st-osteopathic@pa.gov</a></p>	<p><u>Courier Delivery Address</u>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b>  2601 NORTH THIRD STREET  HARRISBURG, PA 17110</p>
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**APPLICATION FOR A GRADUATE TRAINING LICENSE FOR GRADUATES OF OSTEOPATHIC MEDICAL SCHOOLS**

**THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE TRAINING LICENSE  
DO NOT USE TO RENEW  
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

**\$115 APPLICANTS MUST COMPLETE THE FOLLOWING:**

1. Submit the \$115 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2. Complete pages 1 and 3 of the application.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
4. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
5. Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. The school must return the completed verification directly to the Board in an official school envelope. The form may be completed ONLY three months prior to graduation. However, if graduation **DOES NOT** take place, the school must notify the Board immediately.
6. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
7. 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&smthLw/nd=0&act=191>

8. Applicants may also use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are listed in the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.

**PLEASE NOTE:** If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

**IMPORTANT INFORMATION**

1. PLEASE ALLOW AT LEAST 30-60 DAYS FOR PROCESSING.

2. PLEASE FOLLOW ALL DIRECTIONS. ANY DISCREPANCIES WILL CAUSE A DELAY IN THE ISSUANCE OF A LICENSE. IT IS YOUR RESPONSIBILITY TO CONTACT THE HOSPITAL REGARDING THE STATUS OF YOUR APPLICATION. THE BOARD WILL BE IN DIRECT CORRESPONDENCE WITH THE HOSPITAL.

3. IF THIS APPLICATION IS NOT COMPLETED WITHIN SIX MONTHS, UPDATES OF CERTAIN SECTIONS AND/OR SUPPORTING DOCUMENTS WILL BE REQUIRED.

4. IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD.

5. YOU MAY NOT PRACTICE IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL THE PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE HAS ISSUED A LICENSE. THE LICENSE IS ONLY VALID FOR THE DATES, SPECIALTY, PGY LEVEL, AND HOSPITAL THAT ARE LISTED ON THE LICENSE.

6. EFFECTIVE JAN. 1, 2017, ACT 191 OF 2014 REQUIRES ALL PRESCRIBERS AND DISPENSERS TO REGISTER FOR THE PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP). PRESCRIBERS ARE REQUIRED TO QUERY THE PA PDMP SYSTEM FOR EACH PATIENT THE FIRST TIME THE PATIENT IS PRESCRIBED A CONTROLLED SUBSTANCE BY THE PRESCRIBER, WHEN THERE IS CLINICAL CONCERN THAT THE PATIENT MAY BE ABUSING OR DIVERTING A CONTROLLED SUBSTANCE(S), AND/OR EACH TIME THE PATIENT IS PRESCRIBED AN OPIOID DRUG PRODUCT OR A BENZODIAZEPINE. TO LEARN MORE AND TO REGISTER, PLEASE VISIT WWW.DOH.PA.GOV/PDMP.

July 1, 2022

(08/2017)

**Regular Mailing Address**  
STATE BOARD OF OSTEOPATHIC MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-4858  
Email: [st-osteopathic@pa.gov](mailto:st-osteopathic@pa.gov)

**Courier Delivery Address**  
STATE BOARD OF OSTEOPATHIC MEDICINE  
2601 NORTH THIRD STREET  
HARRISBURG, PA 17110

**APPLICATION FOR A GRADUATE TRAINING LICENSE FOR GRADUATES OF OSTEOPATHIC MEDICAL SCHOOLS**

**THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE TRAINING LICENSE  
DO NOT USE TO RENEW  
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

**\$125** **APPLICANTS MUST COMPLETE THE FOLLOWING:**

1. Submit the **\$30** fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
  2. Complete pages 1 and 3 of the application.
  3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
  4. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
  5. Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. The school must return the completed verification directly to the Board in an official school envelope. The form may be completed ONLY three months prior to graduation. However, if graduation **DOES NOT** take place, the school must notify the Board immediately.
  6. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
  7. 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.
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July 1, 2024

(08/2017)

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**THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE TRAINING LICENSE  
DO NOT USE TO RENEW  
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

**APPLICANTS MUST COMPLETE THE FOLLOWING:**

- \$140**
1. Submit the ~~\$20~~ fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
  2. Complete pages 1 and 3 of the application.
  3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
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**PHYSICIAN ASSISTANT**

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

2020

CheckList Name	Instructions
<b>Application</b>	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
<b>Application Fee</b>	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$115.00
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Education and forward to your physician assistant program for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
<b>Exam Results</b>	Contact the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and arrange for your exam scores to be sent directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a>. The Board's Regulations are available on the Board's website.</p>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <b>all</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from the physician assistant program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. If you are a new graduate with no employment, you will need to provide a statement to this effect. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. <b>\$125.00</b>
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 approved training 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.

CheckList Name	Instructions
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Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

July 1, 2024

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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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Education and forward to your physician assistant program for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
<b>Exam Results</b>	Contact the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and arrange for your exam scores to be sent directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Opioid CE</b>	<p>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.</p> <p>*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: <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwInd=0&amp;act=191</a>. The Board's Regulations are available on the Board's website.</p>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from the physician assistant program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. If you are a new graduate with no employment, you will need to provide a statement to this effect. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

**SUPERVISING PHYSICIAN**

2020

(01/2017)

**Regular Mailing Address**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
 P.O. BOX 2649  
 HARRISBURG, PA 17105-2649  
 717-783-4858  
 Email: st-osteopathic@pa.gov

**Courier Delivery Address**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
 2601 NORTH THIRD STREET  
 HARRISBURG, PA 17110

**APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN**

THIS APPLICATION IS FOR USE ONLY BY A PRIMARY SUPERVISING PHYSICIAN LICENSED BY THE PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE.

**PLEASE PRINT OR TYPE ALL INFORMATION.** If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

**FEE.** Submit the \$95.00 fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment. **\$145.00**

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**PLEASE NOTE:** Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. A complete application includes the below items. Failure to provide one or more of the following items will result in a denial of temporary approval, and the application will require additional processing time.

- Correct fee.
- Completion of a current and correct application form with all requested information including signatures, dates, and complete answers to all questions with supporting documentation.
- Proof of current liability insurance coverage for the physician assistant.

The temporary authorization to practice is valid for 120 days ONLY while the written agreement is being evaluated for final Board approval.

Provide proof of professional liability insurance coverage for the physician assistant through self-insurance, personally purchased insurance or insurance provided by the 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. Proof of insurance must be provided in order for the Board to issue temporary authorization to practice.

**PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL**

**PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE**

<b>PRIMARY SUPERVISING PHYSICIAN NAME:</b>	Last	First	Middle
<b>PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:</b>	<b>PRACTICE TELEPHONE NUMBER:</b>		
<b>PRACTICE ADDRESS:</b>	Street		
City	State	Zip	
<b>SUBSTITUTE SUPERVISOR NAME:</b>	Last	First	Middle
<b>SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:</b>			
<b>PHYSICIAN ASSISTANT NAME:</b>	Last	First	Middle
<b>PHYSICIAN ASSISTANT LICENSE NUMBER:</b>			

**PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE**

**PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION**

LIST YOUR SPECIALTIES:

DO YOU HOLD HOSPITAL STAFF PRIVILEGES?

Yes

No

IF YES, LIST HOSPITAL(S):

**VERIFICATION**

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Osteopathic Medicine.
- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic 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 agreement to supervise the 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's patients.
- 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 the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
- The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s).
- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

PRIMARY SUPERVISING PHYSICIAN  
(Printed Name):

PRIMARY SUPERVISING PHYSICIAN SIGNATURE:

Date

PHYSICIAN ASSISTANT (Printed Name):

PHYSICIAN ASSISTANT SIGNATURE:

Date

**PLEASE NOTE: The primary supervisor's responsibilities include:**

- Providing a copy of the final Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

## PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

### WRITTEN AGREEMENT

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – SUBSTITUTE SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – PHYSICIAN ASSISTANT:</b>	Last	First	Middle

**INSTRUCTIONS:** Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

1.	Describe the functions/tasks to be delegated to the physician assistant.
2.	Provide the details describing the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.
3.	If the physician assistant will practice in a hospital and/or a surgical center, provide the name and address of each hospital/surgical center below. If more than three hospitals/surgical centers, please provide this information on a separate sheet of paper.

Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address

4.	Will the physician assistant prescribe and dispense drugs/therapeutic devices?	Yes	No
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If yes, please identify which categories of controlled substances may be prescribed and dispensed?

None    
 Schedule II    
 Schedule III    
 Schedule IV    
 Schedule V

List below any specific drugs that the physician assistant **WILL NOT** be permitted to prescribe/dispense.


5.	Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application.	Yes	No
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PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PATIENT RECORD REVIEW PLAN

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
NAME – PHYSICIAN ASSISTANT:	Last	First	Middle

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.
- The first 6 months of the physician assistant's practice in the same specialty under a new primary supervisor (unless, the new primary supervisor was registered as a substitute supervisor for at least six months under another written agreement).

INSTRUCTIONS: If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

SECTION A

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.	Yes	No

SECTION B

I have been registered as a substitute supervisor for the above identified physician assistant's practice in the same specialty for at least six months and I intend to deviate from the 100% chart review of the physician assistant's patient records within the required 10 day period?	Yes	No

If you intend to deviate from the 100% chart review, provide specific details below regarding how you will select patient records for review and with what frequency you will review patient records. This information should include specifics such as the percentage of patient charts, specific types or categories of patient cases, etc. Use additional 8 1/2" x 11" paper, if necessary.

I affirm that the number of patient records reviewed shall be sufficient to assure adequate review of the physician assistant's practice. Deviation from 100% chart review will require Board approval PRIOR TO IMPLEMENTING THE NEW REVIEW PLAN.

DO NOT SUBMIT CHANGES TO PATIENT RECORD REVIEW PLAN PRIOR THE COMPLETION OF THE INITIAL PERIOD OF THE NEW SUPERVISION AGREEMENT.

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
PRIMARY SUPERVISING PHYSICIAN SIGNATURE:			Date

July 1, 2022

(01/2017)

**Regular Mailing Address**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
 P.O. BOX 2649  
 HARRISBURG, PA 17105-2649  
 717-783-4858  
 Email: [st-osteopathic@pa.gov](mailto:st-osteopathic@pa.gov)

**Courier Delivery Address**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
 2601 NORTH THIRD STREET  
 HARRISBURG, PA 17110

**APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN**

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**FEE.** Submit the \$95.00 fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.  
 \$160.00

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**PLEASE NOTE:** Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. A complete application includes the below items. Failure to provide one or more of the following items will result in a denial of temporary approval, and the application will require additional processing time.

- Correct fee.
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- Proof of current liability insurance coverage for the physician assistant.

The temporary authorization to practice is valid for 120 days ONLY while the written agreement is being evaluated for final Board approval.

