

EFFECTIVE AS A FINAL ORDER

FILED

DATE: 7/18/2025

JUN 23 2025

KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS**

In the Matter of)
)
Angela C. Shaw, D.O.)
Kansas License No. 05-30788)
_____)

KSBHA Docket No. 25-HA 00051

SUMMARY ORDER

NOW ON THIS 23rd day of June, 2025, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts ("Board" or "KSBHA"), in summary proceedings under K.S.A 77-537.

Under K.S.A. 77-537 and K.S.A 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for hearing is made within fifteen (15) days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

FINDINGS OF FACT

1. Licensee's last known personal mailing address to the Board is: **CONFIDENTIAL**
CONFIDENTIAL Licensee's last known business mailing address to the Board is: 9100 West 74th Street, Merriam, KS 66204. Licensee's last known personal phone number to the Board is **CONFIDENTIAL** and her last known business phone number to the Board is 913-676-2000. Licensee's last known email address to the Board is: **CONFIDENTIAL**
2. On or about June 19, 2004, the Board issued Licensee No. 05-30788 to Angela C. Shaw, D.O. ("Licensee") to practice osteopathic medicine in Kansas. Licensee last renewed such

Angela C. Shaw, D.O.
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license on or about October 29, 2024. Licensee's license to practice osteopathic medicine in Kansas is currently Active.

3. During all times relevant to the facts set forth in this Summary Order, Licensee has held an Active license to practice osteopathic medicine in Kansas.

4. On or about October 29, 2024, the Board received Licensee's renewal application, where the Licensee answered "yes" to Question 1, "In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?". (Bd. Ex. 1 Renewal Response and Contact Attempts).

5. Licensee's affirmative answer to Question 1 triggered a process in which the Board needed to investigate the matter further.

6. Board staff made multiple attempts to contact the Licensee to obtain additional information; however, these attempts were unsuccessful and Licensee failed and/or refused to provide additional information to the Board. The following is a summary of the attempts made, including the methods used to initiate contact:

- a. On or about November 5, 2024, Board staff sent an email to the Licensee using the email address on file with the Board. (Bd. Ex. 1).
- b. On or about November 19, 2024, Board staff called the Licensee using the personal phone number on file with the Board.
- c. On or about December 3, 2024, Board staff sent a letter to the Licensee using the primary home address on file with the Board.

- d. On or about December 18, 2024, Board staff sent an email to the Licensee using the email address on file with the Board. (Bd. Ex. 1).
- e. On or about January 24, 2025, Deputy Disciplinary Counsel for the Board called the Licensee using the personal number on file with the Board and a voicemail was left.
- f. On or about January 24, 2025, Deputy Disciplinary Counsel for the Board called the Licensee using the business number on file with the Board and a voicemail was left.
- g. On or about January 24, 2025, Deputy Disciplinary Counsel for the Board emailed the Licensee using the email address on file with the Board. (Bd. Ex. 1).
- h. On or about January 31, 2025, Deputy Disciplinary Counsel for the Board called the Licensee using the personal number on file with the Board and a voicemail was left.
- i. On or about January 31, 2025, Deputy Disciplinary Counsel for the Board called the Licensee using the business number on file with the Board. The answering service who answers calls provided the Deputy Disciplinary Counsel with another number to call; **CONFIDENTIAL**. The phone continued to ring without answer and there was no option to leave a voicemail at the additional number provided.
- j. On or about January 31, 2025, Deputy Disciplinary Counsel for the Board emailed the Licensee using the email address on file with the Board. Licensee

responded indicating she would call after a medical procedure. No call was received. (Bd. Ex. 1).

k. On or about January 31, 2025, Board staff sent an email to the Licensee using the email address on file with the Board. (*Id.*)

l. On or about February 17, 2025, Board staff sent an email to the Licensee using the email address on file with the Board. (*Id.*)

7. Based upon the above attempts and the Licensee not producing the documentation further requested by the Board, **CONFIDENTIAL** was opened against Licensee's license to practice osteopathic medicine.

8. On or about March 4, 2025, **CONFIDENTIAL**, sent a letter to the Licensee's last known business mailing address requesting the Licensee to provide "...a complete written narrative statement concerning the positive "yes" answer to attestation question 1 on your renewal application. In your response to the Board, please provide any additional information that you feel is relevant or would be helpful to this investigation, and please explain anything additional that has transpired related to your response since your Renewal application. Please also provide the Board with any and all court documents related to the malpractice petition which prompted you to answer "yes" on your renewal application, including the petition, settlement agreement, the release, and court approval.". The letter to the Licensee indicated the documentation requested by the Board must be received no later than March 25, 2025 (the "Letter to the Licensee"). (Bd. Ex. 2: Letter to Licensee).

9. The Letter to Licensee was also sent to the Licensee's email address on file with the Board on or about March 4, 2025. (Bd. Ex. 3 Email to Licensee).

10. As of the date of this Summary Order, Licensee has failed and/or refused to provide the Board with the information requested in the Letter to Licensee dated March 4, 2025. Furthermore, Licensee has failed and/or refused to provide to the Board with the information requested in the Email to Licensee dated March 4, 2025.

