1986 SEP 29 AM 9: 41

KANSAS STATE BOARD OF HEALING ARTS APPLICATION FOR ENDORSEMENT

| 1. NAME: FIRST | KRISTIN | EISEN BISE | NEUHAUS |
|--|---|---------------------------------------|--|
| 2. NAME AS YOU WISH IT TO APPEAR 3. MAILING ADDRESS: 1603 4. CURRENT PLACE OF RESIDENCE: 5. CURRENT PLACE OF BRACTICE: 6. DATE OF BIRTH: (Confidence) 8. PLACE OF BIRTH: LCWRI | ON YOUR LICENSE: ANY CENTRAL AVE (Confidential) #3 (1003 (| enval) | CONTRY EMHAUS PHONE: 321- 3343 COORTIGENT; CONTINENT COUNTRY |
| AS A RESULT OF THIS APPLICATION If yes, give location and date of intende Location | | E THE LOCATION OF YOUR I | RACTICE? YES NO |
| Eocation | | | - Cate. |
| | NIP | | |
| E.C.F.M.G. NUMBER IF APPLICABLE: PRIMARY SPECIALTY: FAME | | (GENERAL) | AMERICAN BOARD CERTIFIED AMERICAN BOARD ELIGIBLE |
| 0. E.C.F.M.G. NUMBER IF APPLICABLE: | | (GENERAL) | AMERICAN BOARD CERTIFIED |
| 0. E.C.F.M.G. NUMBER IF APPLICABLE: | NEMCINE | · · · · · · · · · · · · · · · · · · · | AMERICAN BOARD CERTIFIED AMERICAN BOARD ELIGIBLE AMERICAN BOARD CERTIFIED AMERICAN BOARD ELIGIBLE |

II. PROFESSIONAL ACTIVITIES

USE ADDITIONAL PAGES IF NECESSARY.

LIST IN CHRONOLOGICAL ORDER ALL PROFESSIONAL ACTIVITIES SINCE GRADUATION, INCLUDING INTERNSHIPS, HOSPITAL AFFILIATIONS AND ABSENCES FROM WORK. ALSO LIST ALL PERIODS OF NON-PROFESSIONAL ACTIVITY OR EMPLOYMENT FOR MORE THAN THREE MONTHS. PLEASE ACCOUNT FOR ALL TIME. IF ENGAGED IN PRIVATE PRACTICE, LIST HOSPITAL AFFILIATIONS. IF NONE, PLEASE EXPLAIN. USE ADDITIONAL PAGES IF NECESSARY.

| FROM MO/YR | TO MO/YR | LOCATION AND COMPLETE ADDRESS | POSITION HELD |
|---------------|-------------|--|------------------|
| 7 185 | 0 186 | CONSORTIUM FOR HEALTH EDUCATION KANSAS CITY, MISSOURI | 2727 MAIN STREET |
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III. EDUCATION

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

EDUCATION

POST-GRADUATE TRAINING

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| HIGH SCHOOL: HUGOTON HIGH SCHOOL | POST GRADUATE: |
|---|---|
| CITY: HUGOTON STATE OR KANSAS | CITY:STATE OR COUNTRY: |
| MOYR 8 / 72 MOYR GRADUATED: 6 / 36 | MO/YR MO/YR SRADUATED: / |
| • | SPECIALTY |
| PRE-PROFESSIONAL: KANSAS STATE CLUNERATY | HOSPITAL CONSORTIUM for Health Education |
| CITY MANHATTAN STATE OR COUNTRY CANSAS. | CITY Yourses City STATE OR MINDOWIL |
| MOYR 8 / 76 MOYR 5 / 80 | MOYA ENTERED: 7 / 81 MOYA GRADUATED: 6 / 87 |
| TYPE DEGREE: 3.A. GRADUATID | SPECIALTY: Internal medicines |
| PRE-PROFESSIONAL. | HOSPITAL: |
| STATE OR COUNTRY: | STATE OR COUNTRY: |
| MOYR MOYR GRADUATED: / | MOYR MOYR GRADUATED: / |
| TYPE DEGREE: | SPECIALTY: |
| PROFESSIONAL SCHOOL: UNIVERSITY OF KANSAS | HOSPITAL: |
| SCHOOL OF MEDICINE CITY: KANSAS CITY COUNTRY: KANSAS | STATE OR COUNTRY: |
| MOYR B / 81 MOYR GRADUATED: 7 / 85 | MO/YR / MO/YR ENTERED: / GRADUATED: / |
| TYPE DEGREE: | SPECIALTY: |
| PROFESSIONAL SCHOOL: | HOSPITAL: |
| STATE OR CITY:COUNTRY: | STATE OR COUNTRY: |
| MO/YR / MO/YR GRADUATED: / | MOYR / MOYR - GRADUATED: / |
| TYPE DEGREE: | SPECIALTY: |
| 5TH PATHWAY IF APPLICABLE: | HOSPITAL: |
| STATE OR COUNTRY: | STATE OR COUNTRY: |
| MOYR / MOYR SRADUATED: / | MOYR / MOYR GRADUATED: / |
| TYPE DEGREE: | SPECIALTY: |
| | <u> </u> |

