



**Kansas Physician Assistant  
Primary Care  
FTE Report  
by County  
2008**

**For additional information:**

**Kansas Department of Health and  
Environment**  
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Prepared  
March 2009

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## Data Source

The information used for this report is licensure data for December 2008 and practice data for 2008 obtained from the Kansas State Board of Healing Arts by the Office of Health Assessment, Kansas Department of Health and Environment.

## Methodology

The calculations of full-time equivalents (FTEs) and ratios were prepared according to guidelines set forth by the Code of Federal Regulations for physicians, Public Health, Parts 1 to 399, Revised as of October 1, 1996, Public Health Service Act, Part 5, Designation of Health Professional(s) Shortage Areas.

- **Full-time Equivalent.** One full-time equivalent (FTE) is based on a 40 hour work week. In cases where a physician assistant's total practice hours for all work sites exceeds 40 hours per week the value for total hours is set to 40 and the hours are distributed across all sites in proportion to the actual practice hours. Hours per week practiced at each location are used to allocate a physician assistant's FTE to multiple locations.
- **Primary Care.** Primary care physician assistants are defined as those individuals practicing in one or more of the following specialties AND one or more of the following work settings:

Specialties	Worksettings
Family/General Medicine	Self-Employed, Solo Practice
OB/GYN	Physician Partnership or Group Practice
General Internal Medicine (IM)	Community/General Hospital
General Pediatrics	Medical School/Teaching Hospital
	Rural Health Clinic
	Federally Qualified Health Center
	Local Health Department
	Free Standing Clinic

- **Population** data used in the report is the July 1, 2008 estimate taken from the Population Estimates Program, U.S. Bureau of the Census (<http://www.census.gov/popest/datasets.html>); adjusted population equals total population minus the population living in group quarters.
- The **population/physician assistant ratio** is the adjusted population divided by the FTE count; this ratio appears in the County Detail Report (pages 1 - 86).
- Detailed information for individual practitioners is included in the County Detail Report.

### **Imputed FTE Summary**

There are no Imputed FTEs present  
in this report.