**Provide proof of professional liability insurance coverage for the physician assistant through self-insurance, personally purchased insurance or insurance provided by the 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. Proof of insurance must be provided in order for the Board to issue temporary authorization to practice.**

**PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL**

**PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE**

<b>PRIMARY SUPERVISING PHYSICIAN NAME:</b>	Last	First	Middle
<b>PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:</b>	<b>PRACTICE TELEPHONE NUMBER:</b>		
<b>PRACTICE ADDRESS:</b>	Street		
City	State	Zip	
<b>SUBSTITUTE SUPERVISOR NAME:</b>	Last	First	Middle
<b>SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:</b>			
<b>PHYSICIAN ASSISTANT NAME:</b>	Last	First	Middle
<b>PHYSICIAN ASSISTANT LICENSE NUMBER:</b>			

**PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE**

**PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION**

**LIST YOUR SPECIALTIES:**

**DO YOU HOLD HOSPITAL STAFF PRIVILEGES?**

Yes

No

**IF YES, LIST HOSPITAL(S):**

**VERIFICATION**

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Osteopathic Medicine.
- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic 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 agreement to supervise the 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's patients.
- 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 the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
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- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

**PRIMARY SUPERVISING PHYSICIAN  
(Printed Name):**

Date

**PRIMARY SUPERVISING PHYSICIAN SIGNATURE:**

**PHYSICIAN ASSISTANT (Printed Name):**

Date

**PHYSICIAN ASSISTANT SIGNATURE:**

**PLEASE NOTE: The primary supervisor's responsibilities include:**

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- Maintaining a current list of all locations where the physician assistant will perform duties.
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**PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE**

**WRITTEN AGREEMENT**

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – SUBSTITUTE SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – PHYSICIAN ASSISTANT:</b>	Last	First	Middle
<b>INSTRUCTIONS:</b> Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).			
1.	Describe the functions/tasks to be delegated to the physician assistant.		
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3.	If the physician assistant will practice in a hospital and/or a surgical center, provide the name and address of each hospital/surgical center below. If more than three hospitals/surgical centers, please provide this information on a separate sheet of paper.		
Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
4.	Will the physician assistant prescribe and dispense drugs/therapeutic devices?	Yes	No
If yes, please identify which categories of controlled substances may be prescribed and dispensed?			
<input type="checkbox"/> None <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V			
List below any specific drugs that the physician assistant <u>WILL NOT</u> be permitted to prescribe/dispense.			
5.	Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application.	Yes	No

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PATIENT RECORD REVIEW PLAN

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – PHYSICIAN ASSISTANT:</b>	Last	First	Middle

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INSTRUCTIONS: If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

SECTION A

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.	Yes	No
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SECTION B

I have been registered as a substitute supervisor for the above identified physician assistant's practice in the same specialty for at least six months and I intend to deviate from the 100% chart review of the physician assistant's patient records within the required 10 day period?	Yes	No
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If you intend to deviate from the 100% chart review, provide specific details below regarding how you will select patient records for review and with what frequency you will review patient records. This information should include specifics such as the percentage of patient charts, specific types or categories of patient cases, etc. Use additional 8 1/2" x 11" paper, if necessary.

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<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>PRIMARY SUPERVISING PHYSICIAN SIGNATURE:</b>			Date

July 1, 2024 (01/2017)

<p><u>Regular Mailing Address</u>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b>          P.O. BOX 2649          HARRISBURG, PA 17105-2649          717-783-4858          Email: <a href="mailto:st-osteopathic@pa.gov">st-osteopathic@pa.gov</a></p>	<p><u>Courier Delivery Address</u>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b>          2601 NORTH THIRD STREET          HARRISBURG, PA 17110</p>
--	---

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**\$175.00**

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The temporary authorization to practice is valid for **120 days ONLY** while the written agreement is being evaluated for final Board approval.

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<b>PRIMARY SUPERVISING PHYSICIAN NAME:</b>	Last	First	Middle
<b>PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:</b>		<b>PRACTICE TELEPHONE NUMBER:</b>	
<b>PRACTICE ADDRESS:</b>	Street		
City	State	Zip	
<b>SUBSTITUTE SUPERVISOR NAME:</b>	Last	First	Middle
<b>SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:</b>			
<b>PHYSICIAN ASSISTANT NAME:</b>	Last	First	Middle
<b>PHYSICIAN ASSISTANT LICENSE NUMBER:</b>			

**PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE**

**PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION**

**LIST YOUR SPECIALTIES:**

**DO YOU HOLD HOSPITAL STAFF PRIVILEGES?**

Yes

No

**IF YES, LIST HOSPITAL(S):**

**VERIFICATION**

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Osteopathic Medicine.
- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic Medicine.
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- 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 the suspension or revocation of my registration.
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**PRIMARY SUPERVISING PHYSICIAN**  
(Printed Name):

**PRIMARY SUPERVISING PHYSICIAN SIGNATURE:**

Date

**PHYSICIAN ASSISTANT (Printed Name):**

**PHYSICIAN ASSISTANT SIGNATURE:**

Date

**PLEASE NOTE: The primary supervisor's responsibilities include:**

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- Maintaining a current list of all locations where the physician assistant will perform duties.
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- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

## PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

### WRITTEN AGREEMENT

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – SUBSTITUTE SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – PHYSICIAN ASSISTANT:</b>	Last	First	Middle

**INSTRUCTIONS:** Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

1.	Describe the functions/tasks to be delegated to the physician assistant.		
2.	Provide the details describing the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.		
3.	If the physician assistant will practice in a hospital and/or a surgical center, provide the name and address of each hospital/surgical center below. If more than three hospitals/surgical centers, please provide this information on a separate sheet of paper.		
Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
4.	Will the physician assistant prescribe and dispense drugs/therapeutic devices?	Yes	No
If yes, please identify which categories of controlled substances may be prescribed and dispensed?			
<input type="checkbox"/> None <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V			
List below any specific drugs that the physician assistant <u>WILL NOT</u> be permitted to prescribe/dispense.			
5.	Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application.	Yes	No

**PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE**

**PATIENT RECORD REVIEW PLAN**

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>NAME – PHYSICIAN ASSISTANT:</b>	Last	First	Middle

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.
- The first 6 months of the physician assistant's practice in the same specialty under a new primary supervisor (unless, the new primary supervisor was registered as a substitute supervisor for at least six months under another written agreement).

**INSTRUCTIONS:** If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

**SECTION A**

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.	Yes	No
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**SECTION B**

I have been registered as a substitute supervisor for the above identified physician assistant's practice in the same specialty for at least six months and I intend to deviate from the 100% chart review of the physician assistant's patient records within the required 10 day period?	Yes	No
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**If you intend to deviate from the 100% chart review, provide specific details below regarding how you will select patient records for review and with what frequency you will review patient records. This information should include specifics such as the percentage of patient charts, specific types or categories of patient cases, etc. Use additional 8 1/2" x 11" paper, if necessary.**

**I affirm that the number of patient records reviewed shall be sufficient to assure adequate review of the physician assistant's practice. Deviation from 100% chart review will require Board approval PRIOR TO IMPLEMENTING THE NEW REVIEW PLAN.**

**DO NOT SUBMIT CHANGES TO PATIENT RECORD REVIEW PLAN PRIOR THE COMPLETION OF THE INITIAL PERIOD OF THE NEW SUPERVISION AGREEMENT.**

<b>NAME – PRIMARY SUPERVISING PHYSICIAN:</b>	Last	First	Middle
<b>PRIMARY SUPERVISING PHYSICIAN SIGNATURE:</b>			Date

# **ACUPUNCTURIST**

**Evaluation results:**

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Acupuncturist

**Obtained By:** Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$100.00
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>

CheckList Name	Instructions
<b>Education Verification</b>	Complete Section 1 of the Verification of Education (Form 2) and forward to your school for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language. The form will be available for download and printing when the application is submitted.</b>
<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board</b> . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. <b>All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. <b>The NCCAOM must also verify completion of the Clean Needle Technique Course.</b> If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.</b>

CheckList Name	Instructions
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Acupuncturist

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
<b>Application</b>	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
<b>Application Fee</b>	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$110.00
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>

CheckList Name	Instructions
<b>Education Verification</b>	Complete Section 1 of the Verification of Education (Form 2) and forward to your school for completion of Section 2. The school <b>must return the completed verification <u>directly</u> to the Board.</b> All documents must be in <b>ENGLISH</b> or an official translation must be submitted to the Board from an official translation agency or professor of the language. The form will be available for download and printing when the application is submitted.
<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board.</b> If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. All documents must be in <b>ENGLISH</b> or an official translation must be submitted to the Board from an official translation agency or professor of the language.
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.</b>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Osteopathic Acupuncturist  
**Obtained By:** Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$120.00
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>

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<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board</b> . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. <b>All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. <b>The NCCAOM must also verify completion of the Clean Needle Technique Course.</b> If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
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<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

# PHYSICIAN ACUPUNCTURIST

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Osteopathic Acupuncturist  
**Obtained By:** Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of <del>\$20.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$100.00
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 approved training 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.

CheckList Name	Instructions
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<b>Databank Report</b>	<p>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.</p>

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<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board</b> . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. <b>All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. <b>The NCCAOM must also verify completion of the Clean Needle Technique Course.</b> If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
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Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Osteopathic Acupuncturist  
**Obtained By:** Application

July 1, 2022

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
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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 approved training 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.

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<b>Databank Report</b>	<p>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.</p>

CheckList Name	Instructions
<b>Education Verification</b>	Complete Section 1 of the Verification of Education (Form 2) and forward to your school for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language. The form will be available for download and printing when the application is submitted.</b>
<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board</b> . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. <b>All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. <b>The NCCAOM must also verify completion of the Clean Needle Technique Course.</b> If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.</b>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <b>all</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in <b>chronological order</b> , include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Osteopathic Acupuncturist  
**Obtained By:** Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary.
Application Fee	<b>NON REFUNDABLE FEE</b> in the amount of <del>\$30.00</del> , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application ( <u>another application processing fee</u> ) and supporting documents, as necessary. \$120.00
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 approved training 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.