EXPLANATION:

IV. PREVIOUS LICENSURE

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

| STATE/COUNTRY | LICENSE NO. | DATE | HOW OBTAINED (Exam., Recip., Nat'l Bd., FLEX) | DISCIPLINARY ACTIONS | CURREN | T (Circle) |
|-------------------|-------------|-------|---|----------------------|--------|------------|
| MISSOUR | T12838 | 85-86 | Nati Bd. | none | YES | (ON) |
| | | | | | YES | NO |
| | | | | | YES | NO |
| | | | | | YES | NO |
| | | | | | YES | NO |
| | |) | | | YES | NO |
| EXPLANATION OR CC | OMMENTS: | | | | | |

| ٧. | PROFESSIONAL LIABILITY INSURANCE (MALPRACTICE) |
|-----------|---|
| \$2 Ka | you are rendering professional services in Kansas, you are required by K.S.A. 40-3401-3419 to maintain professional liability insurance of not less than 00,000 per occurrence (per claim) subject to not less than \$600,000 annual aggregate for all claims made during the policy period and to participate in the insas Health Care Stabilization Fund. |
| | in what company do you carry professional Liability Insurance? <u>Medical Profestive Condina</u> |
| 2. | Have any malpractice suits, claims or settlements been real against Moy less how many and provide a letter from your attorney explaining each case. YES NO no professional services in Kansas outside my militory duties without complying with the insurance laws |

VI. DISCIPLINE

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

| 1. | (Confidential) | |
|-----|---|---|
| 2. | Have you eyer been denied the privilege of taking an examination administered by a licensing agency? YES (Circle one) | |
| 3. | Have you ever been denied a license to practice the healing arts or other health care profession? YES (NO) (Circle one) | |
| 4. | (Confidential) | |
| 5. | (Confidential) | |
| | | |
| 6. | Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation, or other practice organization, either public or private? YES (NO) (Circle one) | |
| 7. | Haye you ever, for any reason, lost American Board certification? YES (NO) (Circle one) | |
| 8. | Has any licensing or disciplinary agency limited, restricted, suspended or revoked a license you have held? YES (C) (Circle one) | |
| 9. | Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary agency? YES (NO) (Circle one) | |
| 10. | Have you ever been notified or requested to appear before any licensing or disciplinary agency? YES (O) (Circle one) | |
| 11. | Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? YES (NO) (Circle one) | l |
| 12. | (Confidential) | |
| 13. | (Confidential) | |
| 14. | (Confidential) | |
| 15. | Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau Charcotics controlled substances registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances? YES (NO) (Circle one) | |
| 16. | Have you ever surrendered your state or federal controlled substances registration or had it restricted in any way? YES (NO (Circle one) | l |
| 17. | (Confidential) | |
| 18. | Have you ever been a defendant in a legal action involving professional liability (Malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? | |
| 19 | YES (No. (Circle one) Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs? | |
| | YES NO (Circle one) | |
| 20. | Have you ever terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicare Programs? YES (NO) (Circle one) | |

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

VII. STATEMENT OF HEALTH

(Confidential)

