

## SIGNING THE MOA WITH ADOBE ACROBAT

- Open the document “Pharmacy MOA”
- Save the form to your desktop and then open in Adobe Acrobat
- Go to View → Tools → Fill & Sign → Open
- Complete all fillable fields on the MOA
- Click in the signature field “Provider Representative – Name (Signature)” at the bottom of the document. On the ribbon at the top of the document select “Sign” and then “Add Signature”. You may type your signature OR draw your signature as you would with a pen. Your signature will appear in a text box. Please be sure to drag the signature text box and place it on top of the signature field.
- Save the completed MOA to your desktop
- Please also complete the “Pharmacy HL7 Profile Form” – see instructions below
- Forward both documents as attachments to [RA-DHPHARMACYMOA@pa.gov](mailto:RA-DHPHARMACYMOA@pa.gov) with “Subject Line: SIGNED PHARMACY MOA & Pharmacy HL7 Profile”

## MANUAL SIGNATURE & SUBMISSION

If you do not have the capability to sign the MOA electronically, you may follow the instructions below to manually sign and submit the form.

- Complete all fillable fields on the MOA. If necessary, you may need to save the form to your desktop prior to entering the information.
- Print the MOA and sign in the signature field “Provider Representative – Name (Signature)” at the bottom of the document.
- Please also complete the “Pharmacy HL7 Profile Form” – see instructions below
- Scan and email both documents as attachments to [RA-DHPHARMACYMOA@pa.gov](mailto:RA-DHPHARMACYMOA@pa.gov) with “Subject Line: SIGNED PHARMACY MOA & Pharmacy HL7 Profile”

## PHARMACY HL7 PROFILE FORM SUBMISSION

- Complete all fillable fields on the Pharmacy HL7 Profile Form. If necessary, you may need to save the form to your desktop prior to entering the information.
- If the form is filled out electronically – save the completed form to your desktop. Forward the completed form as an attachment to [RA-DHPHARMACYMOA@pa.gov](mailto:RA-DHPHARMACYMOA@pa.gov), along with the completed MOA.

After review, a representative from Pennsylvania Department of Health will countersign the MOA and a copy will be returned to you for your records.

**If you have any questions, contact us at [RA-DHPHARMACYMOA@pa.gov](mailto:RA-DHPHARMACYMOA@pa.gov)**