

You answered “yes” to question “d” in the attestation section of your license renewal. This question asks if in the past twelve months any privileges related to your profession as a health care provider have been suspended, restricted, limited, or voluntarily surrendered or if any professional peer review or professional association has initiated or taken any action against you. Please provide the board with the following additional information and **attach copies of all correspondence relative to your answer:**

1. Name
2. License number
3. Date of action
4. Names of the institution, professional association, or other organization involved.
5. Description of the facts and circumstances surrounding the action taken.
6. Reason for the action, whether voluntary, involuntary, or by agreement.
7. Name, address, and telephone number of the attorney that represented you, if any.
8. Length of time the action will be in effect, if known.

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