EFFECTIVE AS A FINAL ORDER

DATE: 24.21

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

In the Matter of
Michaela V. Meyer, A.T.
Kansas License No. 24-01455

Docket No. 21-HA00038

SUMMARY ORDER

NOW ON THIS 15th day of January 2021, this matter comes before Tucker L. Poling, Acting Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. Michaela V. Meyer, A.T. ("Licensee") was issued License No. 24-01455 to practice as an athletic trainer on January 6, 2020. Licensee's original license designation was Inactive.

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

3. During all times relevant to the facts set forth in this Summary Order, Licensee held an inactive license to practice athletic training in Kansas.

4. The factual basis for this Order is as follows:

Summary Order
Michaela V. Meyer A.T.
a. On or about December 12, 2019, Licensee applied for an Inactive license to practice athletic training, which was issued on January 6, 2020. (Bd. Ex. 1.)

b. Because Licensee held an Inactive license, she was not required to file the practice protocol described in K.S.A. 65-6906(d), nor did she do so.

c. On or about December 26, 2020, Licensee submitted a renewal application requesting a change in license designation from Inactive to Active.

d. On December 29, 2020, the Board requested Licensee to provide proof her CEU hours; the last date she actively practiced as an A.T.; and her practice protocol. See K.S.A. 65-6906(d) and K.S.A. 65-6909(e). (Bd. Ex. 2.)

e. On December 29, 2020, the Board received a response from Licensee stating she was currently working two jobs in Kansas: one as a certified athletic trainer at Briotix Health since May 2020 and the other as an independent contractor athletic trainer at Overland Park Regional Medical Center since September 2020. (Bd. Ex. 3.)

f. Per Licensee, by December 29, 2020, she had ceased practice in Kansas until such time as her license designation could be changed from Inactive to Active. (Id.)

g. From approximately May 2020 through December 2020, Licensee was actively practicing athletic training in Kansas while holding an Inactive license, and without having submitted a practice protocol to the Board.

Applicable Law

5. Under the Athletic Trainers Licensure Act, K.S.A. 65-6909(e):

The board may issue an inactive license only to a person who meets all the requirements for a license as an athletic trainer and who does not perform the functions and duties of an athletic trainer in this state. An inactive license shall not
entitle the holder to engage in active practice as an athletic trainer in this state. . . .
Each inactive licensee may apply to engage in active practice by filing a practice protocol required by subsection (d) of K.S.A. 65-6906, and amendments thereto.

6. Under the Athletic Trainers Licensure Act, K.S.A. 65-6906:

As a condition of performing the functions and duties of an athletic trainer in this state, each licensed athletic trainer shall file a practice protocol with the board. The practice protocol shall be signed by each person licensed by the board to practice the healing arts who will delegate to the athletic trainer acts which constitute athletic training and shall contain such information as required by rules and regulations adopted by the board.

7. Under K.S.A. 65-6911(a), the board may deny, suspend, limit, refuse to renew, place on probation, reprimand or revoke any license granted under the Athletic Trainers Licensure Act or take other disciplinary action as the board may deem proper for:

(6) violation of, or assisting or enabling any individual to violate, any provision of this act or any rule and regulation adopted under such act;

(10) the individual has committed unprofessional conduct as defined by rules and regulations adopted by the board.

8. Under K.A.R. 100-69-7(a), unprofessional conduct is defined in pertinent part as:

(18) providing services as an athletic trainer without practice protocols or contrary to the practice protocols filed with the board.

(22) unlawfully practicing any profession regulated by the board in which the licensed athletic trainer is not licensed to practice.

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.

Summary Order
Michaela V. Meyer A.T.
10. The Board finds Licensee violated K.S.A. 65-6911(a)(6), in that Licensee violated the Athletic Trainers Licensure Act by actively practicing as an athletic trainer in Kansas while holding an Inactive license, in violation of K.S.A. 65-6909(e) and K.S.A. 65-6906.

11. The Board finds Licensee violated K.S.A. 65-6911(a)(10) by committing acts of unprofessional conduct; specifically:
   
   a. Licensee provided services as an athletic trainer without practice protocols in violation of K.A.R. 100-69-7(a)(18).
   
   b. Licensee unlawfully actively practiced athletic training, a profession regulated by the Board, while not actively licensed to practice as an athletic trainer in violation of K.A.R. 100-69-7(a)(22).

12. 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 a PUBLIC CENSURE shall be issued against Licensee, for violations of the Athletic Trainers Licensure Act, K.S.A. 65-2901, *et seq*.

