EFFECTIVE AS A FINAL ORDER

DATE: 5/18/2021

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

In the Matter of
John P. Eitzen, M.D.
Kansas License No. 04-41224

Docket No. 21-HA

SUMMARY ORDER

NOW ON THIS 15th day of April 2021, this matter comes before Tucker L. Poling, 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. John P. Eitzen, M.D. ("Licensee") was first issued License No. 04-41224 to practice medicine and surgery on July 19, 2018. Licensee held an Active license until approximately April 15, 2021, when he changed his license status to Inactive.

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

3. 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:

a. On or about May 31, 2019, Licensee renewed his license online as Active. Licensee’s renewal application stated that “As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF).” (emphasis in original). Licensee was asked “Have you paid the annual surcharge to the KHCSF?” to which he answered “Yes.” (Bd. Ex. 1).

b. After Licensee renewed his license, a search of the KHCSF showed Licensee was not in compliance with KHCSF statutory requirements at that time, and had not been in compliance from July 19, 2018, through April 15, 2021. (Bd. Ex. 2).

c. Despite holding an Active license, during the above period of time, Licensee remained out of compliance with KHCSF statutory requirements, until he changed his license status to Inactive on April 15, 2021. (Bd. Ex. 3).

Applicable Law

5. Under the Kansas Healing Arts Act, K.S.A. 65-2809(c),

The board, prior to renewal of a license, shall require an active licensee to submit to the board evidence satisfactory to the board that licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments there to, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto.

6. K.S.A. 40-3402 states:

(a) A policy of professional liability insurance approved by the commissioner and issued by an insurer duly authorized to transact business in this state in which the limit of the insurer's liability is not less than $200,000 per claim, subject to not less than a $600,000 annual aggregate for all claims made during the policy period, shall
be maintained in effect by each resident health care provider as a condition of active licensure or other statutory authorization to render professional service as a health care provider in this state, unless such health care provider is a self-insurer. . .

(b) A nonresident health care provider shall not be licensed to actively render professional service as a health care provider in this state unless such health care provider maintains continuous coverage in effect as prescribed by subsection (a), except such coverage may be provided by a non-admitted insurer who has filed the form required by subsection (b)(1). This provision shall not apply to optometrists and pharmacists on or after July 1, 1991 nor to physical therapists on and after July 1, 1995.

(1) Every insurance company authorized to transact business in this state, that is authorized to issue professional liability insurance in any jurisdiction, shall file with the commissioner, as a condition of its continued transaction of business within this state, a form prescribed by the commissioner declaring that its professional liability insurance policies, wherever issued, shall be deemed to provide at least the insurance required by this subsection when the insured is rendering professional services as a nonresident health care provider in this state. Any nonadmitted insurer may file such a form.

(2) Every nonresident health care provider who is required to maintain basic coverage pursuant to this subsection shall pay the surcharge levied by the board of governors pursuant to subsection (a) of K.S.A. 40-3404 and amendments thereto directly to the board of governors and shall furnish to the board of governors the information required in subsection (a)(1). . .

7. K.S.A. 40-3404 states:

(a) Except for any health care provider whose participation in the fund has been terminated pursuant to subsection (i) of K.S.A. 40-3403, and amendments thereto, the board of governors shall levy an annual premium surcharge on each health care provider who has obtained basic coverage and upon each self-insurer for each year.

(b) In the case of a resident health care provider who is not a self-insurer, the premium surcharge shall be collected in addition to the annual premium for the basic coverage by the insurer and shall not be subject to the provisions of K.S.A. 40-252, 40-955 and 40-2801 et seq., and amendments thereto. The amount of the premium surcharge shall be shown separately on the policy or an endorsement thereto and shall be specifically identified as such. Such premium surcharge shall be due and payable by the insurer to the board of governors within 30 days after the annual premium for the basic coverage is received by the insurer. Within 15 days immediately following the effective date of this act, the board of governors shall send to each insurer information necessary for their compliance with this subsection. The certificate of authority of any insurer who fails to comply with the
provisions of this subsection shall be suspended pursuant to K.S.A. 40-222, and amendments thereto, until such insurer shall pay the annual premium surcharge due and payable to the board of governors. In the case of a nonresident health care provider or a self-insurer, the premium surcharge shall be paid upon submitting documentation of compliance with K.S.A. 40-3402, and amendments thereto.

