PHYSICAL THERAPIST AND PHSYICAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure or renewal have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Kansas License no: _____________

2. Indicate your full legal name. If your name is different from that shown on your documentation you must submit a copy of the legal document of the name change. If your name is different on your Kansas license you will need to complete the *Name Change* form. You can download the form from our website or call to have mailed.

Full Name: ____
first middle last suffix

Other names used, including maiden name: ______________________________

3. Include residence, mailing and e-mail address. Residence address may *not* be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A. 75-451 *et seq.* may use substitute residential and mailing addresses.

Residence Address: ____
street city county state zip

Mailing Address: ____
public information
street city county state zip

E-mail: ____

4. Datime phone number (include area code): ____________________________

5. Identification. Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number. K.S.A. 74-139 requires disclosure of your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Such disclosure is for identification purposes only. Your social security number will not be released for any other purpose not permitted by law.

Social Security/Tax ID. No: ________________

NPI (National Provider Identifier): _______________ NPI Not Applicable: ☐

Are you a U.S. Citizen? Y ☐ N ☐ If you answered NO, are you (check one):

A qualified alien (as defined in 8 U.S.C.A. § 1641). ☐

A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq*). ☐

An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. ☐

A foreign national, not physically present in the United States. ☐

Other: ____

6. Healthcare Employment/Professional History: In chronological order, list all healthcare employment/professional history since the cancelation of your Kansas License. Attach additional page if necessary. Include actual work address, not corporate headquarters.

Activity:________________________ Employer (if applicable) ________________________

Location:________________________ Dates: From __________ To __________
city state mm/yy mm/yy

Activity:________________________ Employer (if applicable) ________________________

Location:________________________ Dates: From __________ To __________
city state

Activity:________________________ Employer (if applicable) ________________________

Location:________________________ Dates: From __________ To __________
city state

Activity:________________________ Employer (if applicable) ________________________

Location:________________________ Dates: From __________ To __________
city state

7. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as a PT/PTA. Attach an additional sheet if necessary. KSBHA will verify your credentials except for any state that does not provide free and current verifications on their official state website. For those states, you may complete the attached *Licensure Verification* form and forward to all Boards or similar entities in which you have held a PT/PTA license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.

State/Jurisdiction	License, Registrant, Certificate no.	Status	Issue Date

Applicant Name:________________________
(please print or type

8. License Designation. For PTs only. Please select the license designation you are requesting.

ACTIVE: A license issued to a person engaged in the practice of physical therapy. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with KSA 65-2920 Each active license may be renewed annually.

FEDERAL ACTIVE: A license issued to a person who practices physical therapy solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies. A person issued a federally active license may engage in limited practice outside of the course of federal employment consistent with the scope of practice of an exempt licenses, except that the scope of practice of a federally active licensee shall be limited to providing direct patient care services gratuitously or providing supervision, direction or consultation for no compensation except a licensee may receive payment for subsistence allowances or actual and necessary expenses incurred in providing such services; and rendering professional services as a charitable health care provider as defined in K.S.A. 75-6102. The holder of an exempt license shall be required to submit evidence of satisfactory completing required continuing education. Each federal active license may be renewed annually.

INACTIVE: A license issued to a person who meets all the requirements for a license to practice as a physical therapist and who does not actively practice as a physical therapist in this state. An inactive license shall not entitle the holder to render professional services as a physical therapist. The holder of an inactive license shall be required to submit evidence of satisfactory completing required continuing education. The holder of an inactive license shall not be required to submit evidence of basic coverage or self-insurance. Each inactive license may be renewed annually.

EXEMPT: A license issued to a person who is not regularly engaged in the practice of physical therapy in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. The holder of an exempt license may serve as a paid employee or unpaid volunteer of a local health department as defined by K.S.A. 65-241, or an indigent health care clinic as defined by K.S.A. 75-6102. The holder of an exempt license shall be required to submit evidence of satisfactory completing required continuing education. Each exempt license may be renewed annually.

9. Continuing Education: Include proof of completion of continuing education as required by K.A.R. 100-29-10, if applicable.

Application fee of $80.00. NPDB report fee of $3. Make the fees payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.

Applicant Name: ______________________________
please print or type

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406[i], please answer the following questions. If it is determined that your responses were intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military/law enforcement agencies.

