

EFFECTIVE AS A FINAL ORDER

DATE: 3/27/17

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

In the Matter of

**JOEL ERSKIN, P.A.
Kansas License No. 15-00265**

**Docket No. 16-HA00103
OAH No. 16HA0012**

INITIAL ORDER

Procedural History and Statement of the Case

Joel Erskin, respondent, is or has been entitled to practice as a physician assistant in the State of Kansas, having been issued License No. 15-00265 on approximately January 29, 1988.

Respondent's last known mailing address to the Board is [REDACTED]
Garden City, Kansas 67846.

At all times relevant to the allegations set forth in the Amended Petition, respondent has held a current and active license to engage in the practice as a physician assistant in the State of Kansas.

On June 8, 2016, a Petition was filed seeking disciplinary action against respondent's license to practice as a physician assistant in the State of Kansas. Also, on June 8, 2016, a Motion for *Ex Parte* Emergency Order of Suspension was filed.

On June 10, 2016, *ex parte* emergency proceedings were held and respondent's license to practice as a physician assistant in the State of Kansas was emergently suspended.

On June 15, 2016, a Notice of Prehearing Conference was issued setting a prehearing conference for June 30, 2016.

On June 27, 2016, respondent requested a continuance of the prehearing conference, which was granted. The prehearing conference was rescheduled for July 20, 2016.

On July 19, 2016, respondent requested another continuance of the prehearing conference, which was granted. The prehearing conference was then rescheduled for August 30, 2016.

On August 30, 2016, a prehearing conference was held in this matter. During the prehearing conference, petitioner, the Kansas State Board of Healing Arts, advised that during discovery, petitioner intended to depose respondent.

On September 2, 2016, the Prehearing Order and Notice of Hearing was filed memorializing the deadlines established during the prehearing conference and placing the parties on notice that “pursuant to K.S.A. 77-516(c)(8) and K.S.A. 77-520, any party who fails to attend or participate in a hearing or any stage of an administrative proceeding may be held in default.”

On or about October 18, 2016, petitioner filed a Motion for Extension of Deadline to file a Motion to Amend the Petition.

On or about October 20, 2016, an order was issued allowing respondent until November 2, 2016, to respond to petitioner’s motion. Respondent did not file a response.

On or about November 30, 2016, petitioner filed a Motion for Leave to Amend Petition and its Amended Petition.

On or about December 1, 2016, an order was issued giving respondent until December 16, 2016, to respond to petitioner's Motion for Leave to Amend Petition. Respondent did not file a response.

Additionally, on or about December 2, 2016, petitioner e-mailed the respondent inquiring about his availability for his deposition and providing eight potential dates.

Respondent failed to respond to the e-mail, so on or about December 6, 2016, another e-mail was sent to respondent inquiring about his availability for his deposition.

On or about December 6, 2016, respondent responded by e-mail providing two potential dates for his deposition. Petitioner responded to the e-mail advising that petitioner would be available for either date and requesting that respondent choose the exact date.

On or about December 14, 2016, petitioner again requested that respondent confirm the exact date for his deposition.

Later on December 14, 2016, respondent's counsel reported that he would be meeting with respondent on December 16, 2016, and would confirm the date for respondent's deposition.

On or about December 16, 2016, respondent's counsel advised that respondent would not participate in a deposition. However, during this same

conversation, the parties scheduled respondent's deposition for January 5, 2017, at 1:00 p.m. at petitioner's offices.

Later on December 16, 2016, respondent sent petitioner a letter stating that he would no longer be litigating, defending, or participating in this case. Respondent further indicated that he was aware that this course of action would lead in all likelihood to a motion for default being filed and a default order being entered suspending or revoking his license.

On or about December 21, 2016, a subpoena, signed by the undersigned ALJ, was served on respondent via United States mail, postage prepaid and via certified mail and sent to respondent's counsel via United States mail, postage prepaid.

On or about December 23, 2016, respondent signed the green card indicating that he had received the aforementioned certified mail.

Neither respondent nor respondent's counsel have had contact with petitioner or its staff since issuance of the subpoena.

On January 5, 2017, respondent failed to attend the lawfully noticed deposition.

Based on respondent's failure to attend or participate in this administrative proceeding, petitioner filed a Motion for Default Order on January 12, 2017.

On January 26, 2017, a Proposed Default Order was entered against respondent. The Notice of Proposed Default Order and Proposed Default Order

("Default Order") was mailed to respondent, his counsel, and counsel for petitioner the same day.