CheckList Name	Instructions
<p><b>Criminal History Check</b></p>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<p><b>Databank Report</b></p>	<p>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.</p>

CheckList Name	Instructions
<b>Education Verification</b>	Complete Section 1 of the Verification of Education (Form 2) and forward to your school for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language. The form will be available for download and printing when the application is submitted.</b>
<b>Educational Transcripts</b>	Request that your school provide an official transcript <b><u>directly</u> to the Board</b> . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. <b>All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.</b>
<b>Exam Results</b>	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. <b>The NCCAOM must also verify completion of the Clean Needle Technique Course.</b> If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.</b>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Resume/Curriculum Vitae</b>	You will need to upload, where prompted, a current Curriculum Vitae listing <b>all</b> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

# **RESPIRATORY THERAPIST**

Evaluation results:

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Respiratory Therapist

**Obtained By:** Application

2020

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$38.00</del> is required. Please note that all fees are non-refundable. <b>\$100.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Exam Results</b>	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Respiratory Therapist

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$30.00</del> is required. Please note that all fees are non-refundable. <b>\$110.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Exam Results</b>	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Respiratory Therapist

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$30.00</del> is required. Please note that all fees are non-refundable. <b>\$120.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Exam Results</b>	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

# **ATHLETIC TRAINER**

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Athletic Trainer  
**Obtained By:** Application

2020

CheckList Name	Instructions
<b>Application</b>	<p>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.</p>
<b>Application Fee</b>	<p>An application fee of <del>\$28.00</del> is required. Please note that all fees are non-refundable. <b>\$100.00</b></p>
<b>Child Abuse CE</b>	<p>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 approved training 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.</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Exam Eligibility</b>	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>National Certification</b>	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
<b>Record of Graduation</b>	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</b>
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <b>include the month and year</b> ), and description of the practice activity

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Athletic Trainer

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$20.00</del> is required. Please note that all fees are non-refundable. <b>\$110.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Exam Eligibility</b>	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>National Certification</b>	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
<b>Record of Graduation</b>	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</b>
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <b>include the month and year</b> ), and description of the practice activity

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Athletic Trainer

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$20.00</del> is required. Please note that all fees are non-refundable. <b>\$120.00</b>
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Exam Eligibility</b>	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>National Certification</b>	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
<b>Record of Graduation</b>	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. <b>The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</b>
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity

**PERFUSIONIST**

**Evaluation results:**

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Perfusionist + Temporary Graduate Perfusionist

**Obtained By:** Application + Temporary Provisional Perfusionist 2020

CheckList Name	Instructions
<b>Application</b>	<p>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</p> <p style="text-align: right;"><b>\$120.00</b></p>
<b>Application Fee</b>	<p>An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;"><b>\$80.00</b></p>
<b>Certification of Supervisor</b>	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
<b>Child Abuse CE</b>	<p>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 approved training 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:</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

July 1, 2022

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>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</p> <p style="text-align: right;"><b>\$130.00</b></p>
Application Fee	<p>An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;"><b>\$88.00</b></p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>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 approved training 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:</p>

CheckList Name	Instructions
<p><b>Criminal History Check</b></p>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<p><b>Databank Report</b></p>	<p>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.</p>
<p><b>Education Verification</b></p>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <b>include the month and year</b> ), and description of the practice activity.

July 1, 2024

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
<b>Application</b>	<p>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</p> <p style="text-align: right;"><b>\$145.00</b></p>
<b>Application Fee</b>	<p>An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;"><b>\$95.00</b></p>
<b>Certification of Supervisor</b>	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
<b>Child Abuse CE</b>	<p>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 approved training 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.</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

# **PERFUSIONIST REACTIVATION**

2020

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE  
REACTIVATION or STATUS CHANGE APPLICATION - ALLIED HEALTH PROFESSIONALS**

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2649</b> <b>HARRISBURG, PA 17105-2649</b> <u>www.dos.pa.gov/ost</u> OR <b>2801 NORTH THIRD STREET</b> <b>HARRISBURG, PA 17110</b>	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.	Telephone No.		

*(Name Change)*

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name: \_\_\_\_\_

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE**

**REQUESTING INACTIVE STATUS:**

**CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS**

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

**APPLICANTS MUST COMPLETE THE FOLLOWING:**

1. Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.  
  
**FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.**
  - Acupuncturist ——— \$25
  - Athletic Trainer ——— \$37
  - Genetic Counselor ——— ~~\$125~~ **\$180** \*Fee includes \$75 renewal fee + \$50 reactivation fee.
  - Perfusionist ——— ~~\$100~~ \*Fee includes \$50 renewal fee + \$50 reactivation fee.
  - Physician Assistant ——— \$10
  - Respiratory Therapist ——— \$25
2. Complete the legal questionnaire.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4. Complete the Verification of Practice / Non-Practice form.
5. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

6.	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," forward the entire report directly to the Board Office. You should make a copy for your records.
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**Continuing Education**

7.	<b>ALL HEALTH-RELATED LICENSEES:</b> Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at <a href="http://www.dcs.pa.gov">www.dcs.pa.gov</a> For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>
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8.	<b>FOR ATHLETIC TRAINERS ONLY:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
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9.	<b>FOR GENETIC COUNSELORS, PERFUSIONISTS, &amp; RESPIRATORY THERAPISTS:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at <a href="http://www.dcs.pa.gov/osj">www.dcs.pa.gov/osj</a> .
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10.	<p><b>FOR PHYSICIAN ASSISTANTS ONLY:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.</p> <p><u>Opioid Continuing Education:</u> Section 9.1(a)(2) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.</p> <p>*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:  <a href="http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?bdType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwnd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?bdType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwnd=0&amp;act=191</a></p>
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**Professional Liability Insurance**

11.	<b>ALL Acupuncturists &amp; Genetic Counselors:</b> Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.
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**IMPORTANT INFORMATION**

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit [www.doh.pa.gov/pdmp](http://www.doh.pa.gov/pdmp).

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**THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED.** If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes; provide the profession and state or jurisdiction. <b>LIST:</b> _____		
2.	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?		
3.	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?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impede judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you.  **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

## VERIFICATION OF INFORMATION

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Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\***

<b>Full Name</b>	Last	First	Middle
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<b>License No.</b>	<b>Telephone No.</b>
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
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2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		
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Signature of Licensee

Date

July 1, 2022

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE  
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2649</b> <b>HARRISBURG, PA 17105-2649</b> <u>www.dos.pa.gov/ost</u> or <b>2601 NORTH THIRD STREET</b> <b>HARRISBURG, PA 17110</b>	Full Name	Last	First	Middle	
	Address				
	Address				
	Address	City	State	Zip	
	Email:				
	License No.		Telephone No.		

*(Name Change)*

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name: \_\_\_\_\_

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE**

**REQUESTING INACTIVE STATUS:**

**CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS**

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

**APPLICANTS MUST COMPLETE THE FOLLOWING:**

1. Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.  
  
**FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.**
  - Acupuncturist ——— \$25
  - Athletic Trainer ——— \$37
  - Genetic Counselor ——— \$125 *\*\*Fee includes \$75 renewal fee + \$50 reactivation fee.*
  - Perfusionist ——— ~~\$100~~ *\$195* **\$80** *\*\*Fee includes \$50 renewal fee + \$50 reactivation fee.*
  - Physician Assistant ——— \$10
  - Respiratory Therapist ——— \$25 **\$115**
2. Complete the legal questionnaire.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4. Complete the Verification of Practice / Non-Practice form.
5. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

6.	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," forward the entire report directly to the Board Office. You should make a copy for your records.
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**Continuing Education**

7.	<b>ALL HEALTH-RELATED LICENSEES:</b> Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at <a href="http://www.dos.pa.gov">www.dos.pa.gov</a> . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.
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8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you 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?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.  **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

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Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

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<b>License No.</b>	<b>Telephone No.</b>
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Signature of Licensee	Date
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July 1, 2024

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE  
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2849</b> <b>HARRISBURG, PA 17105-2849</b> <u>www.dos.pa.gov/ost</u> or <b>2801 NORTH THIRD STREET</b> <b>HARRISBURG, PA 17110</b>	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.			Telephone No.

*(Name Change)*

For a name change, indicate new name below and attach an 8 1/4 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating taking of a maiden name, etc.).

New Name: \_\_\_\_\_

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE**

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1. Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.  
  
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  - Acupuncturist ——— \$25
  - Athletic Trainer ——— \$37
  - Genetic Counselor ——— \$125 **\$210** *Fee includes \$75 renewal fee + \$50 reactivation fee.*
  - Perfusionist ——— \$100 **\$185** *Fee includes \$50 renewal fee + \$50 reactivation fee.*
  - Physician Assistant ——— \$10
  - Respiratory Therapist ——— \$25 **\$125**
2. Complete the legal questionnaire.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
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**Professional Liability Insurance**

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4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you 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?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

## VERIFICATION OF INFORMATION

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Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

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<b>Full Name</b>	Last	First	Middle
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<b>License No.</b>	<b>Telephone No.</b>
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<p>Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions:</p>	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
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Signature of Licensee

Date

**PERFUSIONIST  
TEMPORARY GRADUATE**

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist 2020

CheckList Name	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 <b>\$120.00</b>
Application Fee	An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable. <b>\$80.00</b>
Certification of Supervisor	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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.

July 1, 2022

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>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</p> <p style="text-align: right;"><del>\$130.00</del></p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;"><del>\$88.00</del></p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>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 approved training 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.</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

July 1, 2024

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	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. <b>\$145.00</b>
Application Fee	An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable. <b>\$95.00</b>
Certification of Supervisor	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

**PERFUSIONIST**  
**TEMPORARY PROVISIONAL**

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist 2020

CheckList Name	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 <b>\$120.00</b>
Application Fee	An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable. <b>\$80.00</b>
Certification of Supervisor	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

<b>CheckList Name</b>	<b>Instructions</b>
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

July 1, 2022

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
<b>Application</b>	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 <b>\$130.00</b>
<b>Application Fee</b>	An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable. <b>\$88.00</b>
<b>Certification of Supervisor</b>	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resume listing <b>all</b> 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 ( <u>include the month and year</u> ), and description of the practice activity.

July 1, 2024

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>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</p> <p style="text-align: right;"><b>\$145.00</b></p>
Application Fee	<p>An application fee of <del>\$50</del> is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of <del>\$40</del> is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;"><b>\$95.00</b></p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>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 approved training 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:</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
<b>National Certification</b>	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
<b>Resume/Curriculum Vitae</b>	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.

**GENETIC COUNSELOR**

Evaluation results:  
**Board/Commission:** Osteopathic Medicine  
**License Type:** Osteopathic Genetic Counselor  
**Obtained By:** Application

2020

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <b>\$120.00</b>
<b>Certification of Supervisor</b>	
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Educational Transcripts</b>	<p>Request that your school provide an official transcript <u>directly to the Board</u>.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent <b>directly to the Pennsylvania Board.</b>
<b>Resume/Curriculum Vitae</b>	Please upload a Curriculum Vitae/Resumé 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.

## Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor

Obtained By: Application

July 1, 2022

CheckList Name	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.
Application Fee	An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <b>\$130.00</b>
Certification of Supervisor	
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 approved training 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.

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Educational Transcripts</b>	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
<b>Resume/Curriculum Vitae</b>	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.

Evaluation results:

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Genetic Counselor

**Obtained By:** Application

July 1, 2024

CheckList Name	Instructions
<b>Application</b>	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.
<b>Application Fee</b>	An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <b>\$145.00</b>
<b>Certification of Supervisor</b>	
<b>Child Abuse CE</b>	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 approved training 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.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
Databank Report	<p>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.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly to the Board</u>.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent <b>directly to the Pennsylvania Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

**GENETIC COUNSELOR  
REACTIVATION**

2020

(09/2017)

### STATE BOARD OF OSTEOPATHIC MEDICINE REACTIVATION or STATUS CHANGE APPLICATION - ALLIED HEALTH PROFESSIONALS

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2649</b> <b>HARRISBURG, PA 17105-2649</b> <u>www.dos.pa.gov/ost</u> <b>or</b> <b>2601 NORTH THIRD STREET</b> <b>HARRISBURG, PA. 17110</b>	<b>Full Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>	
	<b>Address</b>				
	<b>Address</b>				
	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
	<b>Email:</b>				
	<b>License No.</b>		<b>Telephone No.</b>		

Name Change

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating relaying of a maiden name, etc.).

New Name: \_\_\_\_\_

### LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

#### REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry/clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

#### APPLICANTS MUST COMPLETE THE FOLLOWING:

- Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.  
  
