EFFECTIVE AS A FINAL ORDER

DATE: 3/24/2020

FILED
MAR 04 2020
KS State Board of Healing Arts

BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS

In the Matter of **Hamad I. Farhat, M.D.** **Kansas License No. 04-42107**	**Docket No. 20-HA** 00069

SUMMARY ORDER

NOW ON THIS 4th day of March 2020, this matter comes before Tucker L. Poling, Interim Executive Director and General Counsel, 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. Hamad I. Farhat, M.D. ("Licensee") was issued License No. 04-42107 to practice medicine and surgery on May 8, 2019. Licensee's license status is currently Active.

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

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 April 5, 2019, Licensee applied for an Active license by and through an Application For Medical Licenses In IMLC Member States. Licensee's application stated that "I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses I hold." Licensee signed and acknowledged this statement on January 3, 2019. (Exhibit 1.)

b. In a Letter of Qualification sent to Licensee on March 25, 2019, Licensee was told, "You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions." (emphasis in original). (Exhibit 2.)

c. After he had been granted an Active license on May 5, 2019, a search of the KHCSF showed Licensee was not in compliance and had never been compliant with the KHCSF since obtaining an Active license.

d. On September 16, 2019, and October 18, 2019, the Board requested Licensee to provide proof of compliance with the Kansas Health Care Stabilization Fund ("KHCSF"), as required by K.S.A. 40-3404. The Board included instructions on how to contact KHCSF and warned that a failure to provide proof of compliance may result in a fine or suspension of Licensee's license to practice medicine in Kansas. (Exhibit 3 and 4.)

e. On or about November 5, 2019, Licensee provided proof of professional liability insurance to the Board, but no proof of compliance with the KHCSF.

f. On or about November 8, 2019, the matter was referred to the Litigation Department.

g. On or about February 11, 2020, another search of the KHCSF showed Licensee was still not fund compliant. (Exhibit 5.)

h. Licensee has been out of compliance with the KHCSF since on or about May 8, 2019 until at least February 11, 2020, while holding an Active license to practice medicine and surgery in Kansas.

i. To date, Licensee remains non-compliant with the fund.

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(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 HEREBY ORDERED that Licensee is assessed a **CIVIL FINE** in the amount of **$500.00,** and also that his license is hereby **SUSPENDED** until such time as he comes into compliance with the KHCSF for violations of the Kansas Healing Arts Act. 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 4th **day of** March **2020.**

KANSAS STATE BOARD
OF HEALING ARTS

Tucker L. Poling
Interim Executive Director
General Counsel

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, 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 24th day of March 2020 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Hamad I. Farhat, MD
CONFIDENTIAL

And a copy was hand-delivered to:

Meg Markey, 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

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.

Jennifer Cook

Jennifer Cook, Paralegal

4/17/2019

Kansas Compact License

RE: Hamad I Farhat, MD

Please delay the approval of my Kansas Compact License until may 1 ,2019.

Please contact me with any questions or concerns.

Thank you.

Hamad I Farhat, MD

From:	Angela Boyle
To:	Koelling, Michelle [BOHA]
Subject:	RE: KS Compact License
Date:	Thursday, April 18, 2019 12:21:17 AM
Attachments:	image001.png Neurolocums COI_Farhat.pdf KS Letter to Delay_Farhat.pdf

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Michelle,

Dr. Hamad Farhat forwarded me your email regarding his Kansas Compact License request.

Please see the attached letter of request to delay his approval along with a copy of his certificate of insurance.

Should you need anything further, please don't hesitate to contact me.

Thank you!

Angie Boyle

Director of Medical Affairs & Risk Management

Direct: 847-786-5227

Toll Free: 888-344-9566

Fax: 847-947-8861

angie.boyle@neurolocums.com

Neuro Locums

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From: Hamad Farhat CONFIDENTIAL
Sent: Friday, April 5, 2019 9:41 AM
To: Angela Boyle <angie.boyle@neurolocums.com>
Subject: Fwd: KS Compact License

Sent from my iPhone

Begin forwarded message:

From: "Koelling, Michelle [BOHA]" <Michelle.Koelling@ks.gov>
Date: April 5, 2019 at 10:07:43 AM CDT
To:
CONFIDENTIAL
Subject: KS Compact License

Hi:

KSBHA has received your Compact Application. Please send proof of insurance. Either a certificate or letter of intent is sufficient.

