



**III. EDUCATION**

IF YOU HAVE RECEIVED TRANSFER CREDIT OR QUIZZED OUT OF CERTAIN COURSES IN ANY EDUCATIONAL INSTITUTION, PLEASE EXPLAIN. USE ADDITIONAL PAGES IF NECESSARY

| EDUCATION  | POST-GRADUATE TRAINING   |
|--|--|
| HIGH SCHOOL: <u>HUGOTON HIGH SCHOOL</u><br>CITY: <u>HUGOTON</u> STATE OR COUNTRY: <u>KANSAS</u><br>MO/YR ENTERED: <u>8 / 72</u> MO/YR GRADUATED: <u>6 / 76</u>   | POST GRADUATE: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>SPECIALTY: _____   |
| PRE-PROFESSIONAL: <u>KANSAS STATE UNIVERSITY</u><br>CITY: <u>MANHATTAN</u> STATE OR COUNTRY: <u>KANSAS</u><br>MO/YR ENTERED: <u>8 / 76</u> MO/YR GRADUATED: <u>8 / 80</u><br>TYPE DEGREE: <u>B.A.</u>                | HOSPITAL: <u>Consortium for Health Education</u><br>CITY: <u>Kansas City</u> STATE OR COUNTRY: <u>Missouri</u><br>MO/YR ENTERED: <u>7 / 85</u> MO/YR GRADUATED: <u>6 / 86</u><br>SPECIALTY: <u>Internal medicine</u> |
| PRE-PROFESSIONAL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>TYPE DEGREE: _____  | HOSPITAL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>SPECIALTY: _____  |
| PROFESSIONAL SCHOOL: <u>UNIVERSITY OF KANSAS SCHOOL OF MEDICINE</u><br>CITY: <u>KANSAS CITY</u> STATE OR COUNTRY: <u>KANSAS</u><br>MO/YR ENTERED: <u>8 / 81</u> MO/YR GRADUATED: <u>7 / 85</u><br>TYPE DEGREE: _____ | HOSPITAL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>SPECIALTY: _____  |
| PROFESSIONAL SCHOOL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>TYPE DEGREE: _____   | HOSPITAL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>SPECIALTY: _____  |
| 5TH PATHWAY IF APPLICABLE: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>TYPE DEGREE: _____   | HOSPITAL: _____<br>CITY: _____ STATE OR COUNTRY: _____<br>MO/YR ENTERED: <u>1</u> MO/YR GRADUATED: <u>1</u><br>SPECIALTY: _____  |

EXPLANATION:

**IV. PREVIOUS LICENSURE**

LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED OR ARE CURRENTLY LICENSED. MAKE NO OMISSIONS CONCERNING PREVIOUS LICENSURE OR ANY DISCIPLINARY ACTION.

| STATE/COUNTRY   | LICENSE NO.   | DATE         | HOW OBTAINED<br>(Exam., Recip., Nat'l Bd., FLEX) | DISCIPLINARY ACTIONS | CURRENT (Circle)  |
|-----------------|---------------|--------------|--|----------------------|---|
| <u>MISSOURI</u> | <u>T12838</u> | <u>05-86</u> | <u>Nat'l Bd.</u>                                 | <u>none</u>          | YES <input type="radio"/> NO <input checked="" type="radio"/> |
|                 |               |              |  |                      | YES <input type="radio"/> NO <input type="radio"/>            |
|                 |               |              |  |                      | YES <input type="radio"/> NO <input type="radio"/>            |
|                 |               |              |  |                      | YES <input type="radio"/> NO <input type="radio"/>            |
|                 |               |              |  |                      | YES <input type="radio"/> NO <input type="radio"/>            |
|                 |               |              |  |                      | YES <input type="radio"/> NO <input type="radio"/>            |

EXPLANATION OR COMMENTS: \_\_\_\_\_

**V. PROFESSIONAL LIABILITY INSURANCE (MALPRACTICE)**

If you are rendering professional services in Kansas, you are required by K.S.A. 40-3401-3419 to maintain professional liability insurance of not less than \$200,000 per occurrence (per claim) subject to not less than \$600,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund.

1. In what company do you carry professional Liability Insurance? Medical protective (pending)

2. Have any malpractice suits, claims or settlements been filed against you? If so, how many and provide a letter from your attorney explaining each case.  YES  NO

none in military service and will render no professional services in Kansas outside my military duties without complying with the insurance laws specified in part V.

**VI. DISCIPLINE**

WE ROUTINELY RECEIVE INFORMATION FROM VARIOUS STATES, FEDERAL AND PRIVATE AGENCIES AND ASSOCIATIONS ABOUT ACTION TAKEN AGAINST LICENSEES OR PRACTITIONERS. ALL INFORMATION RECEIVED WILL BE CHECKED ACCORDINGLY TO VERIFY THE TRUTH AND VERACITY OF YOUR ANSWERS. IN OTHER WORDS, IF THE QUESTION IS IN ANY WAY APPLICABLE, ANSWER YES AND THEN EXPLAIN IN THE SPACE PROVIDED.