**FEEs ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.**
  - Acupuncturist ——— \$25 **\$230.00**
  - Athletic Trainer ——— \$37 **\$125.00**
  - Genetic Counselor ——— \$125 **\*\*Fee includes \$75 renewal fee + \$50 reactivation fee.**
  - Perfusionist ——— \$100 **\*\*Fee includes \$50 renewal fee + \$50 reactivation fee.**
  - Physician Assistant ——— \$10
  - Respiratory Therapist ——— \$25 **\$105.00**
- Complete the legal questionnaire.
- If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
- Complete the Verification of Practice / Non-Practice form.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order. Include the month and year, and indicate the state/territory in which the employment occurred.

6.	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," forward the entire report directly to the Board Office.. <u>You should make a copy for your records.</u>
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**Continuing Education**

7.	<b>ALL HEALTH-RELATED LICENSEES:</b> Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at <a href="http://www.dos.pa.gov">www.dos.pa.gov</a> For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>
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8.	<b>FOR ATHLETIC TRAINERS ONLY:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
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9.	<b>FOR GENETIC COUNSELORS, PERFUSIONISTS, &amp; RESPIRATORY THERAPISTS:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at <a href="http://www.dos.pa.gov/ost">www.dos.pa.gov/ost</a> .
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10.	<p><b>FOR PHYSICIAN ASSISTANTS ONLY:</b> In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.</p> <p><b>Opioid Continuing Education:</b> Section 9.1(a)(2) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.</p> <p>*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:  <a href="http://www.legis.state.pa.us/cfdocs/legis/L/uconsCheck.cfm?bdType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwnd=0&amp;act=191">http://www.legis.state.pa.us/cfdocs/legis/L/uconsCheck.cfm?bdType=HTM&amp;yr=2014&amp;sessInd=0&amp;smthLwnd=0&amp;act=191</a></p>
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**Professional Liability Insurance**

11.	<b>ALL Acupuncturists &amp; Genetic Counselors:</b> Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.
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**IMPORTANT INFORMATION**

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit [www.doh.pa.gov/pdmp](http://www.doh.pa.gov/pdmp).

## LEGAL QUESTIONS

**THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED.** If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction: <b>LIST:</b> _____		
2.	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?		
3.	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?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you 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?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you.  **If you previously reported the complaint(s) to the Board provide the docket number(s):  _____		

## VERIFICATION OF INFORMATION

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. § 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.

<b>Full Name</b>	Last	First	Middle
<b>Social Security #</b>	Date of Birth		
<b>Name of University or School</b>	Year of Graduation		
<b>Signature (Mandatory)</b>			Date

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\***

<b>Full Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
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<b>License No.</b>	<b>Telephone No.</b>
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**Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions:**

	<b>Yes</b>	<b>No</b>
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<b>1.</b>	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
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<b>2.</b>	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		
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Signature of Licensee

Date

July 1, 2022

(08/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE  
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2649</b> <b>HARRISBURG, PA 17105-2649</b> <u>www.dos.pa.gov/ost</u> OR <b>2801 NORTH THIRD STREET</b> <b>HARRISBURG, PA 17110</b>	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.		Telephone No.	

*Name Change*

For a name change, indicate new name below and attach an 8 1/4 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name: \_\_\_\_\_

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE**

**REQUESTING INACTIVE STATUS:**

**CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS**

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

**APPLICANTS MUST COMPLETE THE FOLLOWING:**

Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.

**FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds."** Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

1.

- Acupuncturist ——— \$25
- Athletic Trainer ——— \$37 **\$270.00** **\$155.00** **\$115.00**
- Genetic Counselor ——— ~~\$125~~ **\*\*Fee includes \$75 renewal fee + \$60 reactivation fee.**
- Perfusionist ——— \$100 **\*\*Fee includes \$50 renewal fee + \$50 reactivation fee.**
- Physician Assistant ——— \$10
- Respiratory Therapist ——— \$25

2.

Complete the legal questionnaire.

3.

If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).

4.

Complete the Verification of Practice / Non-Practice form.

5.

Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

6. 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," forward the entire report directly to the Board Office. You should make a copy for your records.

**Continuing Education**

7. **ALL HEALTH-RELATED LICENSEES:** Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at [www.dos.pa.gov](http://www.dos.pa.gov) For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.

8. **FOR ATHLETIC TRAINERS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.

9. **FOR GENETIC COUNSELORS, PERFUSIONISTS, & RESPIRATORY THERAPISTS:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost).

10. **FOR PHYSICIAN ASSISTANTS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.

**Opioid Continuing Education:** Section 8.1(a)(2) of ABC-MAP<sup>®</sup> requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.

\*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&smthLw/nd=0&act=191>

**Professional Liability Insurance**

11. **ALL Acupuncturists & Genetic Counselors:** Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.

**IMPORTANT INFORMATION**

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit [www.doh.pa.gov/pdmp](http://www.doh.pa.gov/pdmp).

## LEGAL QUESTIONS

**THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED.** If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. <b>LIST:</b> _____		
2.	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?		
3.	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?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you 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?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. <b>**If you previously reported the complaint(s) to the Board provide the docket number(s):</b> _____		

## VERIFICATION OF INFORMATION

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Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

**VERIFICATION OF PRACTICE/NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\***

<b>Full Name</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
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<b>License No.</b>	<b>Telephone No.</b>
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**Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.**

	<b>Yes</b>	<b>No</b>
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<b>1.</b>	<b>Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?</b>		
<b>2.</b>	<b>Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?</b>		

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<b>Signature of Licensee</b>	<b>Date</b>
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July 1, 2024

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE  
REACTIVATION or STATUS CHANGE APPLICATION - ALLIED HEALTH PROFESSIONALS**

<b>Send to:</b>  <b>STATE BOARD OF OSTEOPATHIC MEDICINE</b> <b>P.O. BOX 2649</b> <b>HARRISBURG, PA 17105-2649</b> <u>www.dos.pa.gov/ost</u> or <b>2601 NORTH THIRD STREET</b> <b>HARRISBURG, PA 17110</b>	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.	Telephone No.		

*Name Change*

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name: \_\_\_\_\_

**LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE**

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1.

- Acupuncturist ——— \$25
  - Athletic Trainer ——— \$37
  - Genetic Counselor ——— \$125
  - Perfusionist ——— \$100
  - Physician Assistant ——— \$10
  - Respiratory Therapist ——— \$25
- \$285.00      \$160.00      \$125.00*
- \*\*Fee includes \$75 renewal fee + \$50 reactivation fee.
- \*\*Fee includes \$50 renewal fee + \$50 reactivation fee.

2.

Complete the legal questionnaire.

3.

If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).

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5.

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**Continuing Education**

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**Professional Liability Insurance**

11. **ALL Acupuncturists & Genetic Counselors:** Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.

**IMPORTANT INFORMATION**

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## LEGAL QUESTIONS

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2.	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?		
3.	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?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you 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?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. <b>**If you previously reported the complaint(s) to the Board provide the docket number(s):</b> _____		

## VERIFICATION OF INFORMATION

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. § 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.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**VERIFICATION OF PRACTICE / NON-PRACTICE**

**\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\***

<b>Full Name</b>	Last	First	Middle
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<b>License No.</b>	<b>Telephone No.</b>
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**Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN, answer the following questions.**

	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
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2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		
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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. § 4811. 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.

Signature of Licensee

Date

**GENETIC COUNSELOR  
TEMPORARY PROVISIONAL**

**Evaluation results:**

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Genetic Counselor + Temp Provisional

**Obtained By:** Application

Genetic Counselor

2020

CheckList Name	Instructions
Application	<p>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.</p>
Application Fee	<p>An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <b>\$120.00</b></p>
Certification of Supervisor	<p>An application fee of \$90.00 is required for Osteopathic Temp Provisional Genetic Counselor license</p>
Child Abuse CE	<p>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 approved training 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.</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Educational Transcripts</b>	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent <b>directly to the Pennsylvania Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor + Temp. Provisional

Obtained By: Application Genetic Counselor

July 1, 2022

CheckList Name	Instructions
Application	<p>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.</p> <p style="text-align: right;"><i>for full Osteopathic Genetic Counselor</i></p>
Application Fee	<p>An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <b>\$130.00</b></p>
Certification of Supervisor	<p>An application fee of \$100.00 is required for Osteopathic Temp Provisional Genetic Counselor license.</p>
Child Abuse CE	<p>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 approved training 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.</p>

CheckList Name	Instructions
<b>Criminal History Check</b>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a>.</p> <p>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.</p>
<b>Databank Report</b>	<p>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.</p>
<b>Education Verification</b>	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
<b>Educational Transcripts</b>	<p>Request that your school provide an official transcript <u>directly to the Board</u>.</p>

CheckList Name	Instructions
<b>Exam Eligibility</b>	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
<b>Letter of Good Standing (LOGS)</b>	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. <b>The letter(s) of good standing must be sent directly to the Board.</b>
<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent <b>directly to the Pennsylvania Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

**Evaluation results:**

**Board/Commission:** Osteopathic Medicine

**License Type:** Osteopathic Genetic Counselor + Temp Provisional

**Obtained By:** Application Genetic Counselor

July 1, 2024

CheckList Name	Instructions
Application	<p>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.</p> <p style="text-align: right;"><i>for full Osteopathic Genetic Counselor.</i></p>
Application Fee	<p>An application fee of <del>\$50.00</del> is required. Please note that all fees are non-refundable. <i>\$145.00</i></p>
Certification of Supervisor	<p>An application fee of <del>\$105.00</del> is required for <i>Osteopathic Temp Provisional Genetic Counselor license.</i></p>
Child Abuse CE	<p>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 approved training 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.</p>

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CheckList Name	Instructions
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<b>Malpractice Insurance</b>	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. <b>This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.</b>
<b>National Certification</b>	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent <b>directly to the Pennsylvania Board.</b>
<b>Resume/Curriculum Vitae</b>	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.

**OSTEOPATHIC PHYSICIAN  
RENEWAL**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

**RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)**

Full Name \_\_\_\_\_

**RETURN TO:**

Street Address \_\_\_\_\_

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

License Number \_\_\_\_\_

**Check if appropriate**

ADDRESS CHANGE – The address above is a new address and not on file with the Board.

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **Form must still be completed – questions answered, signed and dated.**
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever hold, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> .  **if you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at <a href="http://www.dos.pa.gov/ost">www.dos.pa.gov/ost</a> . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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. § 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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

2020



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

**RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
License Number

**RETURN TO:**

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

**Check if appropriate**

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026.