The Default Order stated that it became effective ten (10) days after it was mailed, unless respondent requested that the Proposed Default Order be vacated.

Further, the Default Order stated that "[i]f the Proposed Default Order becomes effective, the petitioner shall submit a proposed Initial Order for issuance by the presiding ALJ based upon the uncontroverted allegations contained in its Amended Petition."

Respondent did not file a request that the aforementioned Default Order be vacated. The petitioner timely submitted its proposed Initial Order.

Findings of Fact

Count I

From approximately January 2013 to June 10, 2016, respondent practiced as a physician assistant at Renovo Medical LLC [also known as University Medicine] ("Renovo") in Garden City, Kansas.

On August 6, 2011, Richard S. Toon, M.D. entered into an agreement with respondent to be the Medical Director for Renovo. At that time, Dr. Toon was also respondent's supervising physician.

On May 29, 2013, Dr. Toon reported that after January 2013, he was no longer respondent's supervising physician.

From January 31, 2013 through September 5, 2013, respondent practiced as a physician assistant at Renovo without a supervising physician.

During this time, respondent provided medical care and treatment to at least three hundred patients.

Respondent reported to the Board that from June 26, 2013 to September 5, 2013, he did not see patients at Renovo. However, respondent provided medical care and treatment to at least seventy-four patients during this time period.

On December 2, 2013, respondent reported that Paul Uhlig, M.D. had been his alternate supervising physician at Renovo the entire time in question.

Conversely, on February 27, 2014, respondent reported that Dr. Uhlig was to take over as the Medical Director for Renovo, but they failed to come to an agreement, and Renovo stopped seeing patients.

On September 9, 2013, Daniel Dunn, M.D. signed the Physician Assistant Protocol as the supervising physician for respondent at Renovo.

On June 1, 2015, Dr. Dunn retired.

Respondent alleged that he had not practiced any acts under the Kansas Physician Assistant Act during the time period of June 1, 2015 to June 15, 2015.

However, respondent provided medical care and treatment to at least eleven patients during this time period.

From June 14, 2015 to January 28, 2016, Charlene Adkins, M.D. was the supervising physician for respondent.

Respondent alleged that he had not practiced any acts under the Kansas Physician Assistant Act between January 28, 2016 and March 1, 2016.

However, respondent provided medical care and treatment to at least one hundred ten patients during that time.

From March 1, 2016 to June 10, 2016, Michael Jackson, M.D. was the supervising physician for respondent.

Count II

On June 23, 2015, respondent submitted an insurance claim to Blue Cross/Blue Shield of Kansas (“BCBSKS”) representing that he had provided medical care to Patient SW, a fifty-five year-old female, on June 9, 2015; however, there is no documentation in Patient SW’s medical record that respondent had provided the medical care that he billed for payment from BCBSKS.

On June 23, 2015, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient LH, a fifty-seven year-old male, on June 12, 2015; however, there is no documentation in Patient LH’s medical record that he had provided the medical care that he billed for payment from BCBSKS.

On June 23, 2015, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient BT, a thirty-nine year-old male, on June 12, 2015; however, there is no documentation in Patient BT’s medical record that he had provided the medical care that he billed for payment from BCBSKS.

On June 29, 2015, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient JR, a twenty-nine year-old female, on June 4, 2015; however, there is no documentation in Patient JR's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On July 16, 2015, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient TT, a nineteen year-old female, on June 12, 2015; however, there is no documentation in Patient TT's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On August 19, 2015, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient PF, a forty-two year-old female, on June 12, 2015; however, there is no documentation in Patient PF's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On January 29, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient EH, a fifty-seven year-old male, on January 28, 2016; however, there is no documentation in Patient EH's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 10, 2016, respondent submitted another insurance claim to BCBSKS representing that he had provided medical care to Patient EH, on

