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KANSAS

STATE BOARD OF HEALING ARTS

RENEWAL OF MEDICINE AND SURGERY LICENSE

JULY 1, 2008 TO JUNE 30, 2009

ONLINE RENEWAL IS AVAILABLE at www.ksbha.org from MAY 15, 2008 to JULY 31, 2008.**Do not** submit a paper renewal application if you have used the online renewal process.RECEIVED
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The renewal application and fee must be received postmarked by **JUNE 30, 2008** to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked **JULY 1, 2008 or later**. If an online renewal or complete renewal application is not received postmarked on or before **JULY 31, 2008** the license will be cancelled. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. **A license will not be renewed if the application is not complete.** Please print or type all responses.

1. License Number: 04-14015 2. Name: Ronald N. Yeomans, MD

3. Addresses: ☐ I have had a change of address since the last renewal

Mailing Address: 720 Central Avenue, Kansas City, KS 66101-3546
 Street or PO BOX City County State Zip

Residence Address: Confidential Overland Park, KS 66211 Confidential
 Street City County State Zip

Telephone / Cell: Confidential / Confidential

Practice Address (May **not** be a Post Office Box. Additional practice addresses may be submitted on a separate page.)
720 Central Avenue, Kansas City, KS 66101-3546
 Street City County State Zip

Telephone / Fax: 913.321.3343 / 913.321.3348

E-mail: Confidential

4. License Status Change To verify your current license status visit our website, click verification and follow the instructions or call our office.
 I would like to change my license status effective: _____ to: _____
- ☒ **Active** - Liability insurance certification and CME required - see parts 8 & 14
- ☐ **Federal Active** - Allows a person who is active military or employed by the federal government to also engage in administrative & charitable services in Kansas. No private practice outside of the federal employment is allowed in the state of Kansas.
 Federal Employer Name & Address: _____
- ☐ **Inactive** - Does not allow the holder to provide professional services in Kansas.
- ☐ **Exempt** - Allows a person to provide some professional services - must complete part 5
5. Professional Activities (Exempt Status Only) I intended to engage in the following professional activities in Kansas:
- ☐ Consultant ☐ Charitable Health Care Provider
- ☐ Coroner/Deputy Coroner ☐ Treatment of Family and Friends with No Compensation
- ☐ Administration ☐ Other: _____

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Office Use Only

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6. You must answer the following questions. Attach documentation and an explanation if your answer is "yes" to any of the following questions. (All Statutes)

- (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 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.
- (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 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 suspended 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?

7. Supervision of Physician Assistants and/or Athletic Trainers (Active and Federal Active Statutes Only) (use additional pages if necessary)

☒ I do not supervise any Physician Assistant or Athletic Trainer..

☐ I supervise: Name _____ License No. _____
Name _____ License No. _____

8. Liability Insurance (Active Status Only) As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF) and either maintain a policy of professional liability insurance with a minimum of \$200,000 per claim and \$600,000 aggregate or be covered by a qualified self insurance fund. The Board will verify compliance with liability insurance requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your liability insurance records for a three (3) year period in a manner that allows them to be readily produced. I understand the audit process and

☒ I maintain a policy of liability insurance that complies with Kansas statutes and have paid the annual surcharge to KHCSF.

KaMMCo	KSP0017052	1/31/2008	1/31/2009
Insurer	Policy Number	Effective Date	Expiration Date

☐ I am covered by a qualified self insurance fund & have paid annual surcharges to KHCSF.

9. Office-Based Surgery (Active and Federal Active Statutes only)

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

10. Practice Specialty (All Statutes) Are you Board Certified? ☒ Yes ☐ No

Please indicate your primary specialty using the appropriate number code listing. 39

