

KANSAS

BOARD OF HEALING ARTS

APPLICATION FOR CHANGE OF DESIGNATION/TYPE
 Please enter required information, sign and date on the bottom of page 2. Print and mail with required documentation, including your current wallet card.

License No. 04 - 24866 Medicine & Surgery Chiropractic Osteopathic Podiatry

Current Type: Active Federal Active Military Exempt Inactive

Name: LEROY HARRISON CARHART
First Middle Last

Mailing Address: 1002 W MISSION AVE BELLEVUE NE 68005
Street City State Zip

Home Address: (confidential) BELLEVUE NE 68123
Street City State Zip

Home Telephone Number: _____ (confidential)

E-Mail Address: (confidential)

Please select only ONE type.

Effective 07 / 01 / 2010, I request a license type change to:

Active: A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last active (use additional pages if necessary):

From:MO/YR To:MO/YR	Complete Address	Position Held
<u>02/1985 TO PRESENT</u>	<u>Bellevue Health Center 1002 W Mission</u>	<u>Medical Director</u>
<u>May 31, 2009</u>	<u>Last Date of Practice in Kansas</u>	

2. If you rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less than \$200,000 per claim, \$600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF). You must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage, certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident certificate form.

3. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by visiting our website www.ksbha.org, clicking on verification, and entering your information.

09-24-10
 KCP

4. Since the last renewal date of your Kansas license, have you:

- Yes No had an adverse judgment, award, or settlement resulting from a professional liability claim?
- Yes No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
(confidential)
- Yes No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

Federal Active: A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practices that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration, and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

1. Location of Federal Employment: _____
Street City State Zip

2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by visiting our website www.ksboha.org, clicking on verification, and entering your information.

Exempt: A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

I intend to engage in the following professional activities in Kansas

- Consultant Charitable Health Care Provider
- Administration Coroner/Deputy Coroner
- Treatment of Family and Friends with No Compensation None

Other: _____

Inactive: A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Fees: Please make your check payable to the KANSAS STATE BOARD OF HEALING ARTS or complete and return the credit card authorization form to pay by credit card.

Current Type of	Active or Federal Active changing to any type	No Fee
	Military changing to Active or Federal Active	\$325.00
	Military changing to Exempt or Inactive	\$150.00
	Inactive changing to Exempt	No Fee
	Inactive changing to Active or Federal Active	\$175.00
	Exempt changing to Inactive	No Fee
	Exempt changing to Active or Federal Active	\$175.00

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.



 Signature

9/20/2010

 Date