

# KSBOHA Online Renewal Application

Date Created: Saturday, September 27, 2014

Name: Allen Stuart Palmer

## License Information

License Number: 05-33326  
License Type: Doctor of Osteopathy (DO)  
Status Before Renewal: Active  
Status After Renewal:  
Status Change Date:

Birth Date: [REDACTED] 1939  
Gender: M  
Citizenship Status: U.S. Citizen  
Ethnicity: White

## Address Information:

Residence Address:  
Line 1: [REDACTED]  
Line 2:  
City, State, Zip CLAYTON, MO 63105  
Phone: [REDACTED]  
Email:

Mailing Address:  
Line 1: [REDACTED]  
Line 2:  
City, State, Zip CLAYTON, MO 63105  
Phone:  
Email:

## Insurance Information:

[AcordDelete](#)  
Policy Number: 6793286  
Insurance Issue Date: 1/1/2014 Insurance Exp Date: 1/1/2015

# Applicant Questions

Retirement
Planning to retire within 5 years?
N

Dispensing
Dispense Pharmaceuticals
Y

Malpractice Screening Panel
I am willing to serve on a Screening Panel
N

Office Based Surgery
I perform office based surgical procedures
N

Expert Witness
I am willing to serve as an expert for the Board
N

Supervise Non-Licensed Rad Techs		
I supervise non-licensed rad techs	I certify that they are trained on the equipment	I certify that they have/will obtain continuing ed
N	N	N

Board Certification	
Are You Board Certified?	Which Board/Boards?
N	

DEA Number
DEA Number
FP2568167
AP5614955
FP0364656

Identify all other authorities that have ever licensed you to practice.

Other State Licenses Ever Held	
Other State	Date Issued
MI	
MO	
IL	
KS	

National Provider Identifier
NPI Number
1447322805

Language			
English	Spanish	ASL (American Sign Language)	Other Languages
Y	Y	N	

Disaster Relief				
Willing to Assist in a Disaster	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
N	N	N	N	N

# Question Responses

CE Year
Education Year
2014

<b>Continuing Education Questions</b>	N
Does your "Education Year" listed above indicate that you do not have continuing education hours due at this time?	
Do you have at least 50 total hours of continuing education from 04-01-2013 through 09-30-2014?	Y
Do you have at least 100 total hours of continuing education from 04-01-2012 through 09-30-2014?	Y
Do you have at least 150 total hours of continuing education from 04-01-2011 through 09-30-2014?	Y
<b>Continuing Education Audit Question</b>	
The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. Do you understand the audit process?	Y
<b>Attestation Questions</b>	
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 month has any disciplinary action been initiated or taken against you by a state licensing agency or other state or government agency, or have you surrendered or consented to limitations of licenses to practice in any state or country?	Y
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?	
E. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	
F. In the past 12 months have you been the subject of any investigation regarding allegations, complaints or charges by any state licensing agency or other government agency?	N
<b>Voluntary Supplemental Public Statement:</b>	
Pursuant to K.S.A. 65-28, 131, on and after July 1, 2010, the board shall make available on a searchable website which shall be accessible by the public, the following information regarding licensees: (1) The licensee's full name, business address, telephone number, license number, type, status and expiration date; (2) the licensee's practice specialty, if any, and board certifications, if any; (3) any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past; (4) any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action; (5) any involuntary surrender of the licensee's drug enforcement administration registration; and; (6) any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country. At the time of licensure or renewal, a licensee may add a statement to such licensee's profile as it appears on the website created herein. Such statement may provide further explanation of any disciplinary information contained in your profile. <b>This statement must be received by the Board within 30 days after your license expiration date.</b>	N
<b>Do you wish to add a statement to further explain any disciplinary information in your public profile?</b>	
<b>Renewer</b>	Stephanie D Williams
Please Enter the <b>Full Name</b> of person completing this renewal.	

## Attestation

Pursuant to K.S.A. 65-28,131, information deemed public may be posted on our website. Failure to furnish the Board any information legally requested by the Board may be deemed as unprofessional conduct and a basis for disciplinary action.

By this submission I hereby certify that I am the licensee named in this renewal application or have been authorized by the licensee, and I have personally submitted all data requested in the renewal application form. I understand that Kansas Statutes allow the Board to revoke, suspend or limit a license, censure the license, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

I declare, under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.