

EFFECTIVE AS A FINAL ORDER

FILED

NOV 04 2025

DATE: 11/25/2025

KS State Board of Healing Arts

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

In the Matter of)

Sandra Engbrotten, O.T.A.)
Kansas License No. 18-00189)

KSBHA Docket No. 26-HA 00014

SUMMARY ORDER

NOW ON THIS 4th day of November, 2025, this matter

comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts ("Board"), 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 a hearing is made within 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. Sandra Engbrotten, O.T.A. ("Licensee") holds or has held a license to engage in the practice of occupational therapy in Kansas, having been originally granted an Active Kansas license on or about April 29, 1995. Licensee's current license designation is "Active." Licensee last renewed this license on April 1, 2025.

2. Licensee's last mailing address known to the Board is: 9033 N. St. Claire, Kansas City, Missouri 64154. Licensee's last email address known to the board is: sfengbrotten@gmail.com.

3. On her most recent license renewal:

Sandra Engbrotten, O.T.A.
License No. 18-00189
Summary Order

- a. Licensee certified she had completed 40 contact hours of continuing education.
- b. Licensee certified she understood the Board:

“will verify compliance [with continuing education requirements] by auditing an undetermined percentage of renewal applications. The 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.”
- c. Licensee attested “I certify, under penalty of perjury . . . the information I have provided [on my renewal application] is true, correct and complete to the best of my knowledge.”

(Bd. Ex. 1 – 2025 Renewal Application)

4. Under Board regulation, an occupational therapist must complete 40 contact hours of continuing education over a 24-month period. *See* K.A.R. 100-54-7(a).
5. On or about June 25, 2025, Licensee was notified by the Board that her compliance with the continuing education requirements was being verified through an audit, and that she was required to provide proof of continuing education completed during the compliance period running from April 1, 2023, through March 31, 2025. (Bd. Ex. 2 – Correspondence with Licensee)
6. Licensee did not respond to the Board’s request to provide proof of any continuing education.

Applicable Law

7. Under K.A.R. 100-54-7(a)(1), “Each licensee shall submit evidence of completing at least 40 contact hours of continuing education during the preceding 24 months. Evidence of this

attainment shall be submitted before or with the application for renewal in each odd-numbered year.”

8. Under K.S.A. 65-5410(a):

“The board may deny, refuse to renew, suspend, revoke or limit a license or the licensee may be publicly or privately censured where the licensee or applicant for licensure has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:

(1) Obtaining a license by means of fraud, misrepresentation or concealment of material facts . . .

(4) violating any lawful order or rule and regulation of the board”.

Conclusions of Law

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

10. Licensee violated K.S.A. 65-5410(a)(1), in that she obtained a license by means of fraud, misrepresentation or concealment of material facts; specifically, by falsely certifying she complied with continuing education requirements by completing 40 contact hours of continuing education.

11. Licensee violated K.S.A. 65-5410(a)(4), in that she violated a lawful regulation of the Board; specifically, by failing to provide evidence of at least 40 contact hours of continuing education completed during the compliance period running from April 1, 2023, through March 31, 2025, in violation of K.A.R. 100-54-7(a)(1).

IT IS HEREBY ORDERED that Licensee’s license to practice occupational therapy is hereby **PUBLICLY CENSURED**.

Sandra Engbrotten, O.T.A.
License No. 18-00189
Summary Order

IT IS FURTHER ORDERED Licensee shall be assessed an administrative fine of two hundred and fifty dollars (\$250.00).

IT IS FURTHER ORDERED that Licensee shall be required to complete 40 hours of continuing education as defined in K.A.R. 100-54-7. This continuing education shall not count toward Licensee's continuing education requirements in the current compliance period. Licensee shall complete such required continuing education, and provide proof of such completion, within **180 calendar days** of the date this document becomes effective as a final order. All correspondence or communication between Licensee and the Board relating to this document, including submission of proof of continuing education and payment of the administrative fine, shall be sent to the Board's Compliance Coordinator at:

Kansas State Board of Healing Arts
Attention: Compliance Coordinator
800 SW Jackson St., Suite 700
Topeka, Kansas 66612
KSBHA_ComplianceCoordinator@ks.gov

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 4th day of November, 2025.

