PROFESSIONAL LIABILITY CLAIM OR SETTLEMENT QUESTIONNAIRE

You answered "yes" to question "1" in the attestation section of your license renewal. The question asks: "In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?" Complete the Professional Liability Claim or Settlement Questionnaire with all questions answered completely. **Attach copies of any/or all supporting documentation with your response including but not limited to unredacted settlement documents.**

Submission of the Professional Liability Claim or Settlement 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

Name:_____ License Number:_____ Date Form Submitted: _____

1. Date of Occurrence: _____
2. Names of the claimant(s), and all defendant(s) against whom the claim is made:

   _____
3. If the incident occurred within an institution, the name of that institution:

   _____
4. If a settlement, judgement, or award was paid on **your** behalf, please list the amount paid and attach unredacted settlement documents. If the case is still pending, select the corresponding box.

   Amount Paid:_____ The case is still pending ☐
5. If a lawsuit was instituted, provide the case caption, court case number, and name and location of the court where the case was filed.

   Case Caption: _____

   Court Case Number: _____

   Court Name: _____

   County and State: _____
6. If represented by an attorney before the state licensing authority, other governmental authority, or other body, please provide the following:

   Attorney Name: _____

   Address: _____

   Contact Number: _____

7. A summary of the occurrence, including a description for the claimant's alleged principle injury, and the alleged deviations from the standard of care.

Name of person completing form	Signature of person completing form	Date