STATE BOARD OF HEALING ARTS

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QUERY ORDER FORM

Organization: **Telephone:**_____ **Fax:** _____

Name: _____ **Email Address:** _____

Street Address:_____ **City:** _____ **State:**_____ **Zip** _____

REQUESTED FORMAT:

The File will be in an Excel spreadsheet: ( ) Email - $45

(PLEASE SUBMIT THE REQUIRED PAYMENT WITH THIS FORM)

QUERY OPTIONS (please check all boxes you are requesting for your report)

Licenses

( ) (AT) Athletic Trainer
( ) (AT) Athletic Trainer Inactive
( ) (DC) Chiropractic Doctor
( ) (DC) Chiropractic Doctor Exempt
( ) (DC) Chiropractic Doctor Inactive
( ) (DC) Chiropractic Doctor Federal Active
( ) (DO) Osteopathic Doctor
( ) (DO) Osteopathic Doctor Exempt
( ) (DO) Osteopathic Doctor Inactive
( ) (DO) Osteopathic Doctor Federal Active
( ) (DPM) Podiatric Doctor
( ) (DPM) Podiatric Doctor Exempt
( ) (DPM) Podiatric Doctor Inactive
( ) (DPM) Podiatric Doctor Federal Active
( ) (LRT) Radiologic Technologist
( ) (MD) Medical Doctor
( ) (MD) Medical Doctor Exempt
( ) (MD) Medical Doctor Inactive
( ) (MD) Medical Doctor Federal Active
( ) (ND) Naturopathic Doctor
( ) (OT) Occupational Therapist
( ) (OTA) Occupational Therapy Assistant
( ) (PA) Physician Assistant
( ) (PA) Physician Assistant Inactive
( ) (PA) Physician Assistant Federal Active
( ) (PT) Physical Therapist
( ) (PT) Physical Therapist Inactive
( ) (PTA) Physical Therapy Assistant
( ) (RT) Respiratory Therapist
( ) Institutional
( ) Postgraduate Permit
( ) Contact Lens

Sort Order:

( ) Alpha
( ) County
( ) License
( ) Zip Code
( ) Other

Requested Fields:

( ) Address (mailing)
( ) Address (business)
( ) County (mailing)
( ) County (business)
( ) Phone Number (mailing)
( ) Phone Number (business)
( ) Year of Birth
( ) License Number
( ) Degree Date
( ) Original License Date
( ) License Expiration Date
( ) Disciplinary Action (Y/N)
( ) Specialty (MD/DO Only) (please list specialty/specialties)
( ) License Type/Status/Military
( ) e-mail address

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To order: submit this form by e-mail or fax.

By accessing this site you are certifying that you will not, unless specifically authorized by K.S.A. 45-230, do any of the following: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

_____ _____

Signature Date

_____

Printed name of person signing