



APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.
E-mail form with required documentation and credit card form to KSBHA_Licensing@ks.gov

If you plan on retiring, please see the Board's webpage on medical records at:
<http://www.ksbha.org/publicinformation/patientrecordlocationinfo.shtml>

License No. Medicine & Surgery Chiropractic Osteopathic Podiatry
Current Type: Active Federal Active Military Exempt Inactive

Name: First Middle Last
Home Address: Street City State Zip

Home Telephone Number: E-Mail Address:

Business Address: Street City State Zip

Business Telephone Number: E-Mail Address:

Preferred Mailing Address: Home Business

EFFECTIVE

I request a license type change to:(check the license type below)

The effective date **CANNOT** be a retroactive date and must be a date in the future from the date the Board receives your request. **Do not make any changes to current professional liability insurance or KHCSF compliance until a confirmation notice has been issued.**

Please select only **ONE** type.

Active: A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):

From:MO/YR To:MO/YR Complete Address Position Held

2. PLEASE BE AWARE, all new policies and policies that renew on and after January 1, 2022, [K.S.A. 40-3402](#) requires MD, DO, DC, DPM and PAs with an active license in Kansas to maintain professional liability insurance of not less than \$500,000 per claim, and not less than \$1,500,000 annual aggregate for all claims made during the policy period. These professions are also required to maintain compliance with the [Kansas Health Care Stabilization Fund](#) (KHCSF). [K.S.A. 40-3404](#); [K.S.A. 65-2809\(c\)](#); [K.S.A. 65-2005\(d\)](#); [K.S.A. 65-28a03\(b\)](#).

2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org,

3. Since the last renewal date of your Kansas license, have you:

- Yes No had an adverse judgment, award, or settlement resulting from a professional liability claim?
- Yes No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
- Yes No had any hospital privileges suspended?
- Yes No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

Federal Active: A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practices that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration, and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

1. Location of Federal Employment: Name of Employer Street City State Zip
2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org.
3. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):
- | | | | |
|------------|----------|------------------|---------------|
| From:MO/YR | To:MO/YR | Complete Address | Position Held |
|------------|----------|------------------|---------------|

4. Since the last renewal date of your Kansas license, have you:
- Yes No had an adverse judgment, award, or settlement resulting from a professional liability claim?
- Yes No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
- Yes No had any hospital privileges suspended?
- Yes No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

Exempt: A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

I intend to engage in the following professional activities in Kansas:

- | | | |
|---|--|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Charitable Health Care Provider | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Treatment of Family and Friends with No Compensation | <input type="checkbox"/> Coroner/Deputy Coroner | <input type="checkbox"/> None |
- Other:

I acknowledge by marking the check box, with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund.

Inactive: A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Fees: Please complete the credit card authorization form or make your check payable to Kansas State Board of Healing Arts.

- Current Type of Active or Federal Active changing to any type: No Fee
 Military changing to Active or Federal Active: \$330
 Military changing to Exempt or Inactive: \$150
 Exempt or Inactive changing to Exempt or Inactive: No Fee
 Exempt or Inactive changing to Active or Federal Active: \$175

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.

Signature





Date



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:			
			
Card Number:			
Expiration Date: (MM/YY)		Verification Code:	
Purpose of Payment: <small>(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, click here.</small>			Amount:
Name of Cardholder:			
Mailing Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

APPLICANT/LICENSEE INFORMATION:

Name of Applicant/Licensee:	License Number:
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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.