PRACTICE OF TELEMEDICINE FORM: COVID 19 PANDEMIC

If providing telemedicine for Kansas patients without securing a license to practice, you must meet all requirements listed below and submit this form to the Kansas State Board of Healing Arts. Email completed form to KSBHA_Licensing@ks.gov.

REQUIREMENTS

- Currently hold a full and unrestricted license in another state in which you practice
- Not the subject of an investigation or disciplinary processing
- Preparing for, responding to, or mitigating the effect of the COVID-19 virus in Kansas

PROFESSION

Select the profession you intend to practice. To inquire about potential eligibility for other professions regulated by the Board, please contact KSBHA_LegalQuestions@ks.gov.

Doctor of Medicine and Surgery (MD) ☐ Doctor of Osteopathic Medicine (DO) ☐

OTHER STATE LICENSE

List the state where you currently practice and hold a full, active, and unrestricted license.

State	Type of License	License Number	Issue Date MM/DD/YYYY	Expiration Date MM/DD/YYYY

FULL LEGAL NAME/IDENTIFICATION

First Name:	Middle Name:	Last Name:	Suffix:
List all other names used, including maiden name:			
Social Security Number:	Date of Birth:	Male ☐	Female ☐

ADDRESSES

The Board will contact you at the preferred mailing and email address.

Home Address	Street & Number:		
	City:	State:	Zip:
	Phone:	Email:	
Practice Address	Street & Number:		
	City:	State:	Zip:
	Phone:	Email:	
Preferred Mailing Address: (must select one)	Home Address ☐	Business Address ☐	
Preferred Email Address: (must select one)	Home Email ☐	Business Email ☐	

Briefly describe the COVID-19 preparation, response, or mitigation efforts in which you will be engaged, including the identity of an employer/contractor contact or a current Kansas health care practitioner who can confirm your practice plans.

I swear and/or affirm that all information submitted herein is accurate, that I am not the subject of any professional discipline or investigation, and I will update the Board if and when any information or affirmations contained herein changes.

Name (printed) _____ Signature _____ Date _____

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