Please read the blurb below. Let me know if you want to delay the approval of your Compact License until May 1.

Thank you,

ATTENTION Doctors of Medicine and Surgery— If you are currently applying for your initial KS healing arts license, please note KS Board of Healing Arts requires all licensed professionals to renew their licenses annually. **Applicants licensed before May 1, 2019 will be required to renew in June of 2019, those licensed on May 1, 2019 or after will be required to renew in June of 2020.** If you choose to be licensed after May 1, 2019 you will need to submit an email or letter stating the date you want to be licensed before your application has been completed. All Active licensees are required to have Insurance and be in compliance with the Healthcare Stabilization Fund before you start practicing.
Find out more at our website— http://www.ksbha.org/faq/faqlicensingrnwl.shtml

Michelle Koelling
Senior Administrative Assistant
Kansas State Board of Healing Arts
800 SW Jackson LL Suite A
Topeka, KS 66612
785-296-0852=fax
785-296-0934
Licensing Customer Satisfaction Survey

Michelle.koelling@ks.gov

http://www.ksbha.org/main.shtml

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From:	Moon, Rebekah [BOHA]
To:	Koelling, Michelle [BOHA]
Subject:	FW: Interstate Medical Licensure Compact Commission - Hamad Issam Farhat
Date:	Friday, April 5, 2019 9:14:40 AM
Attachments:	image001.png

Thank you,

ATTENTION Doctors of Medicine and Surgery—If you are currently applying for your initial KS healing arts license, please note KS Board of Healing Arts requires all licensed professionals to renew their licenses annually.
Applicants licensed before May 1, 2019 will be required to renew in June of 2019, those licensed on May 1, 2019 or after will be required to renew in June of 2020. If you choose to be licensed after May 1, 2019 you will need to submit an email or letter stating the date you want to be licensed before your application has been completed. All Active licensees are required to have Insurance and be in compliance with the Healthcare Stabilization Fund before you start practicing.
Find out more at our website— http://www.ksbha.org/faq/faqlicensingrnwl.shtml

Rebekah Moon
Licensing Supervisor
Kansas State Board of Healing Arts
800 SW Jackson, LL – Suite A
Topeka, Kansas 66612
Phone 785.296.2562
Fax 785.296.0852
http://www.ksbha.org/main.shtml
Licensing Customer Satisfaction Survey

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The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: DocuSign NA3 System <dse_NA3@docusign.net>

Sent: Friday, April 5, 2019 12:01 AM
To: KSBHA_InitialLicense <KSBHA_InitialLicense@ks.gov>
Subject: Interstate Medical Licensure Compact Commission - Hamad Issam Farhat

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

IMLC IStARS sent you a document to review and sign.

REVIEW DOCUMENTS

IMLC IStARS
IStARS@imlcc.net

Greetings! You have a new physician applying for a license from your Board. Please click "Review Documents" to download the physician's documentation and issue a license. When you have issued a license please click on the link above again and enter the license #, date of issuance, and expiration for the records.

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This message was sent to you by IMLC IStARS who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.

QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES NO X

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?: ILLINOIS

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) ILLINOIS DIVISION OF PROFESSIONAL REGULATION ? Yes X No

3. What is the license number issued to you by the SPL board? 036.125674

4. Which of the following apply to you(at least one must apply)?

LOQ PROCESS

a. Your primary residence is in the SPL ILLINOIS : Yes X No

If yes, provide the following:

CONFIDENTIAL

Residence Street addres

Residence City State Zip _____, _____, _____
City St Zip

b. At least 25% of your practice of medicine occurs in the SPL ILLINOIS Yes X No

If yes, describe your current practice Chief of cerebrovascular And skull base surgery

c. Your employer is located in the SPL ILLINOIS : Yes X No

If Yes, Employer name Advocate Medical Group

Employer street address 3075 Highland Parkway Suite 600

Employer City State Zip Downers Grove, IL, 60515
City St Zip

d. You have designated the SPL ILLINOIS as your state of residence for U.S. federal income tax purposes: Yes X No

If yes, give Tax ID # (SS#, EIN) CONFIDENTIAL (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes X No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes X No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes X No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes X No

---

(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No X

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No X

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No X

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? Yes No X

DocuSigned by:
Physician's Signature: Hamad Issam Farhat
E45A65058CA74F3...