   **IT IS FURTHER ORDERED** that, upon this Order becoming effective as a Final Order, Licensee’s application for a change in designation from Inactive to Active shall be approved by the Board.
PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 15th day of January, 2021.

KANSAS STATE BOARD OF HEALING ARTS

[Signature]

Tucker L. Poling
Acting Executive Director
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, Acting 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 4th day of February 2021 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Michaela V. Meyer, A.T.

And a copy was hand-delivered to:

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

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

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

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

FINAL ORDER
Michaela V. Meyer, A.T.
KSBHA Docket No. 21-HA00038
KSBOHA Online Application

Date Created: Thursday, December 12, 2019
Name: Michael Virginia Meyer

License Information

License Number: Pending
License Type: Athletic Trainer (AT)
License Designation: Application - Active
License Status: Pending
Social Security Number: 484213235
United States
Gender: Female
Citizenship Status: U.S. Citizen
Ethnicity: White

Address Information:

Use Primary Business Address for mailing: N

Home Address:
Line 1:
Line 2:
City, State, Zip
Phone:
Email:
Address Unlisted: Y

Primary Business Address:
Line 1: 633 Emerson Rd
Line 2: Creve Coeur, MO 63141
Phone: 5634513350
Email: michaela.meyer@mccormoney.net
Address Unlisted: Y

Education Information:

Coe College
From: 8/21/2011 To: 5/10/2015
Major: BA in Athletic Training

Lindenwood University Belleville
From: 7/13/2015 To: 12/16/2016
Major: MS in Healthcare Administration

Language

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

List all state or jurisdictions in which you currently or have ever held, a healthcare related license, permit or certification, permanent or temporary. The Board will verify your credentials for any state or jurisdiction that provides free and current verifications on their official state website and includes the following information: issue date, expiration date, and any pending or past disciplinary action. If the Board is unable to verify your credentials, you may complete the verification form and forward to all licensing agencies. Please check with the licensing agency to see if a fee is required for this information prior to sending the form. The Board accepts electronic verification directly from the licensing agency. If you have never held a healthcare related license, permit or certification in another state or jurisdiction check the corresponding box.

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<th>State</th>
<th>Type of License</th>
<th>License Number</th>
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<td></td>
</tr>
</tbody>
</table>

**License Designation**

Read each description and select the appropriate license designation.

- **Active**
  
  A license issued to a person engaged in the practice of athletic training. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and as a condition of providing services as an athletic trainer in this state that constitute the practice of the healing arts, each athletic trainer licensed by the board shall file a practice protocol with the board on a form issued by the board. Each active license may be renewed annually.

- **Inactive**
  
  A license issued to a person who meets all the requirements for a license to practice as an athletic trainer and who does not actively practice in this state. Each inactive license may be renewed annually and must submit evidence of satisfactory completion of a program of continuing education.

**U.S. Armed Forces Service**

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<th>U.S. Armed Forces Service: Yes</th>
<th>No</th>
<th>Branch:</th>
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<tr>
<td>Start Date: MM/DD/YYYY</td>
<td></td>
<td>End Date: MM/DD/YYYY</td>
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</tbody>
</table>
On Fri, Dec 13, 2019 at 12:07 PM Michaela Meyer wrote:

Sent from my iPhone

On Dec 13, 2019, at 9:27 AM, Goscha, Kathy [BOHA] <Kathy.Goscha@ks.gov> wrote:

Thank you,
AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this 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 application for Athletico Trainer License 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 my being prosecuted under appropriate federal and state laws.

I authorize and request every person, 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 the Board any such information, including documents, records, and other information filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and indemnify the Board, its agents or representatives, and any person, 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 Board.

I will immediately notify the Board 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 the issuance of a license to practice Athletic Training being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary action of my license or to permit to practice Athletic Training.

[Signature]
Applicant's signature (must be witnessed in the presence of a notary)

[Meyer, Michaela V.]
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

[12/18/19]
Date of signature (must correspond to date of notarization)

Notary Public

[Seal]

State of Illinois, County of St. Clair

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on her/its identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 10th day of Dec., 2019

Notary Public Signature

My Notary Commission Expires 4/1/2020

Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 236-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org

Revised 9/4/19
Applicant Questions

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

Other

<table>
<thead>
<tr>
<th>Licenses/Permits/Certifications</th>
<th>State or Jurisdiction</th>
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National Provider Identifier

NPI Number: I do not currently have a NPI.