February 5, 2016; however, there is no documentation in Patient EH's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 22, 2016, respondent submitted a third insurance claim to BCBSKS representing that he had provided medical care to Patient EH, on February 22, 2016; however, there is no documentation in Patient EH's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 3, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient MDL, a fifty-one year-old female, on January 29, 2016; however, there is no documentation in Patient MDL's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 5, 2016, respondent submitted an insurance claim to BCBSKS that he had provided medical care to Patient POB, a sixty-six year-old male, on February 5, 2016; however, there is no documentation in Patient POB's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 11, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient NV, a twenty-two year-old female, on February 11, 2016; however, there is no

documentation in Patient NV's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 25, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient JR, a forty-two year-old female, on February 19, 2016; however, there is no documentation in Patient JR's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 25, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient CL, a fifty-five year-old male, on February 23, 2016; however, there is no documentation in Patient CL's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 25, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient GF, a ninety year-old female, on February 1, 2016; however, there is no documentation in Patient GF's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On February 29, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient MR, a thirty-eight year-old male, on February 29, 2016; however, there is no documentation in Patient MR's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On March 1, 2016, respondent submitted an insurance claims BCBSKS representing that he had provided medical care to Patient AT, a thirty-four year-old female, on February 23, 2016; however, there is no documentation in Patient AT's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On March 2, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient JM, a thirty-nine year-old male, on February 26, 2016; however, there is no documentation in Patient JM's medical record that he had provided the medical care that he billed for payment from BCBSKS.

On March 29, 2016, respondent submitted an insurance claim to BCBSKS representing that he had provided medical care to Patient RN, a thirty-seven year-old male, on March 1, 2016; however, there is no documentation in Patient RN's medical record that he had provided the medical care that he billed for payment from BCBSKS.

Count III

On October 28, 2015, respondent was seen wearing a "Dr. Joel Erskin" name badge at the Renovo clinic in Garden City, Kansas.

Additionally, a patient reported that "Dr. Erskin" was the doctor that completed the Botox injections.

On April 26, 2013, the Food and Drug Administration (“FDA”) posted on their website a notice of fraudulent versions of “Botox” found in the United States.

Further, on November 25, 2013, the FDA sent to respondent a letter regarding the concerns regarding unapproved versions of “Botox.”

Since approximately April 2013 to June 10, 2016, respondent had injected at least one hundred seventy-five patients with Botox that had not been approved for sale by the Federal Drug Administration.

On June 1, 2016, the Office of the Kansas Attorney General (“KSAG”) filed a Petition alleging that respondent had violated the Kansas Consumer Protection Act (“KCPA”). Specifically, the Petition alleged that respondent had engaged in unfair or deceptive acts or practices with more than one hundred seventy-five consumers as set out in in violation of the KCPA, pursuant to K.S.A. 50-623, *et seq.*

Further, on June 1, 2016, the KSAG filed an *Ex Parte* Motion for Sequestration of Assets and Temporary Restraining Order to Seize and Hold Property and to Enjoin Defendants from Engaging in Consumer Transactions in Kansas.

On June 1, 2016, the Honorable Michael L. Quint, District Court Judge for the Finney County District Court, granted the KSAG’s Motion.

Further, Judge Quint ordered that respondent cease engaging in consumer transactions in the State of Kansas.

On November 18, 2016, the United States Attorney filed an Information in the United States District Court for the District of Kansas alleging that respondent had violated Title 21, United States Code, Section 331(c), with reference to Section 333(a)(1); and in violation of Title 18, United States Code, Section 2.

Specifically, the aforementioned Information alleged that respondent had received and caused the receipt of misbranded drugs (foreign-sourced Botox®) and adulterated devices (foreign-sourced Juvederm®) in interstate commerce, and delivered and proffered for delivery misbranded drugs and adulterated devices or otherwise.

Applicable Law

K.S.A. 65-28a05 states:

A licensee's license may be revoked, suspended or limited, or the licensee may be publicly or privately censured, 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:

(a) The licensee has committed an act of unprofessional conduct as defined by rules and regulations adopted by the board;

....

(e) the licensee has violated any provision of this act, and amendments thereto;

(f) the licensee has violated any lawful order or rule and regulation of the board;

....

(i) the licensee has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section;

....

(o) the licensee has exceeded or has acted outside the scope of authority given the physician assistant by the supervising physician or by this act.

K.S.A. 65-2846(a) states:

For all professions regulated by the board, if the board's order is adverse to the licensee, registrant, permit holder, certificate holder or applicant for reinstatement of license, costs incurred by the board in conducting any investigation or proceeding under the Kansas administrative procedure act may be assessed against the parties to the proceeding in such proportion as the board may determine upon consideration of all relevant circumstances including the nature of the proceeding and the level of participation by the parties. Costs assessed by the board pursuant to K.S.A. 65-2846, and amendments thereto, shall be considered costs in an administrative matter pursuant to 11 U.S.C. § 523. If the board is the unsuccessful party, the costs shall be paid from the healing arts fee fund.

