

RECEIVED

STATE OF KANSAS

APPLICATION FOR A LICENSE BY ENDORSEMENT

FEB 20 1981

KANSAS STATE BOARD OF HEALING ARTS

To the Kansas State Board of Healing Arts:

I hereby make application for a license to practice Medicine and Surgery, Osteopathic Medicine and Surgery, or Chiropractic in the State of Kansas. (Strike out words not applicable.) For the purpose of obtaining such license I make the following statement of facts and offer the following proof in support of my qualifications:

1. William Malcolm Knarr
First Name Middle Name Last Name

W. Malcolm Knarr
(Print name as you wish it to appear on your license.)

Permanent Mailing Address 130 E. 69th Terrace K.C. Mo 64113
(Street) (City) (State) (Zip)

2. Place of Birth Tulsa, Oklahoma **(Confidential)**

3. EDUCATIONAL BACKGROUND:

Pre-Healing Arts (College) Education:

School	Location	Dates
University of Arkansas	Fayetteville, Arkansas,	1965-66
University of Missouri at Kansas City		1966-1971

Professional Education (Please submit certified copy of Healing Arts school diploma)

School	Location	Dates
College of Osteopathic Medicine and Surgery	Des Moines, Iowa,	1974-77

I received the degree of D.O. from the College of Osteopathic Medicine and Surgery
(name of professional college)

located at Des Moines, Iowa,
(City) (State)

on the 1 day of June, 19 77

Postgraduate Medical Education: if applicable

Hospital/Institution	Location	Dates
Internship Lakeside Hospital	8701 Troost Kansas City, Missouri,	July 1977-78
Residencies	<u>none</u>	
Fellowships		

If you are a foreign medical graduate, do you hold a permanent ECFMG certificate?
 () YES () NO Number: _____
 (Please include copy)

4. Do you limit your practice to a specialty? Family Practice

Primary _____

Secondary _____

5. Have you ever been granted healing arts licensure by any State or Territory? YES NO If yes, please list:

State or Territory	License No.	Effective Date	Current
Missouri	DO B9043	11-22-78	yes
Tennessee	DO 378	4-6-78	no

6. List locations and dates of previous healing arts practice, including present:

Location	Dates
Lakeside Hospital	1977 to present
2301 Locust K.C. Mo.	1978 to 1980
912 East 63rd	1980 to present

*

7. Address of present practice:

912 E 63rd Street Tele. No. 444-6644

City Kansas City State Missouri Zip _____

As a result of this application, do you intend to change location of your practice? () YES (X) NO
If yes, give location and date of intended establishment of practice:

Location: _____ Date _____

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 8. Was any license ever revoked, suspended or cancelled? | | <input checked="" type="checkbox"/> |
| 9. Have you ever been denied a license? | | <input checked="" type="checkbox"/> |
| 10. Have you ever been denied the privilege of taking an examination? | | <input checked="" type="checkbox"/> |
| 11. Have you ever surrendered your D.E.A. number? | | <input checked="" type="checkbox"/> |
| 12. Have you ever been disciplined by a Board? | | <input checked="" type="checkbox"/> |
| 13. (Confidential) | | |
| 14. Have you ever practiced any other branch of the healing arts? | <input checked="" type="checkbox"/> | |
| 15. (Confidential) | | |
| 16. | | |
| 17. Have you ever been convicted of a felony? | <input checked="" type="checkbox"/> | |

If you answered YES to any of the above questions, PLEASE GIVE DETAILS:
(on this or separate sheet if necessary)

If 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 \$100,000 per occurrence (per claim) subject to not less than \$300,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund.

18. In what company do you carry professional Liability Insurance? Professional Mutual

_____ Policy Number C19965 Have you ever been accused

of malpractice? No

Explain fully _____

Was a settlement made? _____ Explain fully _____

19. Have you ever been in military service? No List assignments and periods of service.

20. CERTIFIED COPY OF STATE LICENSE OR NATIONAL BOARD CERTIFICATION

(A photostatic or verbatim copy to follow here of State Board license or National Board certificate, certified by the Secretary, with seal.)

21. CERTIFICATE OF STATE OR NATIONAL BOARD

Executive Director National Board of Examiners

Carl W. Cohoon

or Osteopathic Physicians & Surgeons, Inc.

hereby certify that Dr. William Malcolm Knarr

Licensing Agency Certificate No. 4913 on the 1st day of July, 1978

was granted License No. 4913 on the 1st day of July, 1978 by the National Board of Examiners for Osteopathic Physicians & Surgeons, Inc. based upon diploma and written examination in the following subjects:

Subject Percent Subject Percent

See attached certified transcript of grades.

General Average 80.38

I hereby certify that the above license is current and in good standing, has never been revoked, and that the photograph attached to this form is a true likeness of Dr. Knarr and the person to whom this license was issued, that his record is clear and from the records now on file in this office, I believe him to be a fit and proper person to receive a license to practice the healing arts in the State of Kansas.

Signature of Carl W. Cohoon, Executive Director

SEAL

Dated at 22 S. Washington Street - Suite 102 Park Ridge, IL 60068

National Board of Examiners for Osteopathic Physicians & Surgeons, Inc.

this 26th day of November, 1980

22. CERTIFICATE OF POST GRADUATE MEDICAL EDUCATION-If applicable

This certifies that Dr. N/A has rendered satisfactory and continuous service as an intern or resident in the

hospital at

from to

Dated

Superintendent of Hospital or Director of Medical Education

23. CERTIFICATE OF PROFESSIONAL COLLEGE

A certified statement from the Dean or Registrar of the Professional College, giving the exact number of months attended in each year during the four years must follow here, over the seal of the College.

