

EFFECTIVE AS A FINAL ORDER

DATE: 11.17.2021

FILED

OCT 25 2021

PO

KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS**

In the Matter of

Docket No. 22-HA00018

**William M. Beary, M.D.
Kansas License No. 04-29815**

SUMMARY ORDER

NOW ON THIS 25th day of October 2021, this matter comes before Susan Gile, Interim Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. William M. Beary, M.D. ("Licensee") was first issued License No. 04-29815 to practice medicine and surgery in Kansas on October 12, 2002. Licensee has held an Active license since that date. Licensee last renewed his Active license on or about July 31, 2021.

2. Licensee's last mailing address known to the Board is: **CONFIDENTIAL**

CONFIDENTIAL . Licensee's last email address known to the Board is **CONFIDENTIAL** .

3. During all times relevant to the facts set forth in this Summary Order, Licensee held an Active license to practice medicine and surgery in Kansas.

4. The factual basis for this Order is as follows:

Summary Order
William M. Beary, M.D.
License No. 04-29815

a. On or about July 13, 2021, Licensee submitted an Online Renewal Application for his Active license to practice medicine and surgery. (Bd. Ex. 1).

b. The Online Renewal Application noted Licensee's "Education Year" to be "06/30/2021". (*Id.*)

c. Just below the "Education Year" The Online Renewal Application contains the following language:

If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select "NA"

If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.

- If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least **50** continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select "**50**".
- If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least **100** continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select "**100**".
- If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least **150** continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select "**150**".

d. Despite Licensee's continuing education year being listed as 2021, the current year, Licensee selected "NA".

e. In an attempt to resolve this matter, The Board's Licensing department attempted to contact Licensee via email on July 14, 2021; July 27, 2021; and August 3,

2021; and attempted to contact him via phone on at least one occasion. (Bd. Ex. 2).
Licensee failed to respond.

f. On September 2, 2021, Board staff contacted Licensee by phone to explain he needed to certify his completion of the continuing education hours in writing and informed him that his License could potentially be suspended or otherwise disciplined for failure to comply. Licensee indicated his understanding and stated that he would do so.

g. Having failed to receive the required certification, the Board's Licensing department attempted once more to obtain Licensee's compliance via an email labelled "Final Notice – 2021 Kansas MD Renewal CE Question" on September 10, 2021. (Bd. Ex. 3).

h. On or about October 7, 2021, Board counsel attempted to contact Licensee via US mail, giving him a deadline of October 16, 2021. Licensee did not respond. (Bd. Ex. 4).

i. Licensee has failed to respond to multiple requests, and to date has not provided the required certification that he has completed the continuing education hours required by Kansas law.

Applicable Law

5. K.S.A. 65-2809(b) of the Kansas Healing Arts Act reads, in pertinent part

The board shall require every active licensee to submit evidence of satisfactory completion of a program of continuing education required by the board. The requirements for continuing education for licensees of each branch of the healing arts shall be established by rules and regulations adopted by the board.

6. K.A.R. 100-15-5(a)(1) states:

Each person who is licensed to practice a branch of the healing arts and who is required to submit proof of completion of continuing education as a condition to renewing a license **shall certify, on a form provided with the license renewal application**, one of the following:

- (A) During the 18-month period immediately preceding the license expiration date, the person completed at least 50 credits of continuing education, of which at least one credit shall be in category III, at least 20 credits shall be in category I, and the remaining credits shall be in category II.
- (B) During the 30-month period immediately preceding the license expiration date, the person completed at least 100 credits of continuing education, of which at least two credits shall be in category III, at least 40 credits shall be in category I, and the remaining credits shall be in category II.
- (C) During the 42-month period immediately preceding the license expiration date, the person completed at least 150 credits of continuing education, of which at least three credits shall be in category III, at least 60 credits shall be in category I, and the remaining credits shall be in category II. [emphasis added]

9. Under K.S.A. 65-2836:

A licensee's license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, or an application for a license or for reinstatement of a license may be denied upon a finding of the existence of any of the following grounds:

* * *

(k) The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board.

* * *

(r) The licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board.

Conclusions of Law

10. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

11. The Board finds that Licensee violated K.S.A. 65-2836(k), in that Licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board; specifically, Licensee has violated K.A.R. 100-15-5(a)(1) by refusing to certify, on a form provided with the license renewal application, completion of the continuing medical education required by that regulation and by K.S.A. 65-2809(b).

