

APPLICATION TO OBTAIN A CERTIFICATE

To Practice the Healing Arts in the State of Kansas
By Examination

To the Kansas State Board of Healing Arts:

I hereby make application for permission to take an examination for the purpose of qualifying for a certificate and license to practice Medicine and Surgery, () Osteopathy or () Chiropractic in the State of Kansas. In consideration of such permission I make the following statements:

1. Name Ronald Norman Yeomans
(Prior name in full, including middle name. Use no initials.)
2. P. O. address 2909 Genessee Kansas City Jackson Missouri
(Street) (City) (State)
3. Place of birth Chillicothe, Mo. Date of birth Confidential 940 Age 26
4. Citizenship acquired by: Birth Naturalization
(If citizenship acquired by naturalization proof thereof, including date and place must be submitted)
5. Intended residence _____
6. Professional Education--(Give name and location of institutions attended, beginning with and including high school, with concise statements of period of study, giving dates of diplomas or certificates received.)
Fayette High School, Sept 1955 to May 1959
Central Methodist College, Fayette, Mo. Sept 1959 to May 1963
Major in Biology
7. Professional Education--I have spent 4 years in the study of Medicine and Surgery, Osteopathy or Chiropractic in the institutions named below: (Give a detailed statement of study, including the time spent in each college attended.)

	Day	Month	Year		Day	Month	Year	Name of School	Location
First year from	3	9	67	to	28	5	67	KUMC	Kansas City, Mo.
Second year from	8	9	67	to	2	6	68	"	" " "
Third year from	7	9	68	to	21	6	68	"	" " "
Fourth year from	10	6	68	to	31	5	69	"	" " "
with other interned from	1	7	67	to	30	6	68	Wesley Medical Center	Wichita, Kans.

7. I received the degree of Doctor of Medicine from the University of Kansas School of Medicine located at Kansas City, Kans. on the 5th day of June 1967.
(Name of Professional college)
(If a graduate of a school not located in the United States, one full year must elapse before taking examination. Proof of qualifications of such school must be made as provided in Rules of the Board)
7. (a) Certified copy of Basic Science Certificate no. 1659 given 30/1/65
8. I have practiced Medicine and Surgery, Osteopathy or Chiropractic by virtue of a license issued by the State Board of Examiners for the State of _____
From _____ to _____ at _____
From _____ to _____ at _____
9. I have never been charged with violation of any Federal, State or local statute, except _____
(Certificate of applicant's good moral character, signed by two reputable practitioners, must accompany this application)
10. Have you ever been denied a certificate by, or denied the privilege of taking the examination before any State Board of Medical, Osteopathic or Chiropractic Examiners? no
(Answer: yes or no. Give particulars)
11. Has any license to practice Medicine and Surgery, Osteopathy or Chiropractic issued to you been revoked or suspended? no
(Answer: yes or no. Give particulars)
12. The person named in the diploma submitted is the identical person making this application. The photograph submitted herewith is a true likeness of the person making this application and was taken within ninety days prior to the date hereof.
13. I hereby pledge my solemn word of honor, under oath, that I will never become an itinerant or advertising doctor, either directly or indirectly. I further pledge that I will be governed in my practice by the principles and ethics promulgated by the Kansas State Board of Healing Arts, as the standard to be maintained in this State. I further agree that any willful violation of these principles and ethics will constitute grounds for disciplinary action by the board.

Date 5/10/67 Signed Ronald Norman Yeomans Applicant.
(Full name. No initials)

STATE OF Missouri, COUNTY OF Jackson, ss.

Be It REMEMBERED, That before me, the undersigned notary public in said county and state, personally appeared Ronald Norman Yeomans who is to me known, and known to be the person who signed the above foregoing application, and under oath stated that he had carefully read all the statements therein contained and that each and all are true in every respect.

In Witness Hereof, I have hereunto affixed my hand and notarial seal this 10th day of May 1967

Frances M. Heath
Notary Public.
My commission expires on the 18 day of Feb 1968

Application No. H-3849 License No. 144015

EXAMINATION
 of
The Kansas State Board
 of
Healing Arts

OFFICE RECORD—(Leave blank)
 Name: Ronald Norman Yeomans, M. D.
 City: Michigan
 County: Sedgewick
 State: Kansas
 Application filed: May 12 1967
 Fee \$ 50.00
 Diploma examined and approved this 8 day of June 19 67
 By: [Signature]
 Certificate issued Jul 1 1968
 Certificate forwarded Jul 9 1968
 Certified Mail Jul 26 1968
 Notified of rejection 19
 By: [Signature] M. D. Secretary

