

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

Neuhauss, Ann (05)

REC'D JUL 01 2002

NAME: Ann Kristin Neuhaus KANSAS LICENSE #: 04-28546

Continuing Medical Education may be submitted on this form. A minimum of 50 hours over the past year (7/1/01 thru 6/30/02), 100 hours over the past two-year period (7/1/00 thru 6/30/02) or 150 hours over the past three-year period (7/1/99 thru 6/30/02) are required for renewal of licensure.

CATEGORY 1 (A minimum of 20 hours is required for a one year update, 40 hours for a two-year update, or 60 hours for a three-year update) PROOF in the form of certificate or certification letter MUST BE ATTACHED.

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 JUN 30 2002

HOURS	DATES	PROGRAM TITLE	SPONSOR/LOCATION
___ 1.			
___ 2.		<u>AAPP Certification</u>	<u>AAPP</u>
___ 3.	<u>07/99-6/02</u>	<u>183 credits/3 yrs</u>	
___ 4.	<u>6/01 - 6/02</u>	<u>73.5 credits</u>	
___ 5.			
___ 6.			
___ 7.			
___ 8.			
___ 9.			
___ 10.			

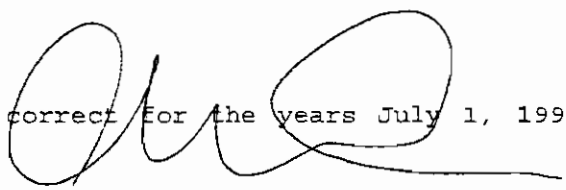
73 SUBTOTAL for part year, 183 for part 3 years

ALL OTHER CATEGORIES (A Maximum of 30 hours is required for a one year update, 60 hours for a two-year update, or 90 hours for a three-year update is allowed) Please refer to the "Category 2 CME Activities" insert for further assistance in determining acceptable Category 2 activities.

HOURS	DATES	PROGRAM TITLE	SPONSOR/LOCATION
___ 1.			
___ 2.			
___ 3.			
___ 4.			
___ 5.			
___ 6.			
___ 7.			
___ 8.			

183 GRAND TOTAL

I certify the above to be true and correct for the years July 1, 1999 to June 30, 2002.



 Signature of Licensee



American Academy of Family Physicians
AAFP Certification for Physician Participant
 Ann K Neuhaus MD

~~REC'D JUL 01 2002~~

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 06/03/02 3 0 2002

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

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

Douglas E. Henley MD
 Douglas E. Henley, MD, AAFP
 Executive Vice President
 American Academy of Family Physicians

Post Date	Course	CME Hours Category I	CME Type
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	Prescribed
05/10/99	AFP CME Quiz Vol 57/#11	6.00	Prescribed
05/10/99	AFP CME Quiz Vol 58/#1	4.50	Prescribed
05/10/99	AFP CME Quiz Vol 58/#2	4.50	Prescribed
05/10/99	AFP CME Quiz Vol 58/#3	3.00	Prescribed
04/16/99	AFP CME Quiz Vol 59/#4	6.50	Prescribed
05/12/99	AFP CME Quiz Vol 59/#6	6.00	Prescribed
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

↑
59.5

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
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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
05/31/02	AFP CME Quiz Vol 64/#9 (11/01/01)	3.00	Prescribed
05/31/02	AFP CME Quiz Vol 64/#10 (11/15/01)	2.00	Prescribed
05/31/02	AFP CME Quiz Vol 64/#11 (12/01/01)	3.00	Prescribed
05/31/02	AFP CME Quiz Vol 64/#12 (12/15/01)	2.00	Prescribed
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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
59.50
183.00

RECEIVE
JUN 30 2002

~~REC'D JUL 01 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

<u>OPT</u>	<u>YEAR</u>	<u>SOC</u>	<u>SEC</u>	<u>NUM</u>	<u>SUPERVISOR/SUPERVISEE NAME</u>	<u>LICENSE#</u>	<u>PR</u>	<u>STAT</u>
—	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

RECEIVED

Physician Assistant Name: STEVEN RANDALL, RPA-C

JAN 25 2001

License Number: 15-00737

KANSAS STATE BOARD OF
HEALING ARTS

Responsible Physician: A. Kristin Neuhaus, M.D.