12. The Board finds that Licensee violated K.S.A. 65-2836(r), in that Licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board; specifically, a written certification of the completion of the continuing medical education required by K.S.A. 65-2809(b) and by K.A.R. 100-15-5(a)(1).

11. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to persons other than Licensee.

IT IS HEREBY ORDERED that Licensee's license is hereby **SUSPENDED** until such time as he comes into compliance with the requirements of K.S.A. 65-2809(b) and by K.A.R. 100-15-5(a)(1).

IT IS FURTHER ORDERED that Licensee shall be specifically required to provide not only the certification required by K.A.R. 100-15-5(a)(1), but also evidence of satisfactory completion of a program of continuing education required by the board, to be considered to be "in compliance" for purposes of this Summary Order.

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 25th day of October 2021.

**KANSAS STATE BOARD
OF HEALING ARTS**



Susan Gile
Interim Executive Director

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Interim Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a true copy of the foregoing **FINAL ORDER** was served this 17th day of November 2021 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

William M. Beary, M.D.
CONFIDENTIAL

Licensee

And a copy was hand-delivered to:

Matthew Gaus
Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Licensing Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

Ali Diaz _____

EXHIBIT 1
2021 Renewal

KSBOHA Online Renewal Application

Date Created: Tuesday, July 13, 2021
Name: William Miles Beary

License Information

License Number: 04-29815
License Type: Medical Doctor (MD)
Status Before Renewal: Active
Status After Renewal: Active
Status Change Date: 7/31/2021

Date of Birth: CONFIDENTIAL
Gender: M
Citizenship Status: U.S. Citizen
Ethnicity: White

Address Information:

Use Primary Bus : N

Home Address : CONFIDENTIAL
Line 1:
Line 2:
City, State, Zip
Country:*\nPhone:
Email:*

Insurance In

Health Care Indemnity, Inc Add
Policy Number: HCI-10121-KS Malpractice Insurance
Insurance Issue Date: 1/1/2021
Insurance Exp Date: 1/1/2022

Exempt - Professional Activities

Professional activity	Description

Applicant Questions

Retirement

Planning to retire within 5 years?
N

Dispensing

Dispense Pharmaceuticals	Do you comply with dispensing requirements?
N	

Malpractice Screening Panel

I am willing to serve on a Screening Panel
Y

Expert Witness

I am willing to serve as an expert for the Board
N

Supervise Non-Licensed Rad Techs

I supervise non-licensed rad techs	I certify that they are trained on the equipment	I certify that they have/will obtain continuing ed	Have you submitted the Data Form to the Board?
N	N	N	

Board Certifications

Certifying Board	Other Board
ABIM-American Board of Internal Medicine	

Kansas Hospital Privileges

Hospital/Surgery Center	Other Hospital
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DEA Number

DEA Number
BB9649938

Identify all other authorities that have ever licensed you to practice.

Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
KS			
MO			
TX			

National Provider Identifier

NPI Number	No current NPI
1598722993	

Language

English	Spanish	ASL (American Sign Language)	Other Languages
Y	N	N	

Disaster Relief

Please do not include me in the registry	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
N	N	N	Y	Y

Question Responses

<p>Continuing Education Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select “Yes”. You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select “NA”</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none"> • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select “50”. • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select “100”. • If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select “150”. 	NA
<p>Continuing Education Audit Question</p> <p>The Board will verify compliance by auditing an undetermined percentage of renewal applications. This verification will require proof of your continuing education. You must maintain your continuing education records for a four-year period, in a manner that allows them to be readily produced. Do you understand the audit process?</p>	Y
<p>Gratuitous Professional Services</p> <p>Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment?</p>	N
<p>Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment?</p>	N
<p>If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA".</p>	n/a
<p>How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA".</p>	n/a
<p>KHCSF Compliance</p> <p>As a condition of providing professional services in Kansas, <u>whether or not physically located in Kansas</u>, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF).</p> <p>Have you paid the annual surcharge to the KHCSF?</p>	Y
<p>KTRACS</p> <p>Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see www.kansas.gov/pharmacy)</p>	N
<p>I know what K-TRACS is.</p>	Y
<p>I am unsure of how to enroll in K-TRACS.</p>	N
<p>K-TRACS is clinically useful for me.</p>	Y
<p>K-TRACS is cumbersome to use.</p>	N
<p>I prescribe/dispense controlled substances.</p>	N
<p>Office Based Surgery</p>	
<p>In Kansas, since your last renewal, have you performed any procedures in your office that requires sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? ("Office" as used here does not include a hospital-based practice. Also excluded are minor procedures that can be performed safely and comfortably with any one or combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia).</p>	N
<p>If you answered "Yes" to the above question, provide the practice location. If you answered "No", enter "NA".</p>	n/a
<p>If you answered "Yes" to the above question, provide the accrediting entity name. If your office is not accredited or if you answered "No", enter "NA". Appropriate names are as follows:</p> <ul style="list-style-type: none"> • Accreditation Association for Ambulatory Health Care, Inc. 	

