

## Kansas Board of Healing Arts Online Renewals

### Summary for Leroy H Carhart

License Number:	0424866
License Type:	Medicine and Surgery
License Designation:	Exempt
Primary practice specialty:	General Practice
Are you Board certified in that specialty?	No
Secondary practice specialty	Unspecified
Are you Board certified in that specialty?	No
Date of Renewal:	06/28/2011
Name Displayed on the License:	Leroy H Carhart
Is the name displayed <b>not</b> correct?	No
Do you actively practice in Kansas?	No
Professional Activities for Exempt License	Charitable Health Care, Treatment of Family and Friends with no compensation
<b>Residence Address</b>	
Street Address:	confidential
Address line 2:	
City:	Bellevue
Kansas County:	
Country:	USA
State:	NE
Zip Code:	68005
Phone Number:	confidential
<b>Mailing Address</b>	
Street Address or PO Box:	confidential
Address line 2:	
City:	Bellevue
Kansas County:	

Country:	USA
State:	NE
Zip Code:	68005
Email Address:	confidential
<b>Business Address</b>	
Business 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
<b>About this Business Location</b>	
What kind of work setting is this business site?	Self-Employed, Solo-Practice
If Other, please specify:	
How many patients do you see during an average week at this site?	35
How many hours of direct patient care do you provide at this work site in a typical week?	24
How many weeks per year do you work here?	48
<b>Business Address</b>	
Business Name:	GERMANTOWN REPRODUCTIVE HEALTH
Street Address:	13233 EXECUTIVE PARK TERRACE
Address line 2:	
City:	GERMANTOWN
Kansas County:	

Country:	USA
State:	MD
Zip Code:	20874
Phone Number:	3013539200
Fax Number:	3016014318
<b>About this Business Location</b>	
What kind of work setting is this business site?	Self-Employed, Solo-Practice
If Other, please specify:	
How many patients do you see during an average week at this site?	30
How many hours of direct patient care do you provide at this work site in a typical week?	28
How many weeks per year do you work here?	48
<b>Non-Kansas Licenses</b>	
Have you ever had or are you holding a license in any other state?	Yes
State:	MD
Status:	
License Number (if known):	
Year Granted (if known):	
State:	NE
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):	
<b>Disciplinary Questions</b>	
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?	N
confidential	
C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?	N
confidential	
confidential	
F. 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?	Y
<b>Profile Question</b>	
The Kansas Board of Healing Arts provides a public profile of each licensee via a website. You may add a statement to your profile to explain any disciplinary information contained in the profile. Do you wish to add a statement to your public profile?	N
<b>Demographic Information</b>	
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
--	-----

**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:	5098564
Payment Amount:	156.5
NPI (National Provider Indicator):	1902028715