

JUL 12 2021

**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**

**KSBHA Docket No. 20-HA00069**

**JOURNAL ENTRY OF SATISFACTION**


The Kansas State Board of Healing Arts ("Board"), by its Executive Director, Tucker L. Poling, a duly authorized representative of the Board, in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.*, as amended, and upon due consideration of the agency record, the applicable statutes and regulations, and being otherwise duly advised in the premises, makes the following determinations:

1. On March 24, 2020, a Final Order was issued by the Board against the license of Hamad I. Farhat, M.D. ("Licensee"), imposing requirements therein.
2. Licensee has satisfactorily met all requirements of the Final Order and has no further obligations for compliance with the Final Order.

**IT IS SO ORDERED.**

Dated this 12<sup>th</sup> day of July 2021.

**KANSAS STATE BOARD OF HEALING ARTS**

  
\_\_\_\_\_  
Tucker L. Poling  
Executive Director

**Journal Entry of Satisfaction  
In the Matter of Hamad I. Farhat, M.D.  
KSBHA Docket No. 20-HA00069**

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **Journal Entry of Satisfaction**, by depositing the same in the United States mail, first class postage prepaid and emailed, on this 12<sup>th</sup> day of July 2021, addressed to:

Hamad I. Farhat M.D.  
**CONFIDENTIAL**

*Licensee*

And a copy hand delivered to:

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

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

Office of the General Counsel  
Kansas 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, Paralegal

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**Journal Entry of Satisfaction**  
***In the Matter of Hamad I. Farhat, M.D.***  
**KSBHA Docket No. 20-HA00069**

**EFFECTIVE AS A FINAL ORDER**

DATE: 3/24/2020

FILED

MAR 04 2020

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

KS State Board of Healing Arts

In the Matter of

**Hamad I. Farhat, M.D.  
Kansas License No. 04-42107**

Docket No. 20-HA 0006A

**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:

**Summary Order  
Hamad I. Farhat, M.D.**

- 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.

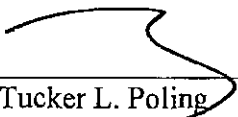
**IT IS HEREBY ORDERED** that Licensee is assessed a **CIVIL FINE** in the amount of **\$500.00**, and also that his license is hereby **SUSPENDED** until such time as he comes into compliance with the KHCSF for violations of the Kansas Healing Arts Act. Such fine shall be paid to the "Kansas State Board 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 4<sup>th</sup> 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 24<sup>th</sup> 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**

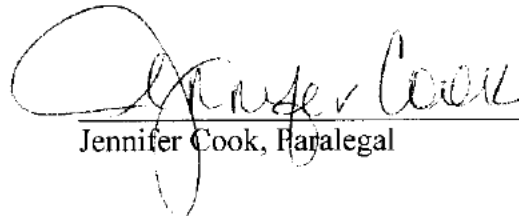
And a copy was hand-delivered to:

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, Paralegal

4/17/2019

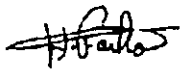
Kansas Compact License

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.

A handwritten signature in black ink, appearing to read "H. Farhat", with a stylized flourish at the end.

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 COL Farhat.pdf  
KS Letter to Delay Farhat.pdf

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**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](mailto:angie.boyle@neurolocums.com)



**Neuro  
Locums**

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

**CONFIDENTIAL**

Sent from my iPhone

Begin forwarded message:

**From:** "Koelling, Michelle [BOHA]" <[Michelle.Koelling@ks.gov](mailto: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](mailto:Michelle.koelling@ks.gov)

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

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**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

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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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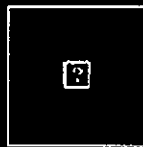
**From:** DocuSign NA3 System <dse\_NA3@docusign.net>

**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](mailto: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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## 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 ☒

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 ☒ 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 ☒ No

If yes, provide the following:

Residence Street address

CONFIDENTIAL

Residence City State Zip \_\_\_\_\_  
City St Zip

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

If yes, describe your current practice chief of cerebrovascular

And skull base surgery

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

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes ☒ 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 ☒ 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 ☒

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 ☒

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 ☒

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

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.

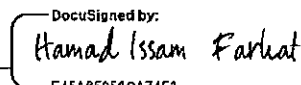
I hereby apply to ILLINOIS as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ"), to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, 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   
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 L Gender: Male ☒ Female  
 {mm/dd/yyyy}

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

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

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. ☒ 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

Date of Degree Issued 06/06/2003 Name of School (no abbreviations or acronyms)  
 {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 ☒ 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: ☒ 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: ☒ 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](http://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

77F509C1A54E403...