1. Are you a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes __ No __ If yes:

   Branch:__________________ Dates of Service:___________________ Military ID#:____________________

2. Are you the spouse of a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes__ No__ If yes:

   Branch:__________________ Dates of Service:___________________ Military ID#:____________________

3. Do you currently reside in Kansas? Yes__ No__ If yes:

   Current Kansas Residence Address:____

4. If you do not currently reside in Kansas, do you intend* to establish residency in Kansas within the next 6 months? ****If you answer "yes" to this question but do not establish Kansas residency within the next 6 months, your Kansas license will be cancelled. If it is determined that your answer to this question was intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military agencies in other jurisdictions.*** Yes __ No __ If yes:

   Intended Kansas Residence Address:____

   Expected Date of Commencing Residence:_____________

If you answered "no" to all questions #1 through #4, you do not need to answer questions #5 through #7.

5. Are you currently licensed, registered, or certified to practice (the profession for which you are seeking licensure in Kansas) by another state, district, or territory of the United States and have worked under that license for at least 1 year. ***This does not include certifications or registrations issued by private boards, professional societies, or any organization other than a government body of a state, district, or territory of the U.S.*** Yes__ No__ If no:

   a. Have you practiced the profession for which you are seeking licensure in Kansas for at least 3 years in a state that does not license/register/certify the profession? Yes __ No__

   b. Have you practiced the profession for which you are seeking licensure in Kansas for at least 2 years in a state that does not license/register/certify the profession and you held a certification or registration issued by a private organization during those 2 years? Yes__ No__ If yes:

      Organization that issued private certification/registration: _____________________ Date Issued: __________

*** "Active practice" does not include care provided while in a training program, residency, or fellowship; or employment that consisted solely of research activities or administrative duties. The Board generally considers active practice to be direct patient care that for either (1) at least one full day per week for 50 weeks during a year; or (2) 400 hours during a year.**

6. Have you actively practiced* the profession for which you are seeking licensure in Kansas during the last 2 years?
   Yes__ No__

If you answered "yes" to question #6, you do not need to answer question #7.

7. If you answered "No" to questions #6, please provide a detailed explanation regarding your active clinical practice and direct patient care during the 12 months immediately preceding the submission of your application. Please explain any gaps in active practice in the 12 months immediately preceding the submission for your application, including the amount of time and reason.

[i] An applicant who has not been in the active practice of their occupation during the two years preceding the application for which a license is sought, may be required to complete additional testing, training, monitoring or continuing education as the KSBHA deems necessary to establish present ability to practice in a manner that protects the health and safety of the public K.S.A. 48-3406(d).

ATTESTATION QUESTIONS

Please 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. All information received will be checked accordingly to verify the truth and veracity of your answers. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

If you are unsure of your response to a question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the "no" box.

____ ______________________

Full Name of Applicant Date

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program, excluding academic probation in medical school, prior to completing the training? Yes ___ No ___

2. Have you ever had any application for any professional license, registration, or certificate denied by any licensing authority? Yes ___ No ___

3. Have you ever been denied the privilege of taking an examination required for any professional license, registration, or certificate? Yes ___ No ___

4. While working in a healthcare facility as a staff member (including postgraduate training) did you ever have your privileges censured, limited, suspended, revoked, or received other disciplinary action? Yes ___ No ___

5. While working in a healthcare facility as a staff member (including postgraduate training) did you ever voluntarily or involuntarily resign while under investigation? Yes ___ No ___

6. Have you ever been denied privileges with any health care facility? Yes ___ No ___

7. Have you ever been requested to resign, withdraw, or otherwise terminate your position with a partnership, professional association, corporation, or other practice organization, either public or private? Yes ___ No ___

8. Have you ever voluntarily surrendered any professional license registration, or certificate, in lieu of formal disciplinary proceedings? Yes ___ No ___

9. Has any licensing authority ever limited, suspended, revoked, censured or placed you on probation, or have you had any other disciplinary action taken against any professional license, registration, or certificate you have held? Yes ___ No ___

10. Have you ever been requested to appear before a licensing authority? Yes ___ No ___

11. To your knowledge, have any complaints or charges ever been filed against you, or are you currently under investigation, with any licensing agency, professional association, or health care facility? Yes ___ No ___
12. Has any professional association imposed any disciplinary action against you? Yes ___ No ___
13. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your ability to practice your profession in a competent, ethical, and professional manner? Yes ___ No ___
14. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate? Yes ___ No ___
15. Have you ever had your Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration revoked, suspended, or restricted in any way, or surrendered in lieu of formal proceedings? Yes ___ No ___
16. Have you ever been arrested? You must include all arrests including those that have been set aside, dismissed, expunged, pardoned, or where a stay of execution has been issued. Yes ___ No ___
17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation? You must include those that have been set aside, dismissed, pardoned, or expunged, or where a stay of execution has been issued. Yes ___ No ___
18. Have you ever been court martialed or dishonorably discharged from the armed services? Yes ___ No ___
19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes ___ No ___
20. Have you ever been denied participation in any State Medicaid or Federal Medicare Programs, or in a private insurance company? Yes ___ No ___
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any state or federal Medicaid or Medicare Programs, or private insurance company? Yes ___ No ___

It is your continued duty to update the Board on any changes once the application has been submitted.

AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant: in the presence of a notary public, sign and date this form with attached photo.
Email to KSBHA_Licensing@ks.gov or mail it directly to the Kansas State Board of Healing Arts.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application for Physical Therapist or Physical Therapist Assistant Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if a change occurs any time prior to a license to practice Physical Therapy being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license to practice Physical Therapy.

Applicant Photograph

Attach a 2 x 3- inch color photograph of applicant, with head and shoulder areas only, taken within the last 90 days.

____
Applicant's signature ***(must be signed in the presence of a notary)***

____
Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

____
Date of signature ***(must correspond to date of notarization)***

[Please note: The notary must be clearly visible when submitting electronically]

NOTARY

State of ____________________________, County of ________________________,
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this ______day of ______, 20______

Notary Public Signature ___________________________________ My Notary Commission Expires ______________________

KANSAS PHYSICAL THERAPIST JURISPRUDENCE EXAM (PTs Only)

All Physical Therapist: Compete the jurisprudence exam and return it with your application. Answers are available in the Physical Therapy Statute and Regulation Handbook.

Full Name of Applicant ______________________ Date ______________

1. Which is NOT part of Kansas Statute 65-2901, (hereafter called the Kansas Physical Therapy Practice Act), definition of physical therapy?
   a. Examining, evaluating and testing individuals
   b. Alleviating impairments, functional limitations and disabilities
   c. The practice of any branch of the healing arts
   d. Fabrication of orthotics, debridement and wound care, manual therapy.

2. Which professional designation is not legal for introductions or business cards/public address in Kansas?
   a. Dr. Jane Doe, physical therapist
   b. Jane Doe, PT, DPT
   c. Dr. Jane Doe, DPT
   d. Dr. Jane Doe

3. Which is NOT part of obtaining a temporary permit to practice in Kansas?
   a. Submission of an application on a form sent to the Board of Healing Arts
   b. Meeting all requirements for licensure as a physical therapist (PT), or certification as a physical therapist assistant (PTA)
   c. Payment of a temporary permit fee, which expires three months after date of issue
   d. Obtaining additional temporary permits

4. Which is NOT one of the requirements for licensure renewal applications?
   a. 20 continuing educational hours for PTs and 10 for PTAs every two years.
   b. Notice of conviction of felony, fraud, incompetence, or unprofessional conduct.
   c. Updates to the Board of Healing Arts on correct address and work setting within 30 days of change
   d. Proof of professional liability insurance policy, except for inactive license

5. Which is NOT one of the reasons licenses may be refused or sanctioned, suspended or limited?
   a. Failure to refer patients to other providers if symptoms are beyond physical therapy scope of practice
   b. Addiction to, or distribution of, intoxicating liquors or drugs for other than lawful purposes
   c. Knowingly submitting any deceptive or untrue claim, bill or statement
   d. Treating human beings as authorized by the Kansas Physical Therapy Practice Act

6. Which would NOT be considered unprofessional conduct that results in a sanction of license?
   a. Failing to provide adequate supervision to a PTA or other person who performs services pursuant to delegation by a physical therapist.
   b. Promising a patient a permanent cure for an incurable disease, condition or injury.
   c. Changing jobs too frequently.
   d. Advertising a guarantee of any professional physical therapy service.