24

- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

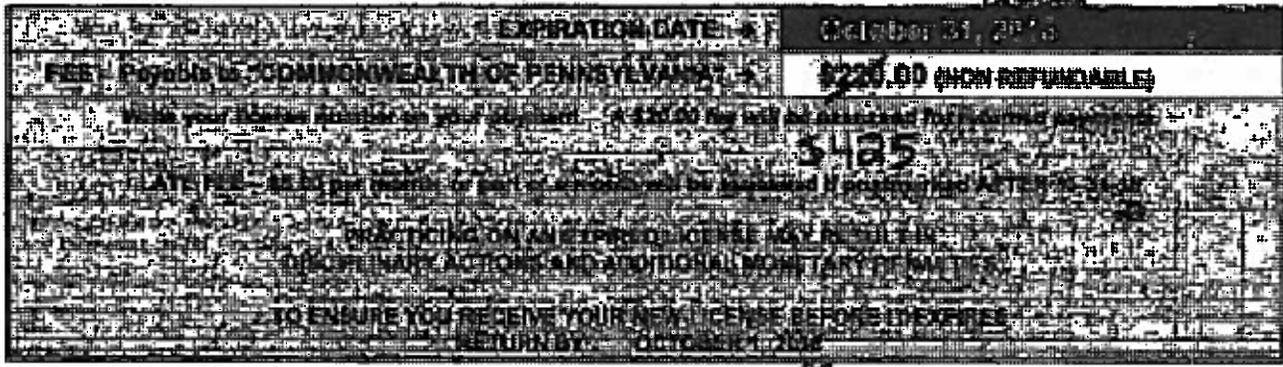
YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> .  *If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at <a href="http://www.dos.pa.gov/ost">www.dos.pa.gov/ost</a> . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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. § 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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: 2020



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

**RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)**

Full Name \_\_\_\_\_

RETURN TO:

Street Address \_\_\_\_\_

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

License Number \_\_\_\_\_

**Check if appropriate**

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board:
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **Form must still be completed – questions answered, signed and dated.**
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**SECTION A**

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26

- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
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		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served.  *If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at <a href="http://www.dos.pa.gov/ost">www.dos.pa.gov/ost</a> . Click on 'General Board Information.' If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: 10/24

EXPIRATION DATE:	October 31, 2020
FEE - PENALTY - COMMONWEALTH OF PENNSYLVANIA:	\$200.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for late payment.	\$175

**PHYSICIAN ASSISTANT  
RENEWAL**

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

**RENEWAL APPLICATION – PHYSICIAN ASSISTANT**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
License Number

**RETURN TO:**

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

**Check if appropriate**

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board.
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

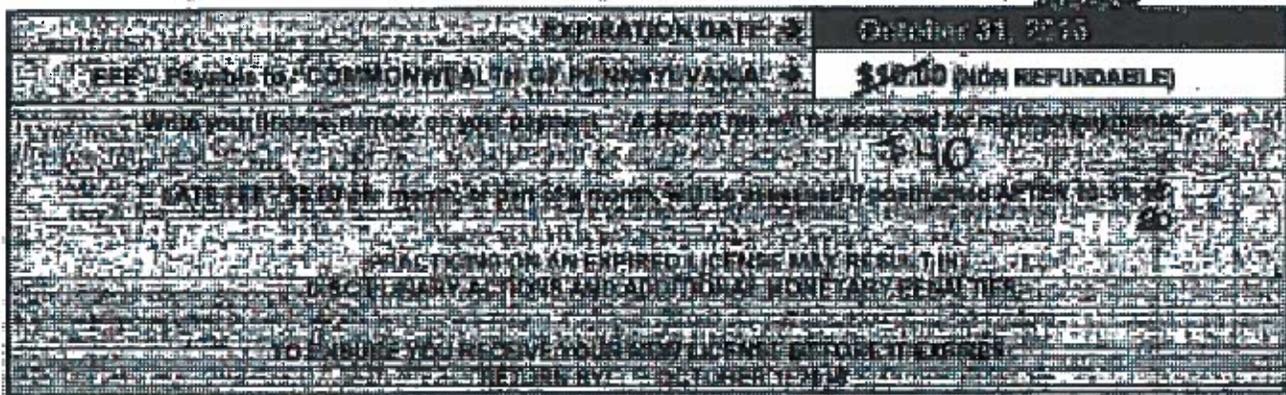
YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> .  **If you previously reported the complaint to the Board provide the docket number. _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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. § 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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

**RENEWAL APPLICATION – PHYSICIAN ASSISTANT**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
License Number

**RETURN TO:**

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

<p><b>Check if appropriate</b></p> <p><input type="checkbox"/> <b>ADDRESS CHANGE</b> – The address above is a new address and not on file with the Board.</p> <p><input type="checkbox"/> <b>NAME CHANGE</b> – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)</p>
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I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- **THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		<p>1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction.</p> <p>LIST: _____</p>
		<p>2. Since your initial application or last renewal, whichever is later, 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?</p>
		<p>3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>
		<p>4. Since your initial application or last renewal, whichever is later, 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?</p>
		<p>5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</p>
		<p>6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</p>
		<p>7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?</p>
		<p>8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</p>
		<p>9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?</p>

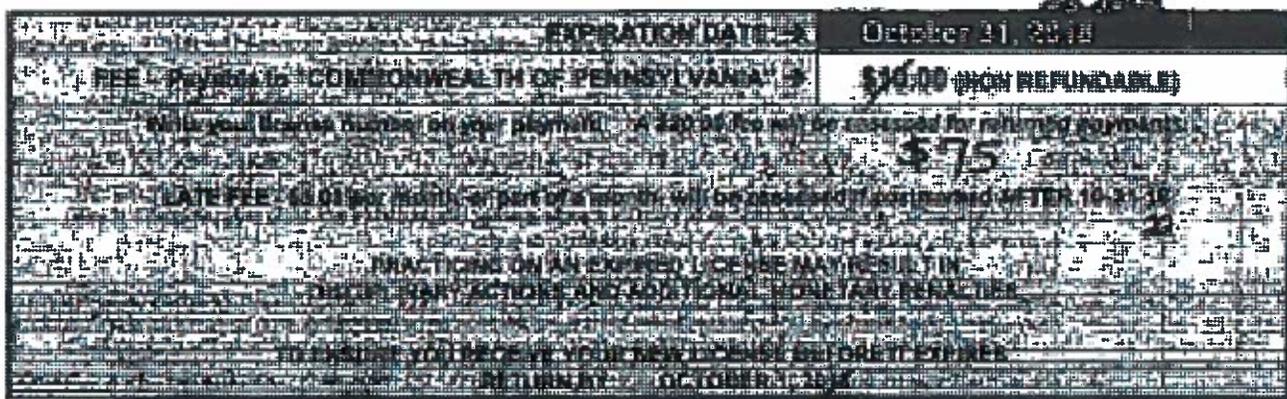
YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? if yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> .  **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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. § 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. § 4804 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

**RENEWAL APPLICATION – PHYSICIAN ASSISTANT**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
License Number

**RETURN TO:**

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

**Check if appropriate**

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- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026-26.
- THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? ---
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> .  **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

**SECTION B – VERIFICATION OF INFORMATION**

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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.

Signature of Licensee (Mandatory): \_\_\_\_\_

Date: \_\_\_\_\_

2024

<b>EXPIRATION DATE</b>	October 31, 2015
<b>FEE - Payable to COMMONWEALTH OF PENNSYLVANIA</b>	<b>\$16.00 (NON REFUNDABLE)</b>
<p><b>EXPIRES 11:59 PM ON DAY OF EXPIRATION. A \$100 FINE WILL BE ASSESSED FOR EXPIRATION AFTER 11:59 PM.</b></p> <p><b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN THE CANCELLATION OF YOUR LICENSE AND REQUIRING YOU TO REAPPLY FOR YOUR LICENSE. REPORT IT FIRST!</b></p>	

24

# ACUPUNCTURIST RENEWAL

2020

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION - ACUPUNCTURIST

Full Name \_\_\_\_\_

RETURN TO:

Street Address \_\_\_\_\_

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

License Number \_\_\_\_\_

<p>Check if appropriate</p> <p><input type="checkbox"/> ADDRESS CHANGE - The address above is a new address and not on file with the board.</p> <p><input type="checkbox"/> NAME CHANGE - The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)</p>
--

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
- **THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
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YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
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		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

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Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

2020

EXPIRATION DATE	October 31, 2016
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA"	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE - \$5.00 per month or part of a month will be assessed if postmarked AFTER 10-31-16.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY	OCTOBER 1, 2016

20

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

**RENEWAL APPLICATION – ACUPUNCTURIST**

Full Name \_\_\_\_\_

**RETURN TO:**

Street Address \_\_\_\_\_

State Board of Osteopathic Medicine  
PO Box 8417

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Harrisburg, PA 17105-8417

Email Address \_\_\_\_\_

License Number \_\_\_\_\_

Check if appropriate

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**SECTION A**

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- <sup>24</sup> THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
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		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
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YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
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		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

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Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

2022

EXPIRATION DATE	October 31, 2018
FEE Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE	\$75
\$5.00 per month or part of a month will be assessed if postmarked AFTER 10-31-18	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY	OCTOBER 1, 2018

22

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

**RENEWAL APPLICATION – ACUPUNCTURIST**

\_\_\_\_\_  
Full Name

**RETURN TO:**

\_\_\_\_\_  
Street Address

State Board of Osteopathic Medicine  
PO Box 8417  
Harrisburg, PA 17105-8417

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
License Number

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the board.
- NAME CHANGE – The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/ost](http://www.dos.pa.gov/ost). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- THE FOLLOWING QUESTIONS <sup>26</sup> MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> .  **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

**SECTION B – VERIFICATION OF INFORMATION**

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. § 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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

2024

<b>EXPIRATION DATE</b>	October 31, 2025
<b>FEE - Payable to COMMONWEALTH OF PENNSYLVANIA</b>	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE - \$5.00 per month, or part of a month will be assessed if postmarked AFTER 10-31-24	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY OCTOBER 1, 2025	

24

**PHYSICIAN ACUPUNCTURIST  
RENEWAL**

2020

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
 STATE BOARD OF OSTEOPATHIC MEDICINE

**RENEWAL APPLICATION - ACUPUNCTURIST**

Full Name \_\_\_\_\_

**RETURN TO:**

Street Address \_\_\_\_\_

State Board of Osteopathic Medicine  
 PO Box 8417  
 Harrisburg, PA 17105-8417

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

License Number \_\_\_\_\_

- Check if appropriate
- ADDRESS CHANGE - The address above is a new address and not on file with the board.
  - NAME CHANGE - The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
  - I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

**SECTION A**

- Please review the continuing education requirements posted on the Board's website at [www.dos.pa.gov/osaj](http://www.dos.pa.gov/osaj). Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED.

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, 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?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

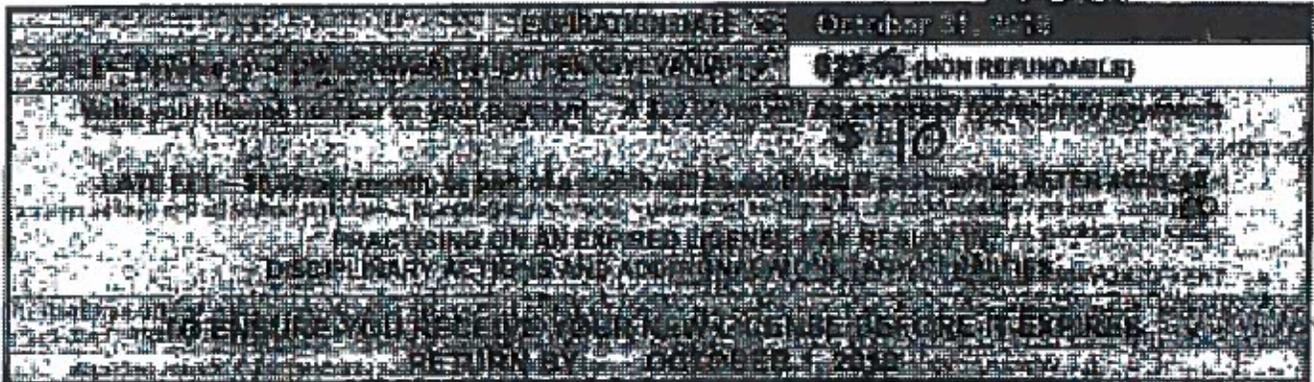
YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		11. Since your initial application or last renewal, whichever is later, have you 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?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> .  **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

**SECTION B - VERIFICATION OF INFORMATION**

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. § 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.