1194178228 N

Employment History

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<th>Employer</th>
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<th>Employer Address</th>
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<th>Employed To</th>
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<tr>
<td>Lindenwood University Be</td>
<td>Graduate Assistant Athletic Trainer</td>
<td>2600 West Main St, Belleview</td>
<td>07/14/2015</td>
<td>12/17/2016</td>
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<tr>
<td>Ballpark Village</td>
<td>Host</td>
<td>501 Clark Ave, St. Louis</td>
<td>02/04/2017</td>
<td>08/03/2017</td>
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<td>ATI Physical Therapy</td>
<td>PRN Athletic Trainer</td>
<td>1000 Eleven South, STE</td>
<td>05/05/2017</td>
<td>08/01/2019</td>
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<td>Mercy Sports Medicine</td>
<td>Athletic Trainer</td>
<td>633 Emerson Rd, Creve Coeur</td>
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## Question Responses

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<th>BOC Exam</th>
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<td>Have you taken the exam?</td>
<td>Y</td>
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<tr>
<td>Dates scheduled for the exam:</td>
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<tr>
<td>Date Passed:</td>
<td>6/1/2013</td>
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<tr>
<td>Number of Attempts:</td>
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### Application Attestation Questions

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training or educational program, including but not limited to medical school, prior to completing the training?  
   - N

2. Have you ever had any application for any professional license ever denied by any licensing authority?  
   - N

3. Have you ever been denied or denied the privilege of taking an examination required for any professional license?  
   - N

4. Have you ever been the subject of a state or federal law enforcement investigation involving alcohol or substance abuse or that your judgment, ability to practice your profession is impaired, disabled, and professional manner?  
   - N

5. Have you ever been denied staff membership with any licensed hospital, nursing home, or other health care facility?  
   - N

6. Have you ever been required to resign, withdraw, or otherwise terminate your position with any professional association, organization, or other professional organization, or other body of which you are a member?  
   - N

7. Have you ever voluntarily surrendered any professional license?  
   - N

8. Has any licensing authority ever had you suspended, revoked, denied, or placed on probation or had any other disciplinary action taken against your professional license?  
   - N

9. Have you ever been notified or requested to appear before a licensing or disciplinary agency?  
   - N

10. Do you know of any complaints, grievances, or other actions against you, your soliciting agency, professional association, or any other entity with which you are affiliated?  
    - N

11. Has any professional association imposed any disciplinary actions against you?  
    - N

12. Do you currently have any physical or mental condition (including alcohol or substance abuse) that impairs your judgment, ability to practice your profession, or to act in an ethical, safe, and professional manner?  
    - N

13. Have you ever been denied a Drug Enforcement Administration (DEA) state bureau of narcotics or controlled substance registration certificate or been charged or convicted of any illegal act related to the narcotics or controlled substances?  
    - N

14. Have you ever had a claim against you by any licensing or disciplinary agency?  
    - N

15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?  
    - N

16. Have you ever been arrested, convicted (but not incarcerated, including plea bargain or plea of nolo contendere to a minor charge) for a crime that has been set aside, dismissed, or expunged or where a stay of execution has been issued?  
    - N

17. Have you ever been charged with a crime, indicted, convicted, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed, or expunged or where a stay of execution has been issued.  
    - N

18. Have you ever been convicted of a drug offense?  
    - N

19. Have you ever been a defendant in a civil action involving professional liability (malpractice), or had a professional liability claim paid in your behalf?  
    - N

20. Have you ever been convicted of a minor traffic violation?  
    - N

21. Have you ever been convicted of, or had a professional liability claim paid in your behalf for, or had a professional liability claim paid in your behalf for, a professional liability claim paid in your behalf?  
    - N

22. Have you ever been convicted of, or had a professional liability claim paid in your behalf for, a professional liability claim paid in your behalf?  
    - N

23. Have you ever been convicted of, or had a professional liability claim paid in your behalf for, a professional liability claim paid in your behalf?  
    - N

24. Have you ever been convicted of, or had a professional liability claim paid in your behalf for, a professional liability claim paid in your behalf?  
    - N

## Attestation

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and posted on our website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or been authorized by that person, and the information I have provided is true, correct, and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the license, or impose a fine in an amount up to $5,000 for any act of fraud or misrepresentation in applying for renewal of a license.
Official Certification Verification

The following individual has taken and passed the BOC certification exam and is recognized as a Certified Athletic Trainer in good standing with the BOC.