8. Under K.S.A. 65-2836, a license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, upon a finding of the existence of any of the following grounds:

(z) The licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

Conclusions of Law

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

10. The Board finds that Licensee violated K.S.A. 65-2836(z), in that Licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

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 ORDERED that Licensee is hereby PUBLICLY CENSURED, and that Licensee is assessed a CIVIL FINE in the amount of one thousand dollars ($1,000.00) for violations of the Healing Arts Act, due within thirty (30) days after this Order becomes a Final Order. Such fine shall be paid to the “Kansas State Board of Healing Arts,” in full. All monetary payments, which
shall be in the form of check or money order, relating to this Summary Order shall be mailed to the Board certified and addressed to:

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612
KSBHA_ComplianceCoordinator@ks.gov

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 15th day of April, 2021.

KANSAS STATE BOARD
OF HEALING ARTS

Tucker L. Peling
Executive Director

Summary Order
John P. Eitzen, M.D.

Page 5 of 7
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 Tucker L. Poling, 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 18th day of May 2021 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

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

Licensing Administrator
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

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.

FINAL ORDER
John P. Eitzen, M.D.
KSBHA Docket No. 21-IIA00076
KSBOHA Online Renewal Application

Date Created: Friday, May 31, 2019

Name: John Pointer Etizen

License Information

License Number: 04-41224
License Type: Medical Doctor (MD)
Status Before Renewal: Active
Status After Renewal: Active

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

Address Information:

Use Primary Business Address for mailing: Y

Residence Address: CONFIDENTIAL
Line 1: 
Line 2: 
City, State, Zip 
Country:* 
Phone: 
Email:* 

Primary Business Address:
Line 1: 1307 South Willow Street
Line 2: 
City, State, Zip North Platte, NE 69101
Country:* United States
Phone: 3085323937
Email:* john@eye surgeonsofnebraska.com

Insurance Information:

COPIC Add

Policy Number: CONFIDENTIAL Malpractice Insurance
Insurance Issue Date: 8/7/2018
Insurance Exp Date: 8/7/2019

Exempt - Professional Activities:

<table>
<thead>
<tr>
<th>Professional activity</th>
<th>Description</th>
</tr>
</thead>
</table>

EXHIBIT 1
Applicant Questions

Retirement
Planning to retire within 5 years?
N

Dispensing
Dispense Pharmaceuticals
N

Malpractice Screening Panel
I am willing to serve on a Screening Panel
N

No Practice Address
I certify that I do NOT practice in Kansas:
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
N
I certify that they are trained on the equipment
N
I certify that they have/will obtain continuing ed

Board Certifications
Certifying Board

Kansas Hospital Privileges
Hospital
Surgery Center
Other Hospital

DEA Number

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

Other State Licenses Ever Held

<table>
<thead>
<tr>
<th>Other State</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE</td>
<td>Jun 20 2017 12:00AM</td>
</tr>
<tr>
<td>MA</td>
<td>Aug 30 2010 12:00AM</td>
</tr>
<tr>
<td>LA</td>
<td>Jul 1 2016 12:00AM</td>
</tr>
<tr>
<td>AL</td>
<td>Jun 24 1987 12:00AM</td>
</tr>
<tr>
<td>VA</td>
<td>Oct 22 2010 12:00AM</td>
</tr>
</tbody>
</table>

National Provider Identifier
NPI Number
I do not currently have a NPI #:
1124218698

