

Kansas Board of Healing Arts Online Renewals

Summary for Ronald N Yeomans MD

License Number:	414015
License Type:	Medicine and Surgery
License Designation:	Active
Primary practice specialty:	Obstetrics,Gynecology
Are you Board certified in that specialty?	Yes
Date of Renewal:	06/13/2009
Name Displayed on the License:	Ronald N Yeomans MD
Is the name displayed not correct?	No
Do you actively practice in Kansas?	Yes
Residence Address	
Street Address:	Confidential
Address line 2:	
City:	Overland Park
Kansas County:	JO
Country:	USA
State:	KS
Zip Code:	66211. Confidential
Phone Number:	Confidential
Mailing Address	
Street Address or PO Box:	720 Central Ave
Address line 2:	
City:	Kansas City
Kansas County:	WY
Country:	USA
State:	KS
Zip Code:	66101-3546
Email Address:	Confidential
Practice Address	
Practice Name:	WOMEN SS HEALTH

	CENTER
Street Address:	510 WASHINGTON ST W
Address line 2:	
City:	CHARLESTON
Kansas County:	
Country:	USA
State:	WV
Zip Code:	25302.2036
Phone Number:	3043449838
Fax Number:	
About this Practice Location	
What kind of work setting is this practice site?	Other Patient Care Employment
If Other, please specify:	Abortion Clinic
How many patients do you see during an average week at this site?	40
How many hours of direct patient care do you provide at this work site in a typical week?	16
How many weeks per year do you work here?	36
Practice Address	
Practice Name:	CENTRAL FAMILY MEDICINE
Street Address:	720 CENTRAL AVE
Address line 2:	
City:	KANSAS CITY
Kansas County:	WY
Country:	UNITED STATES
State:	KS
Zip Code:	66101.3546
Phone Number:	9133213343
Fax Number:	9133213348
About this Practice Location	
What kind of work setting is this practice site?	Other Patient Care Employment

If Other, please specify:	Abortion Clinic
How many patients do you see during an average week at this site?	35
How many hours of direct patient care do you provide at this work site in a typical week?	16
How many weeks per year do you work here?	45
Non-Kansas Licenses	
Have you ever had or are you holding a license in any other state?	Yes
State:	IN
Status:	
License Number (if known):	
Year Granted (if known):	
State:	WV
Status:	
License Number (if known):	
Year Granted (if known):	
Disciplinary Questions	
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 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?	N
D. In the past 12 months have you been denied a license to practice the healing arts or other health care profession?	N
E. 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?	Confidential
F. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	Confidential
G. 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?	N
Demographic Information	

Gender:	Male
Race:	White
Are you of Hispanic or Latino origin?	No
Languages that you speak:	English, , ,
Are you a graduate of a foreign professional school?	No
Are you a citizen or permanent resident of the United States?	Yes
How many hours of direct patient care do you provide in Kansas in a typical week?	16
How many more direct patient care sites do you have in Kansas?	

Volunteer Services

I am willing to be included on a registry to provide my services during an emergency.

Within your county of residence	N
Within 75 miles of your residence	N
Anywhere in the State of Kansas	N
Outside of the State of Kansas	N

Malpractice Review Committee

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?	No
--	----

Supervise

Do you supervise any ?	N
------------------------	---

Office-Based Surgery

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 other 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
--	-----

Physician Assistant or Athletic Trainer

Insurance Information

Effective Date	01/31/2009
HCSF Code	

Policy #	KSP0017052
Expire Date	01/31/2010
Other (If HCSF Code is 0)	
Renewal Filer	
The person filing this renewal is the person named upon the license:	No
Name of the person who entered data for me:	Mark A Pederson
Perjury Statement	
Agreed to perjury statement:	Yes
Confirmation	
Confirmation Number:	5056588
Payment Amount:	325.25