11. On or about April 3, 2025, and April 7, 2025, **CONFIDENTIAL**, called the Licensee using the personal number on file with the Board and a voicemail was left on both occasions.

12. To date, that Licensee has not called the Board **CONFIDENTIAL**.

13. On or about April 9, 2025, **CONFIDENTIAL** sent a second letter to the Licensee's last known business address on file with the Board (the "Second Notice"). (Bd. Ex. 4: Second Notice).

14. The Second Notice was also sent to the Licensee's email address on file with the Board on or about April 9, 2025. (Bd. Ex. 5 Second Email).

15. As of the date of this Summary Order, Licensee has failed and/or refused to provide the Board with the information requested in the Second Notice dated April 9, 2025. Furthermore, the Licensee has failed and/or refused to provide the Board with the information requested in the Second Email to Licensee dated April 9, 2025.

APPLICABLE LAW

16. Under K.S.A. 65-2836(r) of the Kansas Healing Arts Act, a licensee's license may be indefinitely suspended upon a finding that the licensee "has failed to furnish the board, or its investigators or representatives, any information legally requested by the board."

CONCLUSIONS OF LAW

17. The Board has jurisdiction over the Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

18. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate in accordance with the provisions set forth in K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to non-parties.

19. Based upon the Licensee's failure and/or refusal to furnish the Board legally requested information, the Board finds that Licensee is subject to discipline under K.S.A. 65-2836(r).

IT IS HEREBY ORDERED that Licensee's license to practice osteopathic medicine in Kansas is **INDEFINITELY SUSPENDED** for violating the Kansas Healing Arts Act under K.S.A. 65-2836(r).

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 23rd day of June, 2025.

FOR THE KANSAS STATE BOARD OF HEALING ARTS

Susan Gile

Susan Gile
Executive Director

Angela C. Shaw, D.O.
License No. 05-30788
Summary Order

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 18th day of July 2025, addressed and emailed to:

Angela C. Shaw, D.O.

CONFIDENTIAL

Licensee


And a copy was hand-delivered to:

Tammie L. Mundil, Interim Disciplinary Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612
Tammie.L.Mundil@ks.gov

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.



Staff Signature

Exhibit 01
Renewal Response and Contact Attempts

Angela C. Shaw, D.O.
Kansas License 05-30788

KSBOHA Online Renewal Application

Tuesday, October 29, 2024

Date Created:

Name:

Angela Casey Shaw

License Information

License Number:

05-30788

License Type:

Osteopathic Doctor (DO)

Status Before Renewal:

Active

Status After Renewal:

Active

Status Change Date:

CONFIDENTIAL

Date of Birth:

F

Gender:

U.S. Citizen

Citizenship Status:

White

Ethnicity:

Address Information:

Use Primary Business Address for mailing:

Y

Home Address:

Line 1: CONFIDENTIAL

Line 2:

City, State, Z

Country:*

Phone:

Email:*

Primary Business Address:

Line 1: 9100 West 74th Street

Line 2:

City, State, Zip Merriam, KS 66204

Country:* United States

Phone: 913-676-2000

Email:* CONFIDENTIAL

Insurance Information:

MedPro Group Add

Policy Number: CONFIDENTIAL Malpractice Insurance

Insurance Issue Date: 10/21/2024

Insurance Exp Date: 4/1/2025

Exempt - Professional Activities

Professional activity	Description

Applicant Questions

Retirement

Planning to retire within 5 years?
N

Dispensing

Dispense Pharmaceuticals	Do you comply with dispensing requirements?
N	

Malpractice Screening Panel

I am willing to serve on a Screening Panel
N

Expert Witness

I am willing to serve as an expert for the Board
N

Supervise Non-Licensed Rad Techs

I supervise non-licensed rad techs	I certify that they are trained on the equipment	I certify that they have/will obtain continuing ed	Have you submitted the Data Form to the Board?
N	N	N	

Board Certifications

Certifying Board	Other Board
AOBOG-American Osteopathic Board of Obstetrics and Gynecolog	

Kansas Hospital Privileges

Hospital\Surgery Center	Other Hospital

DEA Number

DEA Number
BS7409510
FS1854896

Identify all other authorities that have ever licensed you to practice.

Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
IL			
MO			
KS			

National Provider Identifier

NPI Number	No current NPI
1801993951	

Language

English	Spanish	ASL (American Sign Language)	Other Languages
Y	N	N	

Disaster Relief

Please do not include me in the registry	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
Y	Y	Y	Y	Y

Question Responses

CE Year
Education Year
09/30/2023

<p>Continuing Education Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select "Yes". You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select "NA".</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none"> • If you obtained at least 50 continuing education hours with a minimum of 1 category 3, 20 category 1, and the remaining hours in category 2 from 4-1-2023 to 9-30-2024, select "50". • If you obtained at least 100 continuing education hours with a minimum of 2 category 3, 40 category 1, and the remaining hours in category 2 from 4-1-2022 to 9-30-2024, select "100". • If you obtained at least 150 continuing education hours with a minimum of 3 category 3, 60 category 1, and the remaining hours in category 2 from 4-1-2021 to 9-30-2024, select "150". 	100
<p>Continuing Education Audit Question</p> <p>The Board will verify compliance by auditing an undetermined percentage of renewal applications. This verification will require proof of your continuing education. You must maintain your continuing education records for a three-year period, in a manner that allows them to be readily produced. Do you understand the audit process?</p>	Y
<p>Gratuitous Professional Services</p> <p>Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment?</p>	N
<p>Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment?</p>	N
<p>If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA".</p>	NA
<p>How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA".</p>	NA
<p>KHCSF Compliance</p> <p>All MD, DO, DC, DPM and PAs with an active license in Kansas are required to maintain professional liability insurance of not less than \$500,000 per claim, and not less than \$1,500,000 annual aggregate for all claims made during the policy period, and are also required to maintain compliance with the <u>Kansas Health Care Stabilization Fund (KHCSF)</u>. <u>K.S.A. 40-3402</u>; <u>K.S.A. 40-3404</u>; <u>K.S.A. 65-2809(c)</u>; <u>K.S.A. 65-2005(d)</u>; <u>K.S.A. 65-28a03(b)</u>.</p> <p>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. By completing this renewal, you agree that you understand this audit process.</p> <p>During the last 12 months, while holding an active license in Kansas, did you and do you continue to maintain professional liability insurance and compliance with the Kansas Health Care Stabilization Fund as required by Kansas law?</p>	Y
<p>Office Based Surgery</p> <p>In Kansas, since your last renewal, have you performed any procedures 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).</p>	N
<p>If you answered "Yes" to the above question, provide the practice location. If you answered "No", enter "NA".</p>	NA
<p>If you answered "Yes" to the above question, provide the accrediting entity name. If your office is not accredited or if you answered "No", enter "NA". Appropriate names are as follows:</p> <p>• Accreditation Association for Ambulatory Health Care, Inc.</p>	NA

<ul style="list-style-type: none"> • Institute for Medical Quality • Joint Commission on Accreditation of Healthcare Organizations • NA 	
If you answered "Yes" to the above question, provide the Certification/Accreditation number. If your office is not accredited or if you answered "No", enter "NA".	NA
Attestation Questions	
1. In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?	Y
1a. If you answered yes to question 1., have you previously notified the Kansas State Board of Healing Arts in writing about the lawsuit/judgment/award/settlement or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	N
2. In the past 12 months have you been arrested, charged with or convicted of any misdemeanor, felony or the military equivalent? This includes a diversion or plea to any misdemeanor, felony or the military equivalent.	N
2a. If you answered yes to question 2., have you previously notified the Kansas State Board of Healing Arts in writing about the conviction/arrest, charge, or conviction of any misdemeanor, felony, or the military equivalent or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	NA
3. 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?	N
3a. If you answered yes to question 3., have you previously notified the Kansas State Board of Healing Arts in writing about the initiation of or disciplinary action, denial of a license, adverse action, surrender, or limitation of your license to practice or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	NA
4. 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?	
4a. If you answered yes to question 4., have you previously notified the Kansas State Board of Healing Arts in writing about your privileges being suspended, restricted, limited, or voluntarily surrendered or any peer review or professional association initiation of or final action taken against you, or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	
5. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?	
5a. If you answered yes to question 5., have you previously notified the Kansas State Board of Healing Arts in writing about the physical or mental health condition that currently impairs your ability to practice your profession in a competent, ethical, and professional manner, or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	
6. In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	Y
6a. If you answered yes to question 6., have you previously notified the Kansas State Board of Healing Arts in writing about the investigation or received written communication from the Kansas State Board of Healings Arts about it? If you answered "No" above, enter "NA".	Y
Military Spouse Questions	
Are you the spouse of an active member of any branch of the United States armed services, United States military reserves, or national guard, and reside or plans to reside in Kansas due to the assigned military station of your spouse?	N
Voluntary Public Statement	
Pursuant to K.S.A. 65-28,131, the board shall make available on our website which is accessible by the public, the following information regarding licensees:	
<ol style="list-style-type: none"> 1. Full name, business address, telephone number, license number, type, status and expiration date; 2. practice specialty 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. 	N
Do you wish to add a statement to further explain any disciplinary information contained in your public profile? Please note, not all public statements are posted or posted in full, to comply with Kansas and Federal law.	
Renewer	Angela Shaw
Provide the full name of the person completing this renewal.	

Attestation

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

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

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Exhibit 02
Letter to Licensee

Angela C. Shaw, D.O.
Kansas License 05-30788

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Exhibit 03
Email to Licensee

Angela C. Shaw, D.O.
Kansas License 05-30788

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Exhibit 04
Second Notice

Angela C. Shaw, D.O.
Kansas License 05-30788

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Exhibit 05
Second Email

Angela C. Shaw, D.O.
Kansas License 05-30788

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