BOARD OF PHYSICIANS
Maryland Department of Health

STEP-BY-STEP GUIDE

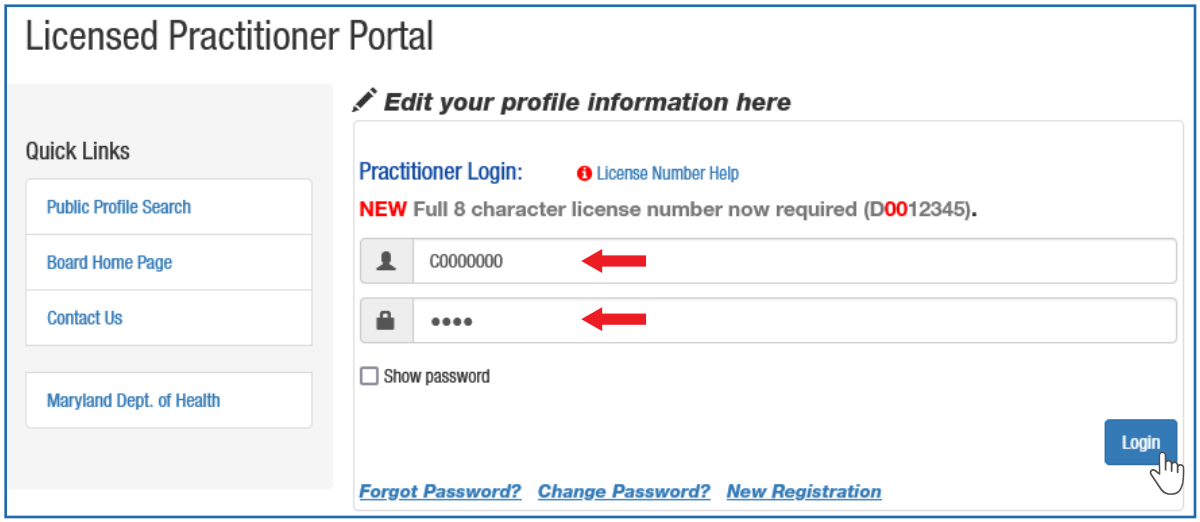
Physician Assistant Notification of Collaboration Agreement

Physician Assistant Notification of Collaboration Agreement

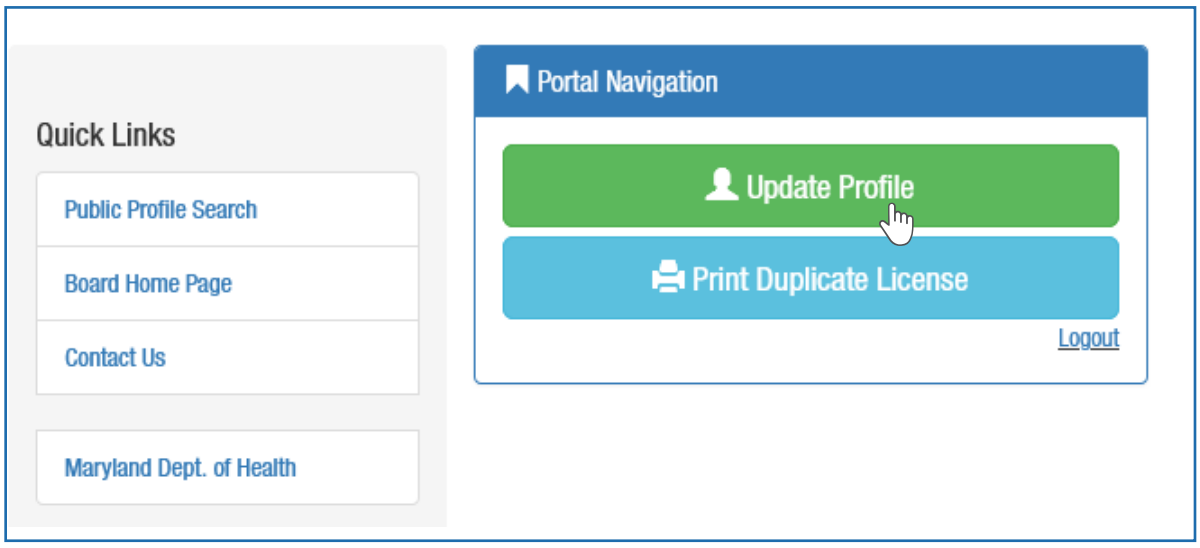
These steps can be followed by the Physician Assistant via the Practitioner Profile:

