neuhaus, Ann (05)

KANSAS STATE BOARD OF HEALING ARTS OFFICIAL CONTINUING MEDICAL EDUCATION FORM July 1, 1999 to June 30, 2002

REC'D JUL 0 1 2002

NAME: Ann Kns	râ Wenhamo	_ KANSAS LICENSE #: 04-26546
over the past year (7/1/00 thru 6/30/0	(7/1/01 thru 6/30/02), 10	on this form. A minimum of 50 hours 0 hours over the past two-year period past three-year period (7/1/99 thru
a two-year update,	mum of 20 hours is require or 60 hours for a three fication letter <u>MUST BE ATI</u>	ed for a one year update, 40 hours for year update) PROOF in the form GCE/VE ACHED. SPONSOR/LOCATION 302002
HOURS DATES	PROGRAM TITLE	sponsor/location 302002
1.	AARP Certif	ication AAPP
2. 3. OHaa	-402 183 Credi	ts/2 yrs
4. 6/01 -	PROGRAM TITLE AAP Certif -6/02 183 Credi 6/02 73.5 Cre	dits
6 <i>.</i>		
7.		
8.		
9.		
	v put jean, 18	3 for part 3 years
hours for a two-year	update, or 90 hours for a ry 2 CME Activities inser	is required for a one year update, 60 a three-year update is allowed) Please t for further assistance in determining
HOURS DATES	PROGRAM TITLE	SPONSOR/LOCATION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
$\frac{}{1 \times 3}$ grand total		
		ar 4ha (varra Tuli) 1000 to Tura 20
2002.	tó be true and correct	or the years July 1, 1999 to June 30,

Signature of Licensee

This form must be completed, signed, and returned for proper credit.

Falsification of the above information constitutes grounds for revocation of licensure K S A 65-2836 (a)

Report Date:

OSOSION 3 P 2000

AAFP ID: 8506276 01/01/80 to 06/03/02

Douglas E. Henley, MD, AAFP

Executive Vice President
American Academy of Family Physicians

Ann K Neuhaus MD 205 W 8th Lawrence KS 66044-

Post Date	Course	CMÉ Hours Category I	СМЕ Туре	
04/15/99	AFP CME Quiz Vol 57/#5	5.00	Prescribed	
04/16/99	AFP CME Quiz Vol 57/#6	4.50	Prescribed	
05/10/99	AFP CME Quiz Vol 57/#7	4.50	Prescribed	
05/10/99	AFP CME Quiz Vol 57/#8	5.00	Prescribed	
05/10/99	AFP CME Quiz Vol 57/#9	5.00	Prescribed	
05/10/99	AFP CME Quiz Vol 57/#10	5.00	Prescribe d	
05/10/99	AFP CME Quiz Vol 57/#11	6.00	Prescribed	\sim
05/10/99	AFP CME Quiz Vol 58/#1	4.50	Prescribed	Ч
05/10/99	AFP CME Quiz Vol 58/#2	4.50	Prescribed	
05/10/99	AFP CME Quiz Vol 58/#3	3.00	Prescribed	Į
04/16/99	AFP CME Quiz Vol 59/#4	6.50	Prescribed	25
05/12/99	AFP CME Quiz Vol 59/#6	6.00	Prescribed	57.5
07/14/00	AFP CME Quiz Vol 59/#11	5.50	Prescribed	
05/12/00	AFP CME Quiz Vol 60/#3	5.50	Prescribed	
05/09/00	AFP CME Quiz Vol 60/#5	6.00	Prescribed	
05/09/00	AFP CME Quiz Vol 60/#6	5.00	Prescribed	
05/09/00	AFP CME Quiz Vol 60/#7	5.50	Prescribed	
05/09/00	AFP CME Quiz Vol 60/#8	4.50	Prescribed	
05/12/00	AFP CME Quiz Vol 60/#9	4.00	Prescribed	
05/09/00	AFP CME Quiz Vol 61/#1 (01/01/00)	3.00	Prescribed	
05/09/00	AFP CME Quiz Vol 61/#2 (01/15/00)	4.00	Prescribed	
05/09/00	AFP CME Quiz Vol 61/#3 (02/01/00)	5.00	Prescribed	
05/09/00	AFP CME Quiz Vol 61/#4 (02/15/00)	6.00	Prescribed	
05/25/01	AFP CME Quiz Vol 61/#10 (05/15/00)	5.00	Prescribed	
05/25/01	AFP CME Quiz Vol 61/#11 (06/01/00)	5,50	Prescribed	
05/25/01	AFP CME Quiz Vol 61/#12 (06/15/00)	4.50	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#1 (07/01/00)	4.50	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#2 (07/15/00)	4.00	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#3 (08/01/00)	3,50	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#4 (08/15/00)	4.00	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#5 (09/01/00)	6.00	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#6 (09/15/00)	4.00	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#7 (10/01/00)	3.50	Prescribed	
05/25/01	AFP CME Quiz Vol 62/#8 (10/15/00)	3.00	Prescribed	

