

# KANSAS



## STATE BOARD OF HEALING ARTS

235 S.W. Topeka Blvd.  
Topeka, Kansas 66603-3068  
(785) 296-7413  
FAX (785) 296-0852

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SEP 24 2007

### APPLICATION FOR LICENSURE

Medicine & Surgery \_\_\_\_\_ Osteopathic Medicine & Surgery  Chiropractic \_\_\_\_\_ Podiatry \_\_\_\_\_

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application per instructions. Please type or print. When space provided is insufficient, attach additional sheets of paper. You may reproduce these blank forms as needed, but each completed form must be submitted in original ink or type. MAKE SUFFICIENT COPIES OF ALL FORMS BEFORE YOU BEGIN.

#### APPLYING FOR LICENSURE BY: (Check appropriate item)

- NATIONAL BOARDS (N.B.M.E. or N.B.O.M.E. or N.B.C.E. or PMLexis)
- \_\_\_\_\_ FLEX ENDORSEMENT      \_\_\_\_\_ STATE EXAM
- \_\_\_\_\_ USMLE ENDORSEMENT
- \_\_\_\_\_ COMBINATION OF FLEX, USMLE, NATIONAL BOARDS
- \_\_\_\_\_ LICENTIATE OF THE MEDICAL COUNCIL OF CANADA (L.M.C.C.)
- \_\_\_\_\_ USMLE STEP 3 EXAMINATION
- \_\_\_\_\_ PMLXIS EXAMINATION       December     June

Please refer to Instruction Sheet for required proof of passage of Examinations.

#### I. GENERAL INFORMATION:

1. NAME Allen Stuart Palmer  
First Middle Maiden Last
2. Name as you wish it to appear on License: Allen S. Palmer  
confidential
3. Address: Bridgton, Mo. 63044  
Street City State Zip
4. Phone (Res) 314-739-8416 (Work) 314-739-6450 (FAX)  
confidential confidential
5. Date of Birth 39 6. SS NO: confidential
7. Place of Birth Cleveland, Ohio
8. Give location of intended practice in Kansas Overland Park
9. Primary Specialty Gynecology American Board Certified   
American Board Eligible \_\_\_\_\_
10. A. E.C.F.M.G. Number if applicable N/A (notarized copy required)  
B. Fifth Pathway? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide notarized copy of certificate.
11. Have you ever been licensed to practice the Healing Arts in Kansas?  
\_\_\_\_\_ Yes  No

II. PROFESSIONAL ACTIVITIES—List in chronological order all activities since graduation, including absences from work, except for incidental sick leave and usual vacation. Also list all periods of nonprofessional activity or employment for more than three (3) months. Please account for all time and explain all gaps in activity. If engaged in private practice, list hospital affiliations. Use additional page(s) if necessary.

FROM Month/Year	TO Month/Year	LOCATION	ACTIVITY
8/1972	7/1973	Chicago, IL	Private Practice
8/1973	Present	Bridgeton, MO	Private Practice
			Christian Hosp.
			Barnes Hosp.
			Mo. Baptist

III. PROFESSIONAL SCHOOL Date Graduated 5 mo. 1967 year Degree D.O.

	Name of Institution	Address	Date from	Date to
1st yr	University of Health Sciences - College of Osteo. Medicine	1750 Independence Ave Kansas City, Mo 64106	1964	1967
2nd yr				
3rd yr				
4th yr				
5th yr				
6th yr				

Have verification of Professional Education Form mailed direct to this office by medical school.

IV. POST-GRADUATE TRAINING (List chronologically) Send Enclosed Verification Form—Refer to Instruction Sheet

Name of Institution	Address	Type of Program	Dates From/To	Completed Yes/No
Martin Place Hospital	Detroit, MI	Internship	7/67	6/68 yes
Chicago Osteo Hospital	Chicago, IL	Residency	8/68-7/72	yes

FELLOWSHIPS (List chronologically) Send Enclosed Verification Form—Refer to Instruction Sheet

Name of Institution	Address	Type of Program	Dates From/To	Completed Yes/No

V. Have you ever been granted medical licensure by any state or territory?  
 YES ( ) NO IF YES, LIST ALL CURRENT AND NON-CURRENT LICENSES BELOW:  
 Send Enclosed Verification Form—Refer to Instruction Sheet.