Primary Care Physician Assistant FTE Summary by County - 2008

A	B	C	D	E	F	G	H	I	J	K
County	Total Phys. Asst. Count (Duplicated)	Primary Care Phys. Asst. Count (Duplicated)	Primary Care FTE Totals	Percent Primary Care (C/B)	2008 Estimated Population	2008 Adjusted Population	Percent Population <= 100% FPL*	Percent Population <= 200% FPL*	Population to FTE Phys. Asst. Ratio (G/D)**	Population Density Peer Group
ALLEN	5	2	1.88	40%	13,319	12,962	14.9	37.4	6,895	DENSELY-SETTLED RURAL
ANDERSON	0	0	0.00	---	7,984	7,857	12.8	34.9	---	RURAL
ATCHISON	6	4	2.65	67%	16,481	15,428	13.3	34.5	5,822	DENSELY-SETTLED RURAL
BARBER	3	3	2.76	100%	4,674	4,609	10.1	30.7	1,670	FRONTIER
BARTON	10	5	3.87	50%	27,703	26,931	12.9	36.5	6,959	DENSELY-SETTLED RURAL
BOURBON	0	0	0.00	---	14,851	14,527	13.6	34.6	---	DENSELY-SETTLED RURAL
BROWN	5	4	2.91	80%	10,009	9,807	12.9	35.6	3,370	RURAL
BUTLER	15	7	6.38	47%	63,562	61,552	7.3	23.2	9,648	SEMIURBAN
CHASE	1	1	0.77	100%	2,804	2,691	8.6	33.6	3,495	FRONTIER
CHAUTAUQUA	3	3	1.69	100%	3,768	3,614	12.2	40.3	2,138	RURAL
CHEROKEE	3	2	2.00	67%	21,082	20,747	14.3	37.6	10,374	DENSELY-SETTLED RURAL
CHEYENNE	1	1	1.00	100%	2,742	2,688	9.4	37.1	2,688	FRONTIER
CLARK	1	1	0.83	100%	2,108	2,062	12.7	34.0	2,484	FRONTIER
CLAY	2	2	1.40	100%	8,859	8,694	10.2	30.7	6,210	RURAL
CLOUD	2	2	0.71	100%	9,453	8,791	10.8	32.7	12,382	RURAL
COFFEY	2	2	1.40	100%	8,409	8,239	6.6	27.9	5,885	RURAL
COMANCHE	0	0	0.00	---	1,950	1,880	10.2	34.7	---	FRONTIER
COWLEY	6	5	3.24	83%	34,065	32,257	12.9	33.6	9,956	DENSELY-SETTLED RURAL
CRAWFORD	2	0	0.00	0%	38,868	37,054	16.0	38.1	---	SEMIURBAN
DECATUR	0	0	0.00	---	2,912	2,791	11.6	38.6	---	FRONTIER
DICKINSON	1	0	0.00	0%	19,328	18,990	7.5	28.3	---	DENSELY-SETTLED RURAL
DONIPHAN	2	2	0.87	100%	7,753	7,362	11.9	35.8	8,462	DENSELY-SETTLED RURAL
DOUGLAS	10	6	3.98	60%	114,748	106,034	15.9	32.0	26,642	URBAN
EDWARDS	1	1	0.80	100%	3,082	3,021	10.4	36.3	3,776	FRONTIER
ELK	0	0	0.00	---	3,047	2,961	13.8	39.3	---	FRONTIER
ELLIS	10	4	2.58	40%	27,801	26,542	12.9	31.8	10,288	DENSELY-SETTLED RURAL
ELLSWORTH	2	2	1.82	100%	6,250	5,424	7.2	24.3	2,980	RURAL
FINNEY	1	0	0.00	0%	40,998	40,426	14.2	39.9	---	DENSELY-SETTLED RURAL
FORD	3	3	1.13	100%	33,293	32,511	12.4	37.4	28,771	DENSELY-SETTLED RURAL
FRANKLIN	0	0	0.00	---	26,562	25,970	7.7	26.7	---	SEMIURBAN
GEARY	7	2	1.00	29%	31,171	30,560	12.1	40.2	30,560	SEMIURBAN
GOVE	1	0	0.00	0%	2,548	2,495	10.3	33.3	---	FRONTIER
GRAHAM	0	0	0.00	---	2,592	2,523	11.5	36.8	---	FRONTIER
GRANT	2	2	1.16	100%	7,395	7,324	10.1	32.8	6,314	RURAL
GRAY	0	0	0.00	---	5,688	5,547	9.1	30.1	---	RURAL
GREELEY	1	1	0.20	100%	1,266	1,239	11.6	35.1	6,195	FRONTIER
GREENWOOD	2	2	0.90	100%	6,861	6,670	12.5	35.9	7,411	RURAL
HAMILTON	0	0	0.00	---	2,631	2,588	15.7	39.9	---	FRONTIER
HARPER	6	6	3.95	100%	5,857	5,689	11.6	34.4	1,440	RURAL
HARVEY	4	3	2.18	75%	33,675	32,235	6.4	24.1	14,787	SEMIURBAN
HASKELL	0	0	0.00	---	3,919	3,884	11.6	37.5	---	RURAL
HODGEMAN	0	0	0.00	---	1,948	1,913	11.5	30.8	---	FRONTIER
JACKSON	3	3	1.80	100%	13,240	13,009	8.8	26.3	7,227	RURAL
JEFFERSON	1	1	0.89	100%	18,421	18,162	6.7	21.9	20,407	DENSELY-SETTLED RURAL
JEWELL	1	1	1.00	100%	3,142	3,097	11.7	37.3	3,097	FRONTIER
JOHNSON	74	29	21.38	39%	534,093	529,115	3.4	10.8	24,748	URBAN
KEARNY	0	0	0.00	---	4,159	4,114	11.7	35.9	---	FRONTIER