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: 2020



FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED  
FEB 21 2020  
Independent Regulatory  
Review Commission

DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: <u><i>C. M. Elbert</i></u> (DEPUTY ATTORNEY GENERAL)</p> <p>FEB 12 2020 DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><u>State Board of Osteopathic Medicine</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5334</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u><i>Randy G. Litman</i></u> Randy G. Litman, D.O.</p> <p>TITLE <u>Board Chair</u> (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u><i>Marion J. Loh</i></u></p> <p>JAN 16 2020 DATE OF APPROVAL Deputy General Counsel <del>(Chief Counsel, Independent Agency)</del> (Strike inapplicable title)</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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PROPOSED RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE  
TITLE 49 PA CODE, CHAPTER 25

49 Pa. Code §§ 25.231 and 25.503

FEES

The State Board of Osteopathic Medicine (Board) proposes to amend § 25.231 (relating to schedule of fees) and rescind § 25.503 (pertaining to fees for respiratory therapists) to read as set forth in Annex A.

The proposed rulemaking would increase application fees to reflect updated costs of processing applications and increase all the Board's biennial renewal fees to ensure its revenue meets or exceeds the Board's current and projected expenses. The Board proposes graduated fee increases for the following applications: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations and temporary provisional genetic counselors. Approximately 2,603 applicants will be impacted annually by the increased application fees.

The Board also proposes graduated biennial renewal fee increases for the following licenses, certificates and registrations: osteopathic physicians, physician assistants, acupuncturists, respiratory therapists, athletic trainers, perfusionists, and genetic counselors. There are approximately 12,032 individuals who possess current licenses, certificates and registrations issued by the Board who will be required to pay more to renew their licenses, certifications or registrations.

### *Effective Date*

The proposed amendments will be effective upon final-form publication in the *Pennsylvania Bulletin*. The initial increase for application fees will be implemented immediately upon publication. Thereafter, the subsequent graduated increases for application fees will be implemented on a 2-fiscal-year basis – on July 1, 2022, and July 1, 2024.

The increased biennial renewal fees will be implemented beginning with the November 1, 2020 – October 31, 2022 biennial renewal period for osteopathic physicians, physician assistants, and acupuncturists. Thereafter, the subsequent graduated increases for osteopathic physicians, physician assistants, and acupuncturists will be implemented with the biennial renewal for November 1, 2022 – October 31, 2024, and for November 1, 2024 – October 31, 2026.

For respiratory therapists, athletic trainers, perfusionists, and genetic counselors, the increased biennial renewal fees will be implemented beginning with the January 1, 2021 – December 31, 2022 biennial renewal. Thereafter, the subsequent graduated increases for respiratory therapists, athletic trainers, perfusionists, and genetic counselors will be implemented with the biennial renewal for January 1, 2023 – December 31, 2024, and for January 1, 2025 – December 31, 2026.

### ***Statutory Authority***

Section 13.1(a) of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.13a(a)) provides that "[i]f the revenues raised by fees, fines and civil penalties imposed under this act are not sufficient to meet expenditures over a two-year period, the board shall increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures." Under the act, all "fees, fines and penalties imposed . . . shall be for the exclusive use by the board in carrying out the provisions of this act and shall be annually appropriated for that purpose." 63 P.S. § 271.13a(c). Thus, unlike most other professional licensure boards that can rely upon revenue from the Professional Licensure Augmentation Account (*See*, 63 P.S. § 1401-301), the Board is fiscally independent.

### ***Background and Purpose***

Under section 13.1(a) of the act, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. The act further provides that the Board shall increase fees when expenditures outpace revenue. The majority of general operating expenses of the Board are borne by the licensee population through revenue generated by the biennial renewal of licenses. A small percentage of its revenue comes from application fees, fines and civil penalties.

The Board last increased its biennial renewal fees in July of 2002 when it increased the biennial fee for osteopathic physicians from \$140 to \$440. In March of 2010, after reassessing the impact of the mandates under the Medical Care Availability and Reduction of Error Act (Mcare Act) (40 P.S. §§ 1303.101-1303.910), the Board decreased the biennial renewal fee for osteopathic physicians to the current fee of \$220. Other amendments to the biennial fee schedule include the addition of a \$50 biennial fee for perfusionists in fiscal year 2012-2013, and a \$75 biennial fee for genetic counselors in fiscal year 2014-2015.

During the Board's August 2016 board meeting, the Department of State's Bureau of Finance and Operations (BFO) presented its annual report of the Board's income and expenses. Based upon data presented, BFO recommended that the Board consider an increase in biennial renewal fees.

In determining appropriate fee increases, the Board considered the breakdown of sources for revenue. For example, during the fiscal year 2016-2017 and 2017-2018 biennial period, 86.2% of revenue was received from renewals, 9.7% of revenue was received from applications and 4.1% was received from miscellaneous charges such as letters of good standing, and civil penalties. While application fees only make up less than 10 % of the Board's revenue, the Board, with the encouragement and support of the Bureau of Professional and Occupational Affairs (Bureau), determined that a re-evaluation of all application fees was appropriate, especially given that the Board has not updated its application fees since January of 2000.

The Board reviewed the fees charged for applications and determined that the current application fees did not accurately reflect the actual cost of processing applications. Accordingly, the

Board decided to increase application fees to more accurately reflect the cost of processing applications. Increasing application fees, however, does not produce sufficient revenue to meet or exceed the Board's projected expenditures.

On May 8, 2018, the Board released an exposure draft of a proposed annex reflecting proposed increases for application and biennial renewal fees and invited stakeholders to submit comments. As a result of the Board's exposure draft, two comments were received from stakeholders. Both stakeholders asked about the underlying rationale for the increases. As previously discussed, the Board is required to increase fees if projected revenues do not meet or exceed projected expenditures. Of concern to one stakeholder was the increased fee for physician graduate training certificates. Training certificate fees, like all other application fees, have been established and proposed by the Board to cover the cost of processing applications and not to raise revenue to support Board operations generally. Additionally, the Board's proposed training certificate fee is comparable to other states in the Northeast Region. The proposed fee in 2020 (\$115) is in line with current fees charged by West Virginia (\$100), Massachusetts (\$100), New York (\$105), and Ohio (\$130). Maine (\$200) and Maryland (\$300) are significantly higher while Delaware (\$65), Rhode Island (\$65) and Vermont (\$65) charge less than \$100. One of the stakeholders also suggested staggering the fee schedule over several years. As discussed below, the Board has adopted such an approach with the graduated fee increases for both application and biennial renewal fees.

In February and August of 2019, representatives from BFO presented updated summaries of the Board's revenue and expenses for fiscal years 2016-2017 and 2017-18 and the projected revenue and expenses through fiscal year 2027-2028. During fiscal years 2016-2017 through 2017-2018, the Board received biennial revenue of \$2,128,270.14 and incurred expenses of \$3,221,243.36 and ended with a remaining balance of \$1,712,593.53. For fiscal years 2018-2019, and 2019-2020, the Board projects receiving biennial revenue of \$2,228,122.60 and projects incurring expenses of \$3,950,000. At the end of fiscal year 2019-2020, BFO projects a deficit balance of \$4,238.87. BFO's data demonstrates that the Board will not be able to meet expenditures over a 2-year period in fiscal year 2019-2020 and thereafter. Therefore, in addition to increased application fees, BFO recommended an increase in biennial renewal fees beginning in fiscal year 2020-2021.

As a part of BFO's fee increase recommendations, BFO recommended graduated application and biennial renewal fee increases so that the application fee increases are reflective of actual costs to process applications in each biennium and biennial renewal fees coincide more closely with the projected expenses for each biennium. Based upon the financial information presented to the Board on August 14, 2019, and December 11, 2019, the Board adopted graduated fee increases for applications and biennial renewals.

### *Description of Proposed Amendments*

The Board proposes to amend § 25.231 to set forth graduated fee schedules for application

fees and biennial renewal fees. In doing so, the Board is deleting the existing fee schedule and adding a new schedule, organized by profession. New subsection (a) lists the graduated schedule of fees for applications for licensure, certification, registration and services, with corresponding fees and effective dates. Fees not associated with a profession are set forth under a miscellaneous fee category. In the proposed regulation, to clarify that the acupuncture fee applies to both non-physician and physician applicants, the Board includes a physician acupuncturist fee in the acupuncturist category. For genetic counselors, the Board did not include in the proposed fee schedule the application fee for a noncertified person because applicants were required to submit this type of application by February 20, 2015 in accordance with § 25.904(b)(1) (relating to application for genetic counselor license by noncertified persons). The Board also proposes to add subsection (b), which lists the schedule of fees and corresponding effective dates for biennial renewal. For consistency and clarity, the Board proposes to include the respiratory therapist fees in the fee schedule at § 25.231(a) and (b) and proposes to rescind § 25.503 (pertaining to fees for respiratory therapists).

Under § 25.231(a), application fees would increase on a graduated level for the licenses, registrations and certifications for osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivation, and temporary provisional genetic counselors.

The proposed application fees increase on a graduated basis so that the application fees collected during each biennium reflect the anticipated costs of processing applications for that biennium. These fees are designed to cover the cost to process applications and are borne by individual applicants. Actual cost calculations for application fees are based upon the following formula:

$$\begin{array}{c} \text{number of minutes to perform the function} \\ \times \\ \text{pay rate for the classification of the personnel performing the function} \\ + \\ \text{a proportionate share of administrative overhead} \end{array}$$

Application fees for fiscal year 2020-2021 are based on time study reports created within the Bureau giving each step in the process and the amount of time it takes to process one application. That amount is multiplied by the anticipated application requests for one year (times two since the increases are biennial). Increases which will be effective July 1, 2022 and July 1, 2024 are calculated at a 9.5% increase as pay increases for staff that process applications are 2.5% in July and 2.25% in January or 4.75 % annually (9.5% biennially) and the fee is almost entirely dependent upon personnel-related costs.

The proposed biennial renewal fees would also increase on a graduated basis for osteopathic physicians, physician assistants, acupuncturists, respiratory therapists, athletic trainers, perfusionists, and genetic counselors. The graduated biennial renewal fee schedule is set forth under § 25.231 (b), which lists all renewal fees and corresponding effective dates.

The new fee structure is projected to produce biennial revenues of: \$3,997,000 in fiscal years 2020-2021 through 2021-2022, which will allow the Board to meet or exceed its projected expenditures of \$3,934,000; \$4,749,000 in fiscal years 2022-2023 through 2023-2024, which will allow the Board to meet or exceed its projected expenditures of \$4,024,000; and \$5,355,000 in fiscal years 2024-2025 through 2025-2026, which will allow the Board to meet or exceed its projected expenditures of \$4,102,000.

