KANSAS STATE BOARD OF HEALING ARTS

235 S. Topeka Boulevard · Topeka, KS 66603-3068
Phone: (785) 296-7413 – Toll Free 1-888-886-7205
Fax: (785) 296-0852

Medicine and Surgery / Osteopathic Medicine and Surgery
Chiropractic / Podiatry / Naturopathic Doctor

Application Packet Request Form

Please mark the appropriate application packet you would like to receive:

☐ Medicine and Surgery ☐ Osteopathic Medicine and Surgery ☐ Chiropractic

☐ Podiatry ☐ Naturopathic Doctor

PLEASE TYPE OR PRINT

Name: _____ Social Security Number: _____ - _____ - _____

First Name MI Last Name

Address: _____

Street City State Zip

Daytime Phone: (____) _____- _____ DOB: _____ Place of Birth: _____

_____ _____

Medical School Date of Graduation

_____ _____

Medical School Address Country

Examination(s) Completed:
☐ National Board I ☐ COMLEX I ☐ USMLE 1 ☐ FLEX I ☐ NPLEX I ☐ State Exam ☐ PMLexis
☐ National Board II ☐ COMLEX II ☐ USMLE 2 ☐ FLEX II ☐ NPLEX II
☐ National Board III ☐ COMLEX III ☐ USMLE 3
☐ National Board IV

USMLE Step 3 Exam Request: ☐ Yes ☐ No **(FLEX scores must be 75 or above)**

FCVS: ☐ Yes ☐ No

If you are requesting an application to sit for USMLE Step 3, U.S. graduates must have completed one year of U.S. training. Foreign graduates must have completed three years of residency. Two of the three to have been completed in the U.S.

_____ _____

Postgraduate/Residency Training Location Dates

_____ _____

States Where Licensed (past and present, including Kansas) ECFMG Number (Foreign graduates only)

DO NOT FORWARD ANY DOCUMENTS WITH THIS REQUEST
MAIL OR FAX TO:
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