

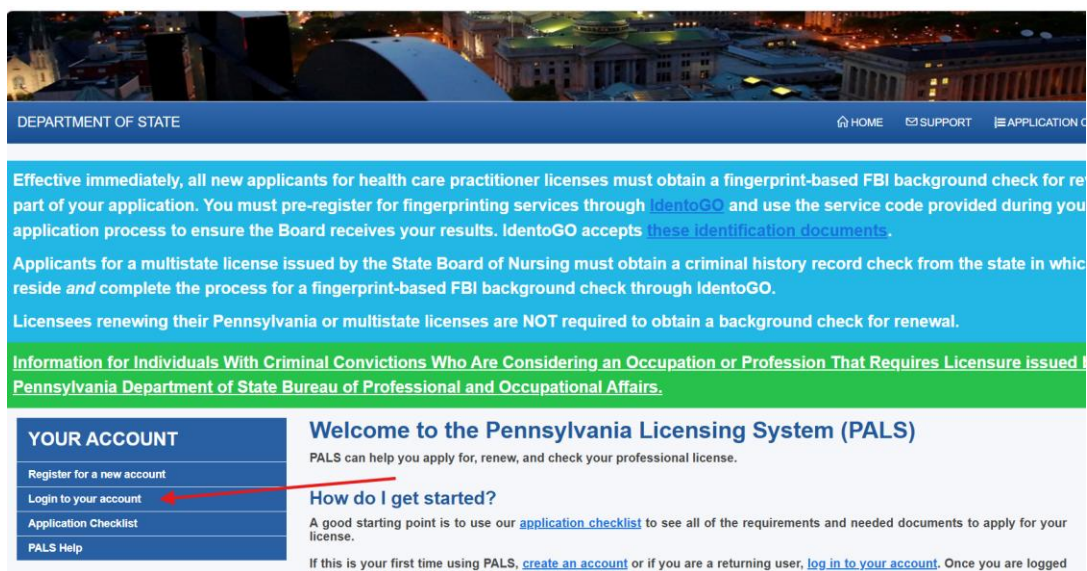
Take This Important Step Before License Renewal: Verify Your Contact Information in PALS

To get ready for license renewal, please make sure your contact information is current and accurate in the [Pennsylvania Licensing System \(PALS\)](#). The Boards of Medicine and Osteopathic Medicine will send a notification to the email address you provided in PALS when your renewal application becomes available. Notifications are issued 30 to 60 days prior to your license expiration date. It is also important to review and update your mailing address, if necessary. Your license certificate and wallet card will be mailed to the address on file in PALS.

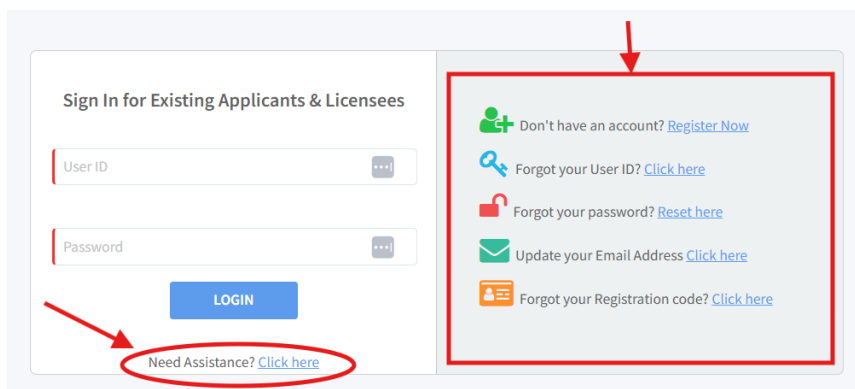
To verify and update your contact information, follow the instructions below or watch the instructional video on [How to login and locate your renewal](#) found on the Department of State's website. If you need technical assistance with your PALS account, please call 1-833-DOS-BPOA (1-833-367-2762).

Instructions

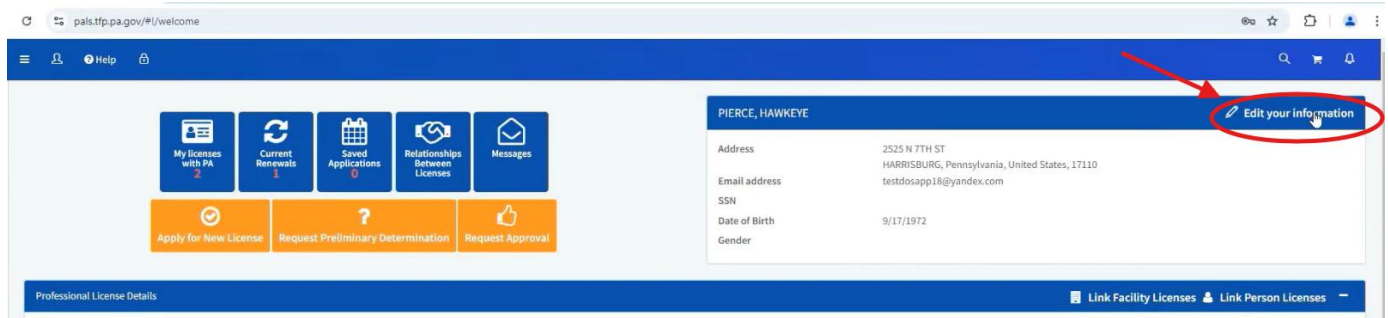
1. Go to <https://www.pals.pa.gov> and click on "Login to your account."