Type Name: Hamad Issam Farhat

Date: 1/3/2019 | 10:55 CST

AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES

I, Hamad Issam Farhat (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to ILLINOIS as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ"), to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant Signature DocuSigned by: Hamad Issam Farhat E45A85058CA74F3...

Type Applicant's Name Hamad Issam Farhat

Applicant's NPI 1861724064

DATE 1/3/2019 | 10:55 CST

In Process

PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Hamad, Issam, Farhat, _____
(Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used(maiden, birth) _____ _____ _____
First Middle Last

Mailing address CONFIDENTIAL _____ CONFIDENTIAL _____ _____ _____
Mailing address City State(XX) Zip

Office address 3075 Highland Parkway, suite 600, Downers Grove, IL, 60515
Office address City State(XX) Zip

Date of Birth CONFIDENTIAL (mm/dd/yyyy) Gender: Male x Female

Physician's office or practice telephone number of public record 7862085911
(###-###-####)

Physician's cellular or alternative telephone number CONFIDENTIAL
(###-###-####)

To Process

Email address delegated by applicant to receive correspondence CONFIDENTIAL

Social Security Number: CONFIDENTIAL
(###-##-####)

Physician's National Provider Identifier Number 1861724064

Medical Degree Received: M.D. x D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School Rosalind Franklin/ The Chicago Medical School
Name of School (no abbreviations or acronyms)

Date of Degree Issued 06/06/2003
(mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program University of Miami Completion Date 06/30/2010
Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program Neurosurgery

Qualifying Licensing exam taken: USMLE x COMLEX Other _____
Must specify by name

Number of attempts taken to pass the USMLE:

Step 1: 1 Step 2 CS: 1 Step 2 CK: 1 Step 3: 3

Number of attempts taken to pass the COMLEX:

Step 1: ____ Step 2 PE: ____ Step 2 CE: ____ Step 3: ____

Number of attempts taken to pass other licensing exam:

Step 1: ____ Step 2: ____ Step 3: ____

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: Neurological Surgery
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime: In Process

Time limited: x Expiration date of time limited 05/01/2023
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # 036.125674 Date of Original Licensure 05/04/2010 (not renewal)
(mm/dd/yyyy)

Expiration Date 07/31/2020 Status of License: Current: x Not Current:
(mm/dd/yyyy)

Thank you for applying through the Interstate Medical Licensure Compact.

The state will cantact you to give instructions on obtaining your fingerprints for a criminal background check. ***YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE*** *to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

FOR USE OF STATE OF PRINCIPAL LICENSE

I have conducted the verification process of this physician's application.

State Authorized Signature DocuSigned by: Todd Robertson 77F5D9C1A54E403...

Type Name Todd Robertson

Title Board Liaison

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.

DocuSign Envelope ID: 1111E222-C814-4CDB-AB9A-5B1A5BDBA3E9

CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed	Incorrect data	Correction

In Process

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name _____
First Name Middle Name Last Name

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number _____

Medical Board Name _____

Member Board License Number _____

Date License Issued _____
mm/dd/yyyy

Date of Expiration _____
mm/dd/yyyy

In Process

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign

Member Board Signature _____

Type Name _____

DATE _____

Letter of Qualification

IS THIS A RE-APPLICATION? YES NO X

Date 03/25/2019
mm/dd/yyyy

Name: Hamad Issam Farhat

CONFIDENTIAL

Address:

CityStZip

Dear Dr. Farhat:

RE: Your application for IMLC Letter of Qualification

The ILLINOIS DIVISION OF PROFESSIONAL REGULATION ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the Information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

DocuSigned by:
Authorized Signature from SPL Todd Robertson
77F5D9C1A54E403...

