

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

In the Matter of)
The Special Permit of)
)
Dana Allison Brooks)
Special Permit #0325135)

FILED

FEB 19 2004

KANSAS STATE BOARD OF
HEALING ARTS

NOTICE OF CANCELLATION OF SPECIAL PERMIT

TO: Dana Allison Brooks
3604 Gabriel Avenue, #321
Parsons, Kansas 67357

You are hereby given notice as follows:

1. You have previously been issued a special permit to practice respiratory therapy under the supervision of a registered therapist while enrolled in an approved school of respiratory therapy.

2. K.A.R. 100-55-9 provides as follows:

"(c) During October of each year, each student who holds a special permit shall provide the following:

(1) Verification of current enrollment in an approved school of respiratory therapy;
and

(2) a statement of the anticipated graduation date.

(b) Each special permit issued to a student who fails to meet the requirements under subsection (c) shall expire on November 1 of the year in which the verification and statement were to be provided."

3. On or about September 12, 2003, you were provided with a letter indicating the need to comply with the provisions of K.A.R. 100-55-9 and were provided with a copy of that rule and regulation.

4. Verification of current enrollment and a statement of the anticipated graduation date has not been provided and your special permit has been canceled due to its expiration as provided in K.A.R. 100-55-9.

5. If you are currently enrolled in an approved respiratory therapy program and otherwise eligible, you may apply for a second special permit by making a new application and paying the fee for a special permit. A request for a second special permit should be addressed to Licensing Administrator, Kansas State Board of Healing Arts, 235 S. Topeka Blvd., Topeka, KS 66603-3068.

DATED this 18th day of February, 2004.

KANSAS STATE BOARD OF HEALING ARTS


LAWRENCE T. BUENING, JR., #9125
Executive Director
Kansas Board of Healing Arts
235 S. Topeka Boulevard
Topeka, Kansas 66603
(785) 296-3680

CERTIFICATE OF SERVICE

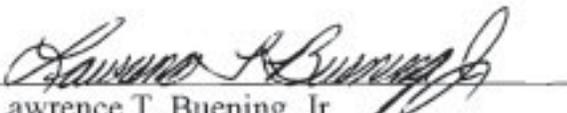
I, Lawrence T. Buening, Jr., Executive Director, Kansas State Board of Healing Arts, do hereby certify that on the 19th day of February, 2004, a copy of the above and foregoing **Notice of Cancellation of Special Permit** was deposited in the United States mail, first class postage prepaid, to the following:

Dana Allison Brooks
3604 Gabriel Avenue, #321
Parsons, Kansas 67357

and a copy was hand-delivered to the office of:

Charlene K. Abbott
Licensing Administrator
Kansas State Board of Healing Arts
235 S. Topeka Boulevard
Topeka, Kansas 66603-3068

and the original filed with the office of Executive Director.


Lawrence T. Buening, Jr.
Executive Director

Special Permit