01 Go to https://www.mbp.state.md.us/bpqapp/Portal_login.aspx

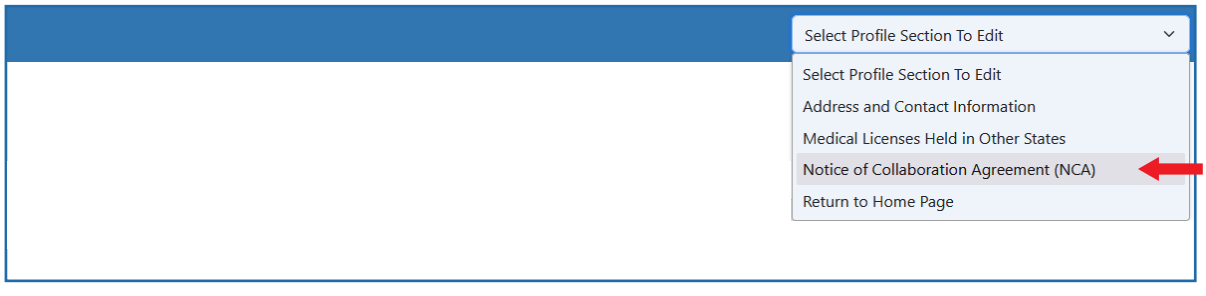
02 The PA will need to Log into the **Licensed Practitioner Portal** by entering their License Number and Password and clicking **Login**