State or Territory	License Number	Effective Date	Current Status
Missouri	31379	6/24/1967	Active
Illinois	036043089	1/6/70	Active
Arizona	1046	10/26/70	Active
Nevada	910	5/9/79	Active
California	20A-4581	1/1980	Active
Florida	052171	2/1970	Inactive

VI. DISCIPLINE

WE ROUTINELY RECEIVE INFORMATION FROM VARIOUS STATES, FEDERAL AND PRIVATE AGENCIES AND ASSOCIATIONS ABOUT ACTIONS TAKEN AGAINST LICENSEES OR PRACTITIONERS. ALL INFORMATION RECEIVED WILL BE CHECKED ACCORDINGLY TO VERIFY THE TRUTH AND VERACITY OF YOUR ANSWERS. DOCUMENTATION MUST BE PROVIDED FOR ALL YES ANSWERS.

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1. Have you ever been rejected for membership or notified by or requested to appear before any medical, osteopathic or chiropractic society?  
YES  NO (Circle one)

2. Have you ever been denied the privilege of taking an examination administered by a licensing agency?  
YES  NO (Circle one)

3. Have you ever been denied a license to practice the healing arts or other health care profession?  
YES  NO (Circle one)

4. confidential

5.

6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation, or other practice organization, either public or private?  
YES  NO (Circle one)

7. Have you ever, for any reason, lost American Board certification?  
YES  NO (Circle one)

8. Has any licensing or disciplinary agency limited, restricted, suspended or revoked a license you have held?  
YES  NO (Circle one)

9. Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary agency?  
YES  NO (Circle one)

10. Have you ever been notified or requested to appear before any licensing or disciplinary agency?  
 YES  NO (Circle one)

11. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?  
YES  NO (Circle one)

12. confidential

13.

14.

15.

16. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substances registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?  
YES  NO (Circle one)

17. Have you ever surrendered your state or federal controlled substances registration or had it restricted in any way?  
YES  NO (Circle one)

18. confidential

19. Have you ever been a defendant in a legal action involving professional liability (Malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?  
 YES  NO (Circle one)

20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs?  
YES  NO (Circle one)

21. Have you ever terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicare Program?  
YES  NO (Circle one)

VII. STATEMENT OF HEALTH

confidential

VIII. ATTACH 3" X 4" PHOTOGRAPH IN BOX BELOW



1. Individual portrait must be taken within 90 days prior to date of application.
  2. Photograph must be signed on back by applicant. (Head, shoulders & upper chest—not full length)
  3. Date photo taken written on back of photograph.
- Attach photo with paper clips—do not paste.

IX. I, Allen S. Palmer, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years for each violation. (K.S.A.) 21-3805

Signature of Applicant

DATE

X. PROFESSIONAL LIABILITY INSURANCE (MALPRACTICE)

If you intend to render professional services in Kansas, you are required by K.S.A. 40-3401-3419 to obtain and maintain professional liability insurance of not less than \$200,000 per occurrence (per claim) subject to not less than \$600,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund. Proof of liability insurance must be provided at time of renewal.

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**KANSAS STATE BOARD OF HEALING ARTS**  
235 S. Topeka Blvd., Topeka, Kansas 66603-3068 (785)296-7413

**VERIFICATION OF PROFESSIONAL COLLEGE**

University of Health Sciences College of Osteo Med.  
Name of Institution  
3105 Independence Blvd  
Street  
Kansas City, MO 64106  
City State Zip

I, Allen S. Palmer, M.D./D.O./D.C./D.P.M. have applied to practice in  
(Print full name)

the state of Kansas. As part of the application process, the Kansas State Board of Healing Arts requires a verification of my Professional College.

I hereby authorize UHS COM, its staff, or representative to provide the Kansas  
(Name of professional college)  
State Board of Healing Arts any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named society and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Kansas State Board of Healing Arts, 235 S Topeka Blvd., Topeka, Kansas 66603. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, Allen S. Palmer  
(Signature of Applicant)

Date of Birth confidential 39  
MO DAY YR

Social Security Number confidential

Date of Graduation 5 / 1967  
MO DAY YR

**For verification of PROFESSIONAL COLLEGE ONLY**  
Please provide exact dates  
The following section must be completed by the dean or registrar of the professional school and returned directly to the Kansas State Board of Healing Arts. Verifications returned directly to the applicant will not be accepted. Do not complete if photograph is not attached. Any substitutions must contain all required information or it will not be accepted for verification purposes.

