

You answered “yes” to question “e” in the attestation section of your license renewal. This question asks if in the past twelve months you have suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers. Please provide the board with the following additional information.

1. Name
2. License number
3. Date of occurrence
4. Please describe your impairment.

5. How long have you suffered from this impairment?

6. What was this impairment a result of?

7. Will the impairment be permanent?

8. Are you receiving treatment for the impairment and if so, where?

9. Is your practice limited as a result of this impairment and if so, how?

10. Do you expect to return to unlimited practice and if so, when?

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