<table>
<thead>
<tr>
<th>Credential Verified for:</th>
<th>Michaela V Meyer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivered to:</td>
<td>Kansas</td>
</tr>
<tr>
<td>Certification #:</td>
<td>2000020318</td>
</tr>
<tr>
<td>Information valid as of:</td>
<td>12/12/2019</td>
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<tr>
<td>Certification Date:</td>
<td>06/01/2015</td>
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<tr>
<td>Expiration Date:</td>
<td>12/31/2021</td>
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<tr>
<td>Sent Date:</td>
<td>12/12/2019</td>
</tr>
</tbody>
</table>
This is an official communication verifying the credentials of Michaela V Meyer.

This link will expire after 90 days. By clicking the link below, you agree to keep confidential the demographic data and the certification records of the candidate disclosed by the BOC and agree not to use such information for any purpose other than the verification of the certification status of such candidate.

[View this Verification]
## Lookup Detail View

### Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>City/State/Zip</th>
<th>DBA</th>
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<tbody>
<tr>
<td>MICHAELA VIRGINIA MEYER</td>
<td>BELLEVILLE, IL 62220</td>
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### License Information

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<tr>
<th>License Number</th>
<th>Description</th>
<th>Status</th>
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<tr>
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<td>LICENSED ATHLETIC TRAINER</td>
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<td>04/18/2018</td>
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Generated on: 12/13/2019 8:41:16 AM
Missouri Division of Professional Registration

PR Home (https://pr.mo.gov/)

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

<table>
<thead>
<tr>
<th>Licensee Name:</th>
<th>Meyer, Michaela Virginia</th>
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<td>Athletic Trainer</td>
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<td>Original Issue Date:</td>
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<td>Other Business Addresses:</td>
<td>View addresses (licensee-search-detail-branch.asp?passkey=2599791)</td>
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<tr>
<td>Current Discipline Status:</td>
<td>None</td>
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</table>

Discipline Information is not being listed for this profession. You may contact the board directly to obtain discipline information.

https://pr.mo.gov/licensee-search-detail.asp?passkey=2599791
Bohannon, Ronda [BOHA]

From: Do Not Reply <donotreply@studentclearinghouse.org>
Sent: Friday, December 13, 2019 11:36 AM
To: KSBHA_Licensing
Subject: Transcript Order #42753827-1: Transcript Link for MICHAELA VIRGINIA MEYER - Coe College

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.

***********************************************************************************************
This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please DO NOT reply to this message.
***********************************************************************************************

The National Student Clearinghouse Transcript Ordering service has been authorized to release an electronic copy of the official academic transcript for MICHAELA VIRGINIA MEYER from the Coe College to you.

To download the transcript, click the link below and sign in using the Access Code sent to you in a separate email. The retrieval link will expire in 30 days.

CONFIDENTIAL

You will be presented with a PDF which is an authenticated and secure copy of the requestor's official transcript. We recommend that you save a copy of this transcript as soon as possible. For best viewing experience we recommend using the latest version of Adobe Acrobat. Adobe Reader will need to be set as the default PDF Viewer or you can open the transcript PDF file directly from Adobe Reader.

The Issuing Institution has added the following security features to the transcript:

- Transcript Creation Date: December 13, 2019 12:33:32 EST
- Transcript Expiration Date: June 10, 2020 12:33:32 EDT
- Modification: NOT ALLOWED
- Copying: NOT ALLOWED
- Printing: ALLOW
- Screen Reader Support: ALLOW

Questions? Email us at transcripts@studentclearinghouse.org and please include the order #42753827.

***********************************************************************************************

National Student Clearinghouse
A Non-Profit Association Founded by the Higher Education Community
Kathy Goscha

Application Analyst
Kansas State Board of Healing Arts
800 SW Jackson, LL - Suite A
Topeka, KS 66612
Phone 785-296-0959
Fax 785-296-0852
Kathy.Goscha@ks.gov

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

**The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.**
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.

<MRL-1MM.pdf>
Thank you,

Ronda Bohannon  
Licensing Specialist  
Kansas State Board of Healing Arts  
800 SW Jackson  
Lower Level-Suite A  
Topeka KS  66612  
Ronda.Bohannon@ks.gov  
785-296-5866  

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.
From: Michaela Meyer
To: Bojanovic, Bonda [RSHU]
Subject: Re: 24-01455
Date: Tuesday, December 29, 2020 6:02:29 PM

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.

