



LICENSING AGENCY, STATE OR GOVERNMENT AGENCY DISCIPLINARY ACTION, LICENSE DENIAL, LIMITATION, OR SURRENDER QUESTIONNAIRE

You answered “yes” to question “3” in the attestation section of your license renewal. The question asks: “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?” Licensing Agency, State or Government Agency Disciplinary Action, License Denial, Limitation, or Surrender Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation with your response.**

Submission of the Licensing Agency, State or Government Agency Disciplinary Action, License Denial, Limitation, or Surrender Questionnaire is required to be submitted to the Board within 14 days of renewal. All forms and documentation may be submitted electronically by emailing KSBHA_RenewalCoordinator@ks.gov, by Fax to 785-368-7103, or by mail to Renewal Coordinator, 800 SW Jackson St., Suite 700 Topeka, KS 66612.

Name: _____ License Number: _____ Date Form Submitted: _____

1. Caption and/or number for the disciplinary action:
2. What state licensing authority, other governmental authority, or other body initiated or took disciplinary action against your license or denied the license to practice the healing arts or other healthcare profession? If you were denied by more than one authority, list each one.
3. Is the proceeding still pending? Yes ___ No ___ If no, what action was taken:
4. What is the date of denial or action taken?
5. What are the reasons given for the denial or actions taken?
6. Are there any appeals pending regarding the denial or action taken? Yes ___ No ___ If yes, please explain:
7. If represented by an attorney before the state licensing authority, other governmental authority, or other body, please provide the following:
Attorney Name:
Address:
Contact Number:

Name of person completing form _____ Signature of person completing form _____ Date _____

Kansas State Board of Healing Arts

800 SW Jackson St., Suite 700 Topeka, KS 66612

Phone: (785) 296-2075; Fax: (785) 368-7103; Email: KSBHA_RenewalCoordinator@ks.gov