Kansas
State Board of Healing Arts

KANSAS LICENSE VERIFICATION REQUEST FORM

The Kansas State Board of Healing Arts has contracted with VeriDoc for expedited license verification to other state medical boards. Verification is convenient and virtually instantaneous, please visit VeriDoc.org to see if your profession is available.

The completed License Verification Request Form can be emailed to KSBHA_Licensing@ks.gov or mailed to the Kansas State Board of Healing Arts. It is highly recommended that you make and keep copies of all items submitted to the Board. **Please allow at least 14 business days for processing.** Incomplete requests and/or failure to submit required fees will delay processing. The license verification will be sent via email to the email addresses provided below.

FEE: $25

There is no fee for Athletic Trainer Verification Requests.

ALL FEES ARE NON-REFUNDABLE

Full Name: _____ Date of Birth: _____

Other names used (if applicable): _____

Email: _____

License or Waiver Number: _____ Issue Date: _____

Profession: Select One

Agency: _____

Agency Email Address: _____

Agency Mailing Address: _____

I hereby authorize and request the Kansas Board of Healing Arts to furnish information regarding my license or registration including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information to the above named agency.

_____ _____

Signature Date

Kansas
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CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Submit the completed form to the Board. Payments are processed in order of date received.

CREDIT CARD INFORMATION

Card Type: ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard		
Card Number:		
Expiration Date: (MM/YY)	**Verification Code:**	**Amount:**
Purpose of Payment: *(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, click here.*		
Name of Cardholder:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

APPLICANT/LICENSEE INFORMATION

Name of Applicant/Licensee:	License Number:

By signing below, I certify and give permission to the Kansas State Board of Healing Arts to charge the above-mentioned amount. I understand that failure to submit the required information will delay processing of the payment.

_____ _____
Cardholder Signature Date

Please note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.