

BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of )  
Malakh Shrestha, M.D. )  
 )  
Application for Licensure )  
 )

Docket No.:26-HA00023

**ORDER GRANTING**  
**REQUEST TO WITHDRAW APPLICATION**

NOW ON THIS 10<sup>th</sup> day of April 2026, comes on for hearing with due and proper notice, the matter of the application (Application) of Malakh Shrestha, M.D. (“Applicant”) for an active license to practice medicine and surgery and Applicant’s request to withdraw the same. Applicant appears in person and with counsel Blake H. Reeves. Abebe Abebe, M.D., Vice President of the Board, appears with a lawfully convened Board. Pursuant to K.S.A. 65-2801 *et seq.* and K.S.A. 77-501 *et seq.*, the Board grants Applicant’s request to withdraw his Application as follows:

1. On or about December 5, 2025, Applicant submitted to the Board an initial application for a Kansas license to practice medicine and surgery (“Application”).
2. Applicant’s Application was deemed complete on January 20, 2026, and filed with the Board on February 17, 2026.
3. Applicant’s Application was scheduled for a Conference Hearing on April 10, 2026, with due and proper notice.
4. On or about April 10, 2026, Applicant submitted a request to the Board to

**Order Granting Request to Withdraw Application**  
***In the Matter of Malakh Shrestha, M.D.***  
**KSBHA Docket No. 26-HA00023**

withdraw his Application.

**IT IS THEREFORE ORDERED,** Applicant's request to withdraw his Application is **GRANTED.** This order is effective on the file stamped date shown on the front page of this order.

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

*Susan Gile*

---

Susan Gile, Executive Director

---

**Order Granting Request to Withdraw Application**  
*In the Matter of Malakh Shrestha, M.D.*  
**KSBHA Docket No. 26-HA00023**

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above by depositing the same in the United States mail, postage prepaid, on this 8<sup>th</sup> day of May 2026 addressed and emailed to:

Malakh Shrestha, M.D.

**CONFIDENTIAL**

*Applicant*

Blake H. Reeves  
900 W. 48<sup>th</sup> Place, Suite 900  
Kansas City, MO 64112  
[breeves@polsinelli.com](mailto:breeves@polsinelli.com)  
*Attorney for Applicant*

A copy was hand delivered to:

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

and the original filed with the office of the Executive Director.

*Crystal Bosley*  
Staff Signature

---

**Order Granting Request to Withdraw Application  
In the Matter of Malakh Shrestha, M.D.  
KSBHA Docket No. 26-HA00023**