



## IMPAIRMENT QUESTIONNAIRE

---

You answered “yes” to question “5” in the attestation section of your license renewal. The question asks: “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?” Complete the Impairment Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation with your response.**

Submission of the Impairment Questionnaire is required to be submitted to the Board within 14 days of renewal. All forms and documentation may be submitted electronically by emailing [KSBHA\\_RenewalCoordinator@ks.gov](mailto:KSBHA_RenewalCoordinator@ks.gov), by Fax to 785-368-7103, or by mail to Renewal Coordinator, 800 SW. Jackson – Lower Level, Suite A., Topeka, KS 66612

---

Name:

License Number:

Date Form Submitted:

1. Date of Occurrence:
2. Please describe your impairment:
  
3. How long have you suffered from this impairment?
  
4. What was this impairment a result of?
  
5. Will this impairment be permanent? Yes \_\_\_ No \_\_\_ Unknown \_\_\_
6. Are you receiving treatment for the impairment? Yes \_\_\_ No \_\_\_ If yes, where:
  
7. Is your practice limited as a result of this impairment? Yes \_\_\_ No \_\_\_ If yes, how:
  
8. Do you expect to return to unlimited practice? Yes \_\_\_ No \_\_\_ Unknown \_\_\_ If yes, when:

Name of person completing form

Signature of person completing form

Date