This certifies that Allen S. Palmer  
(Full name of applicant)  
Enrolled in Kansas City University of Medicine & Biosciences  
(Name of professional college)  
on 9 / 9 / 1963 graduated 5 / 26 / 1967 with a degree in Osteopathic medicine  
MO DAY YR MO DAY YR

Further, the records of this institution indicate that the attached photograph (check one)  Represents a true likeness of the above-named applicant.  Does not represent a true likeness of the above named applicant.

By Lynn J. Walker Dr. P.H.  
Signature of the dean or registrar  
Registrar

SEAL



Signed and the college Seal affixed on 10 / 17 / 2007  
MO DAY YR

Professional college seal MUST be imprinted partially on photograph.

**KANSAS STATE BOARD OF HEALING ARTS**

235 S. Topeka Blvd., Topeka, Kansas 66603 (785)296-7413

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**VERIFICATION OF POSTGRADUATE TRAINING**

Seaver Tarolis  
Name of Program Director  
C.COM/Midwestern University / Chicago Osteo. Hospital  
Name of Institution  
20201 S. Crawford Ave  
Street  
Chicago IL 60461  
City State Zip

I, Allen S. Palmer D.O., have applied for a license to practice in the state of Kansas.  
(Print full name)

As part of the application process, the Kansas State Board of Healing Arts requires a reference from the program director of each ACGME accredited Postgraduate Training program to which I have been appointed.

I hereby authorize C.COM/Midwestern University its staff, or representative to provide the Kansas State Board of Healing Arts any and all information requested below, whether such information is favorable or unfavorable, and I hereby release from any and all liability the above named society and/or person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. Further, I request that this completed form be sent directly to the Kansas State Board of Healing Arts, 235 S Topeka Blvd., Topeka, Kansas 66603. I understand that completed forms returned to me will not be accepted for verification purposes.

Sincerely, [Signature]  
(Signature of Applicant)  
Date of Birth confidential 39  
MO DA confidential  
Social Security Number confidential

For verification of POSTGRADUATE TRAINING The following section must be completed by the Program Director or his/her representative and returned Please provide exact dates directly to the Kansas State Board of Healing Arts. Verifications returned to applicant will not be accepted.

This is to certify that Allen Palmer, D.O. a graduate of Midwestern Univ / ccom commenced postgraduate training (internship residency clinical fellowship\*) in MWU / ccom 20201 S. Crawford Olympia Fields on 8 | 1 | 1968 and completed (check one)  successfully  unsuccessfully such training on 7 | 31 | 72 IL 60461  
(Name of applicant) (Professional School) (Name and address of training program) MO DAY YR MO DAY YR

- Internship - Name of Dept. \_\_\_\_\_
- Residency - Name of Dept. Obstetrics/Gynecology
- Fellowship - Name of Dept. \_\_\_\_\_  Clinical  Research

**SEAL**

Signed Isaac J. Kustein, D.O.  
Date Signed 10/2/07  
Title Dir. of Med. Educ.

Tel. No. (785) 747-4000 x1335

COMMENTS: Recommend highly  
(Attach additional sheet if needed)

DEC 12 2007

# Examiners of the College of Health Sciences of the University of Kansas Diploma in Osteopathy and Surgery

KANSAS CITY, MISSOURI

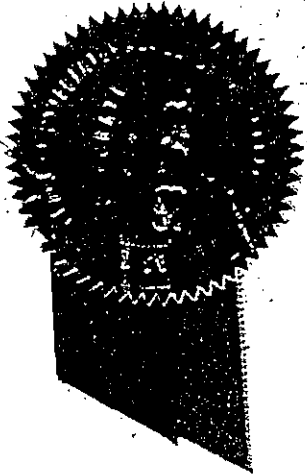
KNOW ALL MEN BY THESE PRESENTS THAT

Allen Stuart Palmer

has completed with all the requirements of this College and passed the prescribed examination which entitles him to a Diploma from this Institution. Therefore, we, the Trustees and Faculty of the Kansas City College of Osteopathy and Surgery of Kansas City, Mo. by virtue of the authority vested in us by the Legislature of the State of Missouri, do confer on him the degree of

DOCTOR OF OSTEOPATHY

with all the Privileges and Immunities thereto belonging in this or any other Country.  
The Trustees and Examiners therefore, in this or any other Country,  
The Trustees and Examiners, do hereby offer our Seal and Signatures, Dated at  
Kansas City, Missouri, this 26th day of May 1967.