MD Specialty Codes

1 Adolescent Medicine	16 Family Medicine	33 Neurology	50 Pharmacology	67 Surgery, Cardiovascular
2 Aerospace Medicine	17 Gastroenterology	34 Neurology, Child	51 Physical Med./Rehab	68 Surgery, Colon/Rectal
3 Allergy-Immunology	18 General Practice	35 Neuropathology	52 Psychiatry	69 Surgery, General
4 Allergy, Pediatric	19 General Preventive Medicine	36 Nuclear Medicine	53 Psychiatry, Child	70 Surgery, Head/Neck
5 Anesthesiology	20 Geriatrics	37 Nutrition	54 Psychoanalysis	71 Surgery, Hand
6 Blood Banking	21 Gynecology	38 Obstetrics	55 Psychosomatic Medicine	72 Surgery, Maxillofacial
7 Broncho-Esophagology	22 Hematology	39 Obstetrics-Gynecology	56 Public Health	73 Surgery, Neurological
8 Cardiology, Pediatrics	23 Hematology/Oncology, Pediatric	40 Occupational-industrial	57 Pulmonary Diseases	74 Surgery, Orthopedic
9 Cardiovascular Disease	24 Hypnosis	41 Oncology	58 Radiology	75 Surgery, Pediatric
10 Dermatology	25 Infectious Disease	42 Ophthalmology	59 Radiology, Diagnostic	76 Surgery, Plastic
11 Dermatopathology	26 Internal Medicine	43 Otolaryngology	60 Radiology, Nuclear	77 Surgery, Thoracic
12 Diabetes	27 Laryngology	44 Otorhinolaryngology	61 Radiology, Pediatric	78 Surgery, Critical Care
13 Emergency Medicine	28 Legal Medicine	45 Pathology	62 Radiology, Oncology	79 Urology
14 Endocrinology	29 Neoplastic Disease	46 Pathology, Clinical	63 Rheumatology	80 Other Specialty (specify)
15 Endocrinology, Pediatric	30 Neonatal-Perinatal Medicine	47 Pathology, Forensic	64 Rhinology	81 Radiation Therapy
	31 Nephrology	48 Pathology, Radiosotopic	65 Sports Medicine	82 Pediatric Anesthesiology
	32 Nephrology, Pediatric	49 Pediatrics	66 Surgery, Abdominal	

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11. **Kansas Hospital Privileges (Active and Federal Active Statuses Only)**

☒ I do not have Kansas Hospital Privileges.

Facility Name and County

Facility Name and County

Facility Name and County

12. **Professional Services during an Emergency (All Statuses)**

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. ☒ Please do not include me in the registry ☐ Within the county of residence

☐ Within 75 miles of your residence

☐ Anywhere in the state of Kansas

☐ Outside of the state of Kansas

13. **Medical Malpractice Screening Panel (All Statuses)**

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?

☐ Yes

☒ No

14. **Continuing Education (Active and Federal Active Statuses with 2008 CME Year Only):** To verify your CME year visit our website, click on verification and follow the instructions, or call our office.

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. I understand the audit process and I have met the hours for the following continuing education update.

☒ 50 total hours with a minimum of 20 Category I & a maximum of 30 Category II hours from 01-01-2007/ 06-30-2008

☐ 100 total hours with a minimum of 40 Category I & a maximum of 60 Category II hours from 01-01-2006/ 06-30-2008

☒ 150 total hours with a minimum of 60 Category I & a maximum of 90 Category II hours from 01-01-2005/ 06-30-2008

15. **Identify all other authorities that have licensed you to practice medicine and surgery (All Statuses) (use additional pages if necessary):** ☐ I have not been or currently licensed in another state or country.

State or Country License No.: Date Issued: Status: State or Country: License No.: Date Issued: Status:

Indiana, #01059709A, 2004, Active

West Virginia, 21411, 2003, Active

16. **Renewal Fee by Status:** Active or Federal Active: \$270.00 (\$340.00 if postmarked July 1 or later)
Inactive or Exempt: \$150.00 (\$180.00 if postmarked July 1 or later)

License fees are the responsibility of the licensee; a license will not be renewed until the correct payment is received.

PAYMENT METHOD (check one):

☒ A check is enclosed. Please make your check payable to the KANSAS STATE BOARD OF HEALING ARTS.

☐ Payment by a facility paying for multiple licensees. Payor name: _____ Check no.: _____

☐ Payment by credit/debit card: Please complete the Credit Card Payment Authorization Form.

17.

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

Signature: Ronald K. Germany MD

Date: 5/28/08

PLEASE RETURN TO:

Kansas State Board of Healing Arts
Attn: Licensing
235 SW Topeka Blvd.
Topeka, KS 66603

website: www.ksbha.org

voice : 785 296-7413 or 888 886-7205