



STATE BOARD OF HEALING ARTS

REPORT OF ADVERSE FINDINGS

Pursuant to K.S.A. 65-28,121 and 65-4923(a)(1) and (a)(2)

This information must be provided to the State Board of Healing Arts within 30 days whenever the privileges of any person licensed to practice the healing arts are terminated, suspended, or restricted, whenever practice privileges are surrendered or limited, or whenever there is a finding of standards of care not met, with injury occurring or reasonably probable; or possible grounds for disciplinary action. **Mail to: Complaint Coordinator, Kansas State Board of Healing Arts, 235 S.W. Topeka Blvd., Topeka KS 66603-3068; Telephone (785) 296-7413**

Reporting Facility _____ Date _____

Reporting Person _____ Telephone No. _____
Name / Title

Address _____
Street City State Zip

Date of Incident _____ Location of Incident _____

Patient Name _____ Medical Record No. _____

Licensee Involved _____
Name / License No. (Use a separate form for each licensee involved.)

Description of Incident _____

Description of Sanction, Corrective or Disciplinary Action _____