CONFIDENTIAL

On Tue, Dec 29, 2020 at 5:51 PM Michaela Meyer > wrote:
Rhonda,
Thank you,

Ronda Bohannon
Licensing Specialist
Kansas State Board of Healing Arts
800 SW Jackson
Lower Level-Suite A
Topeka KS 66612
Ronda.Bohannon@ks.gov
785-296-5866
<table>
<thead>
<tr>
<th>Name</th>
<th>Hudson Meyer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Certified</td>
</tr>
<tr>
<td>Certification Number</td>
<td>20030303045</td>
</tr>
<tr>
<td>Expired</td>
<td>12/31/2021</td>
</tr>
</tbody>
</table>

Note: All ECC certification numbers contain 8 digits. If the number displayed contains less than 8 digits, the certification number actually begins with 1 in the formulation of a 6-digit number Example: 123AB is the number displayed. 123001045 is the actual certification number.

This registry is a listing of ECC Certified Athletic Trainers (AATs). For the Fair Combat Reporting Act, it should remain confidential for verification purposes in employment and training conclusions. Employers, training facilities or agents requiring a list of registration should send them an official verification request through the ECC website. If the same does not apply, please contact the ECC at (513) 555-0054.
Statement of Credit

awarded to

Michaela Meyer, ATC

71st VNATA Clinical Symposia & AT Expo

Presented by
National Athletic Trainers' Association
July 13 – October 14, 2020

National Athletic Trainers' Association (BOC AP#: P100) is approved by the Board of Certification, Inc. to provide continuing education to Certified Athletic Trainers. This program is eligible for a maximum of 2 Evidence Based Practice Category hours/CEUs and 4.25 hours of Category A hours/CEUs. ATs should claim only those hours actually spent in the educational program.

<table>
<thead>
<tr>
<th>Description</th>
<th>CEUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing Secondary School Athletics Health and Safety Policies: Examining the Evidence, The Progress and the Challenges (EBP)</td>
<td>1.00</td>
</tr>
<tr>
<td>Application of Precision Sports Medicine to the Management of Sport-Related Concussion (EBP)</td>
<td>1.00</td>
</tr>
<tr>
<td>71st VNATA Clinical Symposia &amp; AT Expo (Category A)</td>
<td>4.25</td>
</tr>
</tbody>
</table>

Kavin Tsang, PhD, ATC
Chair, Convention Program Committee
Statement of Credit

The bearer of this Statement of Credit is eligible to claim Continuing Education Units for the listed course.

PRO Moves Assessments- A Qualitative Ergonomic Assessment Tool

2 Contact Hours

[Signature]

Dorene Greenfeld, Education and Training

Briotix Health
Statement of Credit

The bearer of this Statement of Credit is eligible to claim Continuing Education Units for this course.

Ergonomics Training: Office Ergonomics – Level 1

2 Contact Hours

[Signature]

Briotix Health
Statement of Credit

The乙方 of this Statement of Credit is eligible to claim Continuing Education Units for the below course:

Ergonomics 101

.5 Contact Hour

[Signature]

[Title]

[Company Logo]
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
Diagnostic Testing Series: Knee (CE22731)
National Athletic Trainers' Association
Sunday, December 20th 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers’ Association (NATA) (BOC AP# P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.25 hours of Category EBP hours/CEUs. ATs should claim only those hours actually spent in the educational program.
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
Adding Movement Screen to Your Assessment Protocol: Examining the Different Systems
National Athletic Trainers' Association
Friday, November 6th 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers' Association (NATA) (BOC AP# P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.00 hour of Category A hour/CEU. ATs should claim only those hours actually spent in the educational program.
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
Nutrition in Injury Prevention and Performance
National Athletic Trainers' Association
Sunday, December 20th 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers' Association (NATA) (BOC AP# P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.00 hour of Category EBP hour/CEU. ATs should claim only those hours actually spent in the educational program.
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
Managing Back Pain Using Manual Therapy Techniques
National Athletic Trainers' Association
Tuesday, December 22nd 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers' Association (NATA) (BOC AP# P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.00 hour of Category EBP hour/CEU. ATs should claim only those hours actually spent in the educational program.
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
It's Not Just Physical: How Can Athletic Trainers Assist with Improving Mental Health Care for Student Athletes?
National Athletic Trainers' Association
Sunday, December 20th 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers' Association (NATA) (BOC AP#: P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 1.00 hour of Category EBP hour/CEU. ATs should claim only those hours actually spent in the educational program.
Learning Objectives and Goals:

Upon completion of this course, the online learner will be able to:

- Recognize etiologies commonly involved with exertional sickling events. Differentiate key signs and symptoms associated with exertional sickling events as compared to other heat illnesses. List basic treatments for patients experiencing an exertional sickling event. Recommend prevention strategies for exercising sickle cell trait individuals.


