

KSBOHA Online Renewal Application

Date Created: Friday, May 27, 2016

Name: Irene E. Bettinger

License Information

License Number: 04-15910
License Type: Medical Doctor (MD)
Status Before Renewal: Exempt
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: [REDACTED]
City, State, Zip Kansas City, MO 64112
Phone: [REDACTED]
Email: [REDACTED]

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

Insurance Information:

No data available

Exempt - Professional Activities	
I intend to engage in this professional activity	Other Professional Activities
Other	charitable health care prov

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
Y

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

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

Other State Licenses Ever Held	
Other State	Date Issued
MO	1974? (Limited as of 01/31/16
KS	06/10/1972
PA	07/01/1966 ?

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
N	Y	Y	Y	N

Question Responses

CE Year
Education Year
2017

Attestation Questions	
A. In the past 12 months have you been and/or 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
Office Based Surgery	
<u>In Kansas</u> , have you since your last renewal, performed procedures in your office that require 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.)	N
Office Based Surgery Practice Location: If you answered "Yes" to the above question, enter the location here or if you answered "No" above enter "NA".	NA
Accrediting Entity Name: If you answered "Yes" to the above question, enter the entity name here. If your office is not accredited or if you answered "No" above, enter "NA". Appropriate names are as follows:	
<ul style="list-style-type: none"> • Accreditation Association for Ambulatory Health Care, Inc. • American Association for Accreditation of Ambulatory Surgery Facilities, Inc. • Institute for Medical Quality • Joint Commission on Accreditation of Healthcare Organizations • NA 	NA
Certification/Accreditation Number: If you answered "Yes" to the above question, enter the Certification/Accreditation number here. If your office is not accredited or if you answered "No" above, enter "NA".	NA
Voluntary Supplemental Public Statement	
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. This statement must be received by the Board within 30 days after your license cancellation date.	N
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 may be deemed public 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 K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Do Not Post" button I am the person named in this request to have been authorized

mailing and practice addresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and 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.