



**CORPORATE PRACTICE OF MEDICINE CERTIFICATE OF
AUTHORIZATION RENEWAL**

The Corporate Practice of Medicine renewal cycle is from **May 15, 2024** to **June 30, 2024**. Renewals must be received postmarked on or before **June 30, 2024**. If not renewed, your certificate will cancel on **July 1, 2024**. Email the completed renewal to KSBHA_Licensing@ks.gov. It is highly recommended that you make and keep copies of all items you submit.

FEE: \$1,000

ALL FEES ARE NON-REFUNDABLE

BUSINESS ENTITY NAME & ADDRESS

Provide the legal business name. List all other names used, including trade names. The business address should be the physical address of the business entity and cannot be a Post Office Box. The business address is public and will be posted on the Board's website.

Business Name:		Certificate Number:	
Other Names Used:			
Street Address:		City:	State: Zip:
Phone:	Email:		

RESPONSIBLE PARTY

The responsible party is accountable for the certificate. The board will send all correspondence to the responsible party.

Responsible Party Name:		Title:	
Street Address:		City:	State: Zip:
Phone:	Email:		

BUSINESS WORKSITE

List the address of each worksite where professional services are provided. Attach additional page if necessary.

Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:
Street Address:	City:	State:	Zip:

BUSINESS ENTITY TYPE

Select all that apply.

Business _____	An employer located in Kansas that utilizes electronic medical records and offers medicine and surgery or chiropractic services solely for its employees and the dependents of such employees at the employer's work site.
Insurance Company _____	An organization that is licensed to sell accident and sickness insurance in the state that is also a mutual or non-profit health carrier that utilizes electronic medical records, or a wholly owned subsidiary of such organization that provides medical services solely for the organization's enrollees and dependents of such enrollees.
IT Company _____	An information technology company that designs, utilizes and provides electronic medical records for businesses and worksite medical clinics for employers located in Kansas and offers medicine and surgery or chiropractic services solely to its employees and the dependents of such employees at the employer's work sites in Kansas.

CITY/COUNTY OCCUPATIONAL LICENSE

Provide the city/county occupational license information, if applicable. Include a copy of the current license.

N/A	Licensing Agency	License Type:
License Number:		Exp. Date:

RESPONSIBLE OFFICIALS (For Governmental Units only.)

List all responsible officials. Attach additional page if necessary.

Responsible Official Name:
Responsible Official Name:
Responsible Official Name:
Responsible Official Name:

OFFICERS/OWNERS/PARTNERS

List all officers, owners, and partners. If the business entity is organized as a limited partnership or a limited liability company provide the percentage of liability of all owners and partners. Attach additional page if necessary.

Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:
Name:	Officer ___ Owner ___ Partner ___	Percentage of Liability:

PHYSICIAN AND CHIROPRACTORS CURRENTLY EMPLOYED OR TO BE HIRED

List the name and full Kansas license number of all physicians and chiropractors to be hired. All physicians and chiropractors to be hired must have an Active Kansas license.

Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:
Licensee Name:	License Number:	Profession:

PROFESSIONAL LIABILITY INSURANCE & KANSAS HEALTH CARE STABILIZATION FUND

PLEASE BE AWARE, for all new policies and policies that renew on and after January 1, 2022 [K.S.A. 40-3402](#) requires all physicians and chiropractors with an active license in Kansas to maintain professional liability insurance of not less than \$500,000 per claim, and not less than \$1,500,000 annual aggregate for all claims made during the policy period. These professions are also required to maintain compliance with the Kansas Health Care Stabilization Fund (KHCSF). [K.S.A. 40-3404](#); [K.S.A. 65-2809\(c\)](#). For questions relating to how to comply with Fund requirements, please contact (785) 291-3777 or email HCSF@ks.gov.

I certify that I have read and understand the professional liability insurance and KHCSF requirements and all physicians and chiropractors will maintain compliance while employed with the business entity named in this application.	
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ATTESTATION QUESTIONS

Answer each of the following questions. All “yes” answers **MUST** be thoroughly explained in detail on a separate signed page. You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation

1. In the past 12 months has the business entity committed fraud or misrepresentation in applying for or securing an original, renewal or reinstated certificate?	Yes ___	No ___
2. In the past 12 months has the business entity willfully or repeatedly violated the Kansas healing arts act, the pharmacy act of the state of Kansas or the uniform controlled substances act or any rules and regulations adopted pursuant thereto, or any rules and regulations of the secretary of health and environment that are relevant to the practice of the healing arts?	Yes ___	No ___
3. In the past 12 months has the business entity had a certificate, or equivalent authorization, to employ licensees to practice the healing arts revoked, suspended or limited, been censured or had other disciplinary action taken or had an application for a certificate or license denied, by the proper licensing authority of another state?	Yes ___	No ___
4. In the past 12 months has the business entity violated any lawful rule and regulation promulgated by the Kansas State Board of Healing Arts?	Yes ___	No ___
5. In the past 12 months has the business entity failed to report or reveal the knowledge required to be reported or revealed under K.S.A. 65-28,122 , and amendments thereto?	Yes ___	No ___
6. In the past 12 months has the business entity failed to report to the Kansas State Board of Healing Arts any adverse action taken against the business entity by another state or licensing jurisdiction, a governmental agency, by a law enforcement agency or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-28,134?	Yes ___	No ___
7. In the past 12 months has the business entity engaged in conduct likely to deceive, defraud or harm the public?	Yes ___	No ___
8. In the past 12 months has the business entity engaged in conduct that violates patient trust and exploits the licensee-patient relationship for corporate gain?	Yes ___	No ___
9. In the past 12 months has the business entity used any false, fraudulent or deceptive statement in any document connected with the practice of the healing arts, including the intentional falsifying or fraudulent altering of a patient healthcare record?	Yes ___	No ___
10. In the past 12 months has the business entity failed to furnish to the Kansas State Board of Healing Arts ("Board"), or its investigators or representatives, any information legally requested by the Board?	Yes ___	No ___
11. In the past 12 months has the business entity had, or failed to report to the Kansas State Board of Healing Arts, any adverse judgment, award or settlement against the business entity resulting from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under K.S.A. 65-28,134?	Yes ___	No ___
12. In the past 12 months has the business entity been convicted of a felony or class A misdemeanor, or substantially similar offense in another jurisdiction, related to the practice of the healing arts?	Yes ___	No ___

OATH

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and may be posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action. Pursuant to K.S.A. 65-28,126, licensees are required to notify the Board in writing within 30 days of any changes in the licensee's mailing and/or practice address. By this submission, I hereby certify that I am the responsible party named in this renewal application or have been authorized by that person, and I have personally submitted all data requested in the renewal application form. I understand that Kansas law allows the Board to revoke, suspend or limit a license, censure the license, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license. I declare, under penalty of perjury, under the laws of the state of Kansas, that the foregoing is true and correct.

Name and title of person completing renewal

Signature of person completing renewal

Date