Print Form

APPLICATION FOR DUPLICATE CERTIFICATE

Please enter required information, sign and date at the bottom. Print and mail with any required documentation.

Name: _____ _____ _____
First Middle Last

Mailing Address: _____ _____ _____ _____
Street City State Zip

Telephone Number: _____ - _____ - _____

E-Mail Address: _____

Hereby certify that I was originally issued and currently hold license / registration number to practice in the State of Kansas. _____ - _____

Reason for the Request for a Duplicate Certificate:

☐ Additional Locations ☐ Name Change* ☐ Lost ☐ Stolen ☐ Mutilate
☐ Destroyed ☐ Other (specify): _____

*If you indicated name change, the original certificate **MUST** be returned along with the name change application.*

Fee: $15.00

Please make your check payable to the KANSAS STATE BOARD OF HEALING ARTS
For payment by credit/debit card, please complete and return the attached authorization form.

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/registered to practice in the State of Kansas.

_____

Signature Date

Print Form

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

Revised 1-25-11 kl

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Please enter required information, sign and date at the bottom. Email or Mail form.

☐ DISCOVER NETWORK ☐ MasterCard ☐ AMERICAN EXPRESS ☐ VISA

CARD NUMBER

Verification Code

3-4 digit non-embossed number found on the card signature panel

Expiration Date

MO / YR

Name (as it appears on the credit card): _____

Billing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Telephone Number: _____ - _____ - _____

Payment Amount $ _____ Purpose of Payment: _____ (e.g. renewal, application)

Applicant/Licensee Name: _____

I agree to pay the above amount per the card issuer agreement.

_____ _____

Signature Date

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

Kansas State Board of Healing Arts
800 SW Jackson - Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org

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