

6. You must answer the following questions. Attach documentation and an explanation if your answer is "yes" to any of the following questions.

- (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 profession 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?
- (f) 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?

7. Renewal Fee: \$50.00 if postmarked August 15 through September 30.
\$55.00 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.

8. 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 : 785 296-7413 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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