1. **(Confidential)**

2. Have you ever been denied the privilege of taking an examination administered by a licensing agency?  
YES  NO (Circle one)

3. Have you ever been denied a license to practice the healing arts or other health care profession?  
YES  NO (Circle one)

4. **(Confidential)**

5. **(Confidential)**

6. 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 (Circle one)

7. Have you ever, for any reason, lost American Board certification?  
YES  NO (Circle one)

8. Has any licensing or disciplinary agency limited, restricted, suspended or revoked a license you have held?  
YES  NO (Circle one)

9. Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary agency?  
YES  NO (Circle one)

10. Have you ever been notified or requested to appear before any licensing or disciplinary agency?  
YES  NO (Circle one)

11. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?  
YES  NO (Circle one)

12. **(Confidential)**

13. **(Confidential)**

14. **(Confidential)**

15. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics controlled substances registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?  
YES  NO (Circle one)

16. Have you ever surrendered your state or federal controlled substances registration or had it restricted in any way?  
YES  NO (Circle one)

17. **(Confidential)**

18. Have you ever been a defendant in a legal action involving professional liability (Malpractice) or had a professional liability claim paid if your behalf or paid such a claim yourself?  
YES  NO (Circle one)

19. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs?  
YES  NO (Circle one)

20. Have you ever terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicare Programs?  
YES  NO (Circle one)

BLANK SPACE IS PROVIDED FOR YOUR USE IN ANSWERING THE ABOVE QUESTIONS. IF MORE SPACE IS NEEDED, USE ADDITIONAL PAGE.

**VII. STATEMENT OF HEALTH**

**(Confidential)**



**XI. RECOMMENDATIONS FROM TWO REPUTABLE PHYSICIANS**

1. This is to certify that I have known Dr. Ann Neuhaus of 1003 Central KCKS whose photograph is hereto attached, for 3 years; that he/she is a capable physician and is not addicted to alcohol or narcotics.

I further certify that to the best of my knowledge and belief Dr. Ann Neuhaus is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

Signed Shirley Chow  
 Shirley Chow  
Print or Type Name

Address 2301 Holmes  
 State Kansas City Missouri  
 Phone 556-3257

2. This is to certify that I have known Dr. Ann Neuhaus of 1003 Central KC, KS whose photograph is hereto attached, for 1 years; that he/she is a capable physician and is not addicted to alcohol or narcotics.

I further certify that to the best of my knowledge and belief Dr. Neuhaus is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

Signed W. Malcolm Knarr  
 W. Malcolm Knarr, D.O.  
Print or Type Name

Address 1003 Central  
 State Kansas City, KS 66102  
 Phone 321-3343

**XII. AFFIDAVIT**

1. Ann Kristin Neuhaus, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery, osteopathic medicine and surgery or chiropractic in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years for each violation. (K.S.A. 21-3805)

Ann Kristin Neuhaus  
Signature of Applicant

MEDICAL SCHOOL DIRECTOR

**XIII. RELEASE**

STATE OF KANSAS  
 COUNTY OF Wyandotte  
 THE APPLICANT ANN Kristin Neuhaus

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas State Board of Healing Arts or its successors any information, files or records requested by that board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

Ann Kristin Neuhaus  
Applicant's Signature

Subscribed and sworn to before me this 22nd day of September, 1986

Janet E. Sidenlist  
Notary Public

My appointment expires on the My Notary Public appointment expires of January 30, 1987, 1987

This Filing to be Filled Out  
by the Secretary Only

### ENDORSEMENT

## The Kansas State Board of Healing Arts

OFFICE RECORD—(Leave blank)

Name Ann Kristin Neuhaus, M.D.

Address 1003 Central Ave

City Kansas City

State Kansas 66102

Reciprocal Certificate No. 308407

Application for Certificate through Endorsement with

National Board

Kansas Certificate No. 27296

Issued December 5, 1986 19\_\_

JAN 14 1987

Certificate Forwarded \_\_\_\_\_ 19\_\_

Sent by \_\_\_\_\_ Certified Mail

By Richard A. Volby Secretary

NOTE: Fee must accompany the application. Fee of \$190.00 for endorsement and \$30.00 for temporary permit payable by bank draft or money order. No personal checks. Make fee payable to Kansas State Board of Healing Arts. Continuing Education is a requirement for renewal of license each year. Professional Certificates sent Certified Mail only.

1. Please read instructions and application carefully. Completely fill out application.
2. All documents must be legible and in the English language, accompanied by a CERTIFIED translation where applicable. Translation must be made by a recognized authority in the translation of the language of the document. (DO NOT SEND EXTRA DOCUMENTS.)
3. Applications must be complete with all documents and in this office before a temporary permit may be issued.
4. You must not begin to practice your profession before you are issued either a temporary permit or permanent license.
5. You must submit an original transcript from your professional school.
6. Doctors of Chiropractic must submit proof of 60 hours (transcripts) of pre-Chiropractic college education to be eligible for licensure.
7. A copy of the postgraduate training certificate may be substituted for the certification.
8. Recommendations—#XI. The physicians must have known you for at least one year before signing the recommendation.
9. Photograph—#XIV. (1) Sign your name across the front of the photograph. (2) The photographer must sign name and date back of the photo with the signature and title of the law enforcement officer listed.
10. Address—#XIV. Please list the address to which your certificate can be mailed in June and December.