05/05/04	A E D C A E D C A A A A A A A A A A A A A A A A A A			
05/25/01	AFP CME Quiz Vol 62/#9 (11/01/00)	4.00	Prescribed	
05/30/01	AFP CME Quiz Vol 62/#10 (11/15/00)	4.00	Prescribed	
05/31/02	AFP CME Quiz Vol 63/#10 (05/15/01)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 63/#11 (06/01/01)	3.50	Prescribed	
05/31/02	AFP CME Quiz Vol 63/#12 (06/15/01)	2.50	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#1 (07/01/01)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#2 (07/15/01)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#3 (08/01/01)	3.00	Prescribed	
05/31/02	AFP CME Quiz Voi 64/#4 (08/15/01)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#5 (09/01/01)	3.50	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#6 (09/15/01)	4.00	Prescribed	
05/31/02	AFP CME Quiz Vol 64/#8 (10/15/01)	3.00	Prescribed	3.
05/31/02	AFP CME Quiz Vol 64/#9 (11/01/01)	3.00	Prescribed	TECE.
05/31/02	AFP CME Quiz Vol 64/#10 (11/15/01)	2.00	Prescribed	SUN 3 0 2002
05/31/02	AFP CME Quiz Vol 64/#11 (12/01/01)	3.00	Prescribed	AUN 3 V
05/31/02	AFP CME Quiz Vol 64/#12 (12/15/01)	2.00	Prescribed	[©] U 2002
05/31/02	AFP CME Quiz Vol 65/#1 (01/01/02)	2.50	Prescribed	-112
05/31/02	AFP CME Quiz Vol 65/#2 (01/15/02)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#3 (02/01/02)	3.00	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#5 (03/01/02)	5.00	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#6 (03/15/02)	5.00	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#7 (04/01/02)	4.50	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#8 (04/15/02)	4.00	Prescribed	
05/31/02	AFP CME Quiz Vol 65/#9 (05/01/02)	5.00	Prescribed	
	Subtotal for AFP Quiz:	242.50		
	Total for the Period:	242.50 54.50		
		183-60	-	

REC'D JUL 61 2002

6/08/05 10:41:20

Kansas Board of Healing Arts Supervisors/Supervisees for Registrant/Licensee

LS100R1 QPADEV002P INQUIRY

ANN K NEUHAUS MD

4-21596

OPT	YEAR	SOC SE	C NUM	SUPERVISOR/SUPERVISEE NAM	ME	LICENSE#	PR	STAT
	2001			STEVEN G RANDALL		15-00737	15	ACT
	1998			LYNN FINCH-SONNEMAN		15-00368	15	ACT

+

F3 = Exit

F12 = Previous

KANSAS STATE BOARD OF HEALING ARTS RESPONSIBLE PHYSICIAN REQUEST FORM

Please Type or Print	1
Physician Assistant Name: STEVEN RANDALL KPA-C JAN 252)01
License Number: 15-00737 KANSASSTATE BE	AF
Responsible Physician: A. Kristin Neuhaus mp.	13
License Number: 4-21596	
1. Description of the physician's practice and way in which the physician assistant is to be utilized (please include the routine duties of the physician assistant, the type of practice, and the practice setting): 134510 umals Hanth (pap previc Brasset) Gracian Practice Surgical Assist Sontain Basiclas 570 V's Jud Placomore Free-Standing Climic	
2. Practice locations, including hospitals, at which the physician assistant will routinely perform acts constituting the practice of medicine and surgery: - Wich the Fernily Planning - 3013 F. Cenhal - W. Chute KS 67214	

- 3. I understand the responsible physician will always be available for communication with the physician assistant within 30 minutes during the performance of patient service by the physician assistant.
- 4. I understand that failure to adequately direct and supervise the physician assistant in accordance with Physician Assistant Licensure Act, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas.

- 5. I understand a current copy of this form shall be provided to the Board office and maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.
- Attached is a completed Drug Prescription Protocol Form provided by the board 6. which specifies categories of drugs, medicines and pharmaceuticals for which the physician assistant is prohibited from supplying or transmitting.
- 7.