- Differentiate between the two common etiologies of exertional heat exhaustion. Identify key signs and symptoms associated with exertional heat exhaustion and syncope. Outline the basic treatment course for exertional heat exhaustion and syncope patients. Recommend prevention strategies for exertional heat exhaustion.

- Compare definitions commonly used to diagnosis muscle cramping. List common EAMC etiologies that have been identified in research. Identify key signs and symptoms associated with EAMC. Outline treatment options that can be used for EAMC patients. Recommend prevention strategies associated with the most common etiologies.

- Introduce course topics and outline course structure and objectives, including the definitions, etiology, recognition, treatment, and prevention of exertional heat illnesses, including exercise-associated muscle cramps, exertional heat exhaustion and heat syncope, exertional heat stroke, and exertional sickling.

Instructors:

Susan Yeargin, PhD, ATC

#MedBridge:

Andrew Miskus, Director of Course Development
1633 Westlake Avenue North, Suite 230, Seattle, WA 98109
(206) 216-5003 support@medbridgeed.com

Certified Athletic Trainer Licensed In Kansas

Contact Hours: 3.75
License: 24-01455
State: Kansas

Statement: MedBridge Education is recognized by the Board of Certification, Inc. to offer continuing education for Certified Athletic Trainers. This program has been approved for a maximum 3.75 hours of EBP Category continuing education. Certified Athletic Trainers are...
responsible for claiming only those hours actually spent participating in the continuing education activity. BOC Approved EBP Provider #: P8441-86
Statement of Credit

This certificate is presented to
Miss Michaela V Meyer
for attending the
An Evidence Based Approach to the Shoulder Exam
National Athletic Trainers’ Association
Wednesday, November 4th 2020

Anita James
NATA Director of Knowledge Initiatives

National Athletic Trainers' Association (NATA) (BOC AP# P100) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers. This program is eligible for a maximum of 0.75 hour of Category EBP hour/CEU. ATs should claim only those hours actually spent in the educational program.
Kansas

ATHLETIC TRAINER PRACTICE PROTOCOL

Please enter requested information, sign, and date at the bottom of the page. Email to KSBHA, mail to us, or mail directly to the Kansas State Board of Healing Arts.

Athletic Trainer Name: Michael A. Meyer
Licence Number and Expiration Date: [Provided]
Name of Responsible MD, DO, or PA: [Provided]
License Number of Responsible MD, DO, or PA: [Provided]

Under my designation, the above designated Athletic Trainer will have the authority to act on my behalf and provide the following services:

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
<td>Perform evaluation, emergency care, and transportation</td>
</tr>
<tr>
<td>☑️</td>
<td>Perform the application of preventive and protective measures designed to prevent injuries or protect existing injuries, including taping, padding, bandaging, dressing and wounds, and suturing</td>
</tr>
<tr>
<td>☑️</td>
<td>Administer standard treatment procedures of applying cold, compression, elevation, and rest to injured body parts</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of cryotherapy such as cold ice packs, cold water immersion, ice massage, and other cryogenic methods</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of thermotherapy such as topical anesthetics, moist heat packs, heating pads, infrared light, and paraffin baths</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of hydrotherapy such as whirlpool and contrast bath</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of therapeutic exercise common to athletic training such as stretching, flexibility, strengthening, and muscle wasting</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of additional clinical contemporary therapeutic modalities including patient education, nursing, distance methods of dosage and treatment, including but not limited to, phonotherapy, acupuncture, hyperthermia, and muscle stimulation</td>
</tr>
<tr>
<td>☑️</td>
<td>Application of stabilization procedures for post-operative injuries and non-operative injuries</td>
</tr>
</tbody>
</table>

Signed: [Signature]
Date: 12/20/20
Signed: [Signature]
Date: 12/29/20

Kansas State Board of Healing Arts
STANDARD OPERATING PROCEDURES FOR THE

BRIOTIX HEALTH

INDUSTRIAL SPORTS MEDICINE PROFESSIONAL

EARLY DISCOMFORT MANAGEMENT / FIRST AID / PREVENTION /
WELLNESS / COACHING / ERGONOMICS

Location: KS

Medical Director: Dr. Dean Ziegler

Briotix Health, LP SOP – Industrial Sports Medicine Professional

Version: 2018-13.0
02/19/2019
General Information

General Provisions:

The Briotix Health Industrial Sports Medicine Professional is responsible for the prevention, screening and care of discomfort and optimal physical performance.

