



HOSPITAL PRIVILEGES, PEER REVIEW OR PROFESSIONAL ASSOCIATION QUESTIONNAIRE

You answered “yes” to question “4” in the attestation section of your license renewal. The question asks: “In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?” Complete the Hospital Privileges, Peer Review or Professional Association Questionnaire with all fields answered completely. **Attach copies of any/or all supporting documentation or correspondence relative to your answer.**

Submission of the Hospital Privileges, Peer Review or Professional Association 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 Action:
2. Names of the institution, professional association, or other organization involved:
3. Description of the facts and circumstances surrounding the action taken:
4. Reason for the action, whether voluntary, involuntary, or by agreement:
5. Length of time the action will be in effect, if known:
6. 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