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APR 1 5 2020

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EMERGENCY TEMPORARY LICENSE APPLICATION: COVID 19 PANDEMIC

The Emergency Temporary License for the COVID-19 response is available for all health care professions regulated by the Kansas State Board of Healing Arts (Board). Those who hold an emergency temporary license are limited to engaging in the practice of their profession for healthcare services relating to COVID-19 response efforts and/or mitigating any effect of COVID-19. The license will cancel in 90 days, if not renewed, and will automatically cancel 30 days after the declared state of emergency ends. All license fees have been waived. Completed application and forms can be emailed to KSBHA Licensing@ks.gov.

Profession you inten	d to practice: Doctor o	Medicine and Surgery (MD)					
QUALIFICATION Select all that apply.							
I currently have a fu	ll, active, and unrestric	ed license in another state.					×
I have held an active	or exempt license in K	ansas within the past 2 year	S.				
I currently have a fe	I currently have a federal active license.						
FULL LEGAL NAM Provide your full lega	IE/IDENTIFICATIO	N					
First Name: Shelly		Middle Name: Hsiao-Yir	ng La	st Name:	Tien		Suffix:
	used, including maider	name:	184200 00				
Social Security Num	_{iber} CONFIDENTIA	L Date	of Birth Co	ONFIDENT	ΓIAL		
Place of Birth: Mas	sachusetts	2012	0.0-5		Male	Female	7
Home Address		VFID		I	1 1/-	\ L	_
Practice Address	City: Evanston	The second of th		s	tate: L	Zip: 60:	201
	Phone: 312-810-3	833 En	ail: stier	@north	nshore.org		
Preferred Mailing A	ddress: (must select one)	Home Address		В	Susiness Addre	ss	
Preferred Email Add	fress: (must select one)	Home Email 🗸		В	usiness Email		
LEGAL AUTHORIT	TY TO WORK IN TI		NO				
		· · · · · · · · · · · · · · · · · · ·	NO, are yo	OU (check or	ne):	-	
A qualified alien (as defined in 8 U.S.C.A § 1641. A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A § 1101 et seq).							
•		ed States under 8 U.S.C.A §					
	59 59 54 52°C	sent in the Unites States.	,-,,-,,-		, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
Other:							
3		Kansas State Board of H		ts		3120	

800 SW Jackson - Lower Level, Suite A., Topeka, KS 66612

Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA Licensing@ks.gov

www.ksbha.org



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NATIONAL PROVIDER IDENTIFIER (NPI)

The NPI is a unique 10-digit numeric identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. Provide your NPI number or if you do not have an NPI number check the corresponding box.

NPI Number: 1457500787			I do not currently have an NPI number					
PO	POSTSECONDARY EDUCATION							
Institution Name: Tufts University School of Medicine Degree Earned: MD/MPH Gradu					Graduat	nation Date: 2008		
Lis		CENSES/PERMITS/CERTIFICATI or jurisdictions in which you currently		e healthcare rela	ted license, pern	nit or ce	rtification, pe	ermanent or
	State	Type of License	License Number Issue Date MM/DD/YYYY			Expiration		
_	IL	Medical license	036128275 06/29/2011		1	09/30/2020		
					20.773000			
Ple	ATTESTATION QUESTIONS Please answer each of the following questions. All "yes" answers MUST be thoroughly explained in detail on a separate, signed page. 1. Have you ever had any application for any professional license refused or denied by any licensing Yes No Y							te, signed
	authority	?						
2.	. Have you ever voluntarily surrendered any professional license?							
3.	probation or had any other disciplinary action taken against any professional license you have					No		
4.	held? 4. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your judgment or would otherwise adversely affect your ability to practice your profession in a competent, ethical, and professional manner?						ENTIAL	
5.	5. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way?						No 🗸	
6.	6. Have you ever been convicted of a felony? Yes No					No 🗸		
7.	Are you currently under investigation by any professional licensing or credentialing authority?					No 1		
K.S that pro K.S	NOTICE OF PROFESSIONAL LIABILITY INSURANCE AND KANSAS HEALTH CARE STABILIZATION FUND COMPLIANCE REQUIREMENTS K.S.A. 40-3402 requires MD, DO, DC, DPM and PAs practicing in Kansas to maintain professional liability insurance of not less than \$200,000 per claim, and not less than \$600,000 annual aggregate for all claims made during the policy period. These professions are also required to maintain compliance with the Kansas Health Care Stabilization Fund (KHCSF). K.S.A. 40-3404; K.S.A. 65-2809(c). For questions relating to how to comply with Fund requirements, please contact (785) 291-3777 or email JCSF-@KS.gov .							
I am not an MD, DO, DC, DPM or PA.								
		have read and understand the profess h Care Stabilization Fund to endure co					or will contac	et the

Kansas State Board of Healing Arts

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APPLICANT PHOTO

Attach a 2 x 3 inch color photograph of applicant, with head and shoulder areas only, taken within the last 90 days.



Briefly describe the COVID-19 preparation, response, or mitigation efforts in which you will be engaged, including the identity of an employer/contractor contact or a current Kansas health care practitioner who can confirm your practice plans.