Type Name Todd Robertson

Title of Authorized SPL Board Liaison

DATE 3/25/2019 | 12:38 CDT

PAYMENT FOR LICENSES

Below are the selected states in which you have indicated you wish to be licensed to practice medicine. Please sign as a payment agreement.

MEMBER BOARD(S)	COST OF LICENSE
ALABAMA MEDICAL LICENSURE COMMISSION	$75.00
COLORADO MEDICAL BOARD	$400.00
KANSAS BOARD OF HEALING ARTS	$300.00
NEBRASKA BOARD OF MEDICINE AND SURGERY	$300.00
SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS	$400.00
TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION	$410.00
WASHINGTON MEDICAL COMMISSION	$491.00
WISCONSIN MEDICAL EXAMINING BOARD	$75.00

In Process

TOTAL $ 2451

The selected state medical board(s) will be notified of your selection and issue the license(s).

Please note: All medical licenses issued through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.

Physician's Signature DocuSigned by: Hamad Issam Farhat BE36957C21664E5...

Type Name Hamad Issam Farhat

DATE 4/5/2019 | 12:00 CDT

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE: APRIL 9, 2019

CONTACT
MARK W. LEDGER AGENCY DBA CLS
116 WATER CLUB CT. N
NORTH PALM BEACH, FL 33508

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A:	ProAssurance Specialty Insurance Company, Inc.
INSURER B:	
INSURER C:	
INSURER D:	

INSURED
Neurolocums, LLC
1098 S Milwaukee Ave
Wheeling, IL 60090

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS	
A	COMPREHENSIVE GENERAL LIABILITY	CONFIDENTIAL	3/1/2019	3/1/2020	EACH OCCURRENCE	$1,000,000
					ANNUAL AGGREGATE	$3,000,000
	X CLAIMS MADE				FIRE DAMAGE (any one fire)	$50,000
	OCCURRENCE				MED EXP (any one person)	$5,000
					PERSONAL & ADV INJURY	$1,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	$3,000,000
	POLICY / PROJECT / LOC				PRODUCTS – COMP/OP AGG	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS / NON-OWNED					
	GARAGE LIABILITY				AUTO ONLY- EA. ACCIDENT	
	ANY AUTO				OTHER THEN – EA. ACCIDENT	
					AUTO ONLY - AGG	
	EXCESS LIABILITY				GENERAL AGGREGATE:	
	CLAIMS MADE / OCCURRENCE				UNDERLYING LIMIT:	
	WORKERS COMPENSATION & EMPLOYERS' LIABILITY				WC STAT LIMITS / OTHER	
					E.L. EACH ACCIDENT	
					E.L. DISEASE – EACH EMPLOYEE	
					E.L DISEASE – POLICY LIMIT	
A	PROFESSIONAL LIABILITY CLAIMS MADE RETRO DATE:	CONFIDENTIAL	3/1/2019	3/1/2020	EACH INCIDENT $ 1,000,000 AGGREGATE $ 3,000,000	

DESCRIPTION OF OPERATIONS

Locum Tenens - Staffing and Credentialing

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER	CANCELLATION
HAMAD I FARHAT, MD Neurolocums, LLC 1098 S Milwaukee Ave Wheeling, IL 60090		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

©ACORD CORPORATION 1988

From: Angela Boyle
To: Koelling, Michelle [BOHA]
Subject: RE: KS Compact License
Date: Thursday, April 18, 2019 12:21:17 AM
Attachments: Image001.png
Neurolocums COI_Farhat.pdf
KS Letter to Delay_Farhat.pdf

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Michelle,

Dr. Hamad Farhat forwarded me your email regarding his Kansas Compact License request.

Please see the attached letter of request to delay his approval along with a copy of his certificate of insurance.

Should you need anything further, please don't hesitate to contact me.

Thank you!

Angie Boyle

Director of Medical Affairs & Risk Management

Direct: 847-786-5227

Toll Free: 888-344-9566

Fax: 847-947-8861

angie.boyle@neurolocums.com

Neuro Locums

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

From: Hamad Farhat CONFIDENTIAL
Sent: Friday, April 5, 2019 9:41 AM
To: Angela Boyle <angie.boyle@neurolocums.com>
Subject: Fwd: KS Compact License

Sent from my iPhone

Begin forwarded message:

From: "Koelling, Michelle [BOHA]" <Michelle.Koelling@ks.gov>
Date: April 5, 2019 at 10:07:43 AM CDT
To:
CONFIDENTIAL
Subject: KS Compact License

Hi:

KSBHA has received your Compact Application. Please send proof of insurance. Either a certificate or letter of intent is sufficient.