7.	The signature of a designated physician who shall routinely provide direction and supervision to the physician assistant in the temporary absence of the responsible physician is required: NA None Designated Physician Signature of Designated Physician
	Typed or Printed Name and License Number of Designated Physician
8.	Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:
	I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct. Responsible Physician Physician Assistant

KANSAS STATE BOARD OF HEALING ARTS DRUG PRESCRIPTION PROTOCOL

(Please type or print)

J. G. KANDALL R	-PA-C			
_		٠.		
A. Kristin A	Jenhens m	10		
_				
request, receive, sign for authority of the physician physician in the prescribent the Drug Enforcement	or and distribute to patie an assistant to prescribe bing of drugs. To prescri Administration.	nts profes drugs, exc	sional s	samples. e normal
NONE	ALL	1		
×			- Lary Date	
X			<u>.</u>	
X				-
χ	<i>y</i> 111	DE	A F DO	:
		KARIOAS HE	# 25 Star	2001 2001 2001 2001 2001
TAINING TO DEA RI	EGISTRATION		YES	NO
EA number?	T 1 445-4 14 71 4 1	12.50	: <u>5</u> 0	· · · · ·
Physician assistant has a current DEA number?				
ssistant have DEA regis	trations for prescribing	of		
, please provide explana	ation: HAVET A	Polit	12 <u> </u>	• • •
	zed by the responsible prequest, receive, sign for authority of the physician in the prescribe the Drug Enforcement prescribe controlled substances and the Drug Enforcement prescribe controlled substances. NONE X X X X A X A X A X X X X	zed by the responsible physician must be submirequest, receive, sign for and distribute to patienauthority of the physician assistant to prescribe physician in the prescribing of drugs. To prescribe the Drug Enforcement Administration. Prescribe controlled substances as follows: NONE ALL X X X X AND FAINING TO DEA REGISTRATION EA number?	zed by the responsible physician must be submitted to the request, receive, sign for and distribute to patients profess authority of the physician assistant to prescribe drugs, exphysician in the prescribing of drugs. To prescribe control the Drug Enforcement Administration. NONE ALL ALI S TAINING TO DEA REGISTRATION EA number? number? ssistant have DEA registrations for prescribing of.	A Crist Newbours Zeed by the responsible physician must be submitted to the Board request, receive, sign for and distribute to patients professional sauthority of the physician assistant to prescribe drugs, exceed the physician in the prescribing of drugs. To prescribe controlled subtances as follows: NONE ALL ALL EXCENTIAL Specify below ALL ALL EXCENTIAL STATE

	NONE Within Class	ALL Within Class	ALL Except Specify Below
Analgesics (non-narcotic)		X	
Anthelminthics		X	
Antibiotics		X	
Antifungals		X	
Antihistamines		X	
Antihypertensives		8	
Antinauseants		X	
Antispasmodics		X	
Bronchodilators		X	
Contraceptives		. %	
Cough Suppressants		X	
Cardiac Drugs		X	
Decongestants		X	
Diuretics		X	
Expectorants		X	
Estrogens		X	
Progesterone Preparations		X	
Hemorrhoidal Preparations		X	
njectables		X	
Skeletal Muscle Relaxants		X	
Topical Ophthalmic Preparations, Except Steroids		X	
Otic Preparations		X	
Vaginitis Preparations		X	
Vitamins and Minerals		X	
Topical Preparations		X	
Steroids		X	00
Anti-Anxiety and Anti-Depressants		,	controlle
Other (SPECIFY BELOW)			
ther/Exceptions:		- 1 <u>4</u> .	
he physician assistant's authority to request, receive and sign famples to patients is identical to the physician assistant's auth			
esponsible Physician:	D	ate: 1/2	3/01
hysician Assistant:	7-C D	ate: <u>//</u> 7	3/01

Please sign, date and return the completed Drug Prescription Protocol to the Kansas State Board of Healing Arts, 235 S. Topeka Boulevard, Topeka, KS 66603-3068.

KANSAS STATE BOARD OF HEALING ARTS RESPONSIBLE PHYSICIAN REQUEST FORM

Please Type or Print

Physi	cian's Assistant Nam	ie: Steve	u G. Randall
Regis	tration Number:	002757	2
Respo	nsible Physician:	Da Kaist	in Ann Nechous
Licen	se Number: OA-	21596	
1.	License number of registration number		ible physician and board issued cian's assistant:
٠.	C4-21596	- Da. Kristi	condisplan
			,
2.	physician's assistan	it is to be ut	practice and way in which the ilized (please include the routine ant, the type of practice, and the
	· ·		LAS WEGIC ME GENERAL DURINGE
		•	in Zir 1 Commicane,
	health scheen	37200 51112	ass, styl checks and
	tax when ent, a	117154 05 25 40 W	es: general practice routine
	Luagnosis ema	treatmen	A of outpatient illnesses and
			ceration repairs, skin biopsies
_			oum Jup in section
3.	assistant will rout:	including heing heing he	ospitals, at which the physician's acts constituting the practice of
	medicine and surger		RECEIVED
(July at Wichta &	amily Blay	
	3013 8 6		JUL 2 5 2000
	7. 2.dr. 42. K	51:7214	KANSAS STATE BOARD OF

4. I understand the responsible physician will always be available for communication with the physician's assistant within 30 minutes during the performance of patient service by the physician's assistant.

s ⁱ			
		**.	

