



STATE BOARD OF HEALING ARTS  
RENEWAL OF MEDICINE AND SURGERY LICENSE

JULY 1, 2016 TO July 31, 2017

ONLINE RENEWAL IS AVAILABLE at [www.ksbha.org](http://www.ksbha.org) from MAY 15, 2016 to JULY 31, 2016.

**Do not** submit a paper renewal application if you have completed the online renewal process.

If you have questions please visit the FAQs on our website at [www.ksbha.org](http://www.ksbha.org) or call 785-296-2575.

The renewal application and fee must be received postmarked by **JUNE 30, 2016** to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked **JULY 1, 2016 or later**. If an online renewal or complete renewal application is not received postmarked on or before **JULY 31, 2016** 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 Current license type: MD 2. Name Ronald N. Yeomans

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

Mailing Address: [REDACTED] Shawnee Mission Johnson KS 66212

Street or PO BOX	City	County	State	Zip
<u>[REDACTED]</u>	Shawnee Mission	Johnson	KS	66212

Residence Address: [REDACTED]

Street	City	County	State	Zip
<u>913-[REDACTED]</u>				

Telephone / Cell: [REDACTED] / [REDACTED]

Business Address (May **not** be a Post Office Box. Submit additional business addresses on a separate page.)  
4401 W 109th St STE 200 Overland Park Johnson KS 66211

Street	City	County	State	Zip

Telephone / Fax: 913-345-1400 / 913-345-2820

E-mail: [REDACTED]

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4. National Provider Identifier(NPI) (All License Types) 1417018557 ☐ n/a

5. License Type Change: (Complete only if you wish to change your license type) To verify your current license type review your wallet card, visit at [www.ksbha.org](http://www.ksbha.org) and click verification, or call 785-296-2575.

I would like to change my current license type of \_\_\_\_\_ effective \_\_\_\_\_ to:

☐ **Active** - Submit proof of liability insurance certification. Submit proof of a minimum of 50 hours of CME, if required - see parts 9 & 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. Submit proof of a minimum of 50 hours of CME, if required - see part 14

☐ **Inactive** - Does not allow the holder to provide professional services in Kansas.

☐ **Exempt** - Allows a person to provide some professional services - must complete part 6

6. Professional Activities (Exempt License Type Only) I intend to engage in the following professional activities in Kansas:

<input type="checkbox"/> Consultant	<input type="checkbox"/> Charitable Health Care Provider
<input type="checkbox"/> Coroner/Deputy Coroner	<input type="checkbox"/> Treatment of Family and Friends with No Compensation
<input type="checkbox"/> Administration	<input type="checkbox"/> Other: _____

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Office Use Only

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7. You must answer the following questions. If you answer "yes" to any of the following questions, you must provide written documentation, either by answering the questions listed on the Disciplinary form (available at [www.ksbha.org](http://www.ksbha.org)) or a detailed written response within 14 days. (All License Types)

- (a) ☐ Yes ☒ No In the past 12 months have you been a defendant or have you continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim?
- (b) ☐ Yes ☒ No In the past 12 months have you been arrested, charged with or convicted of any felony, misdemeanor or the military equivalent? This includes a diversion or plea to a felony, misdemeanor or the military equivalent.
- (c) ☐ Yes ☒ No In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?
- (d) ☐ Yes ☒ No In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?
- (e) ☐ Yes ☒ No In the past 12 months have you suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers?
- (f) ☐ Yes ☒ No In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints or charges by any state licensing agency or other government agency?

8. Supervision of Physician Assistants and/or Athletic Trainers (Active and Federal Active License Types Only)

use additional pages if necessary) Supervision of PAs do not need to be reported for services performed in a medical care facility, as defined in KSA 65-425.

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

☐ I supervise: Name \_\_\_\_\_ License No. \_\_\_\_\_  
Name \_\_\_\_\_ License No. \_\_\_\_\_

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9. Liability Insurance (Active License Type 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 & have paid the annual surcharge to KHCSF.

Insurer	Policy Number	Effective Date	Expiration Date
KaMMCO	KSP0024034	7/16/1976	1/31/2017

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

10. Office-Based Surgery (Active and Federal Active License Types only) In Kansas, since your last renewal, have you performed any procedures in your office that requires sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? ("Office" as used here does not include a hospital based practice. Also excluded are 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 ☐

If answered "yes", please provide accrediting entity name: NA  
and certification number: NA

11. Kansas Hospital Privileges (Active and Federal Active License Types Only) (use additional pages if necessary)

☐ I do not have Kansas Hospital Privileges.