### XIV. ATTA

1. Photo
2. Please
3. Signat;  
ing add;  
true pic  
days p
4. Thumb  
taken b  
the offi  
certifi
5. Attach



Address to which Certificate will be mailed by certified mail.

Certificates will be mailed in June and December. Please give address to be used at that time or notify Board office of change.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Date \_\_\_\_\_

A Kristin Neuhaus

(Confidential)

# UNIVERSITY OF KANSAS

By the authority of the Board of Regents of the State of Kansas and upon the recommendation of the Faculty of the

## School of Medicine

confers upon  
**A. Kristin Neuhaus**  
 the degree of

## Doctor of Medicine

with all its rights, privileges, and responsibilities.  
 Given under the seal of the University of Kansas

this nineteenth day of May, nineteen hundred and eighty-five.

State Board of Regents

- |                         |                         |  |                            |                         |
|-------------------------|-------------------------|--|----------------------------|-------------------------|
| <i>Wendell Felt</i>     | <i>Frank J. Beckler</i> | <i>James O. Bunchling</i>                | <i>Thomas W. Carothers</i> | <i>Lawrence H. Gove</i> |
| <i>Robert C. Myers</i>  | <i>Walter C. Rupp</i>   | <i>William A. Boyd</i>                   |                            |                         |
| <i>Howe A. B. Lilly</i> | <i>Joseph C. Mack</i>   | <i>Robert D. York</i>                    |                            |                         |
| <small>Chairman</small> | <small>Dean</small>     | <small>Dean of Educational Staff</small> |                            |                         |



For the Doctor of Medicine degree by the University of Kansas School of Medicine.  
*Robert G. Hillback*  
 Student Admissions and Records  
 Date August 28, 1986

SEP 12 1985

1986 SEP 29 AM 9:42

# University of Missouri-Kansas City School of Medicine



## and the Affiliated Hospitals' Consortium For Health Education

Hereby Certifies That

*Ann Kristin Neuhaus, M.D.*

Has served to the satisfaction of the faculty of the  
University of Missouri-Kansas City School of  
Medicine and the Consortium for  
Health Education in the capacity of

**Resident in Internal Medicine**

for a period of 12 months  
ending the 30<sup>th</sup> day of June A.D., 1986.

In Witness Whereof, the undersigned have affixed  
their signatures and the seal of the University.

*Larry S. Jones, M.D.*  
Dean, School of Medicine

*Debra Hamburg ND*  
Academic Program Director



*George Wicken*  
President, Consortium for  
Health Education

*Thomas Copping M.D.*  
Chairman, Internal Medicine  
Committee

My Commission Expires:

DEANNA FELDMAN

Notary Public - State of Missouri  
Commissioned in Jackson County  
My Commission Expires June 5, 1987

*Deanna Feldman*  
Notary Public

I certify that this is a true copy of the original certificate.



NATIONAL BOARD OF MEDICAL EXAMINERS\*\* 3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104  
ENDORSEMENT OF CERTIFICATION

**RECEIVED**  
1985 JUL -7 11 12 19  
KANSAS BOARD OF HEALTH

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

Ann K. Neuhaus, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby  
declared a Diplomate of the National Board of Medical Examiners.

Attest C. WILLIAM DAESCHNER, JR., M.D.  
Chairman of the Board

SEAL: EDITHE J. LEVIT, M.D.  
President of the Board

Philadelphia, Pa.  
07/01/86

Certificate # 308407

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from U KANSAS SCHOOL MEDICINE in MAY 1985 and whose birth date is 04/19/1958 This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

|   | Standard<br>Score | Scale<br>Score |
|---|-------------------|----------------|
| PART I passed                                       | 06                | 83             |
| Anatomy, incl. histology and embryology             |                   |                |
| Physiology  |                   |                |
| Biochemistry  |                   |                |
| Pathology   |                   |                |
| Microbiology, incl. immunology                      |                   |                |
| Pharmacology and Materia Medica                     |                   |                |
| Behavioral Sciences                                 |                   |                |
| TOTAL TEST (Minimum Passing Score 380/75)           |                   |                |
| Part II passed                                      | 09                | 84             |
| Internal medicine and the medical specialties       |                   |                |
| Surgery and the surgical specialties                |                   |                |
| Obstetrics and Gynecology                           |                   |                |
| Public Health and Preventive Medicine               |                   |                |
| Pediatrics  |                   |                |
| Psychiatry  |                   |                |
| TOTAL TEST (Minimum Passing Score 290/75)           |                   |                |
| PART III passed                                     | 03                | 86             |
| A General Test of Clinical Competence               |                   |                |
| TOTAL TEST (Minimum Passing Score 290/75)           |                   |                |
| GENERAL AVERAGE (Parts, I, II, and III Scale Score) |                   |                |

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

*Melanie Valente*

Secretary for Certification

07/01/86