



STATE VERIFICATION FORM

Send to all states in which a license or registration has ever been issued. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and return directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of _____ having control of any documents, records and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information.

Full Name: _____

Other Names Used (if applicable): _____ Date of Birth: _____ / _____ / _____

License or Registration No.: _____ Issue Date: _____ / _____ / _____

Profession: _____

Signature: _____ Date: _____

Full Name of licensee or registrant: _____

License or Registration No.: _____ Status: _____

Issue Date: _____ / _____ / _____ Expiration Date: _____ / _____ / _____

License Method: _____ School: _____

DISCIPLINARY ACTIONS:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes No Unable to Divulge

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? Yes No Unable to Divulge

Comments _____

Signature _____

(SEAL)

Title _____

State Board of _____

Date _____