I hereby certify that Dr. attended months during the first year; months during the second year; months during the third year; and months during the fourth year, in the (professional college) located at and was graduated on the day of 19

Dated

President, Secretary, Dean or Registrar

SEAL

24. RECOMMENDATIONS AS TO MORAL CHARACTER FROM TWO REPUTABLE PHYSICIANS

1. This is to certify that I have known Dr. William Malcolm Knarr of Kansas City, Missouri whose photograph is hereto attached, for 4 years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. Knarr is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the AOA Medical Society Signed [Signature] Address 5722 Kenda, Mission State Kansas 66202

This Filing to be Filled Out
by the Secretary Only

ENDORSEMENT

The Kansas State Board
of
Healing Arts

OFFICE RECORD—(Leave blank)

Name William Malcolm Knarr, D.O.

Address 130 E. 69th Terrace

City Kansas City

State MO 64113

Reciprocal Certificate No. 4913

Application for Certificate through Endorsement with
National Board

Kansas Certificate No. 19184

Issued JUN 19 1981 19__

Certificate Forwarded JUN 30 1981 19__

Sent by Certified Mail

By [Signature]
Secretary

This is to certify that I have known Dr. Malcolm Knarr
of KC, Mo whose photograph is hereto attached, for 4
years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to
intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. Malcolm Knarr
is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the Sackson County Osteopathic Medical Society Signed Elias E. Zund
Address 6724 Trobost
State KC, Mo 64131

NOTE: Fee must accompany the application. Fee payable by bank draft or money order. No personal checks. Make fee payable to Kansas
State Board of Healing Arts. Continuing Education is a requirement for renewal of license each year. Professional Certificates sent
Certified Mail only.

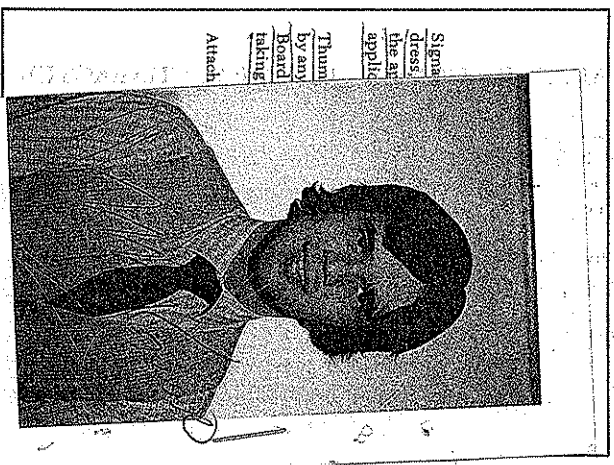
25. OATH OF APPLICANT:

State of Missouri
County of Johnson
I, William Malcolm Knarr, hereby certify under oath that I am the person
referred to in the above application for license 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] Sworn to before me this 12th day
of February, 1981

SEAL
SUE WHITMAN
Notary Public
My commission expires NOTARY PUBLIC STATE OF MISSOURI
JOHNSON COUNTY
MY COMMISSION EXPIRES JUNE 30 1983

26. ATTACH PHOTOGRAPH HERE
3" x 4" and signed across front by applicant. (Bust size,
not full length)



27. Address to which Certificate will be mailed by cer-
tified mail.
Name W. Malcolm Knarr
Street 130 E 69th
City Kansas City
State MO Zip Code 64113
Certificates will be mailed in June and December. Please
give address to be used at that time or notify Board office of
change.

The National Board of Examiners

for

Osteopathic Physicians and Surgeons, Inc.

22 South Washington Street

Park Ridge, Illinois 60068

TRANSCRIPT OF GRADES

PART I April 29, 1976 **Taken at** College of Osteopathic Medicine & Surgery
Des Moines, Iowa

Anatomy (Confidential)
Physiology
Physiological Chemistry
Pharmacology
Pathology
Microbiology

AVERAGE_

PART II Mar. 17, 1977 **Taken at** College of Osteopathic Medicine & Surgery
Des Moines Iowa

Surgery (Confidential)
Obstetrics & Gynecology ...
Neurology & Psychiatry
Public Health
Pediatrics
Medicine, including Therapeu
Medical Jurisprudence
Osteopathic Principles

AVERAGE_

PART III April 3, 1978 **Taken at** Lakeside Hospital
Kansas City, Missouri

Three major areas: Medicine (Confidential)
Surgery
Obstetrics & Gynecology

AVERAGE_ (Confidential)

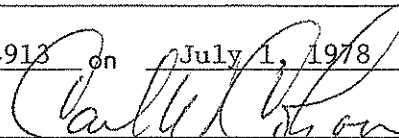
(Confidential)

OVERALL AVERAGE OF PARTS I, II, AND III

I, Carl W. Cohoon, Executive Director of the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., do hereby certify the above to be a true report of the record of:

W. M. Knarr, D.O.

He was awarded a Diplomate's Certificate No. 4913 on July 1, 1978


CARL W. COHOON
Executive Director