



## APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.  
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. \_\_\_\_\_ - \_\_\_\_\_ ☐ Physical Therapist Assistant ☐ Occupational Therapist Assistant ☐ Radiological Tech.

☐ Physician Assistant ☐ Respiratory Therapist ☐ Physical Therapist ☐ Athletic Trainer ☐ Occupational Therapist

Current Type: ☐ Active ☐ Federal Active ☐ Military ☐ Inactive ☐ Exempt

Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

Day Time 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)

Please select only **ONE** type.

☐ **Active (applicable to all professions):** A license authorizing an individual to practice their profession in the State of Kansas. A person with an active license in any profession must certify that they have met the continuing education requirements for that profession. Physical Therapists holding an active license must also certify that they are maintaining professional liability insurance required by law at the time of renewal. Physician Assistants with an active license must have a active practice request form and written agreement on file with the Board. Athletic Trainers with this status must have a practice protocol with a person licensed to practice the healing arts on file with the Board.

**1.** List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary).

From MO/YR	To MO/YR	Complete Address	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Physician Assistants** must complete and attach the *physician assistant active practice request form and written agreement*, which may be downloaded from the website, and provide proof of professional liability insurance and participation in the Kansas Health Care Stabilization Fund. **Athletic Trainers** must complete and attach the Practice Protocol form. **Physical Therapists** must provide proof of professional liability insurance.

**3.** If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website [www.ksbha.org](http://www.ksbha.org).

4. Since the last renewal date of your Kansas license, have you:

- ☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?  
☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?  
☐ Yes ☐ No had any hospital privileges suspended?  
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

☐ **Federal Active (applicable only to PAs and PTs):** A license issued to a person who practices in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies, or who, in addition to such employment or duty, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. The holder of a federal active license must certify that they have obtained the required continuing education, but is not required to have a responsible physician licensed in Kansas.

1. Location of Federal Employment:

Name of Employer Street City State Zip

2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website [www.ksboha.org](http://www.ksboha.org).

3. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary).

From MO/YR	To MO/YR	Complete Address	Position Held
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4. Since the last renewal date of your Kansas license, have you:

- ☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?  
☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?  
☐ Yes ☐ No had any hospital privileges suspended?  
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

☐ **Exempt (applicable only to PAs and PTs):** A license issued to a person who is not regularly engaged in the practice as a physician assistant or physical therapist and who does not hold oneself out to the public as being professionally engaged in such practice. The holder of an exempt license shall be required to submit evidence of satisfactory completion of a program of continuing education as required. Each exempt license may be renewed annually. Nothing in this subsection shall be construed to prohibit a person holding an exempt license from serving as a paid employee or unpaid volunteer of: (A) A local health department as defined by K.S.A. 65-241, and amendments thereto, or (B) an indigent health care clinic as defined by K.S.A. 75-6102, and amendments thereto. **Physician Assistants** must complete and attach the *physician assistant active practice request form and written agreement*, which may be downloaded from the website.

☐ **Inactive (applicable only to PAs, PTs and ATs):** A license issued to a person who does not engage in professional practice and who does not hold oneself out to the public as being engaged in the professional practice in the state of Kansas. An inactive license does not entitle the holder to engage in any practice in Kansas. Physician Assistants, Physical Therapists, and Athletic Trainers must meet continuing education requirements. A Physician Assistant with an inactive license is not required to have a responsible physician. A Physical Therapist with this status is not required to maintain professional liability insurance. An Athletic Trainer holding an inactive license is not required to have a practice protocol on file with the Board.

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



## CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Please enter required information, sign and date at the bottom. Email or Mail form.



### CARD NUMBER

### Verification Code

3-4 digit non-embossed number found on the card signature panel

### Expiration Date

MO                      YR  
\_\_\_\_ / \_\_\_\_

Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street    City    State                      Zip

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_  
(e.g. renewal, application)

Applicant/Licensee Name: \_\_\_\_\_

I agree to pay the above amount per the card issuer agreement.

Signature

Date

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

office use only