*George H. H. H.*  
President of the Board of Trustees

*Ernest P. Powers*  
President of the College

*L. A. L.*  
Secretary of the Board of Trustees

*A. L. Davis, D.D.*  
President of the College

*L. Walker, D.M.P.H.*  
Registrar

Lynn L. Walker, Dr. P.H.  
Registrar

# National Board of Osteopathic Medical Examiners

8765 W. Higgins Road, Suite 200, Chicago, IL 60631 (773)714-0622 Fax (773)714-0631

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Kansas Board of the Healing Arts  
235 S. Topeka Boulevard  
Topeka, KS 66603-3068

## NBOME OFFICIAL TRANSCRIPT

	Completion Date	Scaled Score
<b>NBOME Part I</b> <b>Passed</b>		
<b>Total Score</b>	<b>MAY 1966</b>	<b>confidential</b>
<b>Minimum Total Passing Scaled Score is 75.</b>		
<b>NBOME Part II</b> <b>Passed</b>		
<b>Total Score</b>	<b>OCTOBER 1967</b>	
<b>Minimum Total Passing Scaled Score is 75.</b>		
<b>NBOME Part III</b> <b>Passed</b>		
<b>Total Score</b>	<b>JANUARY 1968</b>	
<b>Minimum Total Passing Scaled Score is 75.</b>		

I, Joseph F. Smoley, Ph.D., Executive Director of the National Board of Osteopathic Medical Examiners, Inc., do hereby certify the above to be a true report of the record of

**Allen S Palmer, D.O.**

awarded Diplomate Certificate No. 564 on July 1, 1968

October 3, 2007

Date Prepared



Joseph F. Smoley, Ph.D.  
Executive Director





Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

### FLORIDA LICENSURE CERTIFICATION

Kansas State Board of Healing Arts  
235 S. Topeka Boulevard  
Topeka, KS 66603-3068

September 18, 2007

RE: ALLEN S PALMER, D.O.

To Whom It May Concern:

This is to certify the records of the Department of Health indicating the following for the above referenced Health Care Practitioner:

LICENSE NUMBER:	OS2171
ORIGINAL CERTIFICATION:	02/28/1970
EXPIRATION DATE:	01/31/2000
CURRENT STATUS OF LICENSE:	Null and void
BOARD ACTION:	Yes

This license information was last updated on: 09/18/2007

To expedite the verification process, this is the standard format prepared for all Medical Doctors and Osteopathic Medical Doctors. The information above is the only verification document provided by the Department. A copy of this request is being forwarded to the Central Records Unit for research and response regarding the existence of any disciplinary activity. Any information resulting from this research will be provided to your office in a separate mailing.

Florida Department of Health  
(850) 245-4191



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

ROD R. BLAGOJEVICH  
Governor

DEAN MARTINEZ  
Secretary

DANIEL E. BLUTHARDT  
Director  
Division of Professional Regulation

CERTIFICATION OF LICENSURE

October 4, 2007

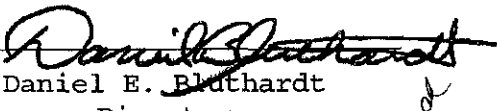
KANSAS STATE BOARD OF HEALING ARTS  
235 SOUTH TOPEKA BLVD  
TOPEKA, KS 66603-3068

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Licensee: ALLEN STUART PALMER DO  
License Number: 036.043089  
Profession: LICENSED PHYSICIAN AND SURGEON  
Date of Issuance: 01/06/1970  
Expiration Date: 07/31/2008  
License Status: ACTIVE  
License Method: Endorsement-MO STATE CONST EXAM AND ILL PRACTICAL  
Disciplinary History: HAS been disciplined - SEE ENCLOSED

ILLINOIS PRACTICAL EXAM DATE: 12-9-1969      GENERAL AVERAGE: confidential

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

  
Daniel E. Bluthardt  
Director  
Division of Professional Regulation



Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 217-782-0458 if you have any questions.