VIII. CERTIFICATE OF STATE, NATIONAL BOARD OR FLEX

| | <u>E'</u> | _, Secretary of the | <u> </u> | |
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| nereby certify that the above li | cense is current and in good standin | ig, has never been revoked | , and that the photograph attached to | this form is a true likene |
| l Dr | | and | the person to whom this license was | s issued. |
| | • | | | |
| EAL | | | Secretary | |
| | | <u></u> | | |
| Dated at | | | Name of Board | |
| 44 | 10 | | | |
| nis day or | | - | | |
| This certifies that Dr. And or resident in the the trom UIII 1985 Dated Deptume 23 | OST GRADUATE MEDICA IN KRISTIN A Sheld Dept of the | LEDUCATION—If a ELHACIS C Consortium for B, 1986 Stephen Hangu Items 1301 H Bassouri | nas rendered satisfactory and contin | as cuty , mo |
| CERTIFICATE OF PO | OST GRADUATE MEDICA IN KRISTIN A Sheld Dept of the to live | LEDUCATION—If a ENHACLS Consortium for B, 1986 Stephen Handy tress 1301 H te 1000 uri one (6116) 556 | mas rendered satisfactory and continued to the cathospital at a construction of the cathospital at a continued to the cathospital of Director of Medical Education of the cathospital of Director of Medical Education of the cathospital of Director of Medical Education of the cathospital of the catho | as cuty , mo |
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| CERTIFICATE OF PROPERTY OF THE STATE | Added to Program 1: | LEDUCATION If a LEWHAUS Consortium for DIPAL Supermit S | endered satisfactory and continual threath dispital at Company January Manuary Mendent of Hospital or Director of Medical Educe RAPEN HD Print or Type Name Conscis RTIFIED COPY OF SCHOOL DIPLOM) alin campus, please give location and alfology at St. Luke's | as cuty i Mo |
| CERTIFICATE OF PORTION OF TESTIFICATE OF PRODUCTION OF TESTIFICATE OF TESTIFICA | Added to Program 1: | LEDUCATION—If a EUHACS C CINSORTIUM for ESUperni Stephen HAND Tress 1301 H Tress 13 | Parse Hospial at Conscious and continuation of the Amburga Months of the Amburga Mendent of Hospial or Director of Medical Educe Rage HD Print or Type Name Conscious Amburga Marie Conscious Amburga | afiliation of the instituti |

| If the student took courses or clinical clerkships at a sile, campus or hospitumhere the course work was taken. Special Program in Dia | gnostic | Radiology | at St. Luke's Hospital, |
|---|---------------------------------|--------------------|---|
| A certified statement from the Dean or Registrar of the Professional Collect year during the four year course, must follow here, over the seal of the | MO ge altended b College. | y the applicant, g | iving the exact number of months attended in each |
| I hereby certify that Dr. ANN KRISTIN NEUHAUS | | | attended: |
| University of Kansas School of Medicine | | | - |
| 1st Year Kansas City, Kansas (Name and location of professional school) | from | 8-31-81 Mo. | 19 to 5-29-82 19 yr |
| 2nd Year | from | 8-23-82 Mo. | 19105 <u>-21</u> _831919 |
| 3rd Year Same (Name and location of professional school) | from | 7 <u>-6-83</u> | 19106-23-841919 |
| 4th Year Same. [Name and location of professional school) | from | 7-5-84 | 19 |
| and was granted <u>Doctor of Medicine degree</u> (Cogree) | | | on the |
| day of <u>May</u> 19.85. | ir R. | Hehll | rach |
| | | | content. Secretary Dece er Registrar |
| Walter R. Gehlbad | ch, Dir. | Student A | dmissions & Records |
| DATED September 22, 1986 | | · | ··· ,· |
| | | | |

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XI. RECOMMENDATIONS FROM TWO REPUTABLE PHYSICIANS or 1003 Central 1. This is to certify that I have known Dr. Ann neuhaus whose photograph is hereto attached, for 3 years; that he/she is a capable physician and is not addicted to alcohol or narcotics. I further certify that to the best of my knowledge and belief Dr. AMN Newhaus endorsement for license by the Kansas State Board of Healing Arts. Signed Dhiwley Chisw mo Holmes Ann Newhaus of 1003 Central years; that he/she is a capable physician and is not addicted to alcohol or narcotics. whose photograph is hereto attached, for _ I further certify that to the best of my knowledge and belief Dr. Neuhaus is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts. XII. AFFIDAVIT Newhaus Kristin _, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery, osteopathic medicine and surgery or chiropractic in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years for each violation. (K.S.A. 21-3805) MEDICAL SCHOOL DIPLOM XIII. RELEASE STATE OF_ KANSAS WYANDOH C COUNTY OF_ THE APPLICANT ANN Kristy Newhaus I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas State Board of Healing Arts or its successors any information, files or records requested by that board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. Subscribed and sworn to before me this