Overland Park Regional Medical Center

Facility Name and County	Facility Name and County	Facility Name and County

12. Professional Services during an Emergency (All License Types)

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 License Types)

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 License Types with 2016 CME Year Only):** To verify your CME year review your wallet card, visit [www.ksbha.org](http://www.ksbha.org) & click on verification or call 785-296-2575. My current CME Year is: 2017

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 01-01-2015/06-30-2016
- ☐ **100 total hours** with a minimum of 40 Category I & a maximum of 60 Category II hours from 01-01-2014/06-30-2016
- ☐ **150 total hours** with a minimum of 60 Category I & a maximum of 90 Category II hours from 01-01-2013/06-30-2016

**DO NOT** mail in proof of your CME with the renewal form unless you are changing your license type to "active" or "federal active".

**15. Identify all other authorities that have ever licensed you to practice medicine and surgery (All License Types)**  
(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:
Missouri	114319	2/2/1998	active	Arizona	7247	11/24/1972	Cancelled

**16. Supervision of non-licensed person(s) performing radiological technology procedures (Active and Federal Active License Types Only)**

Do you supervise any person(s) performing radiological technology procedures who are not licensed as a radiologic technologist? ☐ Yes ☒ No

If you supervise a non-licensed person(s) performing radiological technology, do you certify that they have been trained on the equipment as required by K.A.R. 100-73-9? ☐ Yes ☐ No

If you supervise a non-licensed person(s) performing radiological technology, do you certify that they have obtained or will obtain continuing education as required by K.A.R. 100-73-9? ☐ Yes ☐ No

**17. Voluntary Supplemental Public Statement (All License Types)**

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 for the purpose of providing further explanation of any disciplinary information contained in your profile. **Do you wish to add a statement to further explain any disciplinary information contained in your public profile? This statement must be received by the Board within 30 days after your license expiration date.** ☐ Yes ☒ No

**18. Practice Specialty (All License Types)** Please indicate your primary specialty using the appropriate code and name from the list on page 4. GYN gynecology

Are you Board Certified? ☒ Yes ☐ No If yes, list the entities you are Board Certified with. (use additional pages if necessary)  
American Board of OB/Gyn

**19. DEA Registration number(s) (All License Types)**(use additional pages if necessary) ☐ n/a

BY9655929

FY9678505

Dr. Ronald N. Yeomans additional Medical Licenses

State	number	date issued	status
Missouri	114319	2/2/1998	active
Arizona	7247	11/24/1972	cancelled
West Virginia	21411	11/10/2003	expired
Tennessee	37926	8/13/2003	voluntarily retired
Ohio	35.031199	9/9/1968	inactive

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**20. Dispensing Physician (Active, Federal Active and Exempt License Types only)**

The definition of a dispensing physician according to K.A.R. 100-21-1 is a person licensed to practice medicine and surgery who purchases and keeps drugs and compounds his or her own prescription for the purpose of supplying such drugs to his or her patients. Do you dispense prescription medications? ☐ Yes ☒ No

**21. Expert Witness (All License Types):**

Are you willing to serve as an expert for the Board in a licensing disciplinary case? ☐ Yes ☒ No

**22. Renewal Fee by Status:** Active or Federal Active: \$330 (\$350 if postmarked July 1 or later)  
Inactive or Exempt: \$150 (\$175 if postmarked July 1 or later)

**23.** Pursuant to KSA 65-28,131, information provided herein may be deemed public may and 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. Pursuant to KSA 65-12-126, licensees are required to notify the Board in writing within 30 days of any changes in the licensee's mailing and/or practice address. By this submission, I hereby certify that I am the licensee named in this renewal application and I have personally submitted all data requested in the renewal application form. I understand that Kansas Statutes allow the Board to revoke, suspend or limit a license, censure the license, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license. I declare, under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature: Ronald N. Gloman, MD

Date: 6/11/16

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**Codes for Practice Specialties: see part 18**

