

Name: Ronald N Yeomans

# License Information

License Number: 04-14015

License Status: Active

License Type: Medical Doctor (MD)

Birth Date: **Confidential** 1940 12:00:00 AM

Gender: M

Citizenship Status:

Ethnicity:

First address is the Residence address.  
Second address is the Mailing address.

### Insurance (Bond Information)

[KaMMCoDelete](#)

Policy Number: KSP0017052

Insurance Issue Date: 1/31/2014 Insurance Exp Date: 1/31/2015

### Managed Dependents - Supervise

License Type: Full Name:

Issue Date: License Number:

Expiration Date:

License Type: Full Name:

Issue Date: License Number:

Expiration Date:

License Type: Full Name:

Issue Date: License Number:

Expiration Date:

# BOHA Applicant Questions

Are your planing to retire within 5 years?

Retirement
Planning to retire within 5 years?
<input checked="" type="checkbox"/>
<input type="checkbox"/>

I dispense prescription medications.

Dispensing
Dispense Pharmaceuticals
<input checked="" type="checkbox"/>
<input type="checkbox"/>

I am willing to serve on a Malpractice Screening Panel.

Malpractice Panel
Willing to serve on Malpractice Screening Panel?
<input type="checkbox"/>

<input type="checkbox"/>
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I perform procedures in my office that require sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia.

Office Based Surgery
I perform office based surgical procedures
<input type="checkbox"/>
<input type="checkbox"/>

I am willing to serve as an expert for the Board in a licensing disciplinary case.

Expert Witness
I am willing to serve as an expert for the Board
<input type="checkbox"/>
<input type="checkbox"/>

I supervise person(s) performing radiological technology procedures who are not licensed as radiologic technologists.

I certify that they have been trained on the equipment as required by K.A.R. 100-73-9.

I certify that they have obtained or will obtain continuing education as required by K.A.R. 100-73-9.

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you Board Certified? Which Board?

Board Certification	
Are You Board Certified?	Which Board\Boards?
<input checked="" type="checkbox"/>	Am Board of Ob/Gyn
<input type="checkbox"/>	

DEA Number
DEA Number
BY9665929

Licenses Held in Other States

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

Other State Licenses Ever Held	
Other State	Date Issued
KS	
AZ	
WV	
MO	
IN	

National Provider Identifier
NPI Number
1417018557

Language			
English	Spanish	ASL (American Sign Language)	Other Languages
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question Responses**

- CE Questions
- Public Profile Question
- Name of Person Completing this Application.

CE Year
Education Year
2014

<b>Continuing Education Hours Questions</b>	
Does your "Education Year" listed above indicate that you do not have continuing education hours due at this time?	N
Do you have at least 50 total hours of continuing education from 01-01-2013 through 06-30-2014?	Y
Do you have at least 100 total hours of continuing education from 01-01-2012 through 06-30-2014?	Y
Do you have at least 150 total hours of continuing education from 01-01-2011 through 06-30-2014?	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. I 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?	N
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?	Confidential
E. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	Confidential
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?	Y
<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>	Mark Pederson
Please Enter the <b>Full Name</b> of person completing this renewal.	

**Pursuant to KSA 65-28,131,**

Pursuant to KSA 65-28,131, information provided herein deemed public may be posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

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

