

**KANSAS STATE BOARD OF HEALING ARTS
RENEWAL OF MEDICINE AND SURGERY LICENSE
JULY 1, 2006 to JUNE 30, 2007**

RECEIVED
JUN 08 2006

The renewal application and fee must be received postmarked by JUNE 30, 2006, to renew your license. A late fee must be paid for renewal applications received postmarked JULY 1, 2006 or later. If no renewal application is received postmarked on or before JULY 31, 2006 the license will be canceled. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. Please note that supplying information appearing in *italics* is completely voluntary. No licensing decision will be made on the basis of the information. All other information is required. A license will not be renewed if the application is not complete. PLEASE PRINT OR TYPE ALL RESPONSES.

1. Name: Ronald N Yeomans, MD
 3. Mailing Address (may be a Post Office Box):
 Line 1: 720 Central Ave
 Line 2:
 City, County, State, Zip, Country: Kansas City, Wyandotte, KS, 66101-3596, USA
 Preferred Telephone Number: 3596
 Residence Address (may not be a Post Office Box):
 Line 1: Confidential
 Line 2:
 City, County, State, Zip, Country: Overland Park, Johnson, KS, 66212, USA
 Telephone / Fax: Confidential
 Email:
 Web site:

2. License Number: 04-14015
 Corrections:

Practice Address (may not be a Post Office Box; additional practice addresses may be added to the Kansas Health Care Resources Questionnaire, attached):
 Line 1: Women SS Health Center
 Line 2: 510 Washington St W
 City, County, State, Country Zip: Charleston, WV, 25302, USA
 Telephone / Fax: (304) 344-9838
 Email:
 Web site:

*KS practice address -> Central Family Medicine
 720 Central Ave
 Kansas City, Kans 66101*

LICENSE STATUS

4. Current License: Active 5. I would like to change my license to:
- Active - Liability insurance certification received - see Part 9 on Page 2.
 - Inactive - This license does not allow the holder to provide professional services in Kansas.
 - Federal Active - This license allows a person who is active military or employed by the federal government to also engage in administrative and charitable services in Kansas; No private practice outside of federal employment is allowed in Kansas.
 Employer
 Name _____ Address _____
 - Exempt - This allows a person who is no longer regularly engaged in practice to provide some professional services, including administrative and charitable services;

I intend to engage in the following professional activities in Kansas (Required for Exempt and Federal Active): _____

I request that the change in status become effective on the following date: _____

6. You must answer the following questions. Attach documentation and an explanation if you answer "Yes" to any of the following questions.
- (a) Yes No 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?
 - (b) Yes No Within the last 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a plea to a felony or class A misdemeanor.
 - (c) Yes No In the past 12 months 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 limitation of license to practice in any state or country?
 - (d) Yes No In the past 12 months have you been denied a license to practice the healing arts or other health care profession?
 - (e) **Confidential** In the past 12 months have any hospital privileges been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?
 - (f) **Confidential** In the past 12 months have you suffered from any impairment which might affect your ability to safely practice?
 - (g) Yes No 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 government agency?

04-14015# 2008 CONTINUED ON BACK

Ronald N Yeomans
 720 Central Ave
 Kansas City, KS 66101-3596

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VOLUNTEER SERVICES

7. Are you willing to be included on a registry of potential volunteers to provide your professional services during an emergency?(please check all that apply)

Within your county of residence Yes No Within 75 miles of your residence Yes No
Anywhere in the State of Kansas Yes No Outside the State of Kansas Yes No

OTHER LICENSES

8. Identify all other authorities that have licensed you to practice Medicine and Surgery (use additional pages if necessary):

State or country: License No.: Date Issued: Status: State or country: License No.: Date Issued: Status:
Indiana 01059709A 6/28/2004 Active Missouri 114319 ? 1996 Active
West Virginia 21411 11/10/2003 Active

I have not been licensed in another state or country.

LIABILITY INSURANCE – Notice of audit procedure: The Board of Healing Arts will audit compliance with insurance requirements in an undetermined percentage of renewal applications. It is important that you maintain your insurance records in a manner that allows you to produce them readily. Licensees selected for an audit will be given written notice and a reasonable amount of time to produce the records. If the records are not produced as required, the Board will presume that the records did not exist at the time this renewal application was submitted.

Liability Insurance and Healthcare Stabilization Fund Compliance Certification (Active License Only): As a condition to providing professional services in Kansas, whether or not physically located in this state, each person with an active license must either maintain a policy of professional liability insurance or be covered by a qualified self insurance fund. Additionally, each person who is required to maintain this liability coverage is required to pay the annual surcharge to the Health Care Stabilization fund.

9. Check one:

I maintain a policy of liability insurance that complies with Kansas statutes, and have paid the annual surcharge to the Health Care Stabilization Fund.
Policy Number KSP0017052 Insurer: KS Health Care Stabilization Fund Issue Date: 01/31/2006 Expiration Date: 01/31/2007
 I am covered by a qualified self insurance fund and have paid annual surcharges to the Health Care Stabilization Fund.

KANSAS HOSPITAL PRIVILEGES (Active and Federal Active only)

10. Facility name and county for up to four Kansas Hospitals at which you have privileges.

OFFICE -BASED SURGERY

11. "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 one or 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 No

PRACTICE SPECIALTY

12. Please indicate your primary practice specialty Obstetrics + Gynecology Are you Board Certified in the specialty: Yes No

SUPERVISION

13. Do you supervise any physician assistants or athletic trainers? Yes No

If Yes, please provide the following information for each:

NAME _____ LICENSE NUMBER _____
NAME _____ LICENSE NUMBER _____
NAME _____ LICENSE NUMBER _____

RENEWAL FEE

Amount: Active, Federal Active: \$230.00 (\$290.00 if postmarked July 1 or later)
Inactive \$115.00 (\$145.00 if postmarked July 1 or later)
Exempt \$130.00 (\$160.00 if postmarked July 1 or later)

PAYMENT METHOD (check one):

A check is enclosed. Please make your check payable to the KANSAS STATE BOARD OF HEALING ARTS.
 Payment is by a facility paying for multiple licenses. Payor name: _____ check no. and date _____
(License fees are the responsibility of the licensee: a license will not be renewed until the Board receives the correct payment amount.)
 Payment by credit card: Please complete and return the enclosed credit card authorization form.

I hereby certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Ronald K. Yonson, M.D. 6/7/06
SIGNATURE DATE

PLEASE RETURN TO: Kansas Board of Healing Arts, 235 SW Topeka Blvd., Topeka, KS 66603