

You answered “yes” to question “c” in the attestation section of your license renewal. This question asks if in the past twelve months any disciplinary action has been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country. Please provide the board with the following additional information, and **attach copies of all supporting documentation with your response:**

1. Name
2. License number
3. Caption and/or number for the disciplinary action.

4. What state licensing authority, other governmental authority, or other body took disciplinary action against your license or denied the license to practice the healing arts or other healthcare profession? If you were denied by more than one authority, list each one.

5. What action was taken?

6. What is the date of denial or action taken?

7. What are the reasons given for the denial or actions taken?

8. Are there any appeals pending regarding the denial or action taken?

9. Were you represented by an attorney before the state licensing authority, other governmental authority, or other body, and if so, please list that person(s) name, address, and telephone number.

Attach additional pages as needed in order to provide a complete response for each of the questions.

Please provide this information to the Board within 14 days. Submit this form via USPS to the address below, fax to 785-368-7103, or email to KSBHA_RenewalCoordinator@ks.gov. If you have questions regarding this form, you can call 785-368-8209.

Mail completed form to:
Kansas Board of Healing Arts
Attn: Renewal Coordinator
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612