

# KSBOHA Online Renewal Application

Date Created:

Monday, June 17, 2019

Name:

Geetha Narayani Fink

## License Information

License Number:

04-42039

License Type:

Medical Doctor (MD)

Status Before Renewal:

Active

Status After Renewal:

Active

Status Change Date:

Birth Date:

██████████

Gender:

F

Citizenship Status:

U.S. Citizen

Ethnicity:

Asian/Pacific Islander

## Address Information:

Use Primary Business Address for mailing:

Y

Residence Address:

Line 1: 5107 E. Kellogg Dr.

Line 2:

City, State, Zip Wichita, KS 67218

Country:\* United States

Phone: 3164253215

Email:\* llucio@itrustwomen.org

Primary Business Address:

Line 1: 5107 E Kellogg Dr

Line 2:

City, State, Zip Wichita, KS 67218

Country:\* United States

Phone: 3162606934

Email:\* geetha.fink@gmail.com

## Insurance Information:

Kammco

Add

Policy Number: ██████████ Malpractice Insurance

Insurance Issue Date: 4/22/2019

Insurance Exp Date: 4/22/2020

### Exempt - Professional Activities

Professional activity	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

# Applicant Questions

## Retirement

Planning to retire within 5 years?
N

## Dispensing

Dispense Pharmaceuticals
N

## Malpractice Screening Panel

I am willing to serve on a Screening Panel
N

## No Practice Address

I certify that I do NOT practice in Kansas:
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	Y	Y

## Board Certifications

Certifying Board	Other Board

## Kansas Hospital Privileges

Hospital\Surgery Center	Other Hospital

## DEA Number

DEA Number
██████████

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

## Other State Licenses Ever Held

Other State	Date Issued
NY	May 15 2015 12:00AM
WA	Jun 16 2017 12:00AM

## National Provider Identifier

NPI Number	I do not currently have a NPI #:
1982919437	

## Language

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

## Disaster Relief

Please do not include me in the registry	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
N	N	N	N	N

CE Year

Education Year

2020

## Question Responses

<b>Continuing Education Questions</b>	
Does your "Education Year" listed above indicate that you do not have continuing education hours due at this time?	Y
Do you have at least 50 total hours of continuing education with a minimum of 20 Category I & a maximum of 30 Category II from 01-01-2018 through 06-30-2019?	Y
Do you have at least 100 total hours of continuing education with a minimum of 40 Category I & a maximum of 60 Category II from 01-01-2017 through 06-30-2019?	Y
Do you have at least 150 total hours of continuing education with a minimum of 60 Category I & a maximum of 90 Category II from 01-01-2016 through 06-30-2019?	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. Do you understand the audit process?	Y
<b>Gratuitous Professional Services</b>	
Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment?	N
Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment?	N
If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA".	NA
How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA".	NA
<b>KHCSF Compliance</b>	
As a condition of providing professional services in Kansas, <u>whether or not physically located in Kansas</u> , each person with an active license must pay the annual surcharge to the <a href="#">Kansas Health Care Stabilization Fund (KHCSF)</a> .	Y
Have you paid the annual surcharge to the KHCSF?	
<b>KTRACS</b>	
Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see <a href="http://www.kansas.gov/pharmacy">www.kansas.gov/pharmacy</a> )	N
I know what K-TRACS is.	Y
I am unsure of how to enroll in K-TRACS.	N
K-TRACS is clinically useful for me.	Y
K-TRACS is cumbersome to use.	N
I prescribe/dispense controlled substances.	Y
<b>Office Based Surgery</b>	
<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"> <li>• Accreditation Association for Ambulatory Health Care, Inc.</li> <li>• American Association for Accreditation of Ambulatory Surgery Facilities, Inc.</li> <li>• Institute for Medical Quality</li> <li>• Joint Commission on Accreditation of Healthcare Organizations</li> <li>• NA</li> </ul>	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

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/lawsuit?	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?	<input checked="" type="radio"/>
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?	<input checked="" type="radio"/>
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
<b>Voluntary Supplemental Public Statement</b>	
<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><b>This statement must be received by the Board within 30 days after your license cancellation date.</b></p>	
Do you wish to add a statement to further explain any disciplinary information in your public profile?	
<b>Renewer</b>	
Please Enter the <b>Full Name</b> of person completing this renewal.	
	Geetha N. Fink

## 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 "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.