

KANSAS STATE BOARD OF HEALING ARTS
235 SOUTH TOPEKA BOULEVARD - TOPEKA, KANSAS 66603-3068
TELEPHONE (785) 296-7413

RECEIVED
JUN 06 2005

RENEWAL APPLICATION FOR MEDICINE AND SURGERY
JULY 1, 2005 TO JUNE 30, 2006

PLEASE REVIEW ALL ENCLOSURES BEFORE COMPLETING APPLICATION. TYPE OR PRINT USING BALLPOINT PEN. INCOMPLETE APPLICATIONS MAY RESULT IN CANCELLATION OF LICENSE. COMPLETION OF ALL INFORMATION ON THIS PAGE IS REQUIRED OF ALL LICENSEES REGARDLESS OF LICENSE STATUS. REFER TO INSTRUCTIONS ON THE BACK OF THIS FORM.

1. Kansas Medical License #: 04-15910 2. Office Phone #: (816)531-4080 3. SSN: [REDACTED]
4. Name: BETTINGER MD IRENE E
5. New Mailing Address: _____
(if different from address block) Street Address/P.O.Box Suite/Apt.

6. Residence Address: _____ City State (and country if not USA) Zip Code + 4
MISSION HILLS KS 66208 Residence Phone Number: (913) [REDACTED]
Fax Number: [REDACTED]

7. Is your mailing address: Your residence Your practice, or Other address?
8. Do you actively practice in Kansas? Yes No
9. Are you currently enrolled in a residency program? Yes No
If yes, where? _____

_____ Institution City State Zip Code + 4

10. Are you retired? Yes No
11. Please indicate your primary practice specialty using the appropriate code listed on back. Specialty Code 33

12. Please provide street, city, county, state & zip code for each of your practice locations.
1st Location 4400 BROADWAY # 520, KANSAS CITY MO 64111 Phone Number 816-531-4080
2nd Location 12330 METCALF # 200, OVERLAND PARK KS 66213 Phone Number SAME
Street Address Required (No P.O. Box)

13. YOU ARE REQUIRED TO ATTACH DOCUMENTATION AND A COMPLETE EXPLANATION IF YOUR ANSWER IS "YES" TO ANY OF THESE QUESTIONS.
(a) Yes No *attached copied to legal documents attached 6/14 sm* In the last 18 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 last 18 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a plea to a felony or class A misdemeanor.
(c) Yes No In the past 18 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?
(d) Yes No In the past 18 months have you been denied a license to practice the healing arts or other health care profession?
(e) Yes No In the past 18 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?
(f) Yes No In the past 18 months have you suffered from any impairment which might affect your ability to safely practice?
(g) Yes No In the past 18 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?

THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Irene E Bettinger MD
SIGNATURE

5/10/05
DATE

IF 2005 APPEARS IN THE ADDRESS BLOCK, PROOF OF CME HOURS IS DUE WITH THIS RENEWAL FORM.

04-15910 ACT 2008 7
IRENE E BETTINGER MD
MISSION HILLS KS 66208

KIAM KSP 6226 7-104 7-105