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):

BASIC WOMAN'S HEALTH (pap / pelvic / breast) GENERAL
PRACTICE, SURGICAL ASSIST, SONOGRAPHY, BASIC LAB,
STD V's, IUD Placement
FREE-STANDING CLINIC

2. Practice locations, including hospitals, at which the physician assistant will routinely perform acts constituting the practice of medicine and surgery:

Wichita Family Planning
3013 E. Central
Wichita 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.
6. Attached is a completed Drug Prescription Protocol Form provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician assistant is prohibited from supplying or transmitting.
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: *N/A*

NONE DESIGNATED - SOLO PRACTICE

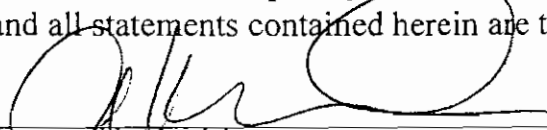
 Signature of Designated Physician

 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:

N/A

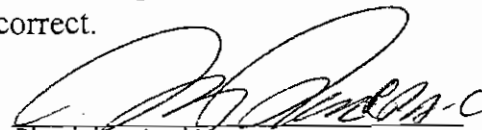
I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.



 Responsible Physician

1/23/01

 Date



 Physician Assistant

61232001

 Date

**KANSAS STATE BOARD OF HEALING ARTS
DRUG PRESCRIPTION PROTOCOL**

(Please type or print)

Physician Assistant Name: STEVEN G. RANDALL, RPA-C

License Number: 15-00737

Responsible Physician Name: A. Kristin Neuhaus MD

License Number: 4-21596

A Drug Prescription Protocol as authorized by the responsible physician must be submitted to the Board for the physician assistant to prescribe drugs or request, receive, sign for and distribute to patients professional samples. Further, in no case shall the scope of the authority of the physician assistant to prescribe drugs, exceed the normal and customary practice of the responsible physician in the prescribing of drugs. To prescribe controlled substances, the physician assistant must register with the Drug Enforcement Administration.

The physician assistant is authorized to prescribe controlled substances as follows:

	NONE	ALL	ALL EXCEPT Specify below
Schedule II and II-N	X		
Schedule III and III-N	X		
Schedule IV	X		
Schedule V	X		

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JAN 25 2001

KANSAS STATE BOARD OF
HEALING ARTS

Exceptions: _____

INFORMATION PERTAINING TO DEA REGISTRATION	YES	NO
Responsible physician has a current DEA number?	X	
Physician assistant has a current DEA number?		X
Responsible physician and physician assistant have DEA registrations for prescribing of controlled substances in all schedules?		

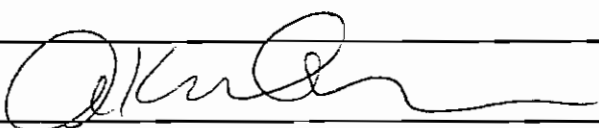
If the answer is "no" to any of the above, please provide explanation: Have Not Applied

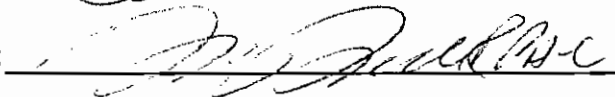
The physician assistant is authorized to prescribe **non-controlled** drugs as follows:

	NONE Within Class	ALL Within Class	ALL Except Specify Below
Analgesics (non-narcotic)		X	
Anthelmintics		X	
Antibiotics		X	
Antifungals		X	
Antihistamines		X	
Antihypertensives		X	
Antinauseants		X	
Antispasmodics		X	
Bronchodilators		X	
Contraceptives		X	
Cough Suppressants		X	
Cardiac Drugs		X	
Decongestants		X	
Diuretics		X	
Expectorants		X	
Estrogens		X	
Progesterone Preparations		X	
Hemorrhoidal Preparations		X	
Injectables		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	
Anti-Anxiety and Anti-Depressants			no controlled
Other (SPECIFY BELOW)			

Other/Exceptions: _____

The physician assistant's authority to request, receive and sign for professional samples and to distribute professional samples to patients is identical to the physician assistant's authority to prescribe non-controlled substances, except:

Responsible Physician:  Date: 1/23/07

Physician Assistant:  Date: 1/23/07

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

Physician's Assistant Name: STEVEN G. RANDALL

Registration Number: 0027572

Responsible Physician: Dr. Kristin Ann Neuhaus

License Number: 04-21596

1. License number of the responsible physician and board issued registration number of the physician's assistant:

04-21596 - Dr. Kristin Neuhaus
0027572

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):

Gynecology, contraceptive medicine, general practice
PA Randall to be utilized in Will Womanscare,
health screens, pap smears, vital checks and
treatment, contraceptives: general practice routine
diagnosis and treatment of outpatient illnesses and
preventive medicine; laceration repairs, skin biopsies
and excision of skin lesions, IUD insertion

3. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:

Only at Wichita Family Planning
3013 E Central
Wichita, KS 67214

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JUL 25 2000

KANSAS STATE BOARD OF
HEALING ARTS

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.

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 be 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.

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JUL 25 2000

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 perform 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 perform acts which constitute the practice of medicine and surgery as specified in K.A.R. 100-60-8.