PHYSICIAN REQUEST FORM

- K.A.R. 100-60-9 Physician request form; content. The responsible physician request form to be provided pursuant to K.S.A., 1991 Supp. 65-2896a and amendments thereto shall contain the following information:
- (a) Date and signature of the responsible physician and the physician's assistant;
- (b) the license number of the responsible physician and the board issued registration number of the physician's assistant;
- (c) a description of the physician's practice and the way in which the physician's assistant is to utilized;
- a statement that the responsible physician will always be available for communication with the physician's assistant within 30 minutes during the performance of patient service by the physician's assistant;
- (e) attachments, including a completed drug transmission protocol form provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician's assistant is prohibited from supplying or transmitting.
- (f) those practice locations, including hospitals, at which the physician's assistant will routinely perform acts which constitute the practice of medicine and surgery;
- (g) the signature of a designated physician who shall routinely provide direction and supervision to the physician's assistant in the temporary absence of the responsible physician and an indication of the procedures to be followed to notify the designated physician upon such temporary absence;
- (h) an acknowledgment that failure to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to K.S.A. 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas; and
- (i) a statement that a current copy of the form shall be maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days. JUL 25 2000

K.A.R.100-60-13. Prescription only drugs.

- (a) No physician's assistant shall transmit a prescription order for a prekarintian-only drug or administer or supply a prescription-only drug except as authorized HEALTH SCARD O drug transmission protocol required by K.A.R. 100-60-9 and as authorized by this ARIS regulation.
- A physician's assistant may directly administer a prescription-only drug as follows: (b)
 - (1) When directly ordered or authorized by the responsible or designated physician;
 - (2) when authorized by a written protocol between the responsible physician and the physician's assistant; or
 - (3) in an emergency situation.
- (c) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a schedule II controlled substance in an emergency situation. as defined in K.A.R.68-20-19(e). Within 72 hours after the transmission of the prescription order, the responsible or designated physician shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.
- (d) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a controlled substance listed in schedule III, IV, or V in the same manner as the physician's assistant may preform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.
- (e) A physician's assistant, either orally, telephonically or in writing, may transmit a prescription order for a prescription-only drug not listed in any schedule as a controlled in the same manner as the physician's assistant may preform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.

- (f) If the transmission of a prescription order is written by a physician's assistant it shall:
 - (1) Contain the name, address and telephone number of the responsible physician;
 - (2) be signed by the physician's assistant with the letters "R.P.A." following the signature:
 - (3) contain the registration number issued to the physician's assistant by the board: and
 - (4) indicate whether the prescription order is being transmitted by direct order of the responsible or designated physician, pursuant to a written protocol, or because of an emergency situation.
- (g) A physician's assistant may supply a prescription-only drug to a patient only as follows:
 - (1) Under the same conditions as a physician's assistant may directly administer a prescription-only drug as described in subsection (b) above;
 - (2) the drug has been provided to the physician's assistant or the physician's assistant's responsible physician or employer at no cost;
 - (3) the drug is commercially labeled and is supplied to the patient in the original prepackaged container; and
 - (4) the drug is supplied to the patient at no cost.
- (h) A physician's assistant shall not administer, supply or transmit a prescription order for a prescription-only drug for any quantity or strength in excess of the normal customary and prevalent practice of the responsible physician.

Please date and sign this instruction sheet and return with your application.