<ul style="list-style-type: none"> American Association for Accreditation of Ambulatory Surgery Facilities, Inc. Institute for Medical Quality Joint Commission on Accreditation of Healthcare Organizations NA 	n/a
If you answered "Yes" to the above question, provide the Certification/Accreditation number. If your office is not accredited or if you answered "No", enter "NA".	n/a
Attestation Questions	
A. In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?	N
B. In the past 12 months have you been arrested, charged with or convicted of any misdemeanor, felony or the military equivalent? This includes a diversion or plea to any misdemeanor, felony or the military equivalent.	N
C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?	N
D. In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	CONFIDENTIAL
E. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?	
F. In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	N
Voluntary Public Statement	
Pursuant to K.S.A. 65-28,131, the board shall make available on our website which is accessible by the public, the following information regarding licensees:	
<ol style="list-style-type: none"> Full name, business address, telephone number, license number, type, status and expiration date; practice specialty and board certifications, if any; any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past; any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action; any involuntary surrender of the licensee's drug enforcement administration registration; and any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country. 	N
Do you wish to add a statement to further explain any disciplinary information contained in your public profile? Please note, not all public statements are posted or posted in full, to comply with Kansas and Federal law.	
Renewer	WILLIAM BEARY
Provide the full name of the person completing this renewal.	

Attestation

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

EXHIBIT 2
Correspondence

From: [Bohannon, Ronda \[KSBHA\]](#)
To: **CONF**
Subject: **CONF**
Date: Wednesday, July 14, 2021, 9:36:00 AM
Attachments: [page001.pdf](#)
[page002.pdf](#)

Hello

I am reviewing your online renewal that has been held up in lockbox. Your CME hours are due this renewal cycle and you answered N/A. Can you let me know if you have the hours and if so what is the update that you are wanting? Please respond back to KSBHA_Licensing and state this is for your online renewal.

CE Year
Education Year
06/30/2021

Question Responses

<p>Continuing Education Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select “Yes”. You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select “NA”</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none">• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select “50”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select “100”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select “150”.	NA
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Thank you,

Ronda Bohannon
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson
Lower Level-Suite A
Topeka KS 66612
Ronda.Bohannon@ks.gov
785-296-5866

From: Bohannon, Ronda [KSBHA]
To: CONFID
Date: Tuesday, July 27, 2021 1:47:00 PM
Attachments: image001.png
image002.png

Hello

Please see the email below that was sent on 07-14-2021 in regards to your online renewal and CME hours. Please email your response to KSBHA_Licensing@ks.gov and state this is for your online renewal. Renewal deadline is 07-31-2021. Have any questions let me know.

Thank you,

Ronda Bohannon
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson
Lower Level-Suite A
Topeka KS 66612
Ronda.Bohannon@ks.gov
785-296-5866

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From: Bohannon, Ronda [KSBHA]
Sent: Wednesday, July 14, 2021 9:37 AM
To: CONFID
Subject: 0425615

Hello

I am reviewing your online renewal that has been held up in lockbox. Your CME hours are due this renewal cycle and you answered N/A. Can you let me know if you have the hours and if so what is the update that you are wanting? Please respond back to KSBHA_Licensing and state this is for your online renewal.