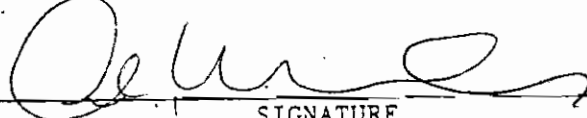
KANSAS STATE BOARD OF HEALING ARTS

- (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

7/21/07



SIGNATURE

**KANSAS STATE BOARD OF HEALING ARTS
RESPONSIBLE PHYSICIAN REQUEST FORM**

Please Type or Print

Physician's Assistant Name: STEVEN G. RANDALL

Registration Number: To be assigned

Responsible Physician: Dr. Kristin Ann Neuhaus

License Number: 04-21596

1. License number of the responsible physician and board issued registration number of the physician's assistant:

04-21596 - Dr. Kristin Neuhaus

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):

Gynecology, contraceptive medicine, general practice
PA Randall to be utilized in Well Woman care,
health screens, PAP smears, STD checks and
treatment, contraceptives

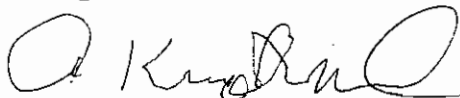
3. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:

Only at Wichita Family Planning
3013 S Central
Wichita KS 67244

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AUG 17 1999
KANSAS STATE BOARD OF
HEALING ARTS

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.

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 Neuhaus 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:

no designated physician - Solo practice

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

8/13/99



Physician's Assistant

Date

8/13/99

KANSAS STATE BOARD OF HEALING ARTS DRUG TRANSMISSION PROTOCOL FORM

Please Type or Print

Physician's Assistant (Name and Reg. No.) Steven Randall

Responsible Physician (Name and Lic. No.) A. Kristin Nechaus MD
4-21596

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)	[]	[X]	[]
-Anthelmintics	[]	[X]	[]
-Antibiotics	[]	[X]	[]
-Antifungals	[]	[X]	[]
-Antihistamines	[]	[X]	[]
-Antihypertensives	[]	[X]	[]
-Antinauseants	[]	[X]	[]
-Antipruritics	[]	[X]	[]
-Antispasmodics	[]	[X]	[]
-Bronchodilators	[]	[X]	[]
-Contraceptives	[]	[X]	[]
-Cough Suppressants	[]	[X]	[]
-Cardiac drugs	[]	[X]	[]
-Decongestants	[]	[X]	[]
-Diuretics	[]	[X]	[]
-Expectorants	[]	[X]	[]
-Estrogens	[]	[X]	[]
-Progesterone preparations	[]	[X]	[]
-Hemorrhoidal preparations	[]	[X]	[]
-Injectables	[]	[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]	[]
-Anti-anxiety and Anti-depressants	[]	[]	[X] No Controlled Substance
-Other *	[]	[X]	[]

* Specify each, use separate page if necessary.

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AUG 17 1999

A. Kristin Nechaus

Responsible Physician

8/13/99
Date

Steven Randall

Physician's Assistant

8/13/99
Date

KANSAS STATE BOARD OF
HEALING ARTS

**KANSAS STATE BOARD OF HEALING ARTS
RESPONSIBLE PHYSICIAN REQUEST FORM**

Please Type or Print

Physician's Assistant Name: Cherie Lynn Finch

Registration Number: 15-00368

Responsible Physician: Dr. Kristin Ann Neuhaus

License Number: 04-21596

1. License number of the responsible physician and board issued registration number of the physician's assistant:

04-21596 - Dr. Kristin Neuhaus
15-00368 - Cherie Lynn Finch PA

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):

Gynecology, Contraceptive medicine, General Practice
describes Dr's Clientele PA Finch to be
utilized for Well women health screens, pap
smears, contraception, STD checks and treatment
Common GP. problems. pharyngitis, Bronchitis
Womens Health, Contraception setting: clinic

3. Practice locations, including hospitals, at which the physician's assistant will routinely perform acts constituting the practice of medicine and surgery:

PA Finch will practice at clinic only, located
at 3013 E. Central, Wichita KS No hospital
practice

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.

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11/94

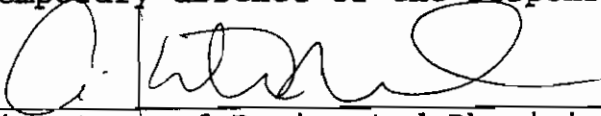
MAY 08 1998

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

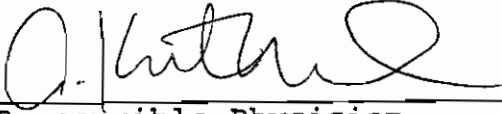
A. Kristin Neuhaus MD

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:

No Designated Physician - Solo Practice

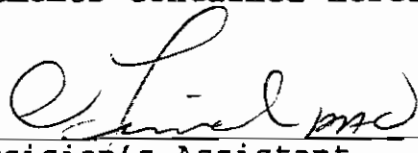
I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.