An Industrial Sports Medicine Professional will have one of the following educational backgrounds and professional credentials:

1. Certified Athletic Trainer (ATC)
2. Occupational Therapist (OT)
3. Occupational Therapy Assistant (OTA)
4. Physical Therapist (PT)
5. Physical Therapy Assistant (PTA)
6. Bachelor Degree in Kinesiology or Exercise Physiology with:
   a. First Aid Certified
   b. Ergonomic Certification
   c. Completion or working towards completion of the Briotix Health ISMP Certification

Along with the above certifications:

1. CPR/AED Certified

The Industrial Sports Medicine Professional may:

- Organize and administer a program including, but not limited to, educating, counseling and coaching on safe work practices and wellness programs;
- Screen and monitor the signs, symptoms, and general behavior and physical response to care including, but not limited to, whether the signs, symptoms, reactions, behavior and general response show abnormal characteristics; and
- Make suggestions to a treating physician and/or treating provider for a modification treatment protocol based on the indicators listed in the clause above.

These protocols are a form of "Standing Orders" for early discomfort management. It remains the responsibility of the Industrial Sports Medicine Professional to obtain medical consultation when appropriate.

Provider Certification Compliance:

All licensed professionals (AT, OT, OTA, PT, PTA) will be accountable to comply with all rules and regulations, respective to their state Practice Act(s) as well as remain responsibility for ensuring their licenses are renewed in a timely fashion.
LIMITATIONS ON PRACTICE
If an Industrial Sports Medicine Professional determines that an individual's medical condition is beyond the knowledge, skills, and abilities of the Industrial Sports Medicine Professional, the Industrial Sports Medicine Professional must refer the individual to a person licensed in the state to practice medicine. An Industrial Sports Medicine Professional shall modify or terminate involvement with an individual that is not beneficial to the individual or that is not tolerated by the individual.

Industrial Sports Medicine Professional

Early Discomfort Management and Care Protocol
Within the client's facilities and remote locations, the Industrial Sports Medicine Professional may assess and provide care to an individual for health, wellness and ergonomic consultations.

Take a complete, detailed and accurate history including history of past problems, history of present problem, mechanism of complaint, anatomical location of discomfort and discomfort characteristics.

1. Screen utilizing the following procedures:
   a. subjective information gathering
   b. general observation
   c. palpation
   d. range of motion assessment
   e. muscle strength and endurance tests
   f. neurological assessment
   g. joint stability assessment
   h. functional evaluation
   i. other (specify) __________

2. Provide care utilizing the following procedures:
   a. provide emergency care for work related and non-work related injuries or discomforts
   b. provide non-emergency care as follows:

<table>
<thead>
<tr>
<th>Management Guidelines</th>
<th>Recordable (Medical Treatment)</th>
<th>Non-recordable (First-Aid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacerations, Punctures, Abrasions, Splinters</td>
<td><strong>On-Site Management</strong>: with daily observation for non-joint areas, &lt; .25 in diameter, no risk of blood disorders or immune dysfunction, controlled bleeding within 1 hr.</td>
<td><strong>Sutures</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Recommended Referral</strong>: IDL, EE request, severe subjective report, (+) SX including &gt; .25 in diameter, HX of blood disorders or immune dysfunction, uncontrolled bleeding after 1 hr.</td>
<td><strong>Surgical Glue</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Application of Rx antiseptic</strong></td>
<td><strong>Tx of Infection with Rx meds</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Application of a cast</strong></td>
<td><strong>Application of Rx antiseptic</strong></td>
</tr>
<tr>
<td>Strains, Sprains, Fractures</td>
<td><strong>On-Site Management</strong>: Mild / moderate subjective report, no (+) Sc full ROM, strength &amp; function.</td>
<td><strong>Splint with rigid stays</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Any physical therapy</strong></td>
<td><strong>Any physical therapy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Chiropractic manipulation</strong></td>
<td><strong>Chiropractic manipulation</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Use of any non-rigid means of support (supports / taping)</strong></td>
<td><strong>Use of topical analgesics</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Use of Kinesiotape</strong></td>
<td><strong>Use of topical analgesics</strong></td>
</tr>
</tbody>
</table>

