



## FELONY OR MISDEMEANOR QUESTIONNAIRE

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You answered “yes” to question “2” in the attestation section of your license renewal. The question asks: “In the past 12 months have you been arrested, charged with or convicted of any misdemeanor, felony or the military equivalent? This includes a diversion or plea to any misdemeanor, felony or the military equivalent?” Complete the Felony or Misdemeanor Questionnaire with all fields answered completely. Failure to fully provide the required information may result in disciplinary action. **Attach copies of any/or all supporting documentation (police records or court documents) with your response.** Complete a Felony or Misdemeanor Questionnaire for each separate offense.

Submission of the Felony or Misdemeanor 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

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Name: License Number: Date Form Submitted:

1. Offense: Offense Date: County:
2. Is this the first time you have been charged with this offense? Yes \_\_\_ No \_\_\_ If no, please explain:
  
3. Were you arrested? Yes \_\_\_ No \_\_\_ If yes, Arresting Agency:  
Police Case Number:
4. Were you convicted? Yes \_\_\_ No \_\_\_ If yes, by what means (e.g., plea, judge, jury):  
Conviction Date: Court Name: Court Case Number:
5. If you entered into a diversion agreement, please provide the status of the diversion:
6. If you have not been convicted, please indicate the status of the case and any upcoming court hearing dates:  
Status: Hearing Date:
7. What is your explanation of the facts and circumstances surrounding this offense?

8. If you were represented by an attorney with respect to this offense:

Attorney Name:

Address:

Contact Number:

Name 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](mailto:KSBHA_RenewalCoordinator@ks.gov)