Type Name

Todd Robertson

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

Title Board Liaison

### 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 \_\_\_\_\_

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 ☒

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 \_\_\_\_\_

Type Name

DocuSigned by:  
Todd Robertson  
77F5D8C1A54E403

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****INSURED**

Neurolocums, LLC  
1098 S Milwaukee Ave  
Wheeling, IL 60090

INSURER A: ProAssurance Specialty Insurance Company, Inc.

INSURER B:

INSURER C:

INSURER D:

**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
	X CLAIMS MADE				ANNUAL AGGREGATE \$3,000,000
	OCCURRENCE				FIRE DAMAGE (any one fire) \$50,000
					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	CONFIDENTIAL	3/1/2019	3/1/2020	EACH INCIDENT \$ 1,000,000
	RETRO DATE:				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.

**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](#)

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**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](mailto: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](mailto: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](mailto:Michelle.koelling@ks.gov)

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<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](#)

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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](#)



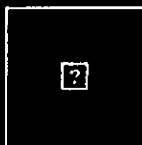
Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected 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](mailto: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.

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99CC42C723D14E6B99B811D8306CFD8E3

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## 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 ☒

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 ☒ 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 ☒ No

If yes, provide the following:

Residence Street address

**CONFIDENTIAL**

Residence City State Zip

City

St

Zip

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

If yes, describe your current practice Chief of cerebrovascular

And skull base surgery

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

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? Yes ☒ 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 ☒ 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 ☒

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 ☒

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 ☒

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

Physician's Signature: Hamad Issam Farhat  
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.

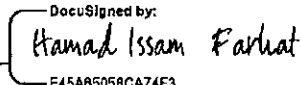
I hereby apply to ILLINOIS as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, 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   
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 ☒ 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. ☒ 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

Date of Degree Issued 06/06/2003 Name of School (no abbreviations or acronyms)  
 (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 ☒ 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: ☒ 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: ☒ 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](http://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

77F5D8C1A54E403...

Type Name \_\_\_\_\_

Todd Robertson

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

Title Board Liaison



### **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 Issam Farhat  
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 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 ☒

Date 03/25/2019  
mm/dd/yyyy

Name: Hamad Issam Farhat

Address: CONFIDENTIAL

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

DATE 4/5/2019 | 12:00 CDT

## Letter of Qualification

IS THIS A RE-APPLICATION? YES

NO ☒

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").

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Authorized Signature from SPL

DocuSigned by:

Todd Robertson

Type Name Todd Robertson

Title of Authorized SPL Board Liaison

DATE 3/25/2019 | 12:38 CDT

**EXHIBIT**

2

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, 2020. 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 KHCSF 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, M.D., WICHITA ANNE HODGSON, PUBLIC MEMBER, LENEXA  
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MUEFELD, 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

EXHIBIT

3

Kansas Health Care Stabilization Fund  
300 SW 8<sup>th</sup> Ave, 2<sup>nd</sup> 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 HODGSON, 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, BELAIRE KIMBERLY J. TEMPLETON, MD, LEAWOOD RONALD M. VARNER, DO, EL DORADO

TTY (HEARING IMPAIRED) 711 OR 1.800.765.3777 VOICE/TTY E-MAIL: KSBHA\_HEALINGARTS@KS.GOV

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



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](mailto: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 8<sup>th</sup> Ave, 2<sup>nd</sup> Floor  
Topeka, KS 66603  
Phone: (785) 291-3777  
Fax: (785) 291-3550  
Email: [hcsf@ks.gov](mailto: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





Topeka, KS 66612  
Phone: (785) 296-0934  
Fax: (785) 296-0852  
Email: [KSBHA\\_Licensing@ks.gov](mailto: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  
Wichita  
Anne Hodgdon, Public Member  
Lenexa  
David Laha, DPM  
Overland Park  
Kimberly J. Templeton, MD  
Leawood

John F. Setlich, Ph.D., Public Member, Vice President  
Atchison  
Robin D. Durrett, DO  
Great Bend  
Joel R. Hutchins, MD  
Holton  
Douglas J. Milfeld, MD  
Wichita  
Ronald M. Vamer, DO  
Augusta

Mark Balderston, DC  
Shawnee  
Tom Estep, MD  
Wichita  
Steve Kelly, Public Member  
Newton  
Garold O. Minns, MD  
Bel Aire

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY -- e-mail: [KSBHA\\_healingarts@ks.gov](mailto:KSBHA_healingarts@ks.gov)

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



19.	[REDACTED]	No compliance record
20.	[REDACTED]	
21.	[REDACTED]	
22.	[REDACTED]	
23.	[REDACTED]	No compliance record
24.	[REDACTED]	
25.	[REDACTED]	No compliance record
26.	[REDACTED]	
27.	[REDACTED]	
28.	[REDACTED]	
29.	[REDACTED]	
30.	[REDACTED]	
31.	[REDACTED]	
32.	[REDACTED]	

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]