Please read the blurb below. Let me know if you want to delay the approval of your Compact License until May 1.

Thank you,

ATTENTION Doctors of Medicine and Surgery—If you are currently applying for your initial KS healing arts license, please note KS Board of Healing Arts requires all licensed professionals to renew their licenses annually. **Applicants licensed before May 1, 2019 will be required to renew in June of 2019, those licensed on May 1, 2019 or after will be required to renew in June of 2020.** If you choose to be licensed after May 1, 2019 you will need to submit an email or letter stating the date you want to be licensed before your application has been completed. All Active licensees are required to have Insurance and be in compliance with the Healthcare Stabilization Fund before you start practicing.
Find out more at our website— http://www.ksbha.org/faq/faqlicensingrnwl.shtml

Michelle Koelling
Senior Administrative Assistant
Kansas State Board of Healing Arts
800 SW Jackson LL Suite A
Topeka, KS 66612
785-296-0852=fax
785-296-0934
Licensing Customer Satisfaction Survey

Michelle.koelling@ks.gov

http://www.ksbha.org/main.shtml

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From:	Moon, Rebekah [BOHA]
To:	Koelling, Michelle [BOHA]
Subject:	FW: Completed: Interstate Medical Licensure Compact Commission - Hamad Issam Farhat
Date:	Wednesday, May 8, 2019 10:36:20 AM
Attachments:	Qualifications Re-Application.docx.pdf Affidavit and Consent 8.2017.docx.pdf Core Data Sheet v. 4.docx.pdf Correction Sheet.docx.pdf Letter of Qualification Re-Application.docx.pdf Payment for Licenses 8.2017.docx.pdf Medical License Issuance Information 8.2017.docx.pdf image001.png

Thank you,

Rebekah Moon
Licensing Supervisor
Kansas State Board of Healing Arts
800 SW Jackson, LL – Suite A
Topeka, Kansas 66612
Phone 785.296.2562
Fax 785.296.0852
http://www.ksbha.org/main.shtml
Licensing Customer Satisfaction Survey

Kansas Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: DocuSign NA3 System <dse_NA3@docusign.net>
Sent: Wednesday, May 8, 2019 10:18 AM
To: KSBHA_InitialLicense <KSBHA_InitialLicense@ks.gov>
Subject: Completed: Interstate Medical Licensure Compact Commission - Hamad Issam Farhat

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Your document has been completed

VIEW COMPLETED DOCUMENTS

IMLC IStARS
IStARS@imlcc.net

All parties have completed Interstate Medical Licensure Compact Commission - Hamad Issam Farhat.

Greetings! You have a new physician applying for a license from your Board. Please click "Review Documents" to download the physician's documentation and issue a license. When you have issued a license please click on the link above again and enter the license #, date of issuance, and expiration for the records.

Powered by

Do Not Share This Email
This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.

Alternate Signing Method
Visit DocuSign.com, click 'Access Documents', and enter the security code: 99CC42C723D14E6B99B811D8306CFD8E3

About DocuSign
Sign documents electronically in just minutes. It's safe, secure, and legally binding. Whether you're in an office, at home, on-the-go -- or even across the globe -- DocuSign provides a professional trusted solution for Digital Transaction Management™.

Questions about the Document?
If you need to modify the document or have questions about the details in the document, please reach out to the sender by emailing them directly.

If you are having trouble signing the document, please visit the Help with Signing page on our Support Center.

Download the DocuSign App

This message was sent to you by IMLC IStARS who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.

QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES NO X

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?: ILLINOIS

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) ILLINOIS DIVISION OF PROFESSIONAL REGULATION ? Yes X No

3. What is the license number issued to you by the SPL board? 036.125674

4. Which of the following apply to you(at least one must apply)?

   a. Your primary residence is in the SPL ILLINOIS : Yes X No

      If yes, provide the following:

      Residence Street addres CONFIDENTIAL

      Residence City State Zip _____ City, _____ St, _____ Zip

   b. At least 25% of your practice of medicine occurs in the SPL ILLINOIS Yes X No

      If yes, describe your current practice Chief of cerebrovascular And skull base surgery

   c. Your employer is located in the SPL ILLINOIS : Yes x No

      If Yes, Employer name Advocate Medical Group

      Employer street address 3075 Highland Parkway Suite 600

      Employer City State Zip Downers Grove (City), IL (St), 60515 (Zip)

   d. You have designated the SPL ILLINOIS as your state of residence for U.S. federal income tax purposes: Yes x No

      If yes, give Tax ID # (SS#, EIN) CONFIDENTIAL (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes x No

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? Yes X No

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes X No

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? Yes x No

(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? Yes No X

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? Yes No X

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? Yes No X

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? Yes No X

Physician's Signature: DocuSigned by: Hamad Issam Farhat E45A85058CA74F3...

Type Name: Hamad Issam Farhat

Date: 1/3/2019 | 10:55 CST

AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES

I, Hamad Issam Farhat (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to ILLINOIS as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant Signature DocuSigned by: Hamad Issam Farhat E45A85058CA74F3...

Type Applicant's Name Hamad Issam Farhat

Applicant's NPI 1861724064

DATE 1/3/2019 | 10:55 CST

PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Hamad, Issam, Farhat, _____
(Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used(maiden, birth) _____ _____ _____
First Middle Last

Mailing address CONFIDENTIAL _____, CONFIDENTIAL _____, _____, _____
Mailing address City State(XX) Zip

Office address 3075 Highland Parkway, suite 600, Downers Grove, IL, 60515
Office address City State(XX) Zip

Date of Birth CONFIDENTIAL _____ Gender: Male x Female
(mm/dd/yyyy)

Physician's office or practice telephone number of public record 7862085911
(###-###-####)

Physician's cellular or alternative telephone number CONFIDENTIAL
(###-###-####)

Email address delegated by applicant to receive correspondence CONFIDENTIAL

Social Security Number: CONFIDENTIAL
(###-##-####)

Physician's National Provider Identifier Number 1861724064

Medical Degree Received: M.D. x D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School Rosalind Franklin/ The Chicago Medical School
Name of School (no abbreviations or acronyms)

Date of Degree Issued 06/06/2003
(mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program University of Miami Completion Date 06/30/2010
Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program Neurosurgery

Qualifying Licensing exam taken: USMLE X COMLEX Other _____
Must specify by name

Number of attempts taken to pass the USMLE:

Step 1: 1 Step 2 CS: 1 Step 2 CK: 1 Step 3: 3

Number of attempts taken to pass the COMLEX:

Step 1: ____ Step 2 PE: ____ Step 2 CE: ____ Step 3: ____

Number of attempts taken to pass other licensing exam:

Step 1: ____ Step 2: ____ Step 3: ____

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: Neurological Surgery
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime:

Time limited: X Expiration date of time limited 05/01/2023
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # 036.125674 Date of Original Licensure 05/04/2010 (not renewal)
(mm/dd/yyyy)

Expiration Date 07/31/2020 Status of License: Current: X Not Current:
(mm/dd/yyyy)

Thank you for applying through the Interstate Medical Licensure Compact.

The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. ***YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE*** *to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

FOR USE OF STATE OF PRINCIPAL LICENSE

I have conducted the verification process of this physician's application.

State Authorized Signature DocuSigned by: Todd Robertson 77F5D9C1A54E403...

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.

Type Name Todd Robertson

Title Board Liaison

DocuSign Envelope ID: 1111E222-C814-4CDB-AB9A-5B1A5BDBA3E9

CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed	Incorrect data	Correction

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Hamad (First Name) Issam (Middle Name) Farhat (Last Name)

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1861724064

Medical Board Name Kansas Board of Healing Arts

Member Board License Number 04-42107

Date License Issued 05/08/2019
mm/dd/yyyy

Date of Expiration 07/31/2020
mm/dd/yyyy

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign

Member Board Signature DocuSigned by: KANSAS BOARD OF HEALING ARTS 102E5882D48C422...

