



**RENEWAL OF PODIATRY LICENSE
OCTOBER 1, 2011 TO SEPTEMBER 30, 2012**

ONLINE RENEWAL IS AVAILABLE at www.ksbha.org from August 15, 2011 to October 31, 2012.
Do not submit a paper renewal application if you have used the online renewal process.

The renewal application and fee must be received postmarked by **SEPTEMBER 30, 2011** to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked **OCTOBER 1, 2011 or later**. If an online renewal or complete renewal application is not received postmarked on or before **OCTOBER 31, 2011** the license will be cancelled. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. **A license will not be renewed if the application is not complete.** Please print or type all responses.

1. **License Number:** _____ **Current Status:** _____ 2. **Name:** _____

3. **Addresses:** I have had a change of address since the last renewal

Mailing Address: _____
Street or PO BOX City County State Zip

Residence Address: _____
Street City County State Zip

Telephone / Cell : _____ / _____

Business Address (May **not** be a Post Office Box. Additional business addresses may be submitted on a separate page.)

Street City County State Zip

Telephone / Fax: _____ / _____

E-mail: _____

4. **National Provider Identifier (NPI) (All Statuses):** _____ n/a

5. **License Type Change (Complete only if you wish to change your License Type)** To verify your current license type review your wallet card, visit our website www.ksbha.org and click verification or call 785-296-2575.

I would like to change my current license type of: _____ effective _____ to:

- Active** - Submit proof of liability insurance certification. Submit proof of a minimum 54 hours of CME for the last 3 years- see parts 8 and 14.
- Federal Active** - Allows a person who is active military or employed by the federal government to also engage in administrative & charitable services in Kansas. No private practice outside of the federal employment is allowed in the state of Kansas. Submit proof of a minimum of 54 hours of CME for the last 3 years - see part 8.
- Inactive** - Does not allow the holder to provide professional services in Kansas.
- Exempt** - Allows a person to provide some professional services - must complete part 6

6. **Professional Activities (Exempt License Type Only)** I intend to engage in the following professional activities in Kansas:

- Consultant Charitable Health Care Provider None
- Coroner/Deputy Coroner Treatment of Family and Friends with No Compensation
- Administration Other: _____

Continue on page 2

Office Use Only

7. Kansas Hospital Privileges (Active and Federal Active License Types Only)

I do not have Kansas Hospital Privileges.

Facility Name and County

Facility Name and County

Facility Name and County

8. Continuing Education (Active and Federal Active License Types with 2011 CME Year Only): To verify your CME year review your wallet card, visit www.ksbha.org, click on verification or call 785-296-2575.

Current CME Year is: _____

The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. I understand the audit process and I have met the hours for the following continuing education update.

I have completed a minimum of 54 continuing education hours from 10-01-2008 through 09-30-2011

DO NOT mail in proof of your CME with the renewal form unless you are changing your license type to "active" or "federal active".

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

10. 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

11. You must answer the following questions. Attach documentation and an explanation if your answer is "yes" to any of the following questions. (All License Types)

- (a) Yes No In the past 12 months have you been a defendant or has any judgment, award or settlement been paid resulting from a professional liability claim?
- (b) Yes No In the past 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a diversion or plea to a felony or class A misdemeanor.
- (c) Yes No In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?
- (d) Yes No In the past 12 months have any privileges related to your professional as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?
- (e) Yes No In the past 12 months have you suffered from any impairment which might affect your ability to safely practice?
- (g) Yes No In the past 12 months do you know of any investigation by or any allegations, complaints or charges concerning you made to any licensing agency or state or government agency?

12. Identify all other authorities that have ever licensed you to practice podiatry (All License Types) (use additional pages if necessary): I have not been or currently licensed in another state or country.

State or Country: License No.: Date Issued: Status: State or Country: License No.: Date Issued: Status:

13. Medical Malpractice Screening Panel (All License Types)

Pursuant to K.S.A. 65-4901, the Kansas State Board of Healing Arts is required to maintain and make available a current list of health care providers who are willing and available to serve on a medical malpractice screening panel.

Are you willing to serve on a malpractice screening panel? Yes No

14. 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.		

15. 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

16. 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

17. 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 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.

18. 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 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	
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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 SW Jackson, LL Suite A., TOPEKA, KS 66612
Voice: 785-296-7413 Toll Free: 888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org