19

My appointment expires on the My Notary Public appointment expires of

This Filing to be Filled Out by the Secretary Only

ENDORSEMENT

The Kansas State Board OFFICE RECORD—(Leave blank Healing Arts

| Ann Kristin Neuhaus, M.D. 1003 Central Ave Kansas City Kansas 66102 | al Ave y 02 |
|--|---------------|
|--|---------------|

Addres Š Application for Certificate through Endorsement with

Kansas Certificate No. 97.296 National Board ecember 5 Forwarded Certificate

INSTRUCTIONS FOR APPLICANTS

- 1. Please read instructions and application carefully. Completely fill out application.
- EXTRA DOCUMENTS.) Translation must be made by a recognized authority in the translation of the language of the document. (DO NOT SEND All documents must be legible and in the English language, accompanied by a CERTIFIED translation where applicable.
- You must not begin to practice your profession before you are issued either a temporary permit or permanent license. Applications must be complete with all documents and in this office before a temporary permit may be issued.
- You must submit an original transcript from your professional school. 4. 5.
- Doctors of Chiropractic must submit proof of 60 hours (transcripts) of pre-Chiropractic college education to be eligible for
- A copy of the postgraduate training certificate may be substituted for the certification.
- Photograph—#XIV. (1) Sign your name across the front of the photograph. (2) The photographer must sign name and date Recommendations—#XI. The physicians must have known you for at least one year before signing the recommendation.
- back of the photo with the signature and title of the law enforcement officer listed. photo was taken (photo must have been taken within 90 days of application.) (3) The thumbprint should be placed on the
- 10. Address—#XIV. Please list the address to which your certificate can be mailed in June and December.

20.05/8

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

days p the offi XIV. ATTA Please ing add true pic Signati Thumb taken Altach

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

Address to which Certificate will be mailed by

(Confidential)

Ag the authority of the Anard of Regents of the State of Kansas and upon the recommendation of the Jaculty of the

School of Medicine

confers upon

A. Kristin Neuhaus the degree of

多域域原動 海海海衛

Given under the seal of the University of Kansas with all its rights, privileges, and responsibilities. this nineteenth day of May, nineteen hundred and eighty-five.



State Bourd of Regents

Frank & Becker Worden Fady Chairman America W. Branchburg

Canmine M Jones

Patricia W. Carntheys

Hillart Wyd Jouph & heah

Kansas T CELLLY CHIS TO DE & LINE OF ANALOS TO LE DOCTOR OF MEDICINE DE LA LENGLISTE DE LA LENGLISTE

true copy of the original certificate

University of Missouri-Kansas City School of Medicine



and the Affiliated Hospitals' Consortium For Health Education

Hereby Certifies That

Ann Kristin Neuhaus. M. D.

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

Resident in Internal Medicine

for a period of 12 months ending the 30th day of June A.B., 1986.

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

Chairman, Internal Medicine Committee

Health Education

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

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE

UNITED STATES OF AMERICA

1986 JUL -7 11 10: 10

Ann K. Neuhaus, M.D.

TOMBAS BOATO OF HEALTHS AND

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

Attest C. WILLIAM DAESCHNER, JR., M.D.

Chairman of the Board

AL EDITHE J. LEVIT, M.D.

Philadelphia, Pa.

President of the Board

07/01/86

Certificate # 308407

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from U KANSAS SCHOOL MEDICINE

in MAY 1985 and whose birth date is 04/19/1958 This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

Standard

Scale

Score

Score

PART 1 passed

06/83

Anatomy, incl. histology and embryology

(Confidential)

Physiology

Biochemistry

Pathology

Microbiology, incl. immunology

Pharmacology and Materia Medica

Behavioral Sciences

TOTAL TEST (Minimum Passing Score 380/75)

Part II passed

09/84

Internal medicine and the medical specialties

Surgery and the surgical specialties

Obstetrics and Gynecology

Public Health and Preventive Medicine

Pediatrics

Psychiatry

TOTAL TEST (Minimum Passing Score 290/75)

PART III passed

03/86

A General Test of Clinical Competence

TOTAL TEST (Minimum Passing Score 290/75)

GENERAL AVERAGE (Parts, I, II, and III Scale Score)

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

Secretary for Certification 07/31/86

Melanie Valente