DATE 72100

SIGNATURE

KANSAS STATE BOARD OF HEALING ARTS RESPONSIBLE PHYSICIAN REQUEST FORM

Please Type or Print

registration number of the physician's assistant: OH-21506 - Da. Xamon Newhows To be assigned - Steven Randall 2. Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Grandall in he stilled in Dell Domancae, PA Boundard in he stilled in Dell Domancae, Trailing screens, pagesmans, stal checks and Taxahnent, contrarectives 10. 11. 12. 13. Practice locations, including hospitals, at which the physicial of the physician's and the ph		ician's Assistant Name: Steven G. Randall
License number of the responsible physician and board issued registration number of the physician's assistant:	egi	stration Number: To be assigned
License number of the responsible physician and board issued registration number of the physician's assistant: CH-21996 - Do Azima Newhork To be Azigued - Steven Randall Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Grandall to be stilled in Dellocance and account of the physician's assistant will routinely perform acts constituting the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Only at Market Committee and Market County Remains and State County Remains and St	евр	onsible Physician: Da Kaistin Ann Mechaus
registration number of the physician's assistant: OH-2/596 - Da. Karran Merchans To be assigned - Steven Randal Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Grandal to be utilized and the type of practice, and the practice setting: Ph. Randal to be utilized and the physician's and the server as parameters and the practice and the server as parameters and the server as parameters and the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Only at Market Committee Plantain All 17 1999 Name of the physician's assistant acts constituting the practice of medicine and surgery: All 17 1999 Name of the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Name of the physician's assistant acts and the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Name of the physician's practice and way in which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Name of the physician's assistant acts and the type of practice and the physician's assistant will routinely perform acts constituting the physician's assistant will routinely perform acts constituting the physician's assistant will routinely perform acts constituting the physician's assistant will route perform acts constituting the physician's assistant will route physician's assistant will represent the phy	ice	nse Number:
Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Cyaractery, androny and all way are general occasion. PA Boulant to be utilized in Dell Womancare, Neath scare as you smears, and checks and terament, content time. 3. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Only at Marka Coming Plantains. AUG 17 1999 NAME STATE SOARD OF TRANSPORTERS.	•	License number of the responsible physician and board issued registration number of the physician's assistant:
Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Cyaractery, emtracetive medicate, general practice PA Bandall to be utilized in Dell Domanicane. Nealth scarred pages means, and checks and tarahment, contained tree. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: Aug 17 1999 Aug at Manda Committee Contained the Practice of Harding ARTS	,	OH-21596 - Da. Kristin NEWhous
physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Consecution Contractive medicine agenceal accounts		To be Assigned - Steven Ranglall
PA Randal to be stilled in Dell Domancare. health screens, pag smears, stal checks and taxahment, contractores 3. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: All 17 1999 Only at Maria Caming Planning RANSASTATE BOARD OF HEALTH ARTS	•	Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting):
Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: AUG 17 1999 AUG 17 1999 AND 17 1999 CANSAS STATE BOARD OF HEALTH ARTS		Gynecology, androportive medicine, general prantice
Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: AUG 17 1999 AUG 17 1999 RANSAS STATE BOARD OF HEALTH ARTS		·
Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery: AUG 17 1999 MANSAS STATE BOARD OF MANSAS		health screens, pap smears, sted checks and
assistant will routinely perform acts constituting the practice of medicine and surgery: Only at White Family Remains NANSASTATE BOARD OF MEANING ARTS		tarahment, contraceptives
assistant will routinely perform acts constituting the practice of medicine and surgery: Only at White Family Remains NANSASTATE BOARD OF MEANING ARTS		
3013 & Consteal KANSASSTATE BOARD OF	3.	Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:
KANSKO STATE BOARD OF HEALING ARTS		Only at Wildrita Family Planaina AUG 17 1999
(1 mg/m		KANSAS STATE BOARD OF
,		(12)

11/94

assistant.

- 5. I understand that failure to adequately direct and supervice the physician's assistant in accordance with K.S.A. 65-2896 to K.S.A. 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas.
- 6. I understand a current copy of this form shall be provided to the Board office and maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.
- 7. Attached is a completed Drug Transmission Protocol Form the board provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician's assistant is prohibited from supplying or transmitting.
- 8. The signature of a designated physician who shall routinely provide direction and supervision to the physician's assistant in the temporary absence of the responsible physician is required:

Signature of Designated Physician

A Kaiskin Newhows MD 4-21592

Typed or Printed Name and License Number of Designated Physician

9. Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:

 designated	Strasician - Salo	Presentice

I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.

