

# KSBOHA Online Renewal Application

Date Created:

Friday, May 19, 2023

Name:

Lara Caroline Crystal-Ornelas

## License Information

License Number:

04-46661

License Type:

Medical Doctor (MD)

Status Before Renewal:

Active

Status After Renewal:

Active

Status Change Date:

Date of Birth:

CONFIDENTIAL

Gender:

F

Citizenship Status:

U.S. Citizen

Ethnicity:

## Address Information:

Use Primary Business Address for mailing:

Y

Home Address:

Line 1: CONFIDENTIAL

Line 2:

City, State, Zi

Country:\*

Phone:

Email:\*

Primary Business Address:

Line 1: 5107 E. Kellogg Dr.

Line 2:

City, State, Zip Wichita, KS 67218

Country:\* United States

Phone: 3162606934

Email:\* admin@itrustwomen.org

## Insurance Information:

Kansas Health Care Provider Insurance Availability Plan Add

Policy Number: CONFIDENTIAL Malpractice Insurance

Insurance Issue Date: 8/16/2022

Insurance Exp Date: 8/16/2023

Exempt - Professional Activities

| Professional activity | Description |
|-----------------------|-------------|
|-----------------------|-------------|

# Applicant Questions

## Retirement

|                                    |
|------------------------------------|
| Planning to retire within 5 years? |
|------------------------------------|

## Dispensing

|                          |   |
|--------------------------|---|
| Dispense Pharmaceuticals | Do you comply with dispensing requirements? |
| N                        | NA  |

## Malpractice Screening Panel

|  |
|--|
| I am willing to serve on a Screening Panel |
| 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 | Have you submitted the Data Form to the Board? |
| N                                  | N  | N  |  |

## Board Certifications

|  |             |
|--|-------------|
| Certifying Board                       | Other Board |
| ABFM-American Board of Family Medicine |             |

## Kansas Hospital Privileges

|  |                |
|--|----------------|
| Hospital/Surgery Center                  | Other Hospital |
| South Wind Women's Center, Llc (S087025) |                |

## DEA Number

|            |
|------------|
| DEA Number |
| FC2051946  |

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

## Other Licenses/Permits/Certifications

| State or Jurisdiction | Date Issued         | Type | License Number |
|-----------------------|---------------------|------|----------------|
| CA                    | Jul 30 2018 12:00AM |      | A-157490       |

## National Provider Identifier

|            |                |
|------------|----------------|
| NPI Number | No current NPI |
| 1952842270 | N              |

## Language

|         |         |                              |                 |
|---------|---------|------------------------------|-----------------|
| English | Spanish | ASL (American Sign Language) | Other Languages |
| Y       | Y       | 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 |
| 06/30/2024     |

## Question Responses

|  |     |
|--|-----|
| <p><b>Continuing Education</b><br/> Review the instructions below before making a selection.</p> <p>If you are changing the status of your license <b>from</b> Inactive or Exempt <b>to</b> Active or Federal Active, select "Yes". You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a <b>future</b> year, you do not have continuing education hours due at this time. Select "NA".</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none"> <li>If you obtained at least <b>50</b> continuing education hours with a minimum of 1 category 3, 20 category 1, and the remaining hours in category 2 from 1-1-2022 to 6-30-2023, select "50".</li> <li>If you obtained at least <b>100</b> continuing education hours with a minimum of 2 category 3, 40 category 1, and the remaining hours in category 2 from 1-1-2021 to 6-30-2023, select "100".</li> <li>If you obtained at least <b>150</b> continuing education hours with a minimum of 3 category 3, 60 category 1, and the remaining hours in category 2 from 1-1-2020 to 6-30-2023, select "150".</li> </ul> | 50  |
| <p><b>Continuing Education Audit Question</b></p> <p>The Board will verify compliance by auditing an undetermined percentage of renewal applications. This verification will require proof of your continuing education. 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?</p>  | Y   |
| <p><b>Gratuitous Professional Services</b></p> <p>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?</p>   | N   |
| <p>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?</p>   | N   |
| <p>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".</p>   | N/A |
| <p>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".</p>  | N/A |
| <p><b>KHCSF Compliance</b></p> <p>All MD, DO, DC, DPM and PAs with an active license in Kansas are required to maintain professional liability insurance of not less than \$500,000 per claim, and not less than \$1,500,000 annual aggregate for all claims made during the policy period, and are also required to maintain compliance with the <a href="#">Kansas Health Care Stabilization Fund (KHCSF)</a>, <a href="#">K.S.A. 40-3402</a>; <a href="#">K.S.A. 40-3404</a>; <a href="#">K.S.A. 65-2809(c)</a>; <a href="#">K.S.A. 65-2005(d)</a>; <a href="#">K.S.A. 65-28a03(b)</a>.</p> <p>During the last 12 months, while holding an active license in Kansas, did you and do you continue to maintain professional liability insurance and compliance with the Kansas Health Care Stabilization Fund as required by Kansas law?</p> <p>If you are not an MD, DO, DC, DPM, or PA, you must answer "yes" to complete the renewal. Please be aware providing false or misleading information will result in action against your license.</p>  | Y   |
| <p><b>Office Based Surgery</b></p> <p>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).</p>  | N   |
| <p>If you answered "Yes" to the above question, provide the practice location. If you answered "No", enter "NA".</p>   | N/A |
| <p>If you answered "Yes" to the above question, provide the accrediting entity name. If your office is not accredited or if you answered "No", enter "NA". Appropriate names are as follows:</p> <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> </ul>  | N/A |

