

STATE OF KANSAS

APPLICATION FOR POSTGRADUATE TRAINING PROGRAM
TEMPORARY PERMIT
21590 H32642
1986 AUG 28 AM 11:19

To the Kansas State Board of Healing Arts: I hereby make application for a temporary permit to practice medicine and surgery in an approved Postgraduate Training Program. EFFECTIVE July 1, 1986: Applicant needs to submit proof of passing FLEX I or National Boards Part I and II before qualifying for permit.

A. Basic Information

1. Name ANN KRISTIN NEUHAUS
First Name Middle Name Last Name

P. O. Address (Confidential) o appear on certificate) KS 66103

2. Place of Birth Lawrence, KS U.S.A. Date of Birth (Confidential)

B. Educational Background

3. Pre-medical education—College; Location; Dates.

Kansas State University Manhattan, KS 1976-80

4. Medical Education (Please submit certified copy of medical school diploma.)
I received the degree of MD from the University of Kansas 01902

located at Kansas City, KS on the day of June, 1985

5. Postgraduate medical education (if applicable)
Consortium of Health Education Internal medicine

6. If you are a foreign medical graduate, do you hold an ECFMG Certificate?
() Yes () No Number (Please submit photostatic copy.)

C. General Background

7. List locations of practice in other states and length of time of practice.
State or Territory License Number Current Yes No
Missouri - 1 year T12838 () (X)

(If answer to questions below is yes, give full explanation)

8. Have you ever been denied licensure by any state, territory or country?
no

9. Have you ever been denied the privilege of taking an examination before any licensing agency?
no

10. Have you ever been convicted of a felony?
no

11. Have you ever had a license to practice medicine and surgery revoked or suspended?
no

12. (Confidential)

13. (Confidential)

14. (Confidential)

15. Have you ever been in the military service? no
List periods of Service

D. Recommendation

1 BARBARA JONES MD, a licensed and practicing physician in the State of KANSAS affirm that ANN KRISTIN NEUHAUS (full name of applicant)

has been known to me for 1/2 years, and that he/she is an ethical practitioner, is of good professional character, and not addicted to the use of alcohol or narcotic drugs.

Dated Aug 26, 1986 Signed Barbara Jones MD

E. Oath of Applicant

State of Kansas

County of Wyandotte ss. I, A. Kristen Neuhau hereby certify under oath that I am the person referred to in the above application for a permit to practice the healing arts in the State of Kansas, and that the statements herein contained are each and all strictly true in every respect; and the attached photograph is a true likeness, taken within 90 days of application.

(Signature of Applicant)

Sworn to before me this 26th day of August, 1986

SEAL

(Notary Public)

My appointment expires 1-1-87

KANSAS STATE BOARD

of
HEALING ARTS

Application No. H32642 Permit No. 2502

OFFICE RECORD (Leave blank)

Name Ann Kristin Neuhaus, M.D.

City Kansas City, KS

Application filed 9-2-86

Fee \$25.00

Certificate issued 9-2-86

Certificate forwarded 9-10-86

Richard H. H. H. H.
Secretary

1986 SEP 26 10 14 AM

INSTRUCTION TO APPLICANTS FOR
TEMPORARY PERMIT
FOR PHYSICIANS IN APPROVED
POSTGRADUATE TRAINING PROGRAM

- Application must be made on forms furnished by this Board which must be completely filled out and all requirements fulfilled.
- The following documents must be furnished:
 - Application to obtain temporary permit.
 - Copy of Medical School diploma.
 - Copy of ECFMG certificate if foreign medical graduate.
 - Signed and certified picture.
 - Affidavit of Approved Institution.
- The fee for temporary licensure for physicians engaged in an approved postgraduate training program is \$25.00. The fee is payable at the time the application is submitted and is not refundable. This fee shall cover licensure for the period the physician is actively and continuously engaged in an approved postgraduate program.
- The permit will be canceled upon date of completion of postgraduate program.
- Postgraduate Temporary Permit issued in accordance with Healing Arts Act, K.S.A. 65-2811(b) 1976.

F. AFFIDAVIT OF APPROVED INSTITUTION

It is hereby certified that Dr. Ann Kristin Neuhaus has been accepted as an intern or resident in the University of Ks. Medical Ctr. at 39th & Rainbow Blvd., Kansas City, Kansas 66103 beginning 10/1/86 date in the Department of Pediatrics specialty completion date 9/30/89 date

Dated 8/26/86

Signed Richard H. H. H. H.
Director of Education,
Department Head of
Registrar

P 128 664 187

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to

446-012