CE Year
Education Year
06/30/2021

Question Responses

<p>Continuing Education Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select “Yes”. You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select “NA”</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none">• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select “50”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select “100”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select “150”.	NA
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Thank you,

Ronda Bohannon
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson
Lower Level-Suite A
Topeka KS 66612
Ronda.Bohannon@ks.gov
785-296-5866

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From: [Barnes, Lori \(KSBS&I\)](#)
To: **CONF**
Subject: **CONF**
Date: Tuesday, August 3, 2021 1:30:00 PM
Attachments: [image001.png](#)
[image002.png](#)
Importance: High

Dr. Beary

It is imperative you respond to this email certifying your CME that was due with this renewal cycle. Your license was renewed in error-it should not have allowed renewal to be completed without answering one of the three options below. Please respond asap to which option you can verify as to obtaining the required CME. Let me know if you have questions.

CE Year	
Education Year	
06/30/2021	

Question Responses

<p>Continuing Education <i>Review the instructions below before making a selection.</i></p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select “Yes”. You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select “NA”</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none">• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2020 to 6-30-2021, select “50”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2019 to 6-30-2021, select “100”.• If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2018 to 6-30-2021, select “150”.	NA
--	----

Sincerely

Lori Barnes
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson Lower Level Ste A
Topeka KS 66612
Lori.Barnes@ks.gov
Phone 785-296-7167

 This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail please contact the sender. Any disclosure reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

From: [Moon, Rebekah \[KSBHA\]](#)
To: [Curtis, Kady \[KSBHA\]](#); [Lockhart, Dametrea \[KSBHA\]](#)
Subject: William Beary, MD 04-29815
Date: Wednesday, August 18, 2021 12:33:00 PM
Attachments: [Beary William Renewal 2021.pdf](#)
[image001.png](#)

Hello,

I'm referring this licensee due to lack of response to the renewal continuing education question. Dr. Beary has CEs due this year and on the renewal he responded with "n/a" to the number of hours completed. We have tried numerous attempts to contact him via email and an attempt via phone call with no response received. Please see the attached application. Let me know if you need anything further from me.

Sincerely,

Rebekah Moon

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, LL – Suite A
Topeka, Kansas 66612
Phone: 785.296.2562
Rebekah.Moon@ks.gov



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EXHIBIT 3

Final Notice

From: [Moon, Rebekah \[KSBHA\]](#)
To: **CONFIDENTIAL**
Cc: [Gaus, Matthew \[KSBHA\]](#)
Subject: Final Notice - 2021 Kansas MD Renewal CE Question
Date: Friday, September 10, 2021 12:05:29 PM
Attachments: [image001.png](#)

Hello Dr. Beary,

This is a final attempt to contact you in regards to your most recent MD renewal application. Your continuing education (“CE”) year is 2021 and on your renewal you provided a response of “na” for the amount of CEs you’ve completed. Since your CE year is 2021 you must certify the hours you have obtained. Please carefully read the information below and respond directly to this email. If a response is not received by Monday September 13, 2021 your license will be cancelled. Please feel free to contact me if you have any questions.

- If you obtained at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1/1/2020 to 6/30/2021, **reply “50”**
- If you obtained at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1/1/2019 to 6/30/2021, **reply “100”**
- If you obtained at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1/1/2018 to 6/30/2021, **reply “150”**

Sincerely,

Rebekah Moon

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, LL – Suite A
Topeka, Kansas 66612
Phone: 785.296.2562
Rebekah.Moon@ks.gov



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EXHIBIT 4

Final Notice

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



phone: 785-296-7413
fax: 785-368-7103
Email: KSBHA_healingarts@ks.gov
www.ksbha.org

Susan Gile, Interim Executive Director

Laura Kelly, Governor

October 7, 2021

William Beary, M.D.
CONFIDENTIAL

Dear Dr. Beary,

This is your final notice to respond to the Board certifying you have completed the continuing medical education (“CME”) that was due at the time of your most recent license renewal. As you recall, you have received multiple emails from our Licensing department and a phone call from me indicating that you need to furnish us with this information to keep your license in good standing. If we do not receive any indication that your continuing education was completed, action will be taken against your license.

You will need to provide written certification to our Licensing department that you have completed the requisite amount of CME, along with proof of completion for all of the hours you are claiming. Please send this information to my assistant, Jackson Hermann, at jackson.p.hermann@ks.gov, or at the address below. This information must be received by October 16th, 2021. At that time, if all of the required information has not been received, we will take further action up to and including suspension of your license.

If you have any questions, you can direct them to me either by email (which is the most efficient way to reach me) or phone, using the information below.

Thank you,

/s Matthew Gaus

Matthew Gaus
Associate Litigation Counsel
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