



## SPORTS WAIVER GENERAL INFORMATION

Thank you for your interest in the Kansas Sports Waiver. The Sports Waiver is available for physicians, chiropractors, and physical therapists. **If you currently hold a Kansas license you do not need a separate Sports Waiver to practice in Kansas.** For all information governing the practice of each profession in Kansas, please visit the [Statute and Regulation Handbooks](#).

The application and all forms are fillable PDFs and can be submitted electronically by emailing [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov). KSBHA highly recommends that you make and keep copies of all the items you submit to the Board. As a reminder, **please do not make a commitment to work dates prior to obtaining the waiver.**

Applications for sports waivers are processed in an expedited manner. After an application is processed, if something is identified as missing, a missing requirement letter (“MRL”) is sent to the preferred email address. Incomplete applications and/or failure to submit the required information will delay the processing of your application. For updates, login to the online portal using the registration code listed in the MRL. When the waiver is issued, a notification with the wallet card is sent to the preferred email address.

**Sports waivers will be valid for the time certified for the sporting event, except that no waiver is valid for longer than 30 days. Individuals can receive up to 5 sports waivers in a calendar year. Any more than 5 in a calendar year will be subject to board approval, and must be for an extenuating, unforeseen circumstance.**

**Fees:**  
N/A

### REQUIREMENTS

- Currently hold a full, active, and unrestricted license to practice your profession in another state. **You must maintain the active license and unrestricted status;**
- Not the subject of any investigation or disciplinary action by any applicable licensing agency;
- Maintain professional liability insurance for the duration of the sporting event that meets Kansas minimum level of coverage; and
- Must meet at least one of the following qualifications:
  - Have entered into a written agreement with a sports team to provide medical care to team members and coaching staff traveling with the team for a specific sporting event to take place in Kansas; or
  - Have been invited by a national sport governing body to provide healthcare services to team members and coaching staff at a national sport training center in Kansas; or
  - Have been invited by a national sport governing body to provide healthcare services at an event or competition in Kansas that is sanctioned by a national sport governing body.

### SPORTS WAIVER CHECK LIST:

	Complete application with all questions answered.
	Provide documentation for any “YES” answers to the Attestation Questions.



## SPORTS WAIVER APPLICATION

Completed application and forms can be emailed to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mailed to the KSBHA. It is highly recommended that you make and keep copies of all items submitted to the Board.

### PROFESSION

Select the profession you intend to practice.

### IDENTIFYING INFORMATION

Provide your full legal name.

First Name:	Middle Name:	Last Name:	Suffix:
Social Security Number:	Date of Birth: (MM/DD/YYYY)		Male ___ Female ___

### ADDRESSES

Addresses cannot be a Post Office Box, except qualified participants under the Safe at Home Act, K.S.A. 75-451 *et seq.* Your home address will not be available to the public. The business address is public and will be posted on the Board's website. The Board will contact you at the preferred address.

Home Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	
Business Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	
Preferred Address: (mailed and emailed correspondence will be sent to the selected address) Home ___ Business ___			

### QUALIFYING INFORMATION

List the license in which you would like to use to obtain the Sports Waiver.

State	Issue Date	License Type	License Number

**Must meet at least one of the following.** Select all that apply.

<input type="checkbox"/>	Entered into a written agreement with a sports team to provide medical care to team members and coaching staff traveling with the team for a specific sporting event to take place in Kansas.
Team Name:	Event:
Start Date:	End Date:

<input type="checkbox"/>	Invited by a national sport governing body to provide healthcare services to team members and coaching staff at a national sport training center in Kansas.
Training Center:	
Start Date:	End Date:

<input type="checkbox"/>	Invited by a national sport governing body to provide healthcare services at an event or competition in Kansas that is sanctioned by a national sport governing body.
Event/Competition:	
Start Date:	End Date:

**OTHER LICENSES/PERMITS/CERTIFICATIONS**

List all states or jurisdictions in which you currently, or have ever held, a **healthcare related license, permit or certification, permanent or temporary**. Attach an additional page if necessary.

Other than the Qualifying License, I have never held a healthcare related license, permit or certification in another state or jurisdiction. _____			
State	Issue Date	License Type	License Number

**PROFESSIONAL LIABILITY INSURANCE**

Applicants for a sports waiver must have professional liability coverage for the duration of the sporting event that meets the minimum level of coverage required to practice in Kansas.

- If the applicant is an MD, DO, or DC, the minimum level of coverage required in Kansas is 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; K.S.A. 40-3401 et seq.*
- If the applicant is a PT, the minimum level of coverage required in Kansas is not less than \$100,000 per claim, and not less than \$300,000 annual aggregate for all claims made during the policy period. *See K.A.R. 100-29-15; K.S.A. 40-3401 et seq.*

I certify that I have read and understand the professional liability insurance requirements and will maintain compliance.	Yes___	No___
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**ATTESTATION QUESTIONS**

Please answer each of the following questions. **All “yes” answers must be thoroughly explained in detail on a separate, signed page.** You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	Yes___	No___
2. Have you ever voluntarily surrendered any professional license?	Yes___	No___
3. Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held?	Yes___	No___
4. 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?	Yes___	No___
5. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way?	Yes___	No___
6. Have you ever been convicted of a felony?	Yes___	No___
7. Are you currently under investigation by any professional licensing agency or credentialing authority?	Yes___	No___

**NOTIFICATION**

**Any individual practicing in Kansas under a sports waiver is limited to the scope of practice defined by Kansas law for such healthcare profession; and to the healthcare services required under the written agreement either with a sports team for team members and coaching staff or healthcare services that are required by the national sport governing body. Nothing shall be construed to permit an individual holding a sports waiver to practice their healthcare profession at a licensed healthcare facility in Kansas.**

Any individual practicing in Kansas under a sports waiver shall be subject to all rules and regulations related to the practice of the licensed profession in Kansas and shall be considered a licensee.

Any individual issued a sports waiver in Kansas shall report to the Board any potential violation of the Healing Arts Act or any other applicable practice act, including but not limited to, instances of professional incompetence or unprofessional conduct.

I certify that I have read, understand, and will comply with the above information pertaining to the sport waiver in Kansas.	Yes ___	No ___
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**AFFIDAVIT & AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application for the Sports Waiver and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, 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 to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, 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 Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if a change occurs any time prior to a Sports Waiver to practice my profession being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my Sports Waiver to practice my profession.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date