K.S.A. 77-520(a) states:

If a party fails to attend or participate in a prehearing conference, hearing or other stage of an adjudicative proceeding, the presiding officer may serve upon all parties written notice of a proposed default order, including a statement of the grounds.

K.A.R. 100-28a-8 states:

“Unprofessional conduct” means any of the following:

(d) soliciting professional services through the use of fraudulent or false advertisements;

(e) willfully or repeatedly violating the physician assistant licensure act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any regulations adopted pursuant to these acts;

....

(j) prescribing, dispensing, administering, or distributing a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner or quantity, or not in the course of the licensee's professional practice;

....

(n) knowingly submitting any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement;

....

(r) committing conduct likely to deceive, defraud, or harm the public.

Discussion

The mission of the Board of Healing Arts is to protect the public by authorizing only those persons who meet and maintain certain qualities to engage

in the health care professions regulated by the Board, and to protect the integrity of the profession.

“The whole purpose and tenor of the healing arts act is the protection of the public against unprofessional, improper, unauthorized and unqualified practice of the healing arts. The goal is to secure to the people the services of competent, trustworthy practitioners.” *Kansas State Bd. of Healing Arts v. Foote*, 200 Kan. 447, 453, 436 P.2d 828, 833 (1968).

“When presented with a doctor who poses a possible threat to his patients, the Board must act in accordance with the interests of the public before the interests of the doctor. Therefore, the Board’s responsibility is not to weigh the benefit and harm of this agency action as it pertains to [respondent] and his personal life, but to the benefit and harm to the public and the public’s perception of the Board as a regulatory agency. If the Board is to perform its regulatory function, the public must perceive the Board as acting in the public’s best interest, rather than catering its decision to the benefit of the doctors it is tasked with regulating.” *Zoeller v. State Bd. Of Healing Arts*, Case No. 12-C-50, slip opinion at 12 (Shawnee County District Court, July 2, 2012).

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

Count I

Respondent exhibited unprofessional conduct when he willfully and repeatedly violated the physician assistant licensure act, by providing medical care

and treatment to at least four hundred twenty-one patients while he was practicing as a physician assistant at Renovo without a supervising physician in violation of K.S.A. 65-28a05(a), as further defined in K.A.R. 100-28a8(e).

Respondent exhibited unprofessional conduct, likely to deceive, defraud or harm the public by providing medical care and treatment to at least four hundred twenty-one patients while he was practicing as a physician assistant at Renovo without a supervising physician, in violation of K.S.A. 65-28a05(a), as further defined in K.A.R. 100-28a-8(r).

Respondent violated K.S.A. 65-28a05(e) and (f), when he provided medical care and treatment to at least four hundred twenty-one patients while practicing as a physician assistant at Renovo without a supervising physician.

Respondent violated K.S.A. 65-28a05(o), when he exceeded or acted outside the scope of authority given a physician assistant by the responsible supervising physician or by this act, when he provided medical care and treatment to at least four hundred twenty-one patients when he practiced as a physician assistant at Renovo without a supervising physician.

Count II

Respondent exhibited unprofessional conduct when he willfully or repeatedly violated the physician assistant licensure act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any regulations adopted pursuant to these acts, when he submitted insurance claims to BCBSKS representing that he had provided medical care for nineteen separate patient visits,

but in fact, had not provided medical care to these patients, in violation of K.S.A. 65-28a05(e), as further defined in K.A.R. 100-28a-8(e).

Respondent exhibited unprofessional conduct when he knowingly submitted any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement by submitting insurance claims to BCBSKS representing that he had provided medical care for nineteen separate patient visits, but in fact, had not provided medical care to these patients in violation of K.S.A. 65-28a05(a), as further defined in K.A.R. 100-28a-8(n).

Respondent committed unprofessional conduct when he willfully engaged in conduct likely to deceive, or defraud the public by submitting insurance claims to BCBSKS representing that he had provided medical care for nineteen separate patient visits, but in fact, had not provided medical care to these patients, in violation of K.S.A. 65-28a05(a), as further defined in K.A.R. 100-28a-8(r).

Respondent willfully violated the physician assistant licensure act by submitting insurance claims to BCBSKS representing that he had provided medical care for nineteen separate patient visits, but in fact, had not provided medical care to these patients, in violation of K.S.A. 65-28a05(e) and (f).

