



Kathleen Selzler Lippert
Executive Director

Sam Brownback, Governor

May 26, 2011

To Whom it May Concern:

Governor Brownback has signed Executive Order 11-10 recognizing the devastating impact that the May 22, 2011 tornado had on those directly affected in Jasper County Missouri and the many surrounding communities and Kansas citizens. The tornado destroyed many critical health care facilities which served both Missouri and Kansas communities. The Kansas Board of Healing Arts wants to protect the public and strengthen the healing arts professions by implementing this Executive Order.

Kansas Executive Order 11-10 can be found on our web page. This Executive Order has five (5) elements. It provides for expedited Kansas licensure for practitioners of the healing arts who:

1. Maintain a current, valid license in good standing to practice medicine in the State of Missouri,
2. That at the time of the May 22, 2011 disaster practiced in Jasper County Missouri,
3. Desire to practice in a local Kansas community,
4. Have appropriate professional liability insurance that will cover any practice in Kansas, and
5. Limited duration for temporary permit.

The Kansas Board of Healing Arts has developed an application for the emergency disaster temporary permit. This information is necessary. We recognize that medical professionals recovering from a tornado stricken area may not have all information readily available to them. We are committed to working with any applicant who experiences a difficulty.

The temporary permit is only valid for one month. We understand that this is an extremely short period. The instruction page for the application notes that the permit cannot be renewed; however, it can be extended by an Executive Order. If the Executive Order is extended, we will only require a simple written request for such extension. We are committed to reviewing and finding workable solutions as the needs are defined and assessed.

The disaster struck the Joplin community but disasters do not have borders. Many rural Kansas areas are impacted by the shocking destruction experienced in Jasper County, Missouri. The Kansas Board of Healing Arts is grateful to the Governor, his staff and the many others who saw the need and worked to create a solution.

Questions about the implementation of this Executive Order can be directed to any of the following:

Katy Lenahan, Licensing Administrator, 785-296-8563 or klenahan@ksbha.ks.gov
Randy Stookey, Assistant General Counsel, 785-296-2007 or rstokey@ksbha.ks.gov
Kathleen Selzler Lippert, Executive Director, 785-296-8561 or klippert@ksbha.ks.gov

Sincerely,



Kathleen Selzler Lippert
Executive Director

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EXECUTIVE ORDER 11-24 FOR LOCAL EMERGENCY

Extension of Prior Conditional and Temporary Relief Executive Order

By virtue of the authority vested in me by the Kansas Emergency Management Act, Chapter 48, Article 9, of the Kansas Statutes Annotated, to meet the inherent dangers of disasters, I hereby proclaim a State of Disaster Emergency, as follows:

WHEREAS, K.S.A. 48-925(b) provides that the Governor may issue orders and proclamations which shall have the force and effect of law under subsection (b) of K.S.A. 48-924; and

WHEREAS, on the 22nd day of May, 2011, a tornado, large hail, and extreme weather conditions resulted in an emergency disaster in the city of Joplin, in Jasper County, Missouri; and

WHEREAS, I have previously acknowledged that a State of Emergency Disaster exists and have issued Executive Order 11-10 on this topic to provide support to the citizens of Kansas and Missouri; and

WHEREAS, I have been informed by the relevant authorities that the emergency conditions that necessitated Executive Order 11-10 still persists; and

WHEREAS, Executive Order 11-10 is set to expire on August 1, 2011;

NOW, THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby acknowledge a state of emergency exists in the state of Missouri, and declare it necessary to assist and expedite all disaster recovery efforts. In order to accommodate this need and to provide assistance to the citizens of Missouri and Kansas in this extreme situation, I hereby order the following:

1. Executive Order 11-10 shall be extended and shall remain in full force and effect, with no break in application, for certain qualified practitioners of the healing arts as defined further herein, until November 1, 2011.

2. Practitioners of the healing arts who qualify for the extension of temporary license pursuant to this Order must meet the following criteria: a) Practitioners must have qualified for and received a temporary license from the Kansas Board of Healing Arts pursuant to the authority granted by Executive Order 11-10; b) Practitioners with a temporary license issued pursuant to Executive Order 11-10 must continue to meet all the requirements for a temporary license contained in Executive Order 11-10 and imposed by the Kansas Board of Healing Arts, which requirements remain in full force and effect; and c) Practitioners qualifying for an extension of temporary license pursuant to this Order must, in addition to the previous requirements, have applied for and be in the process of diligently and in good faith completing their application with the Kansas Board of Healing Arts for full and permanent licensure to practice in Kansas.

3. Temporary licenses granted pursuant to the authority of Executive Order 11-10 and extended pursuant to the authority of this Order shall expire on November 1, 2011 with no further extensions.

FURTHER, I direct that this executive order shall become effective immediately and shall continue in effect until November 1, 2011 unless extended or rescinded earlier by subsequent Executive Order.

This document shall be filed as Executive Order No. 11-24 with the Secretary of State.