03 Under **Portal Navigation** section, click **Update Profile**

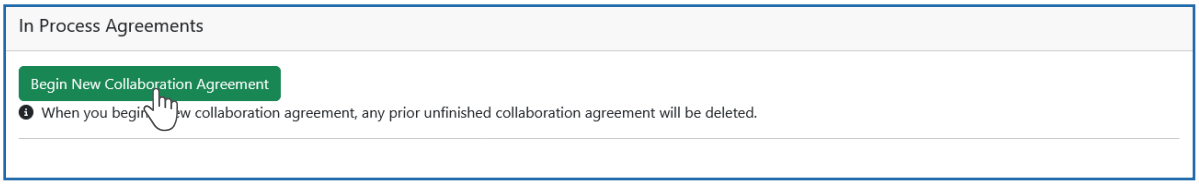


04 Navigate to the top-right of the dropdown menu and select **Notice of Collaboration Agreement (NCA)**



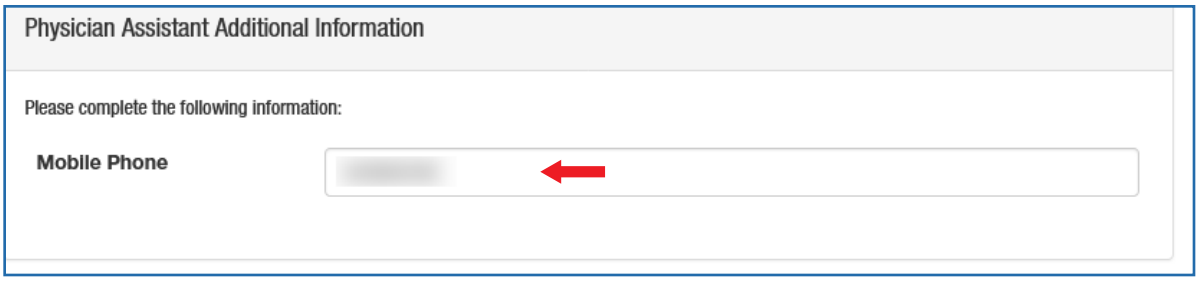
05

Click on **Begin New Collaboration Agreement**



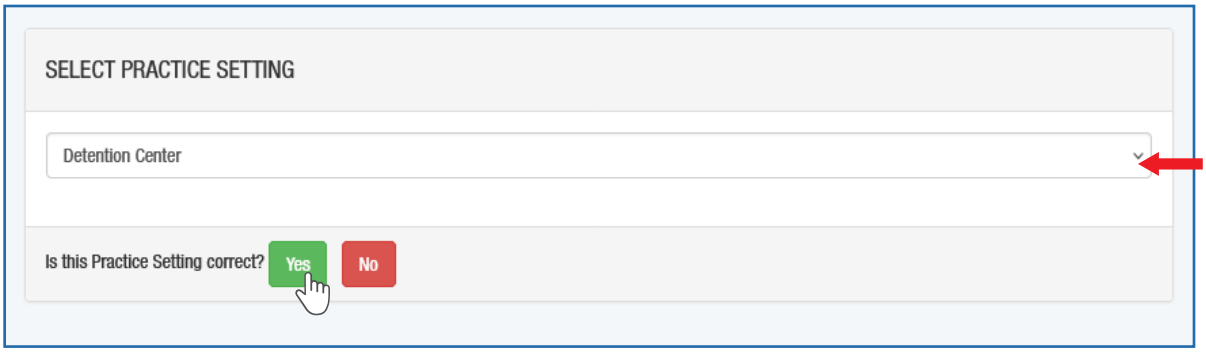
06

Under *Physician Assistant Notification of Collaboration Agreement*, review the **1. Physician Assistant Information**, then Enter the **Mobile Phone** and check below then click on Create Collaboration Agreement >



07

In **Section 2 - Practice Setting,** scroll to **SELECT PRACTICE SETTING**, then click to confirm if the Practice Setting is correct

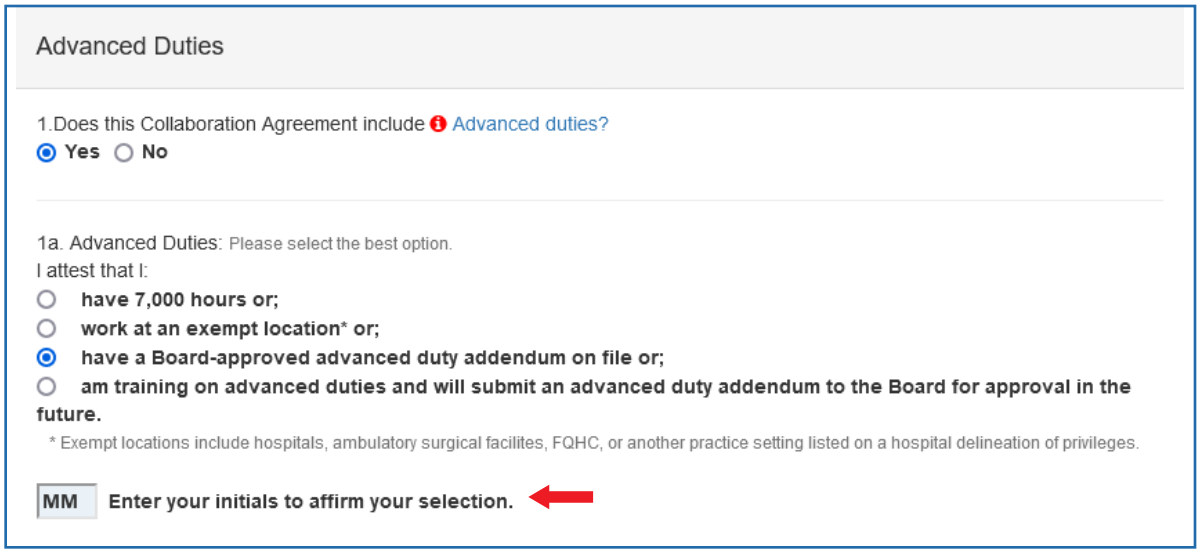


Additional information may be required as related to the above**,** scroll to **SELECT Facility**, then click to confirm if the Practice Facility is correct

