

EFFECTIVE AS A FINAL ORDER

DATE: 4/27/2026

lm **FILED**
APR 07 2026

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

KS State Board of Healing Arts

In the Matter of)
) KSBHA Docket No. 26-HA00030
Amir Gahremanpour, M.D.)
Kansas License No. 04-46856)

SUMMARY ORDER

NOW ON THIS 7th day of April, 2026, 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. Amir A. Gahremanpour, M.D. (“Licensee”) holds or has held a license to engage in the practice of medicine and surgery in Kansas, having been originally granted an Active Kansas license through the Interstate Medical Licensure Compact (“IMLC”) on or about September 27, 2022. Licensee’s current license designation is “Active.” Licensee last renewed this license on May 23, 2025.

2. Licensee’s last mailing address known to the Board is: **CONFIDENTIAL**
CONFIDENTIAL 4. His last email address known to the Board is: **CONFIDENTIAL**

3. Kansas is a member state of the IMLC.

Summary Order
Amir Gahremanpour, M.D.
License No. 04-46856

4. On his most recent license renewal Licensee certified:

“I understand and acknowledge that any Member Board(s) in my Renewal Application may require submission of information in addition to that provided with this Renewal Application; that I am required to comply with all of the Member Boards' continuing professional development or medical education requirements; and, that my failure to submit such information to the Member Board requesting it, or to comply with that Member Board's continuing professional development or medical education requirements, may constitute grounds for revocation of, or other disciplinary action against, the medical license issued to me and renewed by the Member Board in response to this Renewal Application.”

(Bd. Ex. 1 – 2025 Renewal Application).

5. Under Board regulation, a physician who opts to complete the required continuing education in an 18-month period must complete 50 contact hours of continuing education over that 18-month period. *See* K.A.R. 100-15-5(a)(1)(A).

6. On or about September 29, 2025, Licensee was notified by the Board that his compliance with the continuing education requirements was being verified through an audit, and that he was required to provide proof of continuing education completed during the compliance period running from January 1, 2024, through June 30, 2025. He was given a deadline of October 29, 2025, to provide such proof. Licensee did not provide proof of continuing education or otherwise respond to the Board's request by the deadline. (Bd. Ex. 2 – Correspondence with Licensee dated September 29, 2025).

7. On or about October 29, 2025, Licensee was given final notice by the Board that he had not provided the Board with the required proof of continuing education, and was given a final deadline of November 13, 2025, to provide such proof completed during the compliance period running from January 1, 2024, through June 30, 2025. Licensee did not provide proof of

Summary Order
Amir Gahremanpour, M.D.
License No. 04-46856

continuing education or otherwise respond to the Board's request by the deadline. (Bd. Ex. 3 – Correspondence with Licensee dated October 29, 2025)

8. To date, Licensee has provided proof of 34.75 of the required 50 contact hours of continuing education, which were completed after the compliance period.

Applicable Law

9. Under K.S.A. 65-2809(c), "The board shall require every active licensee to submit evidence of satisfactory completion of a program of continuing education required by the board."

10. Under K.A.R. 100-15-5(a)(1)(A):

"Each person who is licensed to practice a branch of the healing arts and who is required to submit proof of completion of continuing education as a condition to renewing a license shall certify, on a form provided with the license renewal application During the 18-month period immediately preceding the license expiration date, the person completed at least 50 credits of continuing education, of which at least one credit shall be in category III, at least 20 credits shall be in category I, and the remaining credits shall be in category II."

11. Under K.S.A. 65-2836(k):

"A licensee's license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, or an application for a license or for reinstatement of a license may be denied upon a finding The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board."

12. Under 65-2863a(a):

"The state board of healing arts, in addition to any other penalty prescribed under the Kansas healing arts act, may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for a violation of the Kansas healing arts act in an amount not to exceed \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for the third violation and for each subsequent violation."