Type Name Lori Barnes

DATE 5/8/2019 | 10:17 CDT

Letter of Qualification

IS THIS A RE-APPLICATION? YES NO x

Date 03/25/2019
mm/dd/yyyy

Name: Hamad Issam Farhat

CONFIDENTIAL

Address:

CityStZip

Dear Dr. Farhat:

RE: Your application for IMLC Letter of Qualification

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Authorized Signature from SPL DocuSigned by: Todd Robertson 77F5D9C1A54E403...

Type Name Todd Robertson

Title of Authorized SPL Board Liaison

DATE 3/25/2019 | 12:38 CDT

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TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION	$410.00
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TOTAL $ 2451

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Physician's Signature DocuSigned by: Hamad Issam Farhat BE36957C21684E5...

Type Name Hamad Issam Farhat

DATE 4/5/2019 | 12:00 CDT

Letter of Qualification

IS THIS A RE-APPLICATION? YES NO x

Date 03/25/2019
mm/dd/yyyy

Name: Hamad Issam Farhat

CONFIDENTIAL

Address:

CityStZip

Dear Dr. Farhat:

RE: Your application for IMLC Letter of Qualification

The ILLINOIS DIVISION OF PROFESSIONAL REGULATION ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

Authorized Signature from SPL DocuSigned by: Todd Robertson 77F5D9C1A54E403...

Type Name Todd Robertson

Title of Authorized SPL Board Liaison

DATE 3/25/2019 | 12:38 CDT

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

phone: 785-296-7413
fax: 785-368-7102
Email: KSBHA_healingarts@ks.gov
www.ksbha.org

Kathleen Selzler Lippert, Executive Director

Laura Kelly, Governor

September 16, 2019

1426409
Hamad Issam Farhat, MD
CONFIDENTIAL

RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; 04-42107

Dear Dr. Farhat:

Under the Kansas State Board of Healing Arts ("Board") audit process, you have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("KHCSF") compliance for your most recent renewal period.

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than $200,000 per claim, and not less than $600,000 annual aggregate for all claims made during the policy period. *See* K.S.A. 40-3402(a)-(b); K.S.A. 65-2809(c). Additionally, you are required to maintain compliance with the KHCSF by paying the annual surcharge. *See* K.S.A. 40-3402; K.S.A. 40-3404; and K.S.A. 65-2809(c).

According to the Board's records, you most recently renewed your license for the period of August 1, 2019, through July 31, 2010. On that renewal, you agreed to maintain and produce proof of professional liability insurance and KHCSF compliance upon request. *See generally* K.S.A. 65-2809(c).

Please provide proof of your: (1) professional liability insurance; and (2) KHCSF compliance for the period for which you renewed your license, on or before **October 16, 2019**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Licensing@ks.gov.

To effectuate submission of evidence of KHCSF compliance to the Board, you must contact the KHCSF and obtain a certification that you have paid the annual premium charges. You must then submit a copy of the certification to the Board. Please keep in mind, if you are a non-resident, you must also submit a non-resident form to the KHCSF.

If you have questions about submitting forms to or compliance with the KHCSF, you can contact the KHSCF by mail, telephone, or email at the following:

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATCHISON MARK BALDERSTON, DC, SHAWNEE
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HODGDON, PUBLIC MEMBER, LENEXA
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MULFELD, MD, WICHITA
GAROLD O. MINNS, MD, BEL AIRE KIMBERLY J. TEMPLETON, MD, LEAWOOD RONALD M. VARNER, DO, EL DORADO

TTY (HEARING IMPAIRED) 711 OR 1.800.766.3777 VOICE/TTY E-MAIL: KSBHA_HEALINGARTS@KS.GOV

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Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd FL
Topeka, KS 66603
(785) 291-3777
www.hcsf.org

All the KHCSF's forms are available at: https://hcsf.kansas.gov/forms/

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type.

