

KANSAS STATE BOARD OF HEALING ARTS  
235 SOUTH TOPEKA BOULEVARD - TOPEKA, KANSAS 66603-3068  
TELEPHONE (785) 296-7413

RECEIVED

RENEWAL APPLICATION FOR MEDICINE AND SURGERY  
JULY 1, 1999 TO JUNE 30, 2000

JUN 30 1999

PLEASE REVIEW ALL ENCLOSURES BEFORE COMPLETING APPLICATION. TYPE OR PRINT USING BALLPOINT PEN. INCOMPLETE APPLICATIONS MAY RESULT IN CANCELATION OF LICENSE. COMPLETION OF ALL INFORMATION ON THIS PAGE IS REQUIRED OF ALL LICENSEES REGARDLESS OF LICENSE STATUS. REFER TO INSTRUCTIONS ON THE BACK OF THIS FORM.

1. Kansas Medical License #: 04-21596 2. Office Phone #: (316) 686-0107 3. SSN: (Confidential)

4. Name: NEUHAUS MD ANN K

5. New Mailing Address: \_\_\_\_\_  
(if different from address block) Street Address/P.O.Box Suite/Apt.

6. Residence Address: (Confidential) LAWRENCE KS 66044  
City State (and country if not USA) Zip Code + 4  
Residence Phone Number: (Confidential)  
Fax Number:

7. Is your mailing address:  Your residence  Your practice, or  Other address?

8. Are you active in medicine and surgery in Kansas at least one hour per week?  Yes  No

9. Are you currently enrolled in a residency program?  Yes  No

If yes, where? \_\_\_\_\_  
Institution City State Zip Code + 4

10. Are you retired?  Yes  No

11. Please indicate your primary practice specialty using the appropriate code listed on back. Specialty Code 18

12. Please provide street, city, county, state & zip code for each of your practice locations.

1st Location Above

2nd Location 3013 E. Central, Wichita KS

13. IF YOUR ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS (a-e), YOU ARE REQUIRED TO ATTACH DOCUMENTATION AND A COMPLETE EXPLANATION. SINCE MAY 1, 1998 TO THE DATE OF THIS RENEWAL FORM:

(a)  Yes  No copied legal 7-9-99  
Has any adverse judgement, award or settlement been paid in which you were named resulting from a professional liability claim?

(b) (Confidential)  
limitation of license to practice in any state?

(c) (Confidential)  
(d)  Yes  No  
Have you been found guilty or pled no contest to any felony or class A misdemeanor?

(e) (Confidential)

14. PROOF OF MALPRACTICE INSURANCE COVERAGE REQUIRED FOR ACTIVE STATUS ONLY (see instructions on back).

THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Ann K Neuhaus

6/30/99

SIGNATURE

DATE

I DO PRACTICE IN KANSAS

I DO NOT PRACTICE IN KANSAS

IF 1999 APPEARS IN THE ADDRESS BLOCK, PROOF OF CME HOURS IS DUE WITH THIS RENEWAL FORM.

04-21596 1999 ACT  
ANN K NEUHAUS MD  
205 W 8TH ST  
LAWRENCE KS 66044

<input checked="" type="checkbox"/>		2605	00
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