Summary Order
Amir Gahremanpour, M.D.
License No. 04-46856

Conclusions of Law

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

14. Licensee violated K.S.A. 65-2836(k), in that he violated a violated a lawful rule regulation promulgated by the board lawful regulation of the Board; specifically, by failing to provide evidence of at least 50 contact hours of continuing education completed during the applicable compliance period, in violation of K.A.R. 100-15-5(a)(1)(A).

IT IS HEREBY ORDERED that Licensee's license to practice medicine and surgery is hereby **PUBLICLY CENSURED**.

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 the remaining 15.25 hours of continuing education as defined in K.A.R. 100-15-4. This continuing education shall not count toward Licensee's continuing education requirements in the current compliance period. Licensee shall complete the remaining 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

Summary Order
Amir Gahremanpour, M.D.
License No. 04-46856

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 7th day of April, 2026.

FOR THE KANSAS STATE
BOARD OF HEALING ARTS



Susan Gile
Executive Director

Summary Order
Amir Gahremanpour, M.D.
License No. 04-46856

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 27th day of April 2026, addressed and emailed to:

Amir Gahremanpour, M.D.
CONFIDENTIAL

Licensee

And a copy was hand-delivered to:

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

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.

Crystal Bosley

Staff Signature

EXHIBIT TABLE OF CONTENTS

Amir Gahremanour, M.D.
Kansas License No. 04-46856

EXHIBIT TABLE OF CONTENTS

Exhibit No.	Name of Exhibit	Date Submitted	Date Admitted	Duplicate of Exhibit Attached to Other Pleading
01	2025 Renewal Application	3/11/2026		
02	Correspondence with Licensee dated September 29, 2025	3/11/2026		
03	Correspondence with Licensee dated October 29, 2025	3/11/2026		

BD. EX 01
2025 Renewal Application

Amir Gahremanour, M.D.
Kansas License No. 04-46856



Application for Renewal of Licensure

Please carefully review the Renewal Application before applying.

I attest that I am qualified and eligible to Renew my license through the Compact. Yes

I understand that inaccurate or missing information may be grounds for rejection of my application.

Yes

I understand pursuant to IMLC rules, all fees are non-refundable. Yes

Full Legal Name Amir Ali Gahremanpour

NPI 1255544839

I understand the statutes and regulations related to the Renewal of my license. I attest that I am in compliance with these rules. Yes

I have maintained a full and unrestricted license in my State of Principal License (primary state of LOQ) Yes

SPL TEXAS MEDICAL BOARD License# M7204 Expiration 8/31/2026

Have you been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

Have you held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to "Renewal" of a license? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Renewing License(s)

MEMBER BOARD	LICENSE	RENEWAL COST	LATE FEE?
KANSAS STATE BOARD OF HEALING ARTS	04-46856	\$360.00	
Renewal Fees	1 licenses X \$25.00	\$25.00	
Total		\$385.00	



ATTESTATION

I, Amir Ali Gahremanpour the undersigned, hereby attest and certify that I am the person named in this APPLICATION FOR RENEWAL OF MEDICAL LICENSES IN IMLC MEMBER STATES THROUGH THE IMLC ("Renewal Application") that I have submitted, that all statements I have made or shall make with respect thereto are true, and that all statements, representations, documents, forms, or copies thereof furnished or to be furnished with respect to my Renewal Application are strictly true in every aspect.

I hereby apply to the above-named State Medical Board(s) ("Member Boards") and further authorize the Member Board(s) to process my Renewal Application for renewal of medical licensure by the Member Board(s), and I hereby release, discharge, and exonerate the Member Board(s), the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Board(s).

I acknowledge that I have read, understand and answered all questions contained in the Renewal Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to a refusal to renew a medical license or permit, or disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I understand and acknowledge that any Member Board(s) in my Renewal Application may require submission of information in addition to that provided with this Renewal Application; that I am required to comply with all of the Member Boards' continuing professional development or medical education requirements; and, that my failure to submit such information to the Member Board requesting it, or to comply with that Member Board's continuing professional development or medical education requirements, may constitute grounds for revocation of, or other disciplinary action against, the medical license issued to me and renewed by the Member Board in response to this Renewal Application.