7. What is NOT part of the definition of unprofessional conduct?
   a. Charging excessive fees for services performed
   b. Treating two or more patients at one time
   c. Providing treatment unwarranted by the patient's condition or continuing beyond reasonable benefit
   d. Committing any act of sexual abuse or misconduct

8. Supervision of a PTA by a PT includes all of the following EXCEPT:
   a. Notification by the PTA to the Board of Healing Arts of each supervising PT's name and license number
   b. On-site personal supervision of aides, technicians, or paraprofessionals by the PT, or PTA under the direction of the PT, being immediately available to support personnel.
   c. Support personnel may be delegated skilled professional care of patients beyond basic "tasks" if given on-site instructions
   d. Consideration of the education, training, experience and skill level of the physical therapist assistant

9. The Kansas Physical Therapy Practice Act specifically states that the supervising physical therapist must supervise each physical therapist assistant working under his or her direction and supervision. How often must the physical therapist see each patient treated by the physical therapist assistant?
   a. A minimum of every 30 days
   b. A minimum of every two weeks
   c. A minimum of weekly
   d. Neither the Statutes nor the Rules and Regulations specify a specific time frame, except when a PTA initiates treatment after phone consultation with the PT

10. The Kansas State Board of Healing Arts can now impose a fine on a Physical therapist for a first offense not to exceed:
    a. $100
    b. $5,000
    c. $10,000
    d. $500

11. Under the Kansas Physical Therapy Practice Act, which of the following are NOT within the scope of physical therapy practice?
    a. Laser surgery
    b. Anodyne treatment
    c. Electromyography
    d. Nerve conduction velocity testing

12. Physical therapists can evaluate and treat, without a referral from a licensed care professional, in all cases EXCEPT:
    a. Wound debridement
    b. Employees solely for the purpose of work-place injury prevention
    c. Special education students as part of an IEP or IFSP
    d. In a hospital outpatient PT department

13. Physical therapists may evaluate and treat a patient, without a referral from a licensed health care professional, for no more than 10 visits or 15 business days after initial treatment EXCEPT:
    a. Patient was provided written diagnosis that physical therapist cannot make "medical diagnosis"
    b. In a hospital outpatient physical therapy department
    c. Patient has demonstrated objective, measurable or functional improvement
    d. All of the above

14. Which statement is a description of an appropriate activity for a PTA?
    a. Interpretation of a referral, followed by performance and documentation of initial examination, testing, evaluation, diagnosis, and prognosis
    b. Provision of physical therapy treatment interventions following an established plan of care
    c. Development or modification of a plan of care that is based on a reexamination of the patient or client that includes the physical therapy goals for intervention
    d. Documentation of the patient's discharge summary

15. Physical therapists are required to countersign notes written by physical therapists and physical therapist assistants who are working under a temporary permit.
    a. True
    b. False

16. Physical therapists and physical therapist assistants who have temporary permits must have direct supervision by a licensed physical therapist until they pass the appropriate PT or PTA national examination.
    a. True
    b. False

17. According to the Kansas Physical Therapy Practice Act, physical therapists are not allowed to delegate parts of the skilled physical therapy treatment to physical therapy aides.
    a. True
    b. False

18. Physical therapist assistants can write the discharge summary for a patient (e.g., a summary of treatments, patient progress, goals met, prognosis for further increase in function, etc.).
    a. True
    b. False

19. Physical therapists are required to carry malpractice insurance in the amount of 1 million/3 million.
    a. True
    b. False

20. In a sports medicine clinic, it is appropriate for a physical therapist assistant who is also an athletic trainer to evaluate and treat a patient and bill for it as physical therapy.
    a. True
    b. False

21. If I know a physical therapist or physical therapist assistant is practicing unethically or illegally, and do nothing about it, I am in violation of the Kansas Physical Therapy Practice Act.
    a. True
    b. False

22. According to Kansas Rules and Regulations, it would be considered unprofessional conduct for a PTA to allow his/her patients to refer to him/her as “my physical therapist”.
    a. True
    b. False

23. It is unprofessional conduct for a physical therapist or a physical therapist assistant to refer a patient or a client to a health care entity for services if the PT or PTA has a significant investment interest in the health care entity, unless the patient/client is informed in writing of the significant investment interest and that the patient/client can obtain services elsewhere.
    a. True
    b. False

24. The PT Advisory Council currently consists of three PTs, a physician, and a member of the Kansas State Board of Healing Arts.
    a. True
    b. False

25. Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan or individualized family service plan.
    a. True
    b. False

LICENSE VERIFICATION FORM

Send to all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and email to KSBHA_Licensing@ks.gov or mail it directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of __________________________________ having control of any documents, records, and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; informal, pending, closed or any other pertinent information.