Language

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
<th>ASL (American Sign Language)</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Disaster Relief
Please do not include me in the registry

<table>
<thead>
<tr>
<th>Within My County</th>
<th>Within 75 Miles</th>
<th>Anywhere in Kansas</th>
<th>Outside the State of Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
## Question Responses

### Continuing Education Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your “Education Year” listed above indicate that you do not have continuing education hours due at this time?</td>
<td>Y</td>
</tr>
<tr>
<td>Do you have at least 50 total hours of continuing education with a minimum of 20 Category I &amp; a maximum of 30 Category II from 01-01-2018 through 06-30-2019?</td>
<td>N</td>
</tr>
<tr>
<td>Do you have at least 100 total hours of continuing education with a minimum of 40 Category I &amp; a maximum of 60 Category II from 01-01-2017 through 06-30-2019?</td>
<td>N</td>
</tr>
<tr>
<td>Do you have at least 150 total hours of continuing education with a minimum of 60 Category I &amp; a maximum of 90 Category II from 01-01-2016 through 06-30-2019?</td>
<td>N</td>
</tr>
</tbody>
</table>

### Continuing Education Audit Question

The Board will verify compliance with continuing education requirements in an unetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. Do you understand the audit process?  

Y

### Gratuitous Professional Services

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?  

N

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?  

N

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".

NA

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".

NA

### KHCSF Compliance

As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF).  

Y

Have you paid the annual surcharge to the KHCSF?  

N

### KTRACS

Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see [www.kansas.gov/pharmacy](http://www.kansas.gov/pharmacy))  

N

I know what K-TRACS is.  

Y

I am unsure of how to enroll in K-TRACS.  

N

K-TRACS is clinically useful for me.  

N

K-TRACS is cumbersome to use.  

N

I prescribe/dispense controlled substances.  

N

### Office Based Surgery

In Kansas, have you since your last renewal, performed procedures in your office that require 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.)  

N

Office Based Surgery Practice Location:  

NA

If you answered "Yes" to the above question, enter the location here or if you answered "No" above enter "NA".

### Accrediting Entity Name:

If you answered "Yes" to the above question, enter the entity name here. If your office is not accredited or if you answered "No" above, enter "NA". Appropriate names are as follows:

- Accreditation Association for Ambulatory Health Care, Inc.
- American Association for Accreditation of Ambulatory Surgery Facilities, Inc.
- Institute for Medical Quality
- Joint Commission on Accreditation of Healthcare Organizations
- NA

Certification/Accreditation Number:

If you answered "Yes" to the above question, enter the Certification/Accreditation number here. If your office is not accredited or if you answered "No" above, enter "NA".

NA
### 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/issue?  

| | N |

B. In the past 12 months have you been arrested, charged with or convicted of any felony, misdemeanor or the military equivalent? This includes a diversion or plea to a felony, misdemeanor 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. In the past 12 months have you suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers?  

| |

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 Supplemental Public Statement

Pursuant to K.S.A. 65-28, 131, on and after July 1, 2010, the board shall make available on a searchable website which shall be accessible by the public, the following information regarding licensees:

1. The licensee's full name, business address, telephone number, license number, type, status and expiration date;
2. The licensee's practice specialty, if any, and board certifications, if any;
3. 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;
4. 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;
5. Any involuntary surrender of the licensee's drug enforcement administration registration; and,
6. Any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.

At the time of licensure or renewal, a licensee may add a statement to such licensee's profile as it appears on the website created herein. Such statement may provide further explanation of any disciplinary information contained in your profile.

This statement must be received by the Board within 30 days after your license cancellation date.

Do you wish to add a statement to further explain any disciplinary information in your public profile?  