I will be mitigating the shortage of providers that has occurred as a direct result of COVID-19 with respect to providing essential healthcare services at Trust Women South Wind Women's Center in Wichita, Kansas. The COVID-19 crisis has created travel challenges for their regular Kansas physicians with flight cancellations and/or longer travel time. In addition, some of their physicians are not available to travel to Kansas currently due to response efforts in their own communities or due to their own family and practice obligations. I will be mitigating this resulting shortage of providers by creating a larger pool of physicians able to travel to Kansas to provide essential healthcare services to the overwhelming patient demand. To confirm this, you may contact:

316-425-3215 jburkhartOitrust women, org

OATH

Julie A. Burkhart, CEO

In the presence of a notary public, sign and date.

Shelly Tien being first duly sworn, depose :	and say that I am the person referred to in the foregoing	
application and supporting documents. I have carefully read the quest completely, without reservations of any kind, and I declare under per me herein are true and correct. Should I furnish any false information in cause for the denial, suspension, or revocation of my license to practic exceeding \$10,000 and term of imprisonment not exceeding 5 years o	stions in the foregoing application and have answered them nalty of perjury that my answers and all statements made by n this application, I hereby agree that such act shall constitute are my profession in Kansas and may subject me to a fine not	beal V
Signature (must be signed in the presence of a notary) State of S	1/13/2020 Date	erified
Subscribed and sworn to before me this 134day of APIL Notary Public Signature	OFFICIAL SEAL TINA NIEDZWIECKI NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/10/20 Commission Expires	スケススス

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PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:4/16/2020

PRACTITIONER INFORMATION

Tien, Shelly Hsiao-Ying CONFIDENTIAL Name:

DOB:

Medical School: Tufts University School of Medicine

Boston, Massachusetts, UNITED STATES

Year of Grad: 2008 Degree Type: MD

NPI: 1457500787

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)							
NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported			
1457500787	Individual			06/04/2018			
LICENSE HISTORY							
Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated			
ILLINOIS	036128275	06/29/2011	09/30/2020	03/25/2020			
MINNESOTA	55482	07/14/2012	07/31/2015	04/07/2020			
US DRUG ENFORCE	MENT ADMINISTRATION	ON (DEA)					
DEA Number	Schedule	Address	Expiration Date	Last Reported			
FT3187843	22N 33N 4 5	EVANSTON,IL 60201	11/30/2020	04/10/2020			





PRACTITIONER PROFILE

Prepared for: Kansas State Board of Healing Arts As of Date:4/16/2020

Practitioner Name: Tien, Shelly Hsiao-Ying

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology

Certificate: Obstetrics and Gynecology

Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2019	12/31/2020		Recertification	03/26/2020
Expired	Time Limited	04/13/2018	12/31/2019		Recertification	03/26/2020
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	03/26/2020
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	03/26/2020
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	03/26/2020
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	03/26/2020
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	03/26/2020
Expired	Time Limited	12/06/2013	12/31/2014		Initial	03/26/2020

Certifying Board: American Board of Obstetrics and Gynecology

Certificate: Maternal-Fetal Medicine

Certification Type: Subspecialty
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2019	12/31/2020		Recertification	03/26/2020
Expired	Time Limited	04/13/2018	12/31/2019		Initial	03/26/2020

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PRACTITIONER PROFILE Prepared for: Kansas State Board of Healing Arts As of Date:4/16/2020 Practitioner Name: Tien, Shelly Hsiao-Ying

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.





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THIRD PARTY RELEASE

If you would like the Kansas State Board of Healing Arts ("Board") staff to talk with third parties about your application complete this form. This form provides authorization for the Board to release information regarding your application to third parties. This information includes, but is not limited to: application information, license verification, status change, address changes, Kansas Health Care Stabilization Fund information, continuing education information, audit information, and past or current legal issues and documents. This authorization expires one year from the date of signature. You can revoke this authorization at any time by submitting a request in writing. Revoking this authorization will not affect any action taken prior to receipt of your written request. A reproduction of this authorization shall have the same effect as the original. Email to KSBHA Licensing@ks.gov or mail it directly to the Board.

I. She	elly Tien	authorize Board	staff to release and discuss any and all
,		o my application, with the following individ	luals:
1.	Name: Phone: Email: Relationship:	Julie Burkart 316.425.3215 jburkhart@itrustwomen.org future employer	- - -
2.	Name: Phone: Email: Relationship:		- - -
inform I may	ation to third part revoke this autho	signature, that although I am not require ies, I am giving my consent for Board staff to rization in writing at any time, except for the rior to my revocation.	o do so. Additionally, I understand that
	Shelly	Teen	4/5/2020
Signati	ire of Applicant		Date

SSOUXE

Envelope

KANSAS STATE BOARD OF TERCHON SO SW JACKSON
LOWER LEVEL SUITE A
TOPERA KS 66612
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CONFIDENCE CONFIDENCE



66612 RS-IS MCI

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Dear Audra Michalek and Caroline Hecht,

Thank you for offering to notarize my application for an emergency license to practice medicine in Kansas. This is directly in response to the Covid pandemic which has resulted in an unprecedented strain on the medical system, and the subsequent shortage of physician providers in many parts of this country.

I have enclosed a pre-paid envelope; if you would be able to forward my notarized application to the Kansas Medical board, this would be greatly appreciated.

Thank you again and please call with questions. Be well!

Sincerely,

Shelly Tien, MD

CONFIDENTIAL

Shilley Teen