

ONLINE RENEWAL IS AVAILABLE at www.ksbha.org from MAY 15, 2010 to JULY 31, 2010.

Do not submit a paper renewal application if you have used the online renewal process.

If you have questions please visit the FAQs on our website at www.ksbha.org or call 785-296-2575.

The renewal application and fee must be received postmarked by **JUNE 30, 2010** to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked **JULY 1, 2010 or later**. If an online renewal or complete renewal application is not received postmarked on or before **JULY 31, 2010** 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:** 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. Submit additional business addresses on a separate page.)

Street City County State Zip

Telephone / Fax: /

E-mail:

4. **License Type Change: (Complete only if you wish to change your license type)** To verify your current license type review your wallet card, visit 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 of 50 hours of CME, if required - see parts 8 & 13
- 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 50 hours of CME, if required - see part 13
- Inactive** - Does not allow the holder to provide professional services in Kansas.
- Exempt** - Allows a person to provide some professional services - must complete part 5

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

- Consultant Charitable Health Care Provider
- Coroner/Deputy Coroner Treatment of Family and Friends with No Compensation
- Administration Other:

Continue on page 2

Office Use Only

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6. You must answer the following questions. If you answer "yes" to any of the following questions, you must provide written documentation, either by answering the questions listed on the Disciplinary form (available at www.ksbha.org/forms.html) or a detailed written response within 14 days. (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 a state licensing agency or other state or government agency, or have you surrendered or consented to limitation of license to practice any state or country?
- (d) Yes No In the past 12 months have you been denied a license to practice the healing arts or other health care profession?
- (e) Yes No In the past 12 months have any hospital privileges been suspended, restricted, limited or voluntarily suspended or has any peer review or professional association initiated or taken any action against you?
- (f) 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?

7. Supervision of Physician Assistants and/or Athletic Trainers (Active and Federal Active License Types Only)
uses additional pages if necessary)

I do not supervise any Physician Assistant or Athletic Trainer..

I supervise: Name License No.
Name License No.

8. 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

I am covered by a qualified self insurance fund & have paid annual surcharges to KHCSF.

9. 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 practice. 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

10. 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

11. Professional Services during an Emergency (All License Types)

Are you willing to be included on a registry of potential volunteers to provide your professional services during an emergency? Please check all that apply. Please do not include me in the registry Within the county of residence
 Within 75 miles of your residence Anywhere in the state of Kansas Outside of the state of Kansas

12. 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

13. Continuing Education (Active and Federal Active License Types with 2010 CME Year Only): To verify your CME year review your wallet card, visit www.ksbha.org, click on verification or call 785-296-2575. My 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.

- 50 total hours** with a minimum of 20 Category I & a maximum of 30 Category II hours from 01-01-2009/ 06-30-2010
- 100 total hours** with a minimum of 40 Category I & a maximum of 60 Category II hours from 01-01-2008/ 06-30-2010
- 150 total hours** with a minimum of 60 Category I & a maximum of 90 Category II hours from 01-01-2007/ 06-30-2010

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

14. Identify all other authorities that have ever licensed you to practice medicine and surgery (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: |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 as 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. Such statement may provide further explanation of any disciplinary information contained in your profile. **Do you wish to add a statement to your public profile? This statement must be received by the Board within 30 days after your license expiration date.** Yes No

17. Practice Specialty (All License Types) Are you Board Certified? Yes No

Please indicate your primary specialty using the appropriate code from the list on page 4

18. Renewal Fee by Status: Active or Federal Active: \$325 (\$350 if postmarked July 1 or later)
Inactive or Exempt: \$150 (\$350 if postmarked July 1 or later) .

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

Signature: _____ Date: _____

Return renewal to KSBHA 235 S. Topeka Blvd, Topeka, KS 66603

Codes for Practice Specialties: see part 17, please **do not** return this page to KSBHA with your renewal form