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

Susan Gile

Susan Gile
Executive Director

Sandra Engbrotten, O.T.A.
License No. 18-00189
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 St., Suite 700, 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 25th day of November 2025, addressed and emailed to:

Sandra Engbrotten, O.T.A.
9033 N. St. Claire
Kansas City, MO 64154
sfengbrotten@gmail.com
Licensee

And a copy was hand-delivered to:

Matthew Gaus, Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson St., Suite 700
Topeka, Kansas 66612
Matthew.gaus@ks.gov

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson St., Suite 700
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson St., Suite 700
Topeka, Kansas 66612

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



Staff Signature

Bd. Ex. 01
2025 Renewal Application

Sandra Engbrotten, O.T.A.
Kansas License No. 18-00189

KSBOHA Online Renewal Application

Date Created: Monday, April 1, 2024

Name: Sandra Faith Engbroten

License Information

License Number: 18-00189
License Type: Occupational Therapist Assistant (OTA)
License Status: Expired

Date of Birth: 6/17/1962
Gender: F
Citizenship Status: U.S. Citizen
Ethnicity: White

Address Information:

Use Primary Business Address for mailing: Y

Home Address: Line 1: 9033 north st clair ave Line 2: City, State, Zip Kansas City, MO 64154 Country:* United States Phone: 8165064060 Email:* sfengbroten@gmail.com
Primary Business Address: Line 1: 9033 N St Clair Line 2: City, State, Zip Kansas City, MO 64154 Country:* United States Phone: 8165064060 Email:* sfengbroten@gmail.com

Continuing Education

CE Category: OT/OTA Continuing Education Credit Hours: 8.00
--

Supervision

OTA Supervision

Supervision by OTs I am supervised by one or more Kansas OT.

OTA Supervisor

Supervisor (OT) name: Supervisor (OT) license #:
--

Applicant Questions

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

Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
MO	Mar 6 1995 12:00AM	COTA	003127

National Provider Identifier

NPI Number	No current NPI

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
N	Y	Y	Y	Y

Question Responses

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?	N
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".	NA
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?	N
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".	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?	N
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".	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?	N
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".	NA
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	Sandra F Engbroten
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 requested by the Board 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.

Bd. Ex. 02
Correspondence with Licensee

Sandra Engrbrotten, O.T.A.
Kansas License No. 18-00189

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



PHONE: 785-296-7413
FAX: 785-368-7103

Susan B Gile, Executive Director

Laura Kelly,

June 25, 2025

57016
Sandra Faith Engbroten, OTA
9033 N St Clair
Kansas City MO 64154
Kansas City, MO 64154

Re: Audit of Continuing Education 18-00189

Dear Dr. Sandra Faith Engbroten

You have been randomly selected for participation in the Kansas State Board of Healing Arts continuing education audit. To complete this audit process, you will be required to provide the continuing education documentation you attested to upon the completion of your most recent renewal. Per Board records, you certified completion of continuing education hours from April 1st, 2023, through March 31st, 2025.

K.A.R. 100-54-7(a)(1) requires each licensee to submit evidence of completing at least 40 contact hours of continuing education during the preceding 24 months. If your Kansas license has been initially granted or reinstated for more than one year, but less than two years, please submit evidence of 20 contact hours of continuing education.

For further information regarding contact hours for continuing education, please refer to: K.A.R. 100-54-7 on our website at www.ksbha.ks.gov or click on the following link [OT/OTA Practice Act](#).

Please provide proof of your continuing education postdated no later than **July 25, 2025**. Please note that failure to produce the requested information by the due date may result in disciplinary action, including but not limited to, a fine and suspension of your license.

You may mail or email this information to my attention at the address listed below or submit by email to KSBHA_Compliance@ks.gov. Please include a copy of this letter with your submission. Allow two weeks after submission for processing before contacting the Board for information regarding the status of your audit.

To track continuing education hours online, please consider utilizing CE Broker. For further information regarding CE Broker functionality, please review the information provided below or contact support@cebroke.com.

Sincerely,

Haley Marr

Quality Assurance Manager
KSBHA_Compliance@ks.gov
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level – Suite A
Topeka, Kansas 66612

BOARD MEMBERS: RICHARD BRADBURY, DPM, PRESIDENT, Salina • SHERRI WATTENBARGER, PUBLIC MEMBER, VICE PRESIDENT, Overland Park • ABEBE ABEBE, MD, Shawnee
MARK BALDERSTON, DC, Shawnee • MOLLY BLACK, MD, Shawnee • R. JERRY DEGRADO, DC, Wichita • TOM ESTEP, MD, Wichita
STEVEN J. GOULD, DC, Cheney • DAVID JORDAN, PUBLIC MEMBER, Lawrence • STEPHANIE KUHLMANN, DO, Wichita • VERNON MILLS, MD, Leavenworth
MONICA MURNAN, PUBLIC MEMBER, Girard • STEPHANIE SUBER, DO, Lawrence • DONNA SWEET, MD, Wichita • RONALD M. VARNER, DO, Augusta

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA_healingarts@ks.gov

0003