AS Abdominal Surgery	FPG Geriatric Medicine - Family Medicine	PLM Palliative Medicine
ADM Addiction Medicine	IMG Geriatric Medicine - Internal Medicine	PE Pediatric - Emergency Medicine
ADP Addiction Medicine - Psychiatry	PYG Geriatric Psychiatry	PDO Pediatric - Otolaryngology
ALI Addiction Medicine-Clinical & Lab Immunology	GER Geriatrics	PDA Pediatric Allergy
ADL Adolescent Medicine	GO Gynecological Oncology	PDC Pediatric Cardiology
AMI Adolescent Medicine - Internal	GYN Gynecology	CCP Pediatric Critical Care Medicine
OAR Adult Reconstructive Orthopedics	HS Hand Surgery	PDE Pediatric Endocrinology
AM Aerospace Medicine	HSO Hand Surgery - Orthopedic Surgery	PG Pediatric Gastroenterology
A Allergy	HNS Head and Neck Surgery	PHO Pediatric Hematology - Oncology
AI Allergy and Immunology	HEM Hematology	PDI Pediatric Infectious Diseases
PTH Anatomic / Clinical Pathology	HMP Hematology - Pathology	PN Pediatric Nephrology
ATP Anatomic Pathology	HO Hematology/Oncology	PO Pediatric Ophthalmology
AN Anesthesiology	HEP Hepatology	PP Pediatric Pathology
BBK Bloodbanking Pathology	IG Immunology	PDP Pediatric Pulmonology
ICE Cardiac Electrophysiology	IP Immunopathology	PDR Pediatric Radiology
CTS Cardiothoracic Surgery	ID Infectious Diseases	PPR Pediatric Rheumatology
CD Cardiovascular Diseases	IM Internal Medicine	PDS Pediatric Surgery
CDS Cardiovascular Surgery	MPD Internal Medicine - Pediatrics	NSP Pediatric Surgery - Neurology
CMP Chemical Pathology	IEM Internal Medicine / Emergency Medicine	UP Pediatric Urology
CHN Child Neurology	LM Legal Medicine	PD Pediatrics
CHP Child Psychiatry	MFM Maternal and Fetal Medicine	OP Pediatrics Orthopedics
DDL Clinical & Lab Dermatological Immunology	MXR Maxillofacial Radiology	PM Physical Medicine and Rehabilitation
ILI Clinical & Lab Dermatological Immunology - Internal Med	MG Medical Genetics	PS Plastic Surgery
PLI Clinical & Lab Immunology - Pediatrics	MDM Medical Management	MPH Preventive Health, Public & General
CBG Clinical Biochemical Genetics	MM Medical Microbiology	PRO Proctology
CCG Clinical Cytogenetics	ON Medical Oncology	P Psychiatry
CG Clinical Genetics	ETX Medical Toxicology - Emergency	PYA Psychoanalysis
CMG Clinical Molecular Genetics	PDT Medical Toxicology - Pediatrics	PH Public Health
CN Clinical Neurophysiology	PTX Medical Toxicology-Preventive Med	PCC Pulmonary Critical Care Medicine
CLP Clinical Pathology	OMO Musculoskeletal Oncology	PUD Pulmonary Diseases
PA Clinical Pharmacology	NPM Neonatal - Perinatal Medicine	RO Radiation Oncology
CRS Colon and Rectal Surgery	NP Nephrology	RIP Radioisotopic Pathology
CCM Critical Care Medicine	NS Neurological Surgery	RP Radiological Physics
CCA Critical Care Medicine - Anesthesiology	N Neurology	R Radiology
NCC Critical Care Medicine - Neurological Surgery	NRN Neurology/Diagnostic Radiology/Neuroradiology	REN Reproductive Endocrinology
OCC Critical Care Medicine - Obstetrics & Gynecology	NA Neuropathology	RHU Rheumatology
CCS Critical Care Surgery	RNR Neuroradiology	SP Selective Pathology
PCP Cytopathology	NM Nuclear Medicine	SM Sleep Medicine
DS Dermatologic Surgery	NR Nuclear Radiology	SCI Spinal Cord Injury
D Dermatology	NTR Nutrition	ESM Sports Medicine - Emergency
DMP Dermatopathology	OBS Obstetrics	FSM Sports Medicine - Family Practice
DIA Diabetes	OBG Obstetrics and Gynecology	ISM Sports Medicine - Internal Medicine
DLI Diagnostic Laboratory Immunology	OM Occupational Medicine	OSM Sports Medicine - Orthopedic Surgery
DR Diagnostic Radiology	OPH Ophthalmology	PSM Sports Medicine - Pediatrics
EM Emergency Medicine	ORS Orthopedic Surgery	HSS Surgery of the Hand - Surgery
END Endocrinology	OSS Orthopedic Surgery of the Spine	SO Surgical Oncology
EP Epidemiology	ORT Orthopedic Trauma	TS Thoracic Surgery
FPS Facial Plastic Surgery, Otolaryngology	OFA Orthopedics - Foot and Ankle	TTS Transplantation Surgery
FP Family Practice	OMM Osteopathic Manipulative Medicine	TRS Traumatic Surgery
FOP Forensic Pathology	OS Other Specialty	UM Underseas Medicine
PFM Forensic Psychiatry	OTO Otolaryngology	US Unspecified
GE Gastroenterology	OT Otolaryngology	U Urological Surgery
GP General Practice	APM Pain Management - Anesthesiology	VIR Vascular & Interventional Radiology
GPM General Preventive Medicine	PMD Pain Medicine	VS Vascular Surgery
GS General Surgery		



<u>Receipt Number</u>	<u>Amount</u>	<u>Payer Name</u>	<u>Manual Receipt No/Licencee</u>	<u>Payment Type</u>
479600	330.00	Addison, Amanda	124275-Ronald Yeomans	Visa\Mastercard License Fee
				Credit Card

Entered/Received Date:

06/16/2016

Referred to Licensing Date:

06/16/16

Additional Notes:

Received By:

*Michele Helling*

MD Renewal