

Disciplinary Action—This information is required under Kansas law: KSA 65-3503(a)
Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y/N**
If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y/N** If YES, please indicate:

Date of Conviction: _____

City, County and State of Conviction: _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

 **NOTE: Applicant signature must be notarized.**

Signature of Applicant

Date

<p>SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 201_____</p> <p>_____ (Notary Public Signature)</p> <p>My appointment expires: _____</p>

Submit applications, supporting documents and fee to:

Health Occupations Credentialing
612 S Kansas Ave
Topeka, KS 66603-3404