I hereby release, discharge, and exonerate the SPL, the Member Board(s), and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL or the Member Board(s).

I will immediately notify the SPL, the Member Board(s), and the Commission in writing of any changes to the answers to any of the questions contained in the Renewal Application if such a change occurs at any time prior to a medical license being renewed by its Issuing Member Board.

I understand my failure to answer questions contained in the Renewal Application truthfully and completely may lead to denial of my renewal of a medical license in any of the Member Boards, and revocation of, or other disciplinary action against, my license(s) or permit(s) to practice medicine in one or more Compact Member States

Applicant's Signature

Amir Gahremanpour

Applicant's Name Amir Gahremanpour

Applicant's National Provider Identifier (NPI) Number 1255544839

Date 5/15/2025



PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Personal Email Address

CONFIDENTIAL

Residential address

Office address 10970 Shadow Creek Parkway Suite 100 , Pearland , TEXAS 77584

Where do you wish to receive mail? Residential

Physician's cellular or alternative telephone number **CONFIDENTIAL**

Physician's office or practice telephone number of public record **CONFIDENTIAL**

1. The majority of my practice in:

- Direct Patient Care
- Telemedicine
- Teaching
- Research
- Other (explain) direct patient care

2. With this license, I provide care to patients in federally and state defined medically underserved areas or medically underserved populations, which include rural and frontier areas, in the following amounts.

- None
- Less than 25%
- Between 25% and 50% True
- Between 50% and 75%
- More than 75%
- 100%

3. Did you find the IMLC license process beneficial?

- Strongly Agree True
- Agree
- Neutral
- Disagree
- Strongly Disagree



MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Amir Ali Gahremanpour

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1255544839

Medical Board Name KANSAS BOARD OF HEALING ARTS

Member Board License Number 04-46856

Date License Issued 5/23/2025
mm/dd/yyyy

Date of Expiration 7/31/2026
mm/dd/yyyy

Member Board Signature

Wendy Powell

Name Wendy Powell
Date 5/23/2025

BD. EX 02

**Correspondence with Licensee dated
September 29, 2025**

Amir Gahremanour, M.D.

Kansas License No. 04-46856

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



phone: 785-296-7413
fax: 785-368-7102
Email: KSBHA_healingarts@ks.gov
www.ksbha.ks.gov

Susan B Gile, Executive Director

Laura Kelly,

September 29, 2025

1456206
Amir Ali Gahremanpour, MD
CONFIDENTIAL

RE: Health Care Stabilization Fund & Continuing Education Audit; 04-46856

Dear Dr. Amir Ali Gahremanpour:

You have been randomly selected for participation in the Kansas State Board of Healing Arts continuing education and Kansas Health Care Stabilization Fund (HCSF) compliance audit. To complete this audit process, you will be required to provide the continuing education and HCSF compliance documentation you attested to upon the completion of your most recent renewal.

In Kansas, if you have an Active license, you 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. *See* K.S.A. 40-3402(a)-(b); K.S.A. 65-2809(c). Additionally, you are required to maintain compliance with the HCSF by paying the annual surcharge. *See* K.S.A. 40-3402; K.S.A. 40-3404; and K.S.A. 65-2809(c). Lastly, you are required to maintain continuing education credits as defined in *see* 65-2809(b); 100-15-4(a)(b)(c)(d).

According to the Board's records, you most recently renewed your license for the period of May 15, 2025, through July 31, 2025. On that renewal, you agreed to maintain and produce proof of HCSF compliance and continuing education credits upon request. *See generally* K.S.A. 65-2809(b)(c).

Please provide proof of your: (1) HCSF compliance for the period for which you renewed your license and; (2) Proof of continuing education credits, on or before **October 29, 2025**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Compliance@ks.gov.

