

LICENSING AGENCY, STATE OR GOVERNMENTAL AGENCY INVESTIGATION QUESTIONNAIRE

You answered "yes" to question "6" in the attestation section of your license renewal. The question asks: "In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?" Complete the Licensing Agency, State or Governmental Agency Investigation Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation with your response**.

Submission of the Licensing Agency, State or Governmental Agency Investigation 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**, by Fax to 785-368-7103, or by mail to Renewal Coordinator, 800 SW. Jackson – Lower Level, Suite A., Topeka, KS 66612

5 W. Jackson Lower Level, State M., Topeka, RS 00012				
ne:	License Number:	Date Form Submitted:		
Caption and/or number for the investigat	ion, complaint, or charges:			
		whom were the investigations initiated? (e.g.		
Who made the allegations, complaints, o	or charges?			
What are the allegations, complaints, or o	charges made against you?			
When did you first learn of the allegation	ns, complaints, or charges or	the initiation of an investigation(s)?		
When did the act or acts occur that gave to be initiated?	rise to the allegations, compla	aints, or charges or caused an investigation(s)		
Where did the act or acts occur that gave to be initiated?	rise to the allegations, compl	aints, or charges or caused an investigation(s)		
	Caption and/or number for the investigat To whom were the allegations, complain licensing agency, or state or government Who made the allegations, complaints, or What are the allegations, complaints, or When did you first learn of the allegation When did the act or acts occur that gave to be initiated? Where did the act or acts occur that gave	License Number: Caption and/or number for the investigation, complaint, or charges: To whom were the allegations, complaints, or charges made or by valicensing agency, or state or government agency) Who made the allegations, complaints, or charges? What are the allegations, complaints, or charges made against you? When did you first learn of the allegations, complaints, or charges or when did the act or acts occur that gave rise to the allegations, complaints to be initiated? Where did the act or acts occur that gave rise to the allegations, complaints to the allegations.		

Kansas State Board of Healing Arts

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8.	What is your explanation of the facts and circumstances surrounding the allegations, complaints, charges, cinvestigations?	or
9.	What is the status or outcome, if known, of the allegations, complaints, charges, or investigations?	
10.	If you are represented by an attorney with respect to the allegations, complaints, charges, or investigations, please provide the following:	se
	Attorney Name:	
	Address:	
	Contact Number:	
Nan	me of person completing form Signature of person completing form Date	

Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-2075; Fax: (785) 368-7103; Email: KSBHA RenewalCoordinator@ks.gov
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