



**BOARD OF PHYSICIANS**  
Maryland Department of Health

# STEP-BY-STEP GUIDE

**Online Core Delegation Agreements initiated  
by Physician Assistant**

# Written Agreement Initiated by Physician Assistant

These steps can be followed for Online Core Duty agreements initiated by the Physician Assistant via the Practitioner Profile:

01

Go to [https://www.mbp.state.md.us/bpqapp/Portal\\_login.aspx](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**

The screenshot shows the 'Licensed Practitioner Portal' login interface. On the left, there is a 'Quick Links' sidebar with buttons for 'Public Profile Search', 'Board Home Page', 'Contact Us', and 'Maryland Dept. of Health'. The main area features a header 'Edit your profile information here' with a pencil icon. Below this is the 'Practitioner Login:' section, which includes a red notification: 'NEW Full 8 character license number now required (D0012345)'. There are two input fields: the first contains 'C0000000' and the second contains masked characters '....'. Red arrows point to both fields. A 'Show password' checkbox is present below the password field. A blue 'Login' button is on the right, with a hand cursor over it. At the bottom, there are links for 'Forgot Password?', 'Change Password?', and 'New Registration'.

03

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

The screenshot displays the 'Portal Navigation' section. On the left, the 'Quick Links' sidebar is visible. The main area has a blue header 'Portal Navigation' with a bookmark icon. Below the header are two large buttons: a green 'Update Profile' button with a person icon and a blue 'Print Duplicate License' button with a printer icon. A hand cursor is positioned over the 'Update Profile' button. A 'Logout' link is located at the bottom right of the navigation area.

04

Navigate to the top-right of the dropdown menu and select **Delegation Agreements**

The screenshot shows a dropdown menu titled 'Select Profile Section To Edit'. The menu is open, showing several options: 'Select Profile Section To Edit', 'Address and Contact Information', 'Medical Licenses Held in Other States', and 'Delegation Agreements'. A red arrow points to the 'Delegation Agreements' option, which is highlighted in grey.

# Written Agreement Initiated by Physician Assistant

05

Click on **Begin New Delegation Agreement**

In Process Agreements (Not Yet Approved)

**Begin New Delegation Agreement**

When you begin a new delegation agreement, any prior delegation agreements in which Part 1 was not completed will be deleted.

**Supervising Physician**

Delegation Agreement ID: TBA | D0000000 Dr. Test John Doe  
Date completed by Physician Assistant: 05/24/2023  
Date completed by Primary Supervising Physician: 03/01/2022  
PSP has started Delegation Agreement - Part 2  
Board Status: **Pending**

06

Under DELEGATION AGREEMENT FOR CORE DUTIES, review the **1a. Physician Assistant Information**, then Enter the **Mobile Phone** and check below to Continue to the next section

**Physician Assistant Additional Information**

Please complete the following information:

**Mobile Phone**

I have reviewed the profile information above, including the confidential address and contact information, and certify it is accurate and up-to-date.

**Continue >**

07

Select Primary Supervising Physician (PSP) by either Entering **PSP License No** or Enter **PSP Last Name** and Click **Find**

**Select Primary Supervising Physician (PSP)**

You may either enter the license number or search by last name.

D00000

OR

Enter PSP Last Name

# Written Agreement Initiated by Physician Assistant

08

## Confirm 1b. Primary Supervising Physician Information

### 1b. Primary Supervising Physician Information

*The physician you selected is listed below.*

If this is not the correct physician, [Return to Physician Search](#)

#### Dr. Test John Doe

License Number: D00000

#### Address:

111 Main Street  
Baltimore MD 21212

#### Contact:

Phone: n/a  
Fax: n/a

## Provide 2. E-mail Addresses for Board Correspondence and click Create Delegation Agreement

### 2. E-mail Addresses for Board Correspondence

All Board correspondence regarding this delegation agreement for core duties will be sent to these e-mail addresses. Be sure to check your SPAM folder for Board e-mails. All other correspondence will continue to be mailed to your official non-public address of record with the Board.

#### Physician Assistant Email:

chris.triplett@maryland.gov



#### Primary Supervising Physician Email:

michael.muriithi@maryland.gov



*If Physician Email is blank, contact the PSP for a valid email address. You may not continue without the PSP email address.*

To change your official e-mail address with the Board, go to the Board's Profile website at [https://www.mbp.state.md.us/bpqapp/Portal\\_login.aspx](https://www.mbp.state.md.us/bpqapp/Portal_login.aspx)

< Back

Exit

Create Delegation Agreement >



09

## An Application ID number will be generated for your records. Press Continue

Application ID: **20147**

*Please record your application ID for your records.*

Delegation Agreement Fee (non-refundable): \$200.00

Continue >

# Written Agreement Initiated by Physician Assistant

10

In Part 2 - complete all that apply in the following sections:

3. Practice Setting, 4. Telehealth, 5. Practice Setting Locations

## 3. PRACTICE SETTING

Check **all** settings in which the PA will practice.

