STATE BOARD OF HEALING ARTS

800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612
(785) 296-7413 / e-mail: KSBHA_DataRequests@ks.gov / Fax: (785) 368-7102 / www.ksbha.org

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 Therapist Assistant
( ) (RT) Respiratory Therapist
( ) Institutional
( ) Postgraduate Permit
( ) Contact Lens
( ) (COSW) COVID-19 Out of State Waiver
( ) (ET) Emergency Temporary
( ) (MD) Medical Doctor Special Permit
( ) (TW) Telemedicine Waiver

Sort Order:

( ) Alphabetical
( ) 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
( ) Disciplinary Action (Y/N)
( ) License Expiration Date
( ) License Type/Status/Military
( ) e-mail address

_____

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

YOU MUST CERTIFY ONE OF THE FOLLOWING:

( ) Neither you nor any person within your organization intends to, and will not: (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; and will not (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; OR

( ) You have a statutory right of access to the records, and the basis of that right is: _____.

_____ _____

Signature Date

_____

Printed name of person signing

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Submit the completed form to the Board. Payments are processed in order of date received.

CREDIT CARD INFORMATION:

Card Type: ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard			
Card Number: _____			
Expiration Date: (MM/YY) _____	**Verification Code:** _____		
Purpose of Payment: _____ *(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, click here.*		**Amount:** _____	
Name of Cardholder: _____			
Mailing Address	Street Address: _____		
	City: _____	State: _____	Zip: _____
	Phone: _____	Email: _____	

APPLICANT/LICENSEE INFORMATION:

Name of Applicant/Licensee: _____	**License Number:** _____

By signing below, I certify and give permission to the Kansas State Board of Healing Arts to charge the above-mentioned amount. I understand that failure to submit the required information will delay processing of the payment.

_____ _____

Cardholder Signature Date

Please note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

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