**KENTUCKY BOARD OF MEDICAL LICENSURE**

Hurstbourne Office Park  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222  
Telephone (502) 429-7150  
www.kbml.ky.gov

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MAR 06 2008

TO: KS State Board of Healing Arts  
FROM: Stephanie G. [unclear] Verification Coordinator  
RE: License Verification for Allen S. Parker, DO  
DATE: 3/4/08

In response to your inquiry as to whether or not the above mentioned physician holds a medical license in Kentucky, please be advised of the following:

Holds Kentucky License Number: 1480

Date Issued: 7/1/08

Derogatory Information:

- None
- Yes, See Attachments

Basis of Licensure:

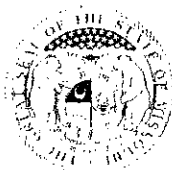
- Exam
- Endorsement

Licensure is Currently:

- Active
- Inactive

Please note: Licensure in Kentucky is permanent, annual renewal is due by March 1 of each year

SEP 26 2007



Matt Blunt  
Governor  
State of Missouri

David T. Broeker, Director  
**DIVISION OF PROFESSIONAL REGISTRATION**

Department of Insurance  
Financial Institutions  
and Professional Registration  
Douglas M. Ommen, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard  
P.O. Box 4  
Jefferson City, MO 65102-0004  
573-751-0098  
866-289-5753 TOLL FREE  
573-751-3166 FAX  
800-735-2966 TTY  
website: [www.pr.mo.gov/healingarts.asp](http://www.pr.mo.gov/healingarts.asp)

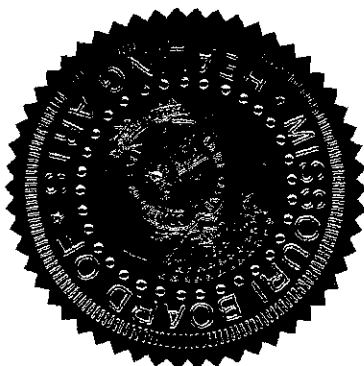
SEP 26 2007  
Executive Director

**To:**

Kansas Board of Healing Arts  
235 South Topeka Blvd  
Topeka, KS 666033068

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Allen S Palmer, D.O..

<b>LICENSE TYPE:</b>	Osteopathy Phys & Surgeon
<b>DATE OF BIRTH:</b>	confidential 1939
<b>LICENSE NUMBER:</b>	31379
<b>DATE ISSUED:</b>	6/24/1967
<b>STATUS:</b>	Active
<b>EXPIRATION DATE:</b>	1/31/2008
<b>LICENSE METHOD:</b>	Exam
<b>MEDICAL SCHOOL:</b>	Kansas City, Univ of Oseopathic Health Sciences
<b>DISCIPLINARY ACTION:</b>	None



*Rose Evers*

Rose Evers  
Verifications Clerk

09/21/2007

Date



HOME

FACULTY'S

LAW &  
REGULATIONS

LICENSEE  
SERVICES

BOARD  
MEETINGS

PLANNING  
RESOURCES

### Licensee Information

[Back](#)

### Nevada State - Board of Osteopathic Medicine

Verification as of February, 11 2008

Name: Allen Palmer

Address: confidential

City: bridgeton

State: MO

Zip: 63044

Phone: (314) 739-8416

Fax: (314) 739-6450

School: University of Health Sciences College of Osteopathic  
Medicine Kansas City

Specialty: Obstetrics/Gynecology

License Type: D.O. License

License Number: 910

License Status: Active

Effective: 05/09/1999

Expires: 12/31/2008

*Dr Tracy Woodham*

Does this licensee have any No  
malpractice issues?:

Does this licensee have any No  
disciplinary issues?:

For further questions regarding discipline or malpractice information, please contact:  
Catryna Kelly, Executive Administrator, [ckelly@bom.nv.gov](mailto:ckelly@bom.nv.gov) (702) 732-2147 x223.

Print

The Nevada State Board of Osteopathic Medicine - 2688 East Flamingo Road, Ste D.

Las Vegas, NV 89121 - 702-732-2147 - 702-732-2079 (fax)

Employee Portal