INSTRUCTIONS TO APPLICANTS
 FOR EXAMINATION

- Application for examination must be made on the examination blank furnished by this Board, which must be carefully filled out and all the requirements fulfilled or it will not be accepted.
- Basic Science Certification by Kansas State Board of Basic Science Examiners.
- For examination only those colleges are recognized which have been approved by the Kansas State Board of Healing Arts. No one will be permitted to enter our examination rooms unless a graduate of such colleges.
- The applicant must, in every case present his diploma to the Board for inspection during the examination. No certificate in lieu of diploma will be accepted. Do not send your diploma to the Secretary unless requested to do so.
- All examinations by this Board will be conducted in the English language only.
- If an applicant, who is a graduate of a recognized school in the United States, fails to appear before this Board for examination within one year after the date of his application, he shall forfeit all rights he may have acquired by such application and shall forfeit the examination fee. After the expiration of one year a new application and fee will be required.
- If the applicant is not a graduate of a recognized school located within the United States of America he will not be permitted to take the examination until after the expiration of one year from the date of making application and upon furnishing satisfactory proof that such school located outside the United States of America maintains a standard equivalent to the recognized schools in the United States.
- If an applicant fails on the first examination, he may be reexamined at any subsequent meeting of the Board within twelve (12) months, without charge.
- All applications for examination from graduates of recognized schools of the United States must be on file with the Secretary at least ten days before each regular meeting in order that the Board may make the necessary arrangements for such examination. Graduates of schools outside the United States must make application one full year before the date of examination.
- The regular meetings of the Board are held in June, and in January, of each year, at such time and place as designated by the Board.
- The fee for examination is \$50 and is not refundable. All fees must accompany the application.
- No temporary license issued, but temporary permit may be issued but not renewed, in accordance with Healing Arts Act, Chapter 348, Sec. 11.

Applicant must NOT fill in this blank

EATING OF EXAMINATION PAPERS
 (Percent of correct answers)

Subject	First examination	Second examination
1. General Medicine, Internal Medicine, Medical Jurisprudence and Psychiatry	79	
2. Obstetrics and Gynecology	92	
3. Preventive Medicine, Pediatrics and Public Health	87	
4. General Surgery and Sub-specialties	79	
Total	337	
General Average	84.3	

Date of first examination: June 8, 1967
 Date of second examination: June 10, 1967
 Result: passed
 Result: passed
 Applicant will be examined in the subjects of theory and practice in accordance with the reports of their respective schools. Examination in each branch of the Healing Arts will be given and graded by those members of the Board who hold a license to practice that particular branch.

14. This application must be accompanied with an unmounted photograph of the applicant, 3 by 4 inches, half size, neckfull length, with certificate of the photographer on the back thereof giving his address, date when taken, and setting forth that it is a true picture of the applicant, and must be taken within ninety (90) days prior to the date of the application, and across the front thereof the applicant will write his name in full. A photograph larger than 3 by 4 inches, a kodak, or a photographic proof will positively not be accepted.



15. The applicant will here give the address to which license is to be forwarded by express:

Name: Ronald N. Yeomans
 Street: Confidential

City: Michigan
 County: Sedgewick
 State: Kansas 67214

KANSAS STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES

CERTIFICATE
OF
REGISTRATION IN THE BASIC SCIENCES

NUMBER 1659 BY EXAMINATION DATED JUNE 30, 1965

ISSUED TO

RONALD NORMAN YEOMANS

UNDER THE PROVISIONS OF CHAPTER 344 OF THE KANSAS STATUTES 1957

KANSAS STATE BOARD OF EXAMINERS
IN THE BASIC SCIENCES

THIS CERTIFICATE DOES NOT ENTITLE THE HOLDER
TO ENGAGE IN THE PRACTICE OF HEALING.

Edward Wimmer
PRESIDENT
Elbert W. Crandall
SECRETARY

I, Elbert W. Crandall, of Pittsburg, Kansas, Secretary of the Kansas State Board of Basic Science Examiners do hereby certify that Ronald Norman Yeomans of Kansas City, Missouri was granted on 30th day of June, 19 65, basic science certificate no. 1659, of which the above is an exact copy, by the Kansas State Board of Basic Science Examiners.

This certificate was issued on the basis of the following grades received in the Kansas basic science examination:

Anatomy **Confidential** Chemistry **Confidential** Physiology **Confidential**
Bacteriology Pathology

I further certify that no certificate issued by this board to the said Ronald Norman Yeomans has ever been revoked or suspended, and that records now on file in this office indicate that the applicant is of good moral character.

In testimony then witness my hand and seal.

May 15, 1967
Date

Elbert W. Crandall
Sec'y. Kansas Board of Basic Science
Examiners

NOTE.—If applicant is not a member of an approved local professional society, he must submit satisfactory certificates of good moral and professional character from at least two reputable doctors who are licensed or certified to practice and are members in good standing in their local county professional society. Signers of this certificate will give any additional information regarding the applicant, if requested by the board. The sworn statement of a licensed practitioner of any state is acceptable.