Responsible Physician

8/13/59

Physician's Assistant

Date

Date

KANSAS STATE BOARD OF HEALING ARTS DRUG TRANSMISSION PROTOCOL FORM

Please Type or Print

	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_	
Physician's Assistant (Name and Re			-
Responsible Physician (Name and Li	lc. No.) 🔑	des Wastin West, t	QM 2000
The physician's assistant prescription for medicines or category:	pharmaceut	ot supply or t icals listed wi	
	NONE	ALL	ALL
	WITHIN	WITHIN	KXCKPT
	CLASS	CLASS	*
		Λ.σ.	
-Analgesics (non-narcotic)	[]		[]
-Anthelminthics	[]	[\]	ŗ j
-Antibiotics	L J	[×]	ři
-Antifungals	LJ	\bowtie	ŗj
-Antihistamines	[]	\bowtie	[]
-Antihypertensives	[]	\bowtie	ĹĴ
-Antinauseants -Antipruritics	[]	\bowtie	L]
	LJ		[] ,
-Antispasmodics -Bronchodilators	L 1	⋈	L J
	LJ	\bowtie	i J
-Contraceptives	L J	\bowtie	l J
-Cough Suppressants	L 1	\bowtie	L J
-Cardiac drugs	L]	\bowtie	F 7
-Decongestants	L 1	\bowtie	L J
-Diuretics	L J	\bowtie	r 1
-Expectorants	. L 1	\boxtimes	F 7
-Estrogens	L J	×	L J
-Progesterone preparations	LJ	\bowtie	L 1
-Hemorrhoidal preparations -Injectables	r 1		L J
-Skeletal muscle relaxants	[]	\bowtie	L J F T
	L I	\bowtie	L J
-Topical ophthalmic preparations, except steroids	r 1	Ν.1	r 7
-Otic preparations	[]		r 1
-Vaginitis preparations	[]	\sim	r i
-Vitamins and Minerals	7 1	₩.	ii
-Topical preparations	ii	XXXX	ii
-Steroids	ii	\sim	ii
-Anti-anxiety and		7	a No
Anti-depressants	[]	A	Ki Combol
-Other *	ĪĪ	i⊠	[1]
		., -	Substa
* Specify each, use separate page	e if necess	ary.	DECLARE
			RECLIVED
$(M_{\alpha} \times B_{\alpha})$			AUD 4
CITO CO CI CX		Miller	AUG 1 7 1999
Responsible Physician	Physicia	n's Assistant	KANSAS STATE BOARD O
\$113199	81	13/99	HEALING ARTS
Date	Date		

KANSAS STATE BOARD OF HEALING ARTS RESPONSIBLE PHYSICIAN REQUEST FORM

Please Type or Print

1	
	cian's Assistant Name: Cherif Lynn Finch
Regis	tration Number: 5 - 00368
Respo	nsible Physician: Dr. Kristin Ann Deuhaus
	se Number: 04 - 21596
	License number of the responsible physician and board issued registration number of the physician's assistant:
	04-21596 - De Kristin Neuhaus
	15-00368 - Charie Lynn Fineh PAD
:	Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting):
	aprecatagn, Contracative medicine, General Practice describes Pris Clientale PA Funch to be
	utilized for Well women health screens pap
	enears) controuption, 8th deche and treatment
	Common GP. problems pharygites, Brachites
	Donens Health, Confroception Setting: clinic
	Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:
	PA Final will practice at Clinic only leverted
	at 3013 F. Central Wichite Ks No hospital
	praetica
	I understand the responsible physician will always be available for communication with the physician's assistant within 30 minutes during the performance of patient service by the physician's

11/94

RECEIVED

assistant.

- 5. I understand that failure to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to K.S.A. 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas.
- 6. I understand a current copy of this form shall be provided to the Board office and maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.
- 7. Attached is a completed Drug Transmission Protocol Form the board provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician's assistant is prohibited from supplying or transmitting.
- 8. The signature of a designated physician who shall routinely provide direction and supervision to the physician's assistant in the temporary absence of the responsible physician is required:

Signature of Designated Physician

A Kristin Newhous MD

Typed or Printed Name and License Number of Designated Physician

Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:

No Designoted Physician - Solo Fractico.

I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.

Responsible Physician

Date 7/4

Date

KANSAS STATE BOARD OF HEALING ARTS DRUG TRANSMISSION PROTOCOL FORM

Please Type or Print

			CheriE L. Finch PA	
Responsible Physic	ian (Name and Li	c. No.)	D- Kris Neubour	04-21596

The physician's assistant may/may not supply or transmit a prescription for medicines or pharmaceuticals listed within each category:

(NONE WITHIN CLASS	ALL WITHIN CLASS	ALL EXCEPT *
-Analgesics (non-narcotic)	[]	īΧį	[]
-Anthelminthics	[]	ĽΔĺ	· ĪĪ
-Antibiotics	[]	[√]	ĪĪ
-Antifungals	[]	[x]	į į
-Antihistamines	[]	€ ∑i	į į
-Antihypertensives	[]	Ø	ĪĪ
-Antinauseants	[]	i∕i	[-j
-Antipruritics	[]	Ŕi	ĹĴ
-Antispasmodics	[]	K 1	Ĺĵ
-Bronchodilators	[]	[1/2]	[]
-Contraceptives	[]	įΧį	Ĺĵ
-Cough Suppressants	[]	[√1	[]
-Cardiac drugs	[]	ίχi	į į
-Decongestants	[]	ĩXĩ	į į
-Diuretics	[]	įΧį	į į
-Expectorants	[]	ίΧί	[]
-Estrogens	[]	īΧì	į į
-Progesterone preparations	[]	ĎΩ	[]
-Hemorrhoidal preparations	[]		[]
-Injectables	[]	ί×ί	[]
-Skeletal muscle relaxants	[]	[X]	[]
-Topical ophthalmic		, ,	
preparations, except steroids	[]	[🔀]	[]
-Otic preparations	.[]	l∑1	[]
-Vaginitis preparations	[]	í⊠í	[]
-Vitamins and Minerals	[]	(☆)	[]
-Topical preparations	[]	⋉ ;	[]
-Steroids	[]	t X 1	[]
-Anti-anxiety and		/	
Anti-depressants	[]	[≿]	[]
-Other *	[]	ťΧΊ	[]