To effectuate submission of evidence of KHCSF compliance to the Board, you must contact the KHCSF and obtain a certification that you have paid the annual premium charges. You must then submit a copy of the certification to the Board. Please keep in mind, if you are a non-resident, you must also submit a non-resident form to the KHCSF.

If you have questions about submitting forms to or compliance with the KHCSF, you can contact the KHSCF by mail, telephone, or email at the following:

Kansas Health Care Stabilization Fund

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300 SW 8th Ave, 2nd FL
Topeka, KS 66603
(785) 291-3777
www.hcsf.org

All the KHCSF's forms are available at: <https://hcsf.kansas.gov/forms/>

All correspondence regarding your KHCSF compliance and continuing education audit must be directed to: KSBHA_Compliance@ks.gov, or via mail:

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson, Lower Level – Suite A
Topeka, KS 66612

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: SHERRI WATTENBARGER, PUBLIC MEMBER, PRESIDENT, Overland Park • ABEBE ABEBE, MD, VICE PRESIDENT, Shawnee • HANA ALBRECHT, DO, Lawrence
MARK BALDERSTON, DC, Shawnee • MOLLY BLACK, MD, Shawnee • RICHARD BRADBURY, DPM, Salina • R. JERRY DEGRADO, DC, Wichita
TOM ESTEP, MD, Wichita • STEVEN J. GOULD, DC, Chaney • DAVID JORDAN, PUBLIC MEMBER, Lawrence • STEPHANIE KUHLMANN, DO, Wichita
VERNON MILLS, MD, Leavenworth • MONICA MURNAN, PUBLIC MEMBER, Pittsburg • STEPHANIE SUBER, DO, Lawrence • DONNA SWEET, MD, Wichita

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

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BD. EX 03

**Correspondence with Licensee dated
October 29, 2025**

Amir Gahremanour, M.D.
Kansas License No. 04-46856

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



phone: 785-296-7413
fax: 785-368-7102
Email: KSBHA_healingarts@ks.gov
www.ksbha.ks.gov

Susan B Gile, Executive Director

Laura Kelly,

October 29, 2025

Final Notice

1456206
Amir Ali Gahremanpour, MD

CONFIDENTIAL

RE: Health Care Stabilization Fund & Continuing Education Audit; 04-46856

Dear Dr. Amir Ali Gahremanpour:

This letter serves as your **final notice** for your audit. You were previously sent a letter on **September 29, 2025**.

You have been randomly selected for participation in the Kansas State Board of Healing Arts continuing education and Kansas Health Care Stabilization Fund (HCSF) compliance audit. To complete this audit process, you will be required to provide the continuing education and HCSF compliance documentation you attested to upon the completion of your most recent renewal.

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Please provide proof of your: (1) HCSF compliance for the period for which you renewed your license and; (2) Proof of continuing education credits, on or before **November 13, 2025**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA_Compliance@ks.gov.

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Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd FL
Topeka, KS 66603
(785) 291-3777
www.hcsf.org

All the KHCSF's forms are available at: <https://hcsf.kansas.gov/forms/>

All correspondence regarding your KHCSF compliance and continuing education audit must be directed to: KSBHA_Compliance@ks.gov, or via mail:

Kansas State Board of Healing Arts
Attn: MD Audit
800 SW Jackson St., Suite 700
Topeka, KS 66612

Sincerely,

Haley Marr

Quality Assurance Manager
KSBHA_Compliance@ks.gov
Kansas State Board of Healing Arts
800 SW Jackson St., Suite 700
Topeka, Kansas 66612

BOARD MEMBERS: SHERRI WATTENBARGER, PUBLIC MEMBER, PRESIDENT, Overland Park • ABEBE ABEBE, MD, VICE PRESIDENT, Shawnee • HANA ALBRECHT, DO, Lawrence
MARK BALDERSTON, DC, Shawnee • MOLLY BLACK, MD, Shawnee • RICHARD BRADBURY, DPM, Salina • 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, Pittsburg • STEPHANIE SUBER, DO, Lawrence • DONNA SWEET, MD, Wichita

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