### ***Proposed Application Fees***

As set forth below and in § 25.231(a), the proposed graduated increases will impact applicants as follows:

#### **Osteopathic Physicians**

The Board receives approximately 1,200 osteopathic physician applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21:** The fee increase (\$45 to \$170) will generate an additional \$150,000 in application fees.
- FY 21-22:** The fee increase will continue to generate an additional \$150,000 in application fees.
- FY 22-23:** The fee increase (\$170 to \$185) will generate an additional \$18,000 in application fees.
- FY 23-24:** The fee increase will continue to generate an additional \$18,000 in application fees.
- FY 24-25:** The fee increase (\$185 to \$205) will generate an additional \$24,000 in application fees.
- FY 25-26:** The fee increase will continue to generate an additional \$24,000 in application fees.

#### **Short-term Camp Physicians**

The Board receives approximately 60 short-term camp physician applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21:** The fee increase (\$30 to \$100) will generate an additional \$4,200 in application fees.
- FY 21-22:** The fee increase will continue to generate an additional \$4,200 in application fees.
- FY 22-23:** The fee increase (\$100 to \$110) will generate an additional \$600 in application fees.
- FY 23-24:** The fee increase will continue to generate an additional \$600 in application fees.
- FY 24-25:** The fee increase (\$110 to \$120) will generate an additional \$600 in application fees.
- FY 25-26:** The fee increase will continue to generate an additional \$600 in application fees.

### Temporary Training License or Graduate Training Certificate

The Board receives approximately 600 temporary training license or graduate training certificates per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$51,000 in application fees.
- FY 21-22: The fee increase will continue to generate an additional \$51,000 in application fees.
- FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$6,000 in application fees.
- FY 23-24: The fee increase will continue to generate an additional \$6,000 in application fees.
- FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$9,000 in application fees.
- FY 25-26: The fee increase will continue to generate an additional \$9,000 in application fees.

### Physician Assistants

The Board receives approximately 500 physician assistant applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$42,500 in application fees.
- FY 21-22: The fee increase will continue to generate an additional \$42,500 in application fees.
- FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$5,000 in application fees.
- FY 23-24: The fee increase will continue to generate an additional \$5,000 in application fees.
- FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$7,500 in application fees.
- FY 25-26: The fee increase will continue to generate an additional \$7,500 in application fees.

### Supervising Physicians

The Board receives approximately 51 supervising physician applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21: The fee increase (\$95 to \$145) will generate an additional \$2,550 in application fees.
- FY 21-22: The fee increase will continue to generate an additional \$2,550 in application fees.
- FY 22-23: The fee increase (\$145 to \$160) will generate an additional \$765 in application fees.
- FY 23-24: The fee increase will continue to generate an additional \$765 in application fees.
- FY 24-25: The fee increase (\$160 to \$175) will generate an additional \$765 in application fees.
- FY 25-26: The fee increase will continue to generate an additional \$765 in application fees.

### Acupuncturists and Physician Acupuncturists

The Board receives approximately 13 acupuncturists and physician acupuncturist applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$30 to \$100) will generate an additional \$910 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$910 in application fees.  
**FY 22-23:** The fee increase (\$100 to \$110) will generate an additional \$130 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$130 in application fees.  
**FY 24-25:** The fee increase (\$110 to \$120) will generate an additional \$130 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$130 in application fees.

### Respiratory Therapists

The Board receives approximately 50 respiratory therapist applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$30 to \$100) will generate an additional \$3,500 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$3,500 in application fees.  
**FY 22-23:** The fee increase (\$100 to \$110) will generate an additional \$500 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$500 in application fees.  
**FY 24-25:** The fee increase (\$110 to \$120) will generate an additional \$500 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$500 in application fees.

### Athletic Trainers

The Board receives approximately 80 athletic trainer applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$20 to \$100) will generate an additional \$6,400 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$6,400 in application fees.  
**FY 22-23:** The fee increase (\$100 to \$110) will generate an additional \$800 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$800 in application fees.  
**FY 24-25:** The fee increase (\$110 to \$120) will generate an additional \$800 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$800 in application fees.

### Perfusionists

The Board receives approximately 10 perfusionist applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$700 in application fees.  
**FY 22-23:** The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.

**FY 23-24:** The fee increase will continue to generate an additional \$100 in application fees.  
**FY 24-25:** The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$150 in application fees.

The Board receives approximately five perfusionist reactivation applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$275 in application fees.  
**FY 22-23:** The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$50 in application fees.  
**FY 24-25:** The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$50 in application fees.

The Board receives approximately one temporary graduate perfusionist application per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$50 to \$120) will generate an additional \$70 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$70 in application fees.  
**FY 22-23:** The fee increase (\$120 to \$130) will generate an additional \$10 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$10 in application fees.  
**FY 24-25:** The fee increase (\$130 to \$145) will generate an additional \$15 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$15 in application fees.

The Board receives approximately three temporary provisional perfusionist applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$40 to \$80) will generate an additional \$120 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$120 in application fees.  
**FY 22-23:** The fee increase (\$80 to \$88) will generate an additional \$24 in application fees.  
**FY 23-24:** The fee increase will continue to generate an additional \$24 in application fees.  
**FY 24-25:** The fee increase (\$88 to \$95) will generate an additional \$21 in application fees.  
**FY 25-26:** The fee increase will continue to generate an additional \$21 in application fees.

#### Genetic Counselors

The Board receives approximately 10 genetic counselor applications per year. The graduated application fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.  
**FY 21-22:** The fee increase will continue to generate an additional \$700 in application fees.  
**FY 22-23:** The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.

- FY 23-24:** The fee increase will continue to generate an additional \$100 in application fees.
- FY 24-25:** The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.
- FY 25-26:** The fee increase will continue to generate an additional \$150 in application fees.

The Board receives approximately 5 genetic counselor reactivation applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21:** The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.
- FY 21-22:** The fee increase will continue to generate an additional \$275 in application fees.
- FY 22-23:** The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.
- FY 23-24:** The fee increase will continue to generate an additional \$50 in application fees.
- FY 24-25:** The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.
- FY 25-26:** The fee increase will continue to generate an additional \$50 in application fees.

The Board receives approximately 15 temporary provisional genetic counselor applications per year. The graduated application fee increases will generate additional revenue as follows:

- FY 20-21:** The fee increase (\$50 to \$90) will generate an additional \$600 in application fees.
- FY 21-22:** The fee increase will continue to generate an additional \$600 in application fees.
- FY 22-23:** The fee increase (\$90 to \$100) will generate an additional \$150 in application fees.
- FY 23-24:** The fee increase will continue to generate an additional \$150 in application fees.
- FY 24-25:** The fee increase (\$100 to \$105) will generate an additional \$75 in application fees.
- FY 25-26:** The fee increase will continue to generate an additional \$75 in application fees.

#### Total Economic Impact to Applicants

Based upon the above application fee increases, the total economic impact per fiscal year would be as follows:

**FY 20-21:** \$263,800  
**FY 21-22:** \$263,800  
**FY 22-23:** \$32,279  
**FY 23-24:** \$32,279  
**FY 24-25:** \$43,806  
**FY 25-26:** \$43,806  
**TOTAL:** \$679,770

#### ***Proposed Biennial Renewal Fees***

As set forth below and in § 25.231(b), the proposed graduated increases will impact licensees, registrants and certificate holders as follows:

### Osteopathic Physicians

There are approximately 8,694 osteopathic physicians who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$220 to \$350) will generate an additional \$1,130,220 in revenue.

**FY 22-23:** The fee increase (\$350 to \$425) will generate an additional \$652,050 in revenue.

**FY 24-25:** The fee increase (\$425 to \$475) will generate an additional \$434,700 in revenue.

### Physician Assistants

There are approximately 2,286 physician assistants who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$10 to \$40) will generate an additional \$68,580 in revenue.

**FY 22-23:** The fee increase (\$40 to \$75) will generate an additional \$80,010 in revenue.

**FY 24-25:** The fee increase (\$75 to \$80) will generate an additional \$11,430 in revenue.

### Acupuncturists and Physician Acupuncturists

There are approximately 154 acupuncturists and physician acupuncturists who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$25 to \$40) will generate an additional \$2,310 in revenue.

**FY 22-23:** The fee increase (\$40 to \$75) will generate an additional \$5,390 in revenue.

**FY 24-25:** The fee increase (\$75 to \$80) will generate an additional \$770 in revenue.

### Respiratory Therapists

There are approximately 549 respiratory therapists who will be impacted by the proposed biennial renewal fee increase. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$25 to \$40) will generate an additional \$8,235 in revenue.

**FY 22-23:** The fee increase (\$40 to \$55) will generate an additional \$8,235 in revenue.

**FY 24-25:** The fee increase (\$55 to \$60) will generate an additional \$2,745 in revenue.

### Athletic Trainers

There are approximately 296 athletic trainers who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$37 to \$50) will generate an additional \$3,848 in revenue.

**FY 22-23:** The fee increase (\$50 to \$70) will generate an additional \$5,920 in revenue.

**FY 24-25:** The fee increase (\$70 to \$75) will generate an additional \$1,480 in revenue.

#### Perfusionists

There are approximately 34 perfusionists who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$50 to \$75) will generate an additional \$850 in revenue.

**FY 22-23:** The fee increase (\$75 to \$80) will generate an additional \$170 in revenue.

**FY 24-25:** The fee increase (\$80 to \$85) will generate an additional \$170 in revenue.

#### Genetic Counselors

There are approximately 19 genetic counselors who will be impacted by the proposed biennial renewal fee increases. The graduated biennial renewal fee increases will generate additional revenue as follows:

**FY 20-21:** The fee increase (\$75 to \$125) will generate an additional \$950 in revenue.

**FY 22-23:** The fee increase (\$125 to \$155) will generate an additional \$570 in revenue.

**FY 24-25:** The fee increase (\$155 to \$160) will generate an additional \$190 in revenue.

#### Total Economic Impact to Licensees

Based upon the above biennial renewal fee increases, the economic impact would be as follows:

**FY 20-21:** \$1,214,993

**FY 22-23:** \$752,345

**FY 24-25:** \$451,485

**TOTAL:** \$2,418,823

#### *Fiscal Impact and Paperwork Requirements*

The proposed amendments would increase application and biennial renewal fees. All

applicants, licensees, registrants, and certificate holders will be required to comply with the regulation. The fees may be paid by applicants, licensees, registrants or certificate holders or may be paid by their employers, should their employers choose to pay these fees. The proposed regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Approximately 2,603 applicants will be impacted annually by the increased application fees. Specifically, the number of applicants affected are as follows: 1,200 osteopathic physicians; 600 temporary or graduate trainees; 60 short-term camp physicians; 500 physician assistants; 51 supervising physicians; 13 acupuncturists and physician acupuncturists; 10 perfusionists; 5 perfusionists seeking reactivation; 1 temporary graduate perfusionist; 3 temporary provisional perfusionist; 80 athletic trainers; 50 respiratory therapists; 10 genetic counselors; 5 genetic counselors seeking reactivation; and 15 temporary provisional genetic counselors.

