



IMPAIRMENT QUESTIONNAIRE

You answered “yes” to question “5” in the attestation section of your license renewal. The question asks: “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?” Complete the Impairment Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation with your response.**

Submission of the Impairment 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. Date of Occurrence: _____
2. Please describe your impairment: _____

3. How long have you suffered from this impairment? _____

4. What was this impairment a result of? _____

5. Will this impairment be permanent? Yes ___ No ___ Unknown ___

6. Are you receiving treatment for the impairment? Yes ___ No ___ If yes, where: _____

7. Is your practice limited as a result of this impairment? Yes ___ No ___ If yes, how: _____

8. Do you expect to return to unlimited practice? Yes ___ No ___ Unknown ___ If yes, when: _____

Name of person completing form

Signature of person completing form

Date