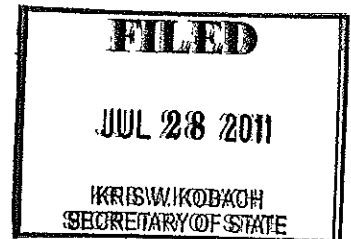
THE GOVERNOR'S OFFICE

BY THE GOVERNOR _____

DATED _____

Secretary of State _____

Assistant Secretary of State _____





APPLICATION FOR EMERGENCY DISASTER TEMPORARY PERMIT

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure or renewal have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Indicate your full legal name. If your name is different from that shown on your documentation you must submit a copy of the legal document of name change.

Full Name: _____
first middle last suffix

Other names used, including maiden name: _____

2. Include residence, mailing, practice address and e-mail address. Residence address may *not* be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A. 75-451 *et seq.* may use substitute residential and mailing addresses. Practice address must be in Cherokee County or Labette County.

Residence Address: _____
street city county state zip

Mailing Address: _____
public information street city county state zip

Kansas Practice Address : _____
street city county state zip

E-mail: _____

3. Daytime phone number (include area code): _____

4. Identification. Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. § 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number. K.S.A. § 74-139 requires disclosure of your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Such disclosure is for identification purposes only. Your social security number will not be released for any other purpose not permitted by law.

Date of Birth: _____ Place of Birth: _____ Sex: M F
city state/jurisdiction country

Social Security/Tax ID. No: _____ NPI (National Provider Identifier): _____ NPI Not Applicable:

Are you a U.S. Citizen? Y N If you answered NO, are you (check one):

- A qualified alien (as defined in 8 U.S.C.A. § 1641).
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq.*)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.
- A foreign national, not physically present in the United States.

Other: _____

5. I verify that I maintain a current, valid Missouri medical license that is in good standing.

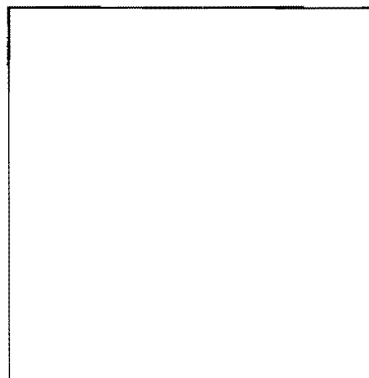
6. Missouri License Information.

License Number _____ Status _____

7. I verify that at the time of the emergency disaster on May 22, 2011, I practiced the healing arts in Jasper County, Missouri.

8. Photo.

Attach a photograph or identification



9. Professional Liability Insurance. Kansas law (KSA 40-3401-3419) requires all licensees practicing in the State of Kansas to maintain professional liability insurance of not less than \$200,000 per claim subject to not less than \$600,000 annual aggregate for all claims made during the policy period. Verify with your individual carrier that you are in compliance and covered while practicing in Kansas.

10. Fee: \$0.00.

11. Oath must be signed by applicant and notarized.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice the healing arts in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years of each violation (K.S.A. 21-3805).

Signature of Applicant

Sworn to before me this _____ day of _____ 20 _____

SEAL

Notary Public

Commission Expires



STATE BOARD OF HEALING ARTS

Authorization and Release

Must be signed by applicant and notarized.

I, _____, hereby authorize all hospitals, institutions or organization, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas Board of Healing Arts or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure.

Signature of Applicant

SEAL

Sworn to before me this _____ day of

_____ 20 _____

Notary Public

Commission Expires



STATE BOARD OF HEALING ARTS revised 5-26-11, kl

Emergency Disaster Temporary Permit

GENERAL INFORMATION AND INSTRUCTIONS

Please visit <http://www.ksbha.org>
for all information governing the Healing Arts.

Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Do not make a commitment to any work dates prior to being licensed.

Applicants for an Emergency Disaster Temporary Permit must at the time the emergency disaster (tornado) struck the city of Joplin, Missouri been practicing the healing arts in the county of Jasper, Missouri. The applicant must also intend to provide medical services or surgery in only Crawford, Labette or Cherokee Counties, Kansas. The applicant must maintain a current, valid and in good standing license to practice medicine in the state of Missouri. Kansas law requires all licensees to maintain professional liability insurance of not less than \$200,000 per claim subject to not less than \$600,000 annual aggregate for all claims made during the policy period. You must verify with your individual carrier that you are in compliance and covered while practicing in Kansas.

All applicants are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned before the application will be deemed complete. It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas Board of Healing Arts.

The Emergency Disaster Temporary Permit is only valid until June 26, 2011 unless extended by Governor Sam Brownback. The permit cannot be renewed. If you wish to continue to practice in Kansas, you must apply and meet all requirements for a permanent license. You may apply online or download the paper from our website at http://www.ksbha.org/forms.html#lic_app.

You must submit any change of address to the Board. Please visit our website at <http://www.ksbha.org/forms/acr.pdf> to complete the "Change of Address" form.