



APPLICATION FOR CHANGE OF TYPE/DESIGNATION TO MILITARY

Most military branches do not recognize Military designation on a Kansas license as an Active license. Please verify this designation is the correct designation for you before submitting this form.

Please enter required information, sign, and date on the bottom. Print and mail with any required documentation, including your current wallet card. **If you are not in possession of your current wallet card please check here**

License No. _____ Medicine & Surgery Chiropractic Osteopathic
 Podiatry Naturopathic Physician Assistant Respiratory Therapist Athletic Trainer
 Physical Therapist Physical Therapist Asst. Occupational Therapist Occupational Therapist Asst.
 Radiologic Technologist

Current Type.Designation: Active Federal Active Exempt Inactive

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Home Telephone Number: _____

E-Mail Address: _____

EFFECTIVE _____ / _____ / _____ The effective date **CANNOT** be a retroactive date and must be a date in the future from the date the Board receives your request.

I request a license type change to:(check the license type below)

Military: K.S.A. 48-3402 requires a license issued to a person who is in the military service (active duty in the army national guard, coast guard or any branch of the military reserves of the United States) and for six months following release there from no licensee shall be required to pay a renewal fee, submit a renewal application, obtain continuing education or meet other conditions to maintain a license while such licensee is in the military service. No license of any licensee shall expire, lapse or be canceled, revoked or suspended because of the failure to timely renew such license, including the failure to meet any conditions prerequisite to renewal, during the period of military service. A licensee who desires to engage in or practice an occupation or profession in this state after release from military service shall submit, within 6 months after such release, but not later than 2 weeks after engaging in or practicing such occupation or profession in this state after such release, the renewal fee required by law for the current license period with a completed renewal application. A licensee who submits the renewal fee and completed renewal application in accordance with this section shall not be charged any late payment fees or penalties. The license of a licensee who fails to renew the license may be canceled, revoked or suspended in accordance with the applicable law. A licensee who is required by law to obtain continuing education as a condition prerequisite to renewal of a license shall be given a one-year period of time for fulfillment of such continuing education requirement, such period of time to commence on the date the licensee submits the renewal fee and completed renewal application.

You must attach a copy of your current military orders and wallet card

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.

Signature _____

Date _____

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612

Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org revised 9/12/14 kl