Responsible Physician

4/3/98

Date



Physician's Assistant

4/4/98

Date

KANSAS STATE BOARD OF HEALING ARTS DRUG TRANSMISSION PROTOCOL FORM

Please Type or Print

Physician's Assistant (Name and Reg. No.) Cherie L. Finch PAO 15-00368

Responsible Physician (Name and Lic. No.) Dr. Kris Newbauer 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)	[]	[X]	[]
-Anthelmintics	[]	[X]	[]
-Antibiotics	[]	[X]	[]
-Antifungals	[]	[X]	[]
-Antihistamines	[]	[X]	[]
-Antihypertensives	[]	[X]	[]
-Antinauseants	[]	[X]	[]
-Antipruritics	[]	[X]	[]
-Antispasmodics	[]	[X]	[]
-Bronchodilators	[]	[X]	[]
-Contraceptives	[]	[X]	[]
-Cough Suppressants	[]	[X]	[]
-Cardiac drugs	[]	[X]	[]
-Decongestants	[]	[X]	[]
-Diuretics	[]	[X]	[]
-Expectorants	[]	[X]	[]
-Estrogens	[]	[X]	[]
-Progesterone preparations	[]	[X]	[]
-Hemorrhoidal preparations	[]	[X]	[]
-Injectables	[]	[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]	[]
-Anti-anxiety and Anti-depressants	[]	[X]	[]
-Other *	[]	[X]	[]

* Specify each, use separate page if necessary.

[Signature]
Responsible Physician

[Signature]
Physician's Assistant

4/3/98
Date

4-4-98
Date

RECEIVED
MAY 08 1998

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

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

5-6-98

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,

A handwritten signature in cursive script, appearing to read "Cherie L. Finch".

Cherie L. Finch P.A.C.

RECEIVED
MAY 08 1998

**KANSAS STATE BOARD OF HEALING ARTS
DRUG TRANSMISSION PROTOCOL FORM**

RECEIVED

NOV 20 1997

Please Type or Print

Physician's Assistant (Name and Reg. No.) Cherie Finch 15-00368

Responsible Physician (Name and Lic. No.) _____

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)	[]	[X]	[]
-Anthelmintics	[]	[X]	[]
-Antibiotics	[]	[X]	[]
-Antifungals	[]	[X]	[]
-Antihistamines	[]	[X]	[]
-Antihypertensives	[]	[X]	[]
-Antinauseants	[]	[X]	[]
-Antipruritics	[]	[X]	[]
-Antispasmodics	[]	[X]	[]
-Bronchodilators	[]	[X]	[]
-Contraceptives	[]	[X]	[]
-Cough Suppressants	[]	[X]	[]
-Cardiac drugs	[]	[X]	[]
-Decongestants	[]	[X]	[]
-Diuretics	[]	[X]	[]
-Expectorants	[]	[X]	[]
-Estrogens	[]	[X]	[]
-Progesterone preparations	[]	[X]	[]
-Hemorrhoidal preparations	[]	[X]	[]
-Injectables	[]	[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]	[]
-Anti-anxiety and Anti-depressants	[]	[X]	[]
-Other *	[]	[]	[]

Handwritten note: none of only a prelu by phy.

* Specify each, use separate page if necessary.

[Signature]
Responsible Physician

[Signature]
Physician's Assistant

10/31/97
Date

10/31/97
Date

RECEIVED

NOV 20 1997

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 perform 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 perform 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


SIGNATURE

**KANSAS STATE BOARD OF HEALING ARTS
RESPONSIBLE PHYSICIAN REQUEST FORM**

**RECEIVED
NOV 20 1997**

Please Type or Print

Physician's Assistant Name: Cheried Lynn Finch

Registration Number: KS 15-00368

Responsible Physician: ANN KRISTIN NEUBAUS, M.D.

License Number: KS 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):

1) family planning / gyn / STD treatment

2) limited family practice (general outpatient
medicine, adolescent medicine, acute care
minor injuries + illness)

all 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. C. Wita, 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.

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 NEWHANS, M.D. KS04-21596

 Typed or Printed Name and License Number of Designated Physician

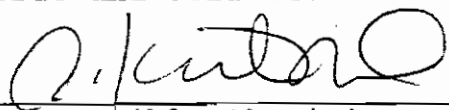
9. Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:

* 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

10/31/97

 Date



 Physician's Assistant

10-31-97

 Date