Full Name: ____

Other Names Used (if applicable): ______________________________ Date of Birth: ______________

License or Registration No.: __________________________________ Issue Date: ______________

Profession: ____

Signature: ____ Date:____________________

Full Name of Licensee or Registrant: ____

License or Registration No.: ______________________________ Status: ____________________

Issue Date: ________________ Expiration Date: ________________

License Method: __________________________ School: _________________________________

DISCIPLINARY ACTIONS:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes ___ No ___ Unable to Divulge ___

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? Yes ___ No ___ Unable to Divulge ___

Comments: ____

Signature: ____________________________________ (SEAL)

Title: ____

State Board of: _________________________________

Date: ________________

THIRD PARTY RELEASE

If you would like the Kansas State Board of Healing Arts ("Board") staff to talk with third parties about your application complete this form. This form provides authorization for the Board to release information regarding your application to third parties. This information includes, but is not limited to: application information, license verification, status change, address changes, Kansas Health Care Stabilization Fund information, continuing education information, audit information, and past or current legal issues and documents. This authorization expires one year from the date of signature. You can revoke this authorization at any time by submitting a request in writing. Revoking this authorization will not affect any action taken prior to receipt of your written request. A reproduction of this authorization shall have the same effect as the original. Email to KSBHA_Licensing@ks.gov or mail it directly to the Board.

I, ____, authorize Board staff to release and discuss any and all information pertaining to my application, with the following individuals:

1. Name: ____________________________________
   Phone: ____________________________________
   Email: ____________________________________
   Relationship: ____________________________________

2. Name: ____________________________________
   Phone: ____________________________________
   Email: ____________________________________
   Relationship: ____________________________________

I acknowledge by my signature, that although I am not required to authorize the Board to release information to third parties, I am giving my consent for Board staff to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent, prior to my revocation.

____ ____________________________
Signature of Applicant Date

GENERAL INFORMATION AND INSTRUCTIONS
Physical Therapist and Physical Therapist Assistant

Please visit the Statutes and Regulations Handbook
for all information governing an Physical Therapist or Physical Therapist Assistant License

Thank you for your interest in becoming licensed in Kansas. Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Please allow two (2) weeks after the submission of the application before contacting our office. **Do not** commit to any work dates prior to being licensed.

It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas Board of Healing Arts (KSBHA).

One of the missions of KSBHA is public protection through effective licensure and enforcement. One way the public is safeguarded is by issuing licenses to fully qualified, competent and ethical applicants. You will be asked a series of attestation questions. A "yes" answer is not an automatic disqualification from licensure. All applicants are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein before the application will be deemed complete to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. Failure to fully disclose could constitute grounds alone for denial of your application. Please avoid some of the common excuses: "My attorney told me I don't have to disclose." or "I did not think the prior act had anything to do with my profession or that it was still on my record or it happened so long ago." There is no excuse for not disclosing.

Portions of the application may be copied and sent to the appropriate place to be completed and mailed directly to the Kansas Board of Healing Arts.

Kansas application fee is $80.00 .Kansas application fees must be submitted with the application and are **NOT** refundable. Make checks payable to KSBHA. Checks returned for any reason by the payer's financial institution must be replaced by a money order, certified check, or credit card. To pay by debt or credit card please complete the credit card authorization form.

Each person applying for an active license must submit to the Board evidence of professional liability insurance as required by KSA 65-2920 for which the limit of insurers liability shall not be less than $100,000 per claim or subject to an annual aggregate of not less than $300,000 for all claims made during the period of coverage.

The National Practitioner Data Bank (NPDB) Report was mandated by Congress and tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. All applicants include a $3 report fee for the Board to obtain the NPDB report.

You must submit any change of address to the Board. Please visit our website to complete the *Change of Address* form.

License/Certificates expire December 31 and are renewed annually. Licenses renewal will be required of all receiving a permanent license prior to September 1.

CHECK LIST - Did you complete the following?

ALL questions answered on the application

Select License designation for PTs only
Notarize and sign Affidavit and Authorization form
Jurisprudence exam for PTs only
Proof of professional liability, if required. PTs only
Notarize and sign copy of the Affidavit and Authorization

Request verification from states, countries,or jurisdictions, if applicable
Documentation for any “YES” Attestation Questions
Proof of Continuing Education, if applicable
Complete Expedited Licensure Questionnaire
Fees

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Fax: 785-296-0852 Website: www.ksbha.org

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Board. Payments are processed in order of date received.

Name of Applicant/Licensee:	License Number:
Purpose of Payment:	Amount:

(Application, NPDB Fee, KBI Fee, Verification of Licensure, etc.)

Name of Cardholder:			
Billing Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	

Card Type: DISCOVER VISA AMERICAN EXPRESS MasterCard	
Card Number:	
Expiration Date: (MM/YY)	Verification Code:

**Do not add spaces or dashes to numbers*

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.

Kansas State Board of Healing Arts
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