

KSBOHA Online Renewal Application

Date Created:

Thursday, August 31, 2023

Name:

Rachna Gulati

License Information

License Number:

05-45468

License Type:

Osteopathic Doctor (DO)

Status Before Renewal:

Inactive

Status After Renewal:

Inactive

Status Change Date:

Date of Birth:

CONFIDENTIAL

Gender:

F

Citizenship Status:

U.S. Citizen

Ethnicity:

Asian/Pacific Islander

Address Information:

Use Primary Business Address for mailing:

N

Home Address:

Line 1: CONFIDENTIAL

Line 2:

City, State, Zip

Country:*

Phone:

Email:*

Primary Business Address:

Line 1: 1653 W. Congress Parkway

Line 2:

City, State, Zip Chicago, IL 60612

Country:* United States

Phone: 3129422043

Email:* CONFIDENTIAL

Insurance Information:

No data available

Exempt - Professional Activities

Professional activity	Description

Applicant Questions

Retirement

Planning to retire within 5 years?
N

Dispensing

Dispense Pharmaceuticals	Do you comply with dispensing requirements?
Y	Y

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			

Board Certifications

Certifying Board	Other Board
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Kansas Hospital Privileges

Hospital/Surgery Center	Other Hospital
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DEA Number

DEA Number
FG7717789

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

Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
KS			94-09649
IL	06/22/2022		036.160970

National Provider Identifier

NPI Number	No current NPI
1437644077	N

Language

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

Question Responses

CE Year

Education Year

09/30/2023

Attestation Questions	
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? If you answered "No" above, enter "NA" .	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? If you answered "No" above, enter "NA" .	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? If you answered "No" above, enter "NA" .	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?	CONFIDENTIAL
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? If you answered "No" above, enter "NA" .	
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? If you answered "No" above, enter "NA" .	
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? If you answered "No" above, enter "NA" .	NA
Voluntary Public Statement	
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"> 1. Full name, business address, telephone number, license number, type, status and expiration date; 2. practice specialty 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. 	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.	
Renewer	
Provide the full name of the person completing this renewal.	Rachna Gulati

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.