* Specify each, use separate page	if necessary.
O. Lister Du	Okinel one
Responsible Physician	Physician's Assistant
43 98 RECEIVED	4-4-98
Date	Date

MAY 0 8 1998

Kansas State Board of Healing Arts 235 S. Topeka Blvd. Topeka, Ks. 66603-3059

Wichita Family Planning 3013 E. Central Wichita, Ks. 67214

Dear State Board of Healing Arts,

I have enclosed the DRUG TRANSMISSION Protocol form. I believe this is all that is required in order for the clinic to start selling OCP"S AND ANTIBIOTICS from the clinic. If I am incorrect about this matter, please send me the appropriate papers to file. If you have any questions or suggestions—please call 316-688-0107.

THANK YOU

Sincerely,

Cherie L. Finch P.A.C.

MAY 0 8 1998

KANSAS STATE BOARD OF HEALING ARTS DRUG TRANSMISSION PROTOCOL FORM

RECEIVED

NOV 2 @ 1997

Please Type or Print

Physician's Assistant (Name and Re	g. No.) ()	lenie Finch 15-	-00368
Responsible Physician (Name and Li	c. No.)		
The physician's assistant prescription for medicines or category:	may/may no pharmaceut	ot supply or tr icals listed wit	ansmit a hin each
cassacti	NONE	ALL	ALL
	WITHIN	WITHIN	* EXCEST
•	CLASS	CLASS	-
-Analgesics (non-narcotic)	[]	M	[]
-Anthelminthics	[]	[V]	[]
-Antibiotics	[]	M	į j
-Antifungals	[]	M	[]
-Antihistamines	[]	[1]	[]
-Antihypertensives	ίī	[∨]	[]
-Antinauseants	ίi	M	[]
-Antiprurities	ii	M	į į .
-Antispasmodics	ři	M	į į
-Bronchodilators	i i	i 🗹	į
-Contraceptives	ii	V	Ĺ
-Cough Suppressants	ii	· [/]	Ĺ
-Cardiac drugs	ìi	[V]	Ī
-Decongestants	ίί	<u>[~]</u>	į
-Diuretics	i i	ί√Ĭ	[]
-Expectorants	į į	Ī√Ī	[]
-Estrogens	ii	i√i	į į
-Progesterone preparations	ii	i∀i	į į
-Hemorrhoidal preparations	i i	ivi .	[]
-Injectables	ii	(ivi)	[navec
-Skeletal muscle relaxants	ìi	[V]	[] pre-la
-Topical ophthalmic		14.	1 . •
preparations, except steroids	r 1	[v]	[] by ph
-Otic preparations	ìi	ivi	[]
-Vaginitis preparations	ij	ĬĬ	ĪĪ
-Vitamins and Minerals	į į	ĪνĪ	[]
-Topical preparations	ĨĨ	ĪνĪ	[]
-Steroids	ĨĨ	[\sqrt]	[]
-Anti-anxiety and			
Anti-depressants	[]	[√]	[]
-Other *	[]	[]	[]
* Specify each, use separate page	if necessa	ary.	
Allutan	0	fine me	<u> </u>
Responsible Physician	rnysician	's Assistant	
10] 31/97	l ® .	131/97	

Date

Date

PHYSICIAN REQUEST FORM

- K.A.R. 100-60-9 Physician request form; content. The responsible physician request form to be provided pursuant to K.S.A., 1991 Supp. 65-2896a and amendments thereto shall contain the following information:
- (a) Date and signature of the responsible physician and the physician's assistant;
- (b) the license number of the responsible physician and the board issued registration number of the physician's assistant;
- (c) a description of the physician's practice and the way in which the physician's assistant is to utilized:
- (d) a statement that the responsible physician will always be available for communication with the physician's assistant within 30 minutes during the performance of patient service by the physician's assistant;
- (e) attachments, including a completed drug transmission protocol form provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician's assistant is prohibited from supplying or transmitting.
- (f) those practice locations, including hospitals, at which the physician's assistant will routinely perform acts which constitute the practice of medicine and surgery;
- (g) the signature of a designated physician who shall routinely provide direction and supervision to the physician's assistant in the temporary absence of the responsible physician and an indication of the procedures to be followed to notify the designated physician upon such temporary absence:
- (h) an acknowledgment that failure to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to K.S.A. 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas; and
- (i) a statement that a current copy of the form shall be maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.

