

Kansas Board of Healing Arts Online Renewals

Summary for Leroy H Carhart

License Number:	424866
License Type:	Medicine and Surgery
License Designation:	Active
Primary practice specialty:	Gynecology
Are you Board certified in that specialty?	No
Secondary practice specialty	General Practice
Are you Board certified in that specialty?	No
Date of Renewal:	06/15/2009
Name Displayed on the License:	Leroy H Carhart
Is the name displayed not correct?	No
Do you actively practice in Kansas?	Yes

Residence Address

Street Address:	(confidential)
Address line 2:	
City:	Bellevue
Kansas County:	
Country:	USA
State:	NE
Zip Code:	68005
Phone Number:	(confidential)

Mailing Address

Street Address or PO Box:	1002 West Mission Avenue
Address line 2:	
City:	Bellevue
Kansas County:	
Country:	USA
State:	NE
Zip Code:	68005

Email Address:	(confidential)
Practice Address	
Practice Name:	BELLEVUE HEALTH CENTER
Street Address:	1002 WEST MISSION AVENUE
Address line 2:	
City:	BELLEVUE
Kansas County:	
Country:	USA
State:	NE
Zip Code:	68005
Phone Number:	4022924164
Fax Number:	4022914643
About this Practice Location	
What kind of work setting is this practice site?	Self-Employed, Solo-Practice
If Other, please specify:	
How many patients do you see during an average week at this site?	50
How many hours of direct patient care do you provide at this work site in a typical week?	60
How many weeks per year do you work here?	51
Non-Kansas Licenses	
Have you ever had or are you holding a license in any other state?	Yes
State:	IN
Status:	
License Number (if known):	
Year Granted (if known):	
State:	NJ
Status:	
License Number (if known):	
Year Granted (if known):	
State:	OH

Status:	
License Number (if known):	
Year Granted (if known):	
State:	PA
Status:	
License Number (if known):	
Year Granted (if known):	
State:	WI
Status:	
License Number (if known):	
Year Granted (if known):	
Disciplinary Questions	
A. In the past 12 months have you been a defendant or has any judgment, award, or settlement been paid resulting from a professional liability claim? (confidential)	N
C. In the past 12 months has any disciplinary action been initiated or taken against you by a state licensing agency or other state or government agency, or have you surrendered or consented to limitation of license to practice in any state or country?	N
D. In the past 12 months have you been denied a license to practice the healing arts or other health care profession? (confidential)	N
G. In the past 12 months do you know of any investigation by or any allegations, complaints, or charges concerning you made to any licensing agency or state or government agency?	N
Demographic Information	
Gender:	Male
Race:	White
Are you of Hispanic or Latino origin?	No
Languages that you speak:	English, , ,

Are you a graduate of a foreign professional school?	No
Are you a citizen or permanent resident of the United States?	Yes
How many hours of direct patient care do you provide in Kansas in a typical week?	
How many more direct patient care sites do you have in Kansas?	
Volunteer Services	
I am willing to be included on a registry to provide my services during an emergency.	
Within your county of residence	Y
Within 75 miles of your residence	Y
Anywhere in the State of Kansas	Y
Outside of the State of Kansas	Y
Malpractice Review Committee	
Pursuant to K.S.A. 65-4901, the Kansas State Board of Healing Arts is required to maintain and make available a current list of health care providers who are willing and available to serve on a medical malpractice screening panel.	
Are you willing to serve on a malpractice screening panel?	Yes
Supervise	
Do you supervise any ?	N
Office-Based Surgery	
Do you perform any procedure in your office that requires sedation, including: IV sedation of any kind; inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? (This does not include minor procedures that can be performed safely and comfortably with any other combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.)	Yes
Physician Assistant or Athletic Trainer	
Insurance Information	
Effective Date	01/01/2009
HCSF Code	
Policy #	KSP0016805
Expire Date	01/01/2010
Other (If HCSF Code is 0)	KAMCO
Renewal Filer	
The person filing this renewal is the person named upon the license:	Yes

Name of the person who entered data for me:

Perjury Statement

Agreed to perjury statement:

Yes

Confirmation

Confirmation Number:

5056783

Payment Amount:

325.25