

13. Liability Insurance (Active License Type Only) As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF) and either maintain a policy of professional liability insurance with a minimum of \$200,000 per claim and \$600,000 aggregate or be covered by a qualified self insurance fund. The Board will verify compliance with liability insurance requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your liability insurance records for a three (3) year period in a manner that allows them to be readily produced. I understand the audit process and

I maintain a policy of liability insurance that complies with Kansas statutes and have paid the annual surcharge to KHCSF.

Insurer	Policy Number	Effective Date	Expiration Date
<input type="checkbox"/>	I am covered by a qualified self insurance fund & have paid annual surcharges to KHCSF.		

14. Office-Based Surgery (Active and Federal Active License Types only)

Do you perform any procedure in your office that requires sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? ("Office" as used here does not include a hospital based practiced. Also excluded are minor procedures that can be performed safely and comfortably with any one or combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.) Yes No

15. Direct Supervision of PAs and/or ATs (Active and Federal Active License Types Only) (use additional pages if necessary).

Supervision of PAs do not need to be reported for services performed in a medical care facility, as defined in K.S.A. 65-425.

I do not supervise any Physician Assistants or Athletic Trainers.

I supervise: Name _____ License No. _____
Name _____ License No. _____

16. Supervision of non-licensed person(s) performing radiological technology procedures (Active and Federal Active License Types Only)

Do you supervise any person(s) performing radiological technology procedures who are not licensed as a radiologic technologist? Yes No

If you supervise a non-licensed person(s) performing radiological technology, do you certify that they have been trained on the equipment required by K.A.R. 100-73-9? Yes No

If you supervise a non-licensed person(s) performing radiological technology, do you certify that they have obtained or will obtain continuing education as required by K.A.R. 100-73-9? Yes No

17. Voluntary Supplemental Public Statement (All License Types)

Pursuant to K.S.A. 65-28, 131, on and after July 1, 2010, the board shall make available on a searchable website which shall be accessible by the public, the following information regarding licensees:

- (1) The licensee's full name, business address, telephone number, license number, type, status and expiration date;
- (2) the licensee's practice specialty, if any, and board certifications, if any;
- (3) any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past;
- (4) any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action;
- (5) any involuntary surrender of the licensee's drug enforcement administration registration; and
- (6) any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.

At the time of licensure or renewal, a licensee may add a statement to such licensee's profile as it appears on the website created herein for the purpose of providing further explanation of any disciplinary information contained in your profile. **Do you wish to add a statement to further explain any disciplinary information contained in your public profile? This statement must be received by the Board within 30 days after your license expiration date.** Yes No

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18. **Practice Specialty(Active and Federal Active License Types Only)** _____

Board Certified in the specialty? Yes No

19. **DEA Registration number(s) (All Statuses)** (use additional pages if necessary) n/a

20. Dispensing Physician (Active and Federal Active License Types only)

The definition of a dispensing physician according to K.A.R. 100-21-1 is a person licensed to practice medicine and surgery who purchases and keeps drugs and compounds his or her own prescription for the purpose of supplying such drugs to his or her patients. Do you dispense prescription medications? Yes No

21. Renewal Fee by Status: Active or Federal Active: \$330.00 (\$350.00 if postmarked October 1 through October 31)
Inactive or Exempt: \$150.00 (\$175.00 if postmarked October 1 through October 31)

License fees are the responsibility of the licensee. A license will not be renewed until the correct payment is received.

22. Pursuant to K.S.A. 65-28,131, information provided herein deemed public may be posted on our website. Failure to furnish the Board any information legally requested by the Board may be deemed as unprofessional conduct and may be the basis for disciplinary action.

“I declare, under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.”

Signature: _____

Date: _____

PLEASE RETURN TO:

Kansas State Board of Healing Arts
Attention: Licensing
800 SW Jackson, LL Suite A
Topeka, KS 66612

website: www.ksbha.org

voice : 785-296-2575 or 888-886-7205



CREDIT CARD PAYMENT AUTHORIZATION

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



CARD NUMBER

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Verification Code

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

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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)

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

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800 Jackson, LL Suite A, TOPEKA, KS 66612
Voice: 785-296-7413 Toll Free: 888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org