Date 5/6 1967

To the Kansas State Board of Healing Arts:

This is to Certify, That I have been personally acquainted with Ronald R. Yonans for three years or more, and that I know him to be an ethical practitioner and of good moral and professional character, and not addicted to the use of alcohol or narcotic drugs. And I hereby recommend him to the Board of Healing Arts of the state of Kansas as most worthy to be licensed to practice the Medical profession in the state of Kansas.

I am a graduate of the Medical College of Illinois, date of graduation 1960, and licensed in the state of Connecticut, certificate number 70541.
Date of license 1/1965.

I am a member in good standing of the _____ Professional Society.

Name Charles W. Jick and
Address Kansas Univ. Med. Center
Lawrence City Kansas

Subscribed and sworn to before me, this 10 day of May 1967

(SEAL)

Frances N. Heath Notary Public.

My commission expires Feb 18 1968



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Date May 10 19 67

To the Kansas State Board of Healing Arts:

This is to Certify, That I have been personally acquainted with Ronald A. Yeoman for three years or more, and that I know him to be an ethical practitioner and of good moral and professional character, and not addicted to the use of alcohol or narcotic drugs. And I hereby recommend him to the Board of Healing Arts of the state of Kansas as most worthy to be licensed to practice the medical profession in the state of Kansas.

I am a graduate of the Univ. of Mich. College of Medicine, date of graduation June 1954, and licensed in the state of Kansas, certificate number 12760.

Date of license June 16, 1962.

I am a member in good standing of the Wyandotte County Professional Society.

Name Cecelia J. Cameron MD

Address Rainbow Boulevard at 39th Street

Kansas City, Kansas

Subscribed and sworn to before me, this 10 day of May 19 67

(SEAL)

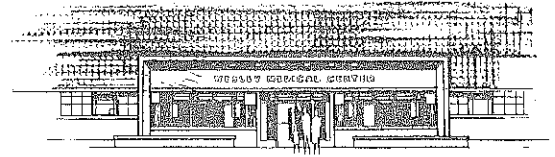
Frances N. Matt Notary Public.

My commission expires Feb 18 19 68



WESLEY MEDICAL CENTER

550 N. HILLSIDE • WICHITA, KANSAS 67214 • MU 5-2151



June 17, 1968

F. J. Nash, M.D., Secretary
Board of Healing Arts, State of Kansas
364 New Brotherhood Building
Kansas City, Kansas

Re: Ronald N. Yeomans, M.D.

Dear Dr. Nash:

This is to certify that Ronald N. Yeomans, M.D., graduate of the University of Kansas School of Medicine, has rendered satisfactory and continuous service as a rotating intern in the Wesley Medical Center, Wichita, Kansas, from July 1, 1967 to June 30, 1968.

A handwritten signature in cursive script that reads "W. C. Goodpasture".

W. C. Goodpasture, M.D.
Director of Graduate and
Continuing Medical Education

WCG:ej

RECEIVED

JUN 18 1968

KANSAS STATE BOARD
OF HEALING ARTS

MD

KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor

LAWRENCE T. BUENING, JR.
Executive Director



235 S. Topeka Blvd.
Topeka, KS 66603-3068
(913) 296-7413
FAX # (913) 296-0852

This is to certify that the records of the Kansas State Board of Healing Arts indicate the following information regarding:

RONALD NORMAN YEOMANS MD

PROFESSION: Medicine and Surgery
 LICENSE NUMBER: 04-14015
 DATE ISSUED: 07-01-1968
 CURRENT STATUS: ACTIVE
 EXPIRATION DATE: 06-30-1997
 MEDICAL SCHOOL: UNIVERSITY OF KANSAS MEDICAL CENTER
 LICENSED BY: Kansas Board of Healing Arts

Grades from which licensure was granted are as follows:

BASIC SCIENCE SCORES DATE 06-30-1965 CERT NO 1659

ANATOMY	Confidential	CHEM.	Confidential
BACT		PATHOLOGY	
		PHYS.	

STATE EXAM SCORES DATE JUNE 8-9, 1967

1. General Medicine, Internal Medicine, Medical Jurisprudence, and Psychiatry Confidential
2. Obstetrics and Gynecology
3. Preventive Medicine, Pediatrics and Public Health
4. General Surgery and Sub-specialties

TOTAL
General Average

DISCIPLINARY ACTION: None

 *To expedite the process, the above format is the standard format prepared for the professions licensed by this agency. If more information is needed, please do not hesitate to contact this office.

Signature _____
Licensing Administrator

SEAL

STATE _____ KANSAS _____

DATE April 15, 1997

All information above is true and accurate to the best of my knowledge:

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 JOHN P. GRAVINO, D.O., VICE-PRESIDENT
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