Based upon the graduated application fee increases, the total economic impact per fiscal year is as follows:

**FY 20-21: \$263,800**  
**FY 21-22: \$263,800**  
**FY 22-23: \$32,279**  
**FY 23-24: \$32,279**  
**FY 24-25: \$43,806**  
**FY 25-26: \$43,806**  
**TOTAL: \$679,770**

There are approximately 12,032 individuals who possess current licenses, registrations and certificates issued by the Board who will be required to pay more to renew their licenses, registrations and certificates. Specifically, the number individuals affected are as follows: 8,694 osteopathic physicians, 2,286 physician assistants, 154 acupuncturists, 34 perfusionists, 296 athletic trainers, 549 respiratory therapists and 19 genetic counselors.

Based upon the above biennial renewal fee increases, the economic impact is as follows:

**FY 20-21: \$1,214,993**  
**FY 22-23: \$752,345**  
**FY 24-25: \$451,485**  
**TOTAL: \$2,418,823**

Thus, the total economic impact to applicants, licensees, registrants, certificate holders or employers, if employers choose to pay application or licensing fees, is \$3,098,593. This amount reflects the economic impact that will occur between fiscal years 2020-2021 and 2025-2026. The proposed rulemaking will require the Board to revise its printed and online application forms. The

amendments will not create additional paperwork for the regulated community or for the private sector.

### ***Sunset Date***

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, BFO provides the Board with an annual report detailing the Board's financial condition. In this way, the Board continuously monitors the adequacy of its fee schedule.

### ***Regulatory Review***

Under section 5(a) of the Regulatory Review Act (71 P. S. § 745.5(a)), on February 21, 2020, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC). A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days from the close of the public comment period. The comments, recommendations or objections must specify the regulatory review criteria that have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations and objections raised.

### ***Public Comment***

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Regulatory Counsel for the Department of State, State Board of Osteopathic Medicine by mail at P.O. Box 69523, Harrisburg, PA 17106-9523 or by email at RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Please reference (16A-5334) Fees when submitting comments.

Randy G. Litman, D.O.  
Chairperson

**Annex A**

**TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS**

**PART I. DEPARTMENT OF STATE**

**Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

**CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE**

\* \* \* \* \*

**Subchapter F. FEES**

**§ 25.231. Schedule of fees.**

[An applicant for a license, certificate, registration or service shall pay the following fees at the time of application:

Application for unrestricted license to practice as osteopathic physician—original, reciprocal, boundary or by endorsement.....	\$45
Application for short-term camp license as osteopathic physician.....	\$30
Temporary training license or graduate training certificate.....	\$30
Annual renewal of temporary training license or graduate training certificate .....	\$25
Application for physician assistant license.....	\$30
Application for supervising physician.....	\$95
Uncertified verification of any license, certification or permit.....	\$15
Certification of any licenses, certifications, examination grades or hours.....	\$25
Application for athletic trainer license.....	\$20

Biennial renewal—athletic trainer.....	\$37
Biennial renewal—physicians.....	\$220
Biennial renewal—physician assistants.....	\$10
Penalty for late biennial renewal—per month or part of month.....	\$5
Duplicate license or certificate.....	\$5
Application for radiology examinations.....	\$25
Application for acupuncturist registration.....	\$30
Biennial renewal—acupuncturists.....	\$25
Application for acupuncturist supervisor registration .....	\$30
Application for perfusionist license.....	\$50
Biennial renewal of perfusionist license.....	\$50
Application for reactivation of perfusionist license.....	\$50
Application for temporary graduate perfusionist license.....	\$50
Application for temporary provisional perfusionist license.....	\$40
Application for genetic counselor license.....	\$50
Application for noncertified genetic counselor license.....	\$100
Application for reactivation of genetic counselor license.....	\$50
Application for temporary provisional genetic counselor license.....	\$50
Biennial renewal—genetic counselors.....	\$75]

(a) An applicant for a license, certificate, registration or service shall pay the following fees at the time of application: (Editor's Note: the blank in the first column of effective dates refers to the date of publication of the

final-form rulemaking in the Pennsylvania Bulletin).

	<u>Effective</u>	<u>Effective</u> <u>July 1, 2022</u>	<u>Effective</u> <u>July 1, 2024</u>
<u>(1) Osteopathic Physician</u>			
<u>Application for unrestricted license to practice as an osteopathic physician - original, reciprocal, boundary or by endorsement</u>	<u>\$170</u>	<u>\$185</u>	<u>\$205</u>
<u>Application for short-term camp license as an osteopathic physician</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Temporary training license or graduate training certificate</u>	<u>\$115</u>	<u>\$125</u>	<u>\$140</u>
<u>Annual renewal of temporary training license or graduate training certificate</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>
<u>(2) Physician Assistant</u>			
<u>Application for physician assistant license</u>	<u>\$115</u>	<u>\$125</u>	<u>\$140</u>
<u>Application for supervising physician</u>	<u>\$145</u>	<u>\$160</u>	<u>\$175</u>
<u>(3) Acupuncturist</u>			
<u>Application for acupuncturist registration</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Application for physician acupuncturist</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Application for supervisor acupuncturist registration</u>	<u>\$30</u>	<u>\$30</u>	<u>\$30</u>

(4) Respiratory  
Therapist

<u>Temporary permit</u>	<u>\$30</u>	<u>\$30</u>	<u>\$30</u>
<u>Initial license application</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Licensure examination</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>
<u>Reexamination</u>	<u>\$60</u>	<u>\$60</u>	<u>\$60</u>

(5) Athletic  
Trainer

<u>Application for license</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
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(6) Perfusionist

<u>Application for perfusionist license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for reactivation of license</u>	<u>\$105</u>	<u>\$115</u>	<u>\$125</u>
<u>Application for temporary graduate license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for temporary provisional license</u>	<u>\$80</u>	<u>\$88</u>	<u>\$95</u>

(7) Genetic  
Counselor

<u>Application for license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for reactivation of license</u>	<u>\$105</u>	<u>\$115</u>	<u>\$125</u>
<u>Application for temporary provisional license</u>	<u>\$90</u>	<u>\$100</u>	<u>\$105</u>

(8) Miscellaneous

<u>Penalty for late biennial renewal - per month or part of month</u>	<u>\$5</u>	<u>\$5</u>	<u>\$5</u>
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<u>Uncertified verification of any license, certification or permit</u>	<u>\$15</u>	<u>\$15</u>	<u>\$15</u>
<u>Certification of any licenses, certifications, examination grades or hours</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>
<u>Duplicate license or certificate</u>	<u>\$5</u>	<u>\$5</u>	<u>\$5</u>
<u>Application for radiology examinations</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>

(b) An applicant for biennial renewal of a license, certificate or registration shall pay the following fees:

	<u>November 1, 2020 - October 31, 2022 Biennial Renewal Fee</u>	<u>November 1, 2022 - October 31, 2024 Biennial Renewal Fee</u>	<u>November 1, 2024 - October 31, 2026 Biennial Renewal Fee and thereafter</u>
<u>(1) Osteopathic Physician</u>			
<u>Biennial renewal</u>	<u>\$350</u>	<u>\$425</u>	<u>\$475</u>
<u>(2) Physician Assistant</u>			
<u>Biennial renewal</u>	<u>\$40</u>	<u>\$75</u>	<u>\$80</u>
<u>(3) Acupuncturist</u>			
<u>Biennial renewal</u>	<u>\$40</u>	<u>\$75</u>	<u>\$80</u>
<u>Biennial renewal - physician acupuncturist</u>	<u>\$40</u>	<u>\$75</u>	<u>\$80</u>

		<u>January 1, 2021 - December 31, 2022 Biennial Renewal Fee</u>	<u>January 1, 2023 - December 31, 2024 Biennial Renewal Fee</u>	<u>January 1, 2025 - December 31, 2026 Biennial Renewal Fee and thereafter</u>
<u>(4) Respiratory Therapist</u>	<u>Biennial renewal</u>	<u>\$40</u>	<u>\$55</u>	<u>\$60</u>
<u>(5) Athletic Trainer</u>	<u>Biennial renewal</u>	<u>\$50</u>	<u>\$70</u>	<u>\$75</u>
<u>(6) Perfusionist</u>	<u>Biennial renewal</u>	<u>\$75</u>	<u>\$80</u>	<u>\$85</u>
<u>(7) Genetic Counselor</u>	<u>Biennial renewal</u>	<u>\$125</u>	<u>\$155</u>	<u>\$160</u>

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**Subchapter K. Respiratory Therapists**

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§ 25.503. [Fees.] (Reserved).

[The following is the schedule of fees charged by the Board:

- (1) Temporary permit.....\$30
- (2) Initial license application.....\$30

- (3) Licensure examination.....\$100
- (4) Reexamination.....\$60
- (5) Biennial renewal of licensure.....\$25]



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF OSTEOPATHIC MEDICINE

Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-4858

February 21, 2020

The Honorable George D. Bedwick, Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harristown 2, 333 Market Street  
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation  
State Board of Osteopathic Medicine  
16A-5334: Fees

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Osteopathic Medicine pertaining to fees.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy G. Litman D.O.", written over a faint circular stamp.

Randy G. Litman, D.O., Chairperson  
State Board of Osteopathic Medicine

RGL/KJS:aaw  
Enclosure

cc: K. Kalonji Johnson, Acting Commissioner of Professional and Occupational Affairs  
Sari Stevens, Executive Deputy Secretary, Department of State  
Marc Farrell, Deputy Director of Policy, Department of State  
Cynthia Montgomery, Deputy Chief Counsel, Department of State  
Kenneth J. Suter, Counsel, State Board of Osteopathic Medicine  
Jacqueline A. Wolfgang, Regulatory Unit Counsel, Department of State  
State Board of Osteopathic Medicine

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

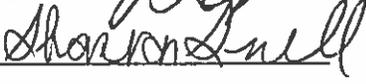
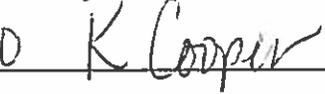
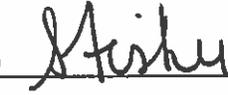
**I.D. NUMBER:** 16A-5334  
**SUBJECT:** State Board of Osteopathic Medicine; Fees  
**AGENCY:** DEPARTMENT OF STATE  
 Bureau of Professional and Occupational Affairs

**RECEIVED**  
 FEB 21 2020  
 Independent Regulatory  
 Review Commission

**TYPE OF REGULATION**

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Re-Delivery of Disapproved Regulation
  - a.  With Revisions
  - b.  Without Revisions

**FILING OF REGULATION**

<u>DATE</u>	<u>SIGNATURE</u>	<u>DESIGNATION</u>
		<i>HOUSE COMMITTEE ON PROFESSIONAL LICENSURE</i>
2/21/20		MAJORITY CHAIR <u>Rep. David Hickernell</u>
2/21/20		MINORITY CHAIR <u>Rep. Harry Readshaw</u>
		<i>SENATE COMMITTEE ON CONSUMER PROTECTION &amp; PROFESSIONAL LICENSURE</i>
2/21/20		MAJORITY CHAIR <u>Sen. Robert M. Tomlinson</u>
2/21/20		MINORITY CHAIR <u>Sen. Lisa M. Boscola</u>
2/21/20		<i>INDEPENDENT REGULATORY REVIEW COMMISSION</i>
		<i>ATTORNEY GENERAL (for Final Omitted only)</i>
2/21/20		<i>LEGISLATIVE REFERENCE BUREAU (for Proposed only)</i>