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|-----|---|-----|---|-----|--------------------------------------|
| AS | Abdominal Surgery | FPG | Geriatric Medicine - Family Medicine | PLM | Palliative Medicine |
| ADM | Addiction Medicine | IMG | Geriatric Medicine - Internal Medicine | PE | Pediatric - Emergency Medicine |
| ADP | Addiction Medicine - Psychiatry | PYG | Geriatric Psychiatry | PDO | Pediatric - Otolaryngology |
| ALI | Addiction Medicine-Clinical & Lab Immunology | GER | Geriatrics | PDA | Pediatric Allergy |
| ADL | Adolescent Medicine | GO | Gynecological Oncology | PDC | Pediatric Cardiology |
| AMI | Adolescent Medicine - Internal | GYN | Gynecology | CCP | Pediatric Critical Care Medicine |
| OAR | Adult Reconstructive Orthopedics | HS | Hand Surgery | PDE | Pediatric Endocrinology |
| AM | Aerospace Medicine | HSD | Hand Surgery - Orthopedic Surgery | PG | Pediatric Gastroenterology |
| A | Allergy | HNS | Head and Neck Surgery | PHO | Pediatric Hematology - Oncology |
| AI | Allergy and Immunology | HEM | Hematology | PDI | Pediatric Infectious Diseases |
| PTH | Anatomic / Clinical Pathology | HMP | Hematology - Pathology | PN | Pediatric Nephrology |
| ATP | Anatomic Pathology | HO | Hematology/Oncology | PO | Pediatric Ophthalmology |
| AN | Anesthesiology | HEP | Hepatology | PP | Pediatric Pathology |
| BBK | Bloodbanking Pathology | IG | Immunology | PDP | Pediatric Pulmonology |
| ICE | Cardiac Electrophysiology | IP | Immunopathology | PDR | Pediatric Radiology |
| CTS | Cardiothoracic Surgery | ID | Infectious Diseases | PPR | Pediatric Rheumatology |
| CD | Cardiovascular Diseases | IM | Internal Medicine | PDS | Pediatric Surgery |
| CDS | Cardiovascular Surgery | MPD | Internal Medicine - Pediatrics | NSP | Pediatric Surgery - Neurology |
| CMP | Chemical Pathology | IEM | Internal Medicine / Emergency Medicine | UP | Pediatric Urology |
| CHN | Child Neurology | LM | Legal Medicine | PD | Pediatrics |
| CHP | Child Psychiatry | MFM | Maternal and Fetal Medicine | OP | Pediatrics Orthopedics |
| DDL | Clinical & Lab Dermatological Immunology | MXR | Maxillofacial Radiology | PM | Physical Medicine and Rehabilitation |
| ILI | Clinical & Lab Dermatological Immunology - Internal Med | MG | Medical Genetics | PS | Plastic Surgery |
| PLI | Clinical & Lab Immunology - Pediatrics | MDM | Medical Management | MPH | Preventive Health, Public & General |
| CBG | Clinical Biochemical Genetics | MM | Medical Microbiology | PRO | Proctology |
| CCG | Clinical Cytogenetics | ON | Medical Oncology | P | Psychiatry |
| CG | Clinical Genetics | ETX | Medical Toxicology - Emergency | PYA | Psychoanalysis |
| CMG | Clinical Molecular Genetics | PDT | Medical Toxicology - Pediatrics | PH | Public Health |
| CN | Clinical Neurophysiology | PTX | Medical Toxicology-Preventive Med | PCC | Pulmonary Critical Care Medicine |
| CLP | Clinical Pathology | OMO | Musculoskeletal Oncology | PUD | Pulmonary Diseases |
| PA | Clinical Pharmacology | NPM | Neonatal - Perinatal Medicine | RO | Radiation Oncology |
| CRS | Colon and Rectal Surgery | NP | Nephrology | RIP | Radioisotopic Pathology |
| CCM | Critical Care Medicine | NS | Neurological Surgery | RP | Radiological Physics |
| CCA | Critical Care Medicine - Anesthesiology | N | Neurology | R | Radiology |
| NCC | Critical Care Medicine - Neurological Surgery | NRN | Neurology/Diagnostic Radiology/Neuroradiology | REN | Reproductive Endocrinology |
| OCC | Critical Care Medicine - Obstetrics & Gynecology | NA | Neuropathology | RHU | Rheumatology |
| CCS | Critical Care Surgery | RNR | Neuroradiology | SP | Selective Pathology |
| PCP | Cytopathology | NM | Nuclear Medicine | SM | Sleep Medicine |
| DS | Dermatologic Surgery | NR | Nuclear Radiology | SCI | Spinal Cord Injury |
| D | Dermatology | NTR | Nutrition | ESM | Sports Medicine - Emergency |
| DMP | Dermatopathology | OBS | Obstetrics | FSM | Sports Medicine - Family Practice |
| DIA | Diabetes | OBG | Obstetrics and Gynecology | ISM | Sports Medicine - Internal Medicine |
| DLI | Diagnostic Laboratory Immunology | OM | Occupational Medicine | OSM | Sports Medicine - Orthopedic Surgery |
| DR | Diagnostic Radiology | OPH | Ophthalmology | PSM | Sports Medicine - Pediatrics |
| EM | Emergency Medicine | ORS | Orthopedic Surgery | HSS | Surgery of the Hand - Surgery |
| END | Endocrinology | OSS | Orthopedic Surgery of the Spine | SO | Surgical Oncology |
| EP | Epidemiology | ORT | Orthopedic Trauma | TS | Thoracic Surgery |
| FPS | Facial Plastic Surgery, Otolaryngology | OFA | Orthopedics - Foot and Ankle | TTS | Transplantation Surgery |
| FP | Family Practice | OMM | Osteopathic Manipulative Medicine | TRS | Traumatic Surgery |
| FOP | Forensic Pathology | OS | Other Specialty | UM | Underseas Medicine |
| PFM | Forensic Psychiatry | OTO | Otolaryngology | US | Unspecified |
| GE | Gastroenterology | OT | Otology | U | Urological Surgery |
| GP | General Practice | APM | Pain Management - Anesthesiology | VIR | Vascular & Interventional Radiology |
| GPM | General Preventive Medicine | PMD | Pain Medicine | VS | Vascular Surgery |
| GS | General Surgery | | | | |