Renewer

Please Enter the Full Name of person completing this renewal.  

| Bonnie Long |

### 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 cease the license, or impose a fine in an amount up to $5,000 for any set of fraud or misrepresentation in applying for renewal of a license.
<table>
<thead>
<tr>
<th>HCP Name</th>
<th>ID No.</th>
<th>Agency</th>
<th>License</th>
<th>Res. Status</th>
<th>Retro Date</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>FITZEN</td>
<td>MD</td>
<td>110</td>
<td>04-41224</td>
<td>N</td>
<td>A</td>
<td>08/07/2019</td>
</tr>
<tr>
<td>JOHN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Company | Policy | Rate | Level | Fund | Type | Effective | Expiration | Surcharge | Document reference numbers

Search Again | Return to HCSF Website

Feedback

Our commitment to excellence involves receiving feedback from you. We would appreciate your feedback in the form of a brief survey describing your overall experience with this service.
APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.
E-mail form with required documentation and credit card form to
KSBHA_Licensing@ks.gov

License No. 04A 1224
Current Type: ☑Active ☐Federal Active ☐Military ☐Exempt ☐Inactive

CONFIDENTIAL

P. EITZEN

Business Address: _____________________________________________
Street _______________________________________________________
City ______________ State __________ Zip ______________
Business Telephone Number: __________________________
E-Mail Address: _____________________________________________

Preferred Mailing Address: ☑Home ☐Business

EFFECTIVE 04/15/21
The effective date CANNOT be a retroactive date and must be a
date in the future from the date the Board receives your request.
I request a license type change to (check the license type below)

☐ Active: A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and
surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of
continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active
license may be renewed annually.
1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never
Active (use additional pages if necessary):
From: MO/yr To: MO/yr Complete Address Position Held

________________________________________________________________________
________________________________________________________________________

2. If rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less
than $200,000 per claim, $600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHC SF). You
must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage,
certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident
certificate form. If you have any questions about participation with KHC SF call please (785) 291-3777.
3. If your continuing education is not current, proof of your continuing education hours must be included with your application.
You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org,
4. Since the last renewal date of your Kansas license, have you:
☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?
☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or
consented to limitation of your license to practice in any state?
☐ Yes ☐ No had any hospital privileges suspended?
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is “yes” to any of the above questions.

800 SW Jackson, Lower Level-Suite A, TOPEKA KS 66612

EXHIBIT 3
☐ Federal Active: A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practices that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration, and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

1. Location of Federal Employment:

   Name of Employer: ____________________________
   Street: ____________________________
   City: ____________________________
   State: ____________________________
   Zip: ____________________________

2. If your continuing education is not current, proof of your continuing education hours must be included with your application.

   You may verify your continuing education year by reviewing your wallet card or visiting our website www.kshba.org.

3. List in chronological order all professional activities since your license was last active or initially issued if the license was never active (use additional pages if necessary):

   From: ____________________________ To: ____________________________ Complete Address: ____________________________ Position Held: ____________________________

4. Since the last renewal date of your Kansas license, have you:

   ☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?
   ☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
   ☐ Yes ☐ No had any hospital privileges suspended?
   ☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

   Attach documentation and an explanation if your answer is "yes" to any of the above questions.

☐ Exempt: A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

I intend to engage in the following professional activities in Kansas:

☐ Consultant ☐ Charitable Health Care Provider ☐ Administration
☐ Treatment of Family and Friends with No Compensation ☐ Coroner/Deputy Coroner ☐ None
☐ Other:

☐ I acknowledge by marking the check box, with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund.

☐ Inactive: A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Fees: Please complete the credit card authorization form or make your check payable to Kansas State Board of Healing Arts.

Current Type of License:

- Active or Federal Active changing to any type: No Fee
- Military changing to Active or Federal Active: $330
- Military changing to Exempt or Inactive: $150
- Exempt or Inactive changing to Exempt or Inactive: No Fee
- Exempt or Inactive changing to Active or Federal Active: $175

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation, is true and correct and that I am licensed to practice in the State of Kansas.

Signature: ____________________________ Date: 4/5/21

revised 3/6/19