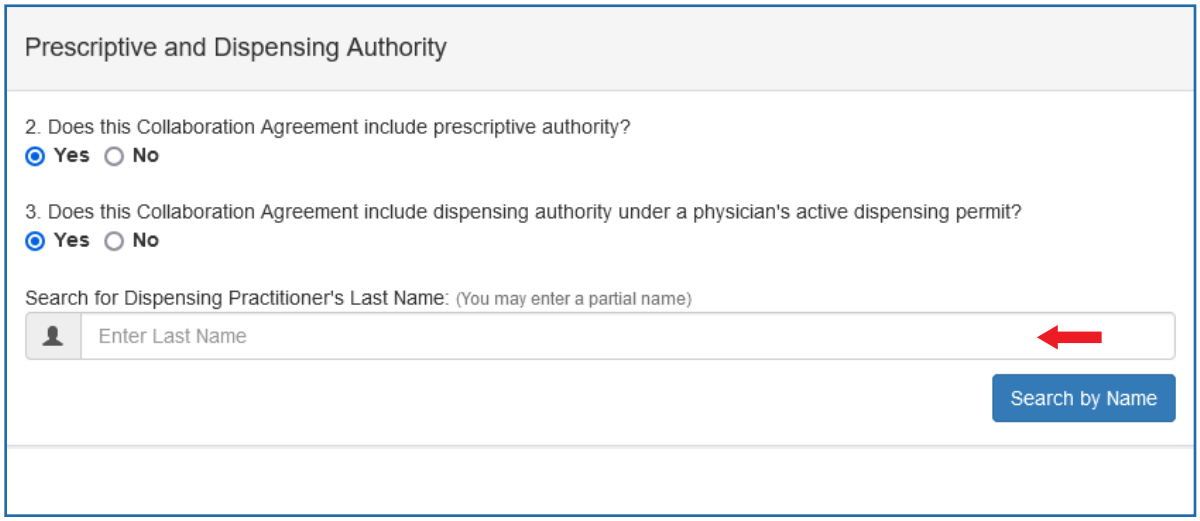
Still on **Section 2 - Practice Setting,** check all that applies under **REVIEW FACILITY** then click Submit This Location to go to Section 3

08

In **Section 3 - Advanced Duties, Prescriptive and Dispensing Authority**, check and enter your initials to affirm your **Advanced Duties** selection



In **Prescriptive and Dispensing Authority**, check all that applies and **Search for Dispensing Practitioner's Last Name**



Once the above is complete, click to Continue to Affirmation>

09

In **Section 4** - **Attestations, Release, and Affirmation**, Please initial the boxes to certify your application, then enter your Electronic Signature then Continue>

Please initial the boxes to certify your application.

MM **1. I solemnly affirm, under penalty of perjury, that the contents of the foregoing document are true to the best of my knowledge, information, and belief.**

MM **2. I understand that I may be audited and agree to produce this Collaboration Agreement immediately upon request of the Board.**

MM **3. I will only perform medical acts:**

a. Appropriate to the education, training, and experience of the PA;
b. Customary to the practice of a patient care team physician, and
c. In a manner consistent with the CA.

Electronic Signature

Full Name

[redacted]

Last 4 numbers of SSN

••••

Today's Date

10/18/2024

10

Confirm and *Print a copy of your Collaboration Agreement for your records*

Collaboration Agreement Receipt of Completion

PA License Number: [redacted]
Email: [redacted]

Printer-Friendly Receipt

Collaboration Agreement No: 1219

Submit Date:	10/18/2024
Confirmation No:	1219_1164C0000000
Practice Type:	Detention Center
Facility	Patuxent Institution
Address	7555 Waterloo Road Jessup MD 20794
County	Howard
Includes Telehealth?	YES

An email notification regarding your completion of this Collaboration Agreement was sent to [redacted]
An email notification was sent to the PCTP selected for dispensing authority under the PCTPs dispensing permit.

Print a copy of your Collaboration Agreement for your records.

Collaboration Agreement

Exit