|   |                      |
|---|----------------------|
| <ul style="list-style-type: none"> <li>Joint Commission on Accreditation of Healthcare Organizations</li> <li>NA</li> </ul>   |                      |
| If you answered "Yes" to the above question, provide the Certification/Accreditation number. If your office is not accredited or if you answered "No", enter "NA".  | N/A                  |
| <b>Attestation Questions</b>  |                      |
| 1. 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                    |
| 1a. If you answered yes to question 1., have you previously notified the Kansas State Board of Healing Arts in writing about the lawsuit/judgment/award/settlement or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>  | NA                   |
| 2. In the past 12 months have you been arrested, charged with or convicted of any misdemeanor, felony or the military equivalent? This includes a diversion or plea to any misdemeanor, felony or the military equivalent.  | N                    |
| 2a. If you answered yes to question 2., have you previously notified the Kansas State Board of Healing Arts in writing about the conviction/arrest, charge, or conviction of any misdemeanor, felony, or the military equivalent or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>  | NA                   |
| 3. 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                    |
| 3a. If you answered yes to question 3., have you previously notified the Kansas State Board of Healing Arts in writing about the initiation of or disciplinary action, denial of a license, adverse action, surrender, or limitation of your license to practice or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>  | NA                   |
| 4. 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?  | <b>CONFIDENTIAL</b>  |
| 4a. If you answered yes to question 4., have you previously notified the Kansas State Board of Healing Arts in writing about your privileges being suspended, restricted, limited, or voluntarily surrendered or any peer review or professional association initiation of or final action taken against you, or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>   |                      |
| 5. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?   |                      |
| 5a. If you answered yes to question 5., have you previously notified the Kansas State Board of Healing Arts in writing about the physical or mental health condition that currently impairs your ability to practice your profession in a competent, ethical, and professional manner, or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>  |                      |
| 6. 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                    |
| 6a. If you answered yes to question 6., have you previously notified the Kansas State Board of Healing Arts in writing about the investigation or received written communication from the Kansas State Board of Healings Arts about it? <b>If you answered "No" above, enter "NA".</b>  | NA                   |
| <b>Voluntary Public Statement</b>   |                      |
| Pursuant to K.S.A. 65-28,131, the board shall make available on our website which is accessible by the public, the following information regarding licensees:   |                      |
| <ol style="list-style-type: none"> <li>Full name, business address, telephone number, license number, type, status and expiration date;</li> <li>practice specialty and board certifications, if any;</li> <li>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;</li> <li>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;</li> <li>any involuntary surrender of the licensee's drug enforcement administration registration; and</li> <li>any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.</li> </ol> | N                    |
| Do you wish to add a statement to further explain any disciplinary information contained in your public profile? Please note, not all public statements are posted or posted in full, to comply with Kansas and Federal law.  |                      |
| <b>Renewer</b>  |                      |
| Provide the full name of the person completing this renewal.  | Lara Crystal-Ornelas |

## 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.

