

KSBOHA Online Renewal Application

Date Created: Tuesday, June 16, 2015

Name: Irene E. Bettinger

License Information

License Number: 04-15910
License Type: Medical Doctor (MD)
Status Before Renewal: Active
Status After Renewal: Exempt
Status Change Date:

Birth Date: [REDACTED] 941
Gender: F
Citizenship Status: U.S. Citizen
Ethnicity: White

Address Information:

Residence Address:
Line 1: [REDACTED]
Line 2:
City, State, Zip Kansas City, MO 64112
Phone: [REDACTED]
Email: [REDACTED]

Mailing Address:
Line 1: [REDACTED]
Line 2:
City, State, Zip KANSAS CITY, MO 64112
Phone: [REDACTED]
Email: [REDACTED]

Insurance Information:

No data available

Applicant Questions

Retirement

Planning to retire within 5 years?

Y

Dispensing

Dispense Pharmaceuticals

N

Malpractice Screening Panel

I am willing to serve on a Screening Panel

N

Office Based Surgery

Accrediting Entity Name	Certification/Accreditation No	I perform office based surgical procedures
-------------------------	--------------------------------	--

N

Expert Witness

I am willing to serve as an expert for the Board

N

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
------------------------------------	--	--

N

N

N

Board Certifications

Certifying Board	Other Board
ABPN-American Board of Psychiatry and Neurology	
ABEM-American Board of Electrodiagnostic Medicine	
Other	Royal College of Physicians and Surgeons (Canada)

Kansas Hospital Privileges

Hospital/Surgery Center	Other Hospital
-------------------------	----------------

DEA Number

DEA Number

BB6108888

AB8178306

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

Other State Licenses Ever Held

Other State	Date Issued
-------------	-------------

MO

KS

PA

National Provider Identifier

NPI Number

1003854548

Language

English	Spanish	ASL (American Sign Language)	Other Languages
---------	---------	------------------------------	-----------------

Y

N

N

Disaster Relief

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

Y

Y

Y

N

Y

Question Responses

CE Year
Education Year
2017

Attestation Questions	
A. In the past 12 months have you been and/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?	N
B. 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.	N
C. 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?	N
D. 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. 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. In the past 12 months have you been the subject of <u>any</u> investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	N
Voluntary Supplemental Public Statement	
<p>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:</p> <p>(1) The licensee's full name, business address, telephone number, license number, type, status and expiration date;</p> <p>(2) the licensee's practice specialty, if any, and board certifications, if any;</p> <p>(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;</p> <p>(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;</p> <p>(5) any involuntary surrender of the licensee's drug enforcement administration registration; and;</p> <p>(6) any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.</p> <p>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.</p> <p>This statement must be received by the Board within 30 days after your license expiration date.</p>	
Do you wish to add a statement to further explain any disciplinary information in your public profile?	
Renewer	Irene Elizabeth Bettinger
Please Enter the Full Name of person completing this renewal.	

Attestation

Pursuant to K.S.A. 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.

By clicking the Pay Fees button I hereby certify that I am the licensee named in this renewal application or have been authorized by the licensee, and I have personally submitted all data requested in the renewal application form. I declare under penalty of perjury that I have read the application form and my responses, and that the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas Statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, 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.