



**LICENSE VERIFICATION FORM**

Section to be completed by applicant.

Send to all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and email to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mail it directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of \_\_\_\_\_ having control of any documents, records, and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; informal, pending, closed or any other pertinent information.

Full Name: \_\_\_\_\_  
Other Names Used (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
License or Registration No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section to be completed by the state or jurisdiction.

Full Name of Licensee or Registrant: \_\_\_\_\_  
License or Registration No.: \_\_\_\_\_ Status: \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DISCIPLINARY ACTIONS:**

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes  No  Unable to Divulge

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? Yes  No  Unable to Divulge

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ (SEAL)

Title: \_\_\_\_\_

State Board of: \_\_\_\_\_

Date: \_\_\_\_\_