

Kansas Board of Healing Arts Online Renewals

Summary for Allen S Palmer

License Number:	0533326
License Type:	Osteopathy
License Designation:	Active
Primary practice specialty:	Obstetrics/Gynecology
Are you Board certified in that specialty?	Yes
Date of Renewal:	09/06/2011
Name Displayed on the License:	Allen S Palmer
Is the name displayed not correct?	No
Do you actively practice in Kansas?	Yes
Residence Address	
Street Address:	Confidential
Address line 2:	
City:	CLAYTON
Kansas County:	
Country:	USA
State:	MO
Zip Code:	63105
Phone Number:	Confidential
Mailing Address	
Street Address or PO Box:	3394 McKelvey
Address line 2:	
City:	Bridgeton
Kansas County:	
Country:	USA
State:	MO
Zip Code:	63044
Email Address:	Confidential
Business Address	
Business Name:	COMPREHENSIVE HEALTH PPKM
Street Address:	4401 W 109TH STREET
Address line 2:	
City:	Leawood

Kansas County:	JO
Country:	USA
State:	KS
Zip Code:	66211
Phone Number:	9133451400
Fax Number:	9133452820

About this Business Location

What kind of work setting is this business site?	Unknown
If Other, please specify:	
How many patients do you see during an average week at this site?	30
How many hours of direct patient care do you provide at this work site in a typical week?	15
How many weeks per year do you work here?	20

Non-Kansas Licenses

Have you ever had or are you holding a license in any other state?	Yes
State:	IL
Status:	
License Number (if known):	
Year Granted (if known):	
State:	MO
Status:	
License Number (if known):	
Year Granted (if known):	

Disciplinary Questions

A. In the past 12 months have you been a defendant or has any judgment, award, or settlement been paid resulting from a professional liability claim?	N
B. In the past 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a diversion or plea to a felony or class A misdemeanor.	N
C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?	N
D. In the past 12 months have any privileges related to your profession as a healthcare provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	N
E. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	Confidential
F. In the past 12 months do you know of any investigation by or any allegations, complaints, or charges concerning you made to any licensing agency or state or	N

government agency?	
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Profile Question

The Kansas Board of Healing Arts provides a public profile of each licensee via a website. You may add a statement to your profile to explain any disciplinary information contained in the profile. Do you wish to add a statement to your public profile?	N
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Demographic Information

Gender:	Male
Race:	White
Are you of Hispanic or Latino origin?	No
Languages that you speak:	English, , ,
Are you a graduate of a foreign professional school?	No
Are you a citizen or permanent resident of the United States?	Yes
How many hours of direct patient care do you provide in Kansas in a typical week?	15
How many more direct patient care sites do you have in Kansas?	1

Volunteer Services

I am willing to be included on a registry to provide my services during an emergency.

Within your county of residence	N
Within 75 miles of your residence	N
Anywhere in the State of Kansas	N
Outside of the State of Kansas	N

Malpractice Review Committee

Pursuant to K.S.A. 65-4901, the Kansas State Board of Healing Arts is required to maintain and make available a current list of health care providers who are willing and available to serve on a medical malpractice screening panel.

Are you willing to serve on a malpractice screening panel?	No
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Continuing Education

Agreed to continuing education audit statement:	Yes
Certifies 50 continuing education credit hours for the requisite period	

Supervise

Do you supervise any Physician Assistant or Athletic Trainer?	N
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Office-Based Surgery

Do you perform any procedure in your office that requires sedation, including: IV sedation of any kind; inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? (This does not include minor procedures that can be performed safely and comfortably with any other combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.)	Yes
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Insurance Information

Effective Date	10/23/2008
HCSF Code	
Policy #	ksp0019878
Expire Date	10/23/2011
Other (If HCSF Code is 0)	
Agreed to liability insurance audit statement	Yes
Supervision over non-licensed Radiologic Technologists	
Do you supervise any person(s) performing radiological technology procedures who are not licensed as radiologic technologists?	No
If Yes, Do you certify that they have been trained on the equipment?	No
If Yes, Do you certify that they have or will have obtained continuing education as required by KAR100-73-9?	No
Renewal Filer	
The person filing this renewal is the person named upon the license:	No
Name of the person who entered data for me:	Dawn M Gann
Perjury Statement	
Agreed to perjury statement:	Yes
Confirmation	
Confirmation Number:	5100767
Payment Amount:	331.5
NPI (National Provider Indicator):	1447322805