Briotix Health, LP SOP – Industrial Sports Medicine Professional

Version: 2018-13.0
02/19/2019
<table>
<thead>
<tr>
<th>and Dislocations</th>
<th>Burns</th>
<th>Contusions</th>
<th>Medications</th>
<th>Restrictions</th>
<th>Exercise Prescription</th>
</tr>
</thead>
</table>
| *Recommended Referral: IDL, EE request, severe subjective report, (+) SX including reduced ROM, strength, deformity or function.* | *Recommended Referral: 2nd degree or greater* | *On-Site Management: Mild/moderate subjective report, no (+) sx: full ROM, strength & function.* | **OTC Medication Recommendations (per site):**  
  - Ibuprofen <467 mg  
  - Naproxen <220 mg  
  - Acetaminophen <651 mg | **Alternate Job Assignment:** Although Team Member is presently fully able to perform all of his/her routine job functions, he/she is being temporarily given another assignment for the purpose of preventing a more serious condition from developing. Consistent with OSHA Regs: Chapter 2 of CPL 2-0.131, this case is not yet recordable under 1904.70(4). | **OSHA Interpretation Letter May 20, 2011**  
**Treatment of Non-Work Related Injury / Illness**  
Written by: Keith Goddard, Director  
Paragraph 4  
"Please be aware that if a treatment is administered as a purely precautionary measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not recordable. For a case to be recordable, an injury or illness must exist. For example, if, as part of an employee wellness program, an ATC recommends exercise to employees that do not exhibit signs or symptoms of an abnormal condition, there is no case to record."  

  - "Furthermore, if an employee has an injury or illness that is not work-related, (e.g., the employee is experiencing muscle pain from home improvement work) the administration of exercise does not make the case recordable either."  
| *All burns requiring medical tx* | *Burns requiring only first-aid* | *Aspiring blood that has collected* | *Applying cold or hot compresses* | *Recommended non-Rx med in non-Rx strength*  
*Tetanus shots*  
**OSHA Regs: 1904.39** | *Any restriction from work*  
*Off work for remainder of day if it is a day or days after initial injury/illness*  
*Transfer to another job* | *Any therapeutic exercise in response to a work-related injury/illness* | *Preventative exercises with no signs/symptoms of an injury/illness*  
*Recommending exercises for non-work-related discomforts*  
*Review of previously given education & training* | **Follow-up Procedures**:  
*On-Site Management: Continued subjective & objective improvements every 3 visits, in a total of 6 weeks.* | **Use of massage**  
**Health education**  
**OSHA Regs: 1904.39** |
3. Facilitate client ergonomic programs utilizing the Briotix Health Ergonomics System
   a. objectively measurable ergonomic assessments
   b. Approved ergonomic interventions

4. Provide prevention and chronic health risk management and care
   a. functional body mechanic assessments and coaching
   b. exercise instruction
   c. musculoskeletal screening
   d. wellness/prevention education
   e. Health coaching

5. Provide prescriptive rehabilitation services when prescribed by a physician utilizing the following procedures:
   a. therapeutic exercise
   b. joint mobilization for range of motion only
   c. functional activities
   d. other (specify)
Policies and Procedures for the Administration of OTC Medications

The following is a breakdown of the policies and procedures that all employees of Briotix Health must follow when administering over-the-counter medications to employees at their respective client sites.

I. Briotix Health providers are allowed to administer one adult dose of an over-the-counter medication to any employee over the age of 18 that has signs and symptoms indicating a need for said medication.

II. At no time will more than one adult dose of a medication be given to a client's employee.

III. Any time a medication is administered the Briotix Health provider will fill out the "Over-the-Counter Medication" log in its entirety.

IV. All medications will be distributed in sealed single dose packets as packaged by the manufacturer. At no time will Briotix Health providers give loose pills to a client's employee.

V. Prior to the administration of any over-the-counter medication the client's employee will be asked to review the drug information that is written on the individual medication packet. The client's employee must sign the "Over-the-Counter" medication log indicating that they have read and understand this information and are aware of any potential side effects associated with the medication.

VI. All medications will be stored in a locked cabinet so that client employees do not have open access to it.

VII. All medication that has expired will be disposed of in an appropriate manner.

Industrial Sports Medicine Professional
Michaela Meyer

Consulting Physician
Name_ Dr. Dean Ziegler
Address_ 285 Forest Grove Dr. Suite 207
City_ Pewaukee_ State_ WI
Zip code_ 53072
Telephone_ 877-732-2262
License No. 04-42547
Signature_ 
Date_ 05/26/2020