Count III

Respondent violated K.S.A. 65-28a05(a), as further defined in K.A.R. 100-28a-8(d), in that he solicited professional services through the use of fraudulent or false advertisements when he injected patients with Botox that had not been approved for sale by the FDA.

Respondent committed unprofessional conduct when he willfully or repeatedly violated the physician assistant licensure act, when he, despite being warned, continued to inject at least one hundred seventy-five patients with Botox that had not been approved for sale by the FDA, in violation of K.S.A. 65-28a05(a), as defined in K.A.R. 100-28a-8(e).

Respondent committed unprofessional conduct when he prescribed, dispensed, administered, or distributed a prescription drug or substance, including a controlled substance, in an excessive, improper, or inappropriate manner or quantity, or not in the course of the respondent's professional practice, when he injected at least one hundred seventy-five patients with Botox that had not been approved for sale by the FDA, in violation of K.S.A. 65-28a05(a), as defined in K.A.R. 100-28a-8(j).

Respondent committed unprofessional conduct when he willfully committed conduct likely to deceive, defraud, or harm the public, when he injected at least one hundred seventy-five patients with Botox that had not been approved for sale by the FDA, in violation of K.S.A. 65-28a05(a), as defined in K.A.R. 100-28a-8(r).

Respondent violated K.S.A. 65-28a05(e) and (f), when he injected at least one hundred seventy-five patients with Botox that had not been approved for sale by the FDA.

Respondent committed unprofessional conduct likely to deceive, defraud, or harm the public, when he held himself out to the public as a doctor, in violation of K.S.A. 65-28a05(a), as defined in K.A.R. 100-28a-8(r).

Respondent violated K.S.A. 65-28a05(i) when he failed to report to the Board any adverse action taken against the respondent by another...government agency...or a court for acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section, when the Honorable Michael L. Quint, District Court Judge for the Finney County District Court, granted the KSAG's aforementioned *Ex Parte* Motion, to which the Board was then required to file for an *Ex Parte* Emergency Order of Suspension.

Default

In addition, under the Kansas Administrative Procedure Act, an individual can be held in default for failing to participate in the adjudicatory process. K.S.A. 77-520.

Respondent failed to participate in the adjudicatory process. Specifically, respondent failed to participate in the discovery stage of this proceeding in that he failed to appear for a deposition after a duly authorized subpoena was issued.

Respondent also failed to respond to the Proposed Default Order issued on January 26, 2017.

Respondent is in default pursuant to K.S.A. 77-520. Accordingly, the petitioner's facts and violations as alleged in the Amended Petition are deemed admitted and adopted in full.

Conclusion

The Kansas State Board of Healing Arts has established Guidelines for the Imposition of Disciplinary Actions for respondents practicing under the Healing Arts Act. However, the Kansas State Board of Healing Arts may refer to the Guidelines for other professions licensed by the Board. The Guidelines contains a grid for Category of Offense, Sanctioning Goals, Explanation of Case Types and instructions on how to apply the grid. *Guidelines for the Imposition of Disciplinary Actions*, August 2008.

The undersigned ALJ has consulted the Guidelines for the Imposition of Disciplinary Actions, dated 2008, and finds the appropriate sanction for this matter falls under Category of Offense 2A for respondent's misconduct.

Furthermore, the presence of aggravating factors as compared to a few mitigating factors advances the plotting on the grid, one column to the right. Therefore, pursuant to the Board's Guidelines for the Imposition of Disciplinary Actions, revocation of respondent's license should be imposed against respondent.

Finally, the undersigned ALJ finds that the costs of this proceeding should be assessed against respondent in an amount to be determined after issuance of this Initial Order and after petitioner files a Statement of Costs.

Order

Pursuant to the Board's disciplinary guidelines, Joel Erskin's license to practice as a physician assistant in the State of Kansas is hereby **REVOKED**.

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 Kathleen Selzler Lippert, 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 27th day of March, 2017 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Joel Erskin, PA
[REDACTED]
Garden City, KS 67846

Zachary D. Schultz
302 Fleming, Suite 5
Garden City, KS 67846

And a copy was hand-delivered to:

Jane Weiler, Associate Litigation Counsel
Susan Gering, 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

Kelli Stevens, 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.



Cathy Brown, Executive Assistant