K.A.R.100-60-13. Prescription only drugs.

- (a) No physician's assistant shall transmit a prescription order for a prescription-only drug or administer or supply a prescription-only drug except as authorized by the drug transmission protocol required by K.A.R. 100-60-9 and as authorized by this regulation.
- (b) A physician's assistant may directly administer a prescription-only drug as follows:
 - (1) When directly ordered or authorized by the responsible or designated physician;
 (2) when authorized by a written protocol between the responsible physician and the physician's assistant; or
 - (3) in an emergency situation.
- (c) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a schedule II controlled substance in an emergency situation, as defined in K.A.R.68-20-19(e). Within 72 hours after the transmission of the prescription order, the responsible or designated physician shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.
- (d) A physician's assistant may, by oral or telephonic communication only, transmit a prescription order for a controlled substance listed in schedule III, IV, or V in the same manner as the physician's assistant may preform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.
- (e) A physician's assistant, either orally, telephonically or in writing, may transmit a prescription order for a prescription-only drug not listed in any schedule as a controlled in the same manner as the physician's assistant may preform acts which constitute the practice of medicine and surgery as specified in K.A.R.100-60-8.

- (f) If the transmission of a prescription order is written by a physician's assistant it shall;
 - (1) Contain the name, address and telephone number of the responsible physician;
 - (2) be signed by the physician's assistant with the letters "R.P.A." following the signature;
 - (3) contain the registration number issued to the physician's assistant by the board; and
 - (4) indicate whether the prescription order is being transmitted by direct order of the responsible or designated physician, pursuant to a written protocol, or because of an emergency situation.
- (g) A physician's assistant may supply a prescription-only drug to a patient only as follows:
 - (1) Under the same conditions as a physician's assistant may directly administer a prescription-only drug as described in subsection (b) above;
 - (2) the drug has been provided to the physician's assistant or the physician's assistant's responsible physician or employer at no cost;
 - (3) the drug is commercially labeled and is supplied to the patient in the original prepackaged container; and
 - (4) the drug is supplied to the patient at no cost.
- (h) A physician's assistant shall not administer, supply or transmit a prescription order for a prescription-only drug for any quantity or strength in excess of the normal customary and prevalent practice of the responsible physician.

Please date and sign this instruction sheet and return with your application.

DATE 10-31-94

KANSAS STATE BOARD OF HEALING ARTS RESPONSIBLE PHYSICIAN REQUEST FORM

RECEIVED NOV 2 0 1987

Please Type or Print

Physi	cian's Assistant Name: Cheries Lynn Finch
Regis	stration Number: KS 15-00368
Respo	onsible Physician: ANN KRISTIN NEWHAUS, M.D.
Licer	ise Number: <u>ICS</u> 04-21596
1.	License number of the responsible physician and board issued registration number of the physician's assistant:
	KS 21596
	KS 15-00368
2.	Description of the physician's practice and way in which the physician's assistant is to be utilized (please include the routine duties of the physician's assistant, the type of practice, and the practice setting): Of family planning / gyn / STD treatment Of the standard of the setting of the standard of the set
	2) Innited family practice (general outpatient
	medicine, adolescent medicine, acute care
	min'az injuries + illness)
	dit in outpatient (clinic) setting
3.	Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:
	3013 E. Central Ave.
	W. Cluita, KS 67214
	·

4. I understand the responsible physician will always be available for communication with the physician's assistant within 30 minutes during the performance of patient service by the physician's assistant.

11/94

- 5. I understand that failure to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to K.S.A. 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas.
- 6. I understand a current copy of this form shall be provided to the Board office and maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.
- 7. Attached is a completed Drug Transmission Protocol Form the board provided by the board which specifies extegories of drugs, medicines and pharmaceuticals for which the physician's assistant is prohibited from supplying or transmitting.

The signat							
direction	and super	vision to	the phy	sician's	assistant	in	the
temporary	absence of	the respo	nsible pl	hysician i	s required	l:	

Signature of Designated Physician

A VOISTON NEW HOUSE NO KS 04-71596

A LUSTIN NEWHANS, M.D. 1804-21596

Typed or Printed Name and License Number of Designated Physician

9. Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:

t responsible physician is never absent from
practice and may be contacted by telephone
at any time (785-865-3500)

I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.

Responsible Physician

0[31[97]

10-31-97

Date