

# KSBOHA Residence Address Change

Date Created:Monday, April 11, 2022

Name:Shelly Hsiao-Ying Tien

## License Information

License Number:

License Type:

License Status:

Date of Birth:

Gender:F

Citizenship Status:U.S. Citizen

Ethnicity:

CONFIDENTIAL

## Address Information:

Use Primary Business Address for mailing:

Home Address:

Line 1:CONFIDENTIAL

Line 2:

City, State, Zip

Phone:

Email:\*

Address Unlisted: ☐

# Applicant Questions

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

Other Licenses/Permits/Certifications			
State or Jurisdiction	Date Issued	Type	License Number

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

## **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.