



## LICENSE VERIFICATION REQUEST FORM

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The Kansas State Board of Healing Arts has contracted with VeriDoc for expedited license verification to other state medical boards. Verification is convenient and virtually instantaneous, please visit [VeriDoc.org](http://VeriDoc.org) to see if your profession is available.

The completed License Verification Request Form can be emailed to [KSBHA\\_licensing@ks.gov](mailto:KSBHA_licensing@ks.gov) or mailed to the Kansas State Board of Healing Arts. It is highly recommended that you make and keep copies of all items submitted to the Board. **Please allow at least 14 business days for processing.** Incomplete requests and/or failure to submit required fees will delay processing. The license verification will be sent via email to the email addresses provided below.

**FEE: \$25**

*There is no fee for Athletic Trainer Verification Requests.*

**ALL FEES ARE NON-REFUNDABLE**

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used (if applicable) : \_\_\_\_\_

Email: \_\_\_\_\_

License or Waiver Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Email Address: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

I hereby authorize and request the Kansas Board of Healing Arts to furnish information regarding my license or registration including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information to the above named agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Submit the completed form to the Board. Payments are processed in order of date received.

### CREDIT CARD INFORMATION:

<b>Card Type:</b>			
			
<b>Card Number:</b>			
<b>Expiration Date:</b> (MM/YY)		<b>Verification Code:</b>	
<b>Purpose of Payment:</b> <small>(Application, NPDB, KBI, Verification of License Fee, etc.) To view license Fee List, <a href="#">click here.</a></small>			<b>Amount:</b>
<b>Name of Cardholder:</b>			
<b>Mailing Address</b>	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

### APPLICANT/LICENSEE INFORMATION:

<b>Name of Applicant/Licensee:</b>	<b>License Number:</b>
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By signing below, I certify and give permission to the Kansas State Board of Healing Arts to charge the above-mentioned amount. I understand that failure to submit the required information will delay processing of the payment.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Please note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.