- Ambulatory Surgical Facility
- Detention Center / Correctional Facility
- Hospital
- HMO
- Nursing Home
- Private Practice
- Public Health Facility
- Urgent Care Center
- Other

If Other:

## 4. TELEHEALTH

Select applicable statement

## 5. Practice Setting Locations

List the location for each practice setting identified in Section 3.

<b>Facility/Practice</b>	<input type="text" value="Hope River Center DEMO"/>
<b>Department</b>	<input type="text" value="Department"/>
<b>Address</b>	<input type="text" value="1111 Main Street"/>
<b>City</b>	<input type="text" value="Baltimore"/>
<b>State</b>	<input type="text" value="Maryland"/>
	<small>If selecting a country other than USA or Canada, please choose "Foreign" as your state.</small>
<b>Zip Code</b>	<input type="text" value="21212"/>
<b>Contact Name</b>	<input type="text" value="Test John Doe"/>
<b>Phone</b>	<input type="text" value="443-764-4761"/>
<b>Practice Setting</b>	<input type="text" value="Urgent Care Center"/>
<b>If Other:</b>	<input type="text" value="Other Practice Setting"/>

When done filling the above sections, click  then press  to proceed to the next page

# Written Agreement Initiated by Physician Assistant

11

In Part 2 - check all that apply in the following sections:

## 6. Delegated Medical Acts, Prescriptive and Dispensing Authority, Attestations for Access to PSP, Release, and Affirmation

### 6. Delegated Medical Acts

- I attest that this delegation agreement only includes [Core Duty](#) medical acts.  
(The PSP will also attest on his/her portion of the online delegation agreement.)

[Advanced Duties](#) are not permitted on this application.

### Prescriptive and Dispensing Authority

If requesting Prescriptive Authority, please attest (a), or if you are NOT requesting prescriptive authority, select (b).

- I ATTEST (a):
- or (b) I AM NOT REQUESTING PRESCRIPTIVE AND DISPENSING AUTHORITY

### Attestations for Access to the PSP, Release, and Affirmation

#### Access to Primary Supervising Physician

- I attest that the PSP and the PA will establish a plan for the types of cases that require a physician plan of care or require that the patient initially or periodically be seen by the PSP and the patient will be provided access to the PSP on request.

#### Release

- I agree that the Maryland Board of Physicians (the Board) and the Physician Assistant Advisory Committee (PAAC) may request any information necessary to process this delegation agreement from any person or agency, including but not limited to former and current employers, government agencies, the National Practitioners Data Bank, hospitals, and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the Board.

#### Affirmation

- I solemnly affirm, under the penalties of perjury, that the contents of the foregoing document are true to the best of my knowledge, information, and belief.

Once complete proceed to the **Electronic Signature of Physician Assistant:**

Enter **Full Name**, **Last 4 digits of SSN** and **Today's Date**, then click [To Payment >](#)





**Note:** If you stop before making payment, you will need to start over to begin a new delegation agreement.

# Written Agreement Initiated by Physician Assistant


12

Click **Pay Now** to proceed to the **PAYMENT CENTER**. Enter your **payment method** and **billing information**, and authorize the Maryland Board permission to process the payment by clicking the provided checkbox and **Continue**



## PAYMENT CENTER

MARYLAND BOARD OF PHYSICIANS



**Required fields are highlighted with an asterisk.**

Payment Information:

**Amount:** \$200.00 ?




Practitioner's License No: 053C00000 ?

Practitioner's Name: SANTA CLAUS ?

---

Please enter the following information about your payment method:

**Cardholder's Name:**  ?

Cards Accepted:   

**Card Number:**  ?

**Signature Panel Code:**  ?

**Expiration Date:** MM  YY  ?

---

Billing Information:

**Address Line 1:**  ?

Address Line 2:  ?

**Country:** United States ?

**ZIP Code:**  ?

City:  ?

State: --Select One-- ?

---

By clicking on the provided checkbox, you are giving State of Maryland Board of Physicians permission to process this payment in the amount displayed above on your behalf.

**Continue** **Exit**

Once payment is made, an email is sent to the Primary Supervising Physician to complete Part 2 of the Delegation Agreement. A payment receipt is also emailed to the Physician Assistant.

**Note:** The Physician Assistant may not begin working until the Primary Supervising Physician completes Part 2 of the delegation agreement.