2. If you have trouble remembering your user ID or password, use the reset features on the right side of the login screen. If you need further assistance, select the "Need Assistance?" option at the bottom of the screen or call BPOA at 1-833-DOS-BPOA (1-833-367-2762).



3. Once you access your PALS account, click on “edit your information” next to the pencil icon.



4. Go through the tabs at the top of the screen and make the appropriate changes. If you need to change your address, click on “Change Name & Address” next to the pencil icon under the “Name and Address” tab.

The screenshot shows the "Edit Your Information" page. At the top, there is a blue header bar with the text "Edit Your Information". Below this, there are several tabs: "Name/Address", "Password", "Security", "Contact", and "SSN / DOB". The "Name/Address" tab is selected and circled in red. Below the tabs, there is a message: "Below is your current account information. If you wish to change your name and/or address, please click". To the right of this message is a button labeled "Change Name & Address", which is also circled in red. Below the message, there are input fields for "Name" (Title, Last Name, First Name) and "Address" (Line 1 (Street Address), Line 2 (Apt. #, Suite, Room), Line 3 (Optional)). The current values are: Title (empty), Last Name (PIERCE), First Name (HAWKEYE), Line 1 (2525 N 7TH ST), Line 2 (empty), and Line 3 (empty).

- Go to the "Contact" tab and click on "Edit Contact Details" next to the pencil icon, to make changes to your phone number and email address. If you make changes, please remember to click on "save contact details" at the bottom of the screen.

Edit Your Information

Name/Address Password Security **Contact** SSN / DOB

Below is your current contact information. If you wish to change your information, please click **Edit Contact Details**. Once your changes are made, click on the Save Contact Details button.

Primary Email Address: testdosapp18@yandex.com Confirm Primary Email Address: testdosapp18@yandex.com

Secondary Email Address: Secondary Email Address Confirm Secondary Email Address: Confirm Secondary Email Address

Mobile Number: Mobile Number Mobile Service Provider: Select Provider

Phone Number: (833) 367-2762

☐ Subscribe to text alerts. Notice: Standard text messaging or data rates may apply based on your plan with your mobile service provider. All charges are billed by and payable to your mobile service provider. As mobile access and text message delivery is subject to your mobile service provider's network availability, such access and delivery is not guaranteed. The Board/Commission will not be liable for message delays or message failure as delivery is subject to the effective transmission from your mobile service operator.

☒ I acknowledge that the Board/Commission will communicate with me on official Commonwealth government business through email at my primary email address. Note: By unchecking this box, I am requesting application discrepancy notices through first class mail rather than email. Please note this may cause delays in communication or processing.

☒ I acknowledge that the Board/Commission will provide biennial renewal notices through email at my primary email address. Note: By unchecking this box, I am requesting biennial renewal notices through both email and first class mail.

Edit Your Information

Name/Address Password Security **Contact** SSN / DOB

Below is your current contact information. If you wish to change your information, please click . Once your changes are made, click on the Save Contact Details button.

Primary Email Address: st-medicine@pa.gov Confirm Primary Email Address: st-medicine@pa.gov

Secondary Email Address: Secondary Email Address Confirm Secondary Email Address: Confirm Secondary Email Address

Mobile Number: Mobile Number Mobile Service Provider: Select Provider

Phone Number: (833) 367-2762

☐ Subscribe to text alerts. Notice: Standard text messaging or data rates may apply based on your plan with your mobile service provider. All charges are billed by and payable to your mobile service provider. As mobile access and text message delivery is subject to your mobile service provider's network availability, such access and delivery is not guaranteed. The Board/Commission will not be liable for message delays or message failure as delivery is subject to the effective transmission from your mobile service operator.

☒ I acknowledge that the Board/Commission will communicate with me on official Commonwealth government business through email at my primary email address. Note: By unchecking this box, I am requesting application discrepancy notices through first class mail rather than email. Please note this may cause delays in communication or processing.

☒ I acknowledge that the Board/Commission will provide biennial renewal notices through email at my primary email address. Note: By unchecking this box, I am requesting biennial renewal notices through both email and first class mail.

Save Contact Details Cancel