All correspondence regarding your professional liability insurance and KHCSF compliance audit must be directed to: KSBHA_Licensing@ks.gov, or via mail:

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson, Lower Level – Suite A
Topeka, KS 66612

Sincerely,

Rebekah Moon

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

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATCHISON MARK BALDERSTON, DC, SHAWNEE
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HODGDON, PUBLIC MEMBER, LENEXA
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MILFELD, MD, WICHITA
GAROLD O. MINNS, MD, BEL AIRE KIMBERLY J. TEMPLETON, MD, LEAWOOD RONALD M. VARNER, DO, EL DORADO

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
Tucker Poling, Interim Executive Director

Kansas
State Board of Healing Arts

PHONE: 785-296-7413
FAX: 785-296-0852
KSBHA_Licensing@ks.gov
www.ksbha.org
Laura Kelly, Governor

October 18, 2019

Final Notice

1426409
Hamad Issam Farhat, MD
CONFIDENTIAL

RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; Final Notice; 04-42107

Dear Dr. Hamad Issam Farhat:

This letter serves as your **final notice** for your audit. You were previously sent a letter on September 16, 2019.

The Kansas State Board of Healing Arts ("Board") is contacting you as part of the audit process. You have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("HCSF") compliance for your most recent renewal period (August 1, 2019 - July 31, 2020).

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than $200,000 per claim, and not less than $600,000 annual aggregate for all claims made during the policy period and required to maintain compliance with the HCSF (the HCSF provides supplemental professional liability coverage for health care providers affected by the Fund law). *See* K.S.A. 40-3402(a)-(b); K.S.A. 40-3404; K.S.A. 65-2809(c).

Please provide proof of your: (1) professional liability insurance; and (2) HCSF compliance for the period for which you renewed your license (August 1, 2019 - July 31, 2020), on or before **November 1, 2019**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Licensing@ks.gov.

If you are unable to provide a Certificate of Compliance from HCSF, please contact HCSF through the contact information described below. Please remember, once you have obtained your Certificate of Compliance from HCSF, you must then submit a copy of the certification to the Board. Additionally, if you have questions regarding past expired coverage periods, please contact HCSF.

Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd Floor
Topeka, KS 66603
Phone: (785) 291-3777
Fax: (785) 291-3550
Email: hcsf@ks.gov
Error! Hyperlink reference not valid.https://hcsf.kansas.gov

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type to the Board.

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson, Lower Level – Suite A

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Topeka, KS 66612
Phone: (785) 296-0934
Fax: (785) 296-0852
Email: KSBHA_Licensing@ks.gov

Sincerely,

Rebekah Moon

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

Board Members:
Steven J. Gould, DC, President
Cheney
R. Jerry DeGrado, DC
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Ronald M. Varner, DO
Augusta
Mark Balderston, DC
Shawnee
Tom Estep, MD
Wichita
Steve Kelly, Public Member
Newton
Gerald O. Minns, MD
Bel Aire

Workman, Hester [BOHA]

From: Anderson, Lorie [HCSF]
Sent: Tuesday, February 11, 2020 4:29 PM
To: Workman, Hester [BOHA]
Cc: Markey, Meg [BOHA]
Subject: RE: Compliance verification update
Attachments: HCSF compliance history (3).pdf

Hester,

Thank you for submitting each providers license number. That is very helpful. I have attached the compliance histories of those providers we show a compliance record for. There are eleven we have no compliance history.

1. [redacted] No compliance record
2. [redacted]
3. [redacted]
4. [redacted]
5. [redacted] No compliance record
6. [redacted] No compliance record
7. [redacted] No compliance record
8. Hamid I. Farhat, M.D. 04-42107 No compliance record
9. [redacted]
10. [redacted]
11. [redacted]
12. [redacted] No compliance record
13. [redacted]
14. [redacted] No compliance record
15. [redacted]
16. [redacted]
17. [redacted]
18. [redacted] No compliance record

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19. [redacted] No compliance record

20.

21.

22.

23. No compliance record

24.

25. No compliance record

26.

27.

28.

29.

30.

31.

32.

Thank you,
Lorie

Lorie Anderson
Director of Compliance
Kansas Health Care Stabilization Fund
300 SW 8th Avenue, 2nd Flr
Topeka, Kansas 66603-3912
785.291.3475
785.291.3550 Fax
Lorie.Anderson@ks.gov

[redacted]