\* Year 1999 --- Source: U.S. Census Bureau

\*\* Subject to the effects of rounding

Primary Care Physician Assistant FTE Summary by County - 2008

A	B	C	D	E	F	G	H	I	J	K
County	Total Phys. Asst. Count (Duplicated)	Primary Care Phys. Asst. Count (Duplicated)	Primary Care FTE Totals	Percent Primary Care (C/B)	2008 Estimated Population	2008 Adjusted Population	Percent Population ≤ 100% FPL*	Percent Population ≤ 200% FPL*	Population to FTE Phys. Asst. Ratio (G/D)**	Population Density Peer Group
KINGMAN	4	2	1.90	50%	7,719	7,521	10.6	28.7	3,958	RURAL
KIOWA	2	2	1.44	100%	2,541	2,433	10.8	33.6	1,690	FRONTIER
LABETTE	7	4	3.39	57%	21,871	21,014	12.7	36.2	6,199	DENSELY-SETTLED RURAL
LANE	1	1	1.00	100%	1,743	1,720	8.2	31.1	1,720	FRONTIER
LEAVENWORTH	13	5	4.15	38%	74,276	67,641	6.7	19.8	16,299	SEMIURBAN
LINCOLN	0	0	0.00	---	3,261	3,185	9.7	36.4	---	FRONTIER
LINN	0	0	0.00	---	9,616	9,485	11.0	30.7	---	RURAL
LOGAN	0	0	0.00	---	2,593	2,536	7.3	35.4	---	FRONTIER
LYON	2	1	0.90	50%	35,562	33,949	14.5	37.2	37,721	SEMIURBAN
MARION	2	2	1.89	100%	12,100	11,335	9.2	32.9	5,997	DENSELY-SETTLED RURAL
MARSHALL	1	1	1.00	100%	10,178	9,934	6.7	22.7	9,934	RURAL
MCPHERSON	10	8	6.13	80%	29,044	27,407	8.3	32.0	4,471	RURAL
MEADE	1	1	0.67	100%	4,359	4,245	9.3	34.5	6,336	FRONTIER
MIAMI	3	2	1.80	67%	30,989	30,243	5.5	18.7	16,802	SEMIURBAN
MITCHELL	0	0	0.00	---	6,292	5,947	9.5	27.8	---	RURAL
MONTGOMERY	4	2	1.29	50%	34,395	33,495	12.6	35.2	25,965	SEMIURBAN
MORRIS	1	0	0.00	0%	6,037	5,962	9.0	33.9	---	RURAL
MORTON	2	2	1.68	100%	2,978	2,921	10.5	30.2	1,739	FRONTIER
NEMAHA	1	0	0.00	0%	10,112	9,614	9.1	32.2	---	RURAL
NEOSHO	6	2	2.00	33%	16,223	15,745	13.0	38.1	7,873	DENSELY-SETTLED RURAL
NESS	0	0	0.00	---	2,945	2,866	8.7	31.0	---	FRONTIER
NORTON	2	1	1.00	50%	5,370	4,580	10.5	36.2	4,580	RURAL
OSAGE	0	0	0.00	---	16,327	16,094	8.4	26.8	---	DENSELY-SETTLED RURAL
OSBORNE	2	2	1.41	100%	3,804	3,685	10.4	37.3	2,613	FRONTIER
OTTAWA	0	0	0.00	---	6,026	5,835	8.6	25.3	---	RURAL
PAWNEE	0	0	0.00	---	6,291	5,387	11.8	31.6	---	RURAL
PHILLIPS	3	1	1.00	33%	5,339	5,196	10.0	30.6	5,196	RURAL
POTTAWATOMIE	1	1	0.20	100%	19,695	19,413	9.8	28.3	97,065	DENSELY-SETTLED RURAL
PRATT	9	2	1.90	22%	9,411	9,086	9.4	30.1	4,782	RURAL
RAWLINS	1	1	0.85	100%	2,503	2,447	12.5	34.1	2,879	FRONTIER
RENO	13	5	3.13	38%	63,427	60,174	10.9	31.3	19,225	SEMIURBAN
REPUBLIC	1	1	1.00	100%	4,812	4,672	9.1	34.9	4,672	RURAL
RICE	1	1	1.00	100%	10,060	9,181	10.7	32.8	9,181	RURAL
RILEY	9	1	0.85	11%	71,069	61,755	20.6	40.2	72,653	SEMIURBAN
ROOKS	1	1	1.00	100%	5,136	4,939	9.8	34.9	4,939	RURAL
RUSH	0	0	0.00	---	3,232	3,144	9.7	35.7	---	FRONTIER
RUSSELL	1	1	0.80	100%	6,641	6,432	12.0	36.2	8,040	RURAL
SALINE	7	1	0.75	14%	54,657	53,214	8.8	27.3	70,952	SEMIURBAN
SCOTT	1	1	0.95	100%	4,577	4,491	5.1	28.4	4,727	RURAL
SEDGWICK	123	39	29.31	32%	482,863	476,585	9.5	25.8	16,260	URBAN
SEWARD	0	0	0.00	---	23,016	22,602	16.9	42.1	---	DENSELY-SETTLED RURAL
SHAWNEE	33	11	7.32	33%	174,709	169,813	9.6	25.6	23,198	URBAN
SHERIDAN	0	0	0.00	---	2,510	2,466	15.7	37.1	---	FRONTIER
SHERMAN	0	0	0.00	---	6,013	5,879	12.9	35.8	---	RURAL
SMITH	0	0	0.00	---	3,901	3,792	10.7	36.6	---	FRONTIER
STAFFORD	1	1	1.00	100%	4,326	4,247	11.8	36.4	4,247	RURAL
STANTON	0	0	0.00	---	2,148	2,093	14.9	33.5	---	FRONTIER

\* Year 1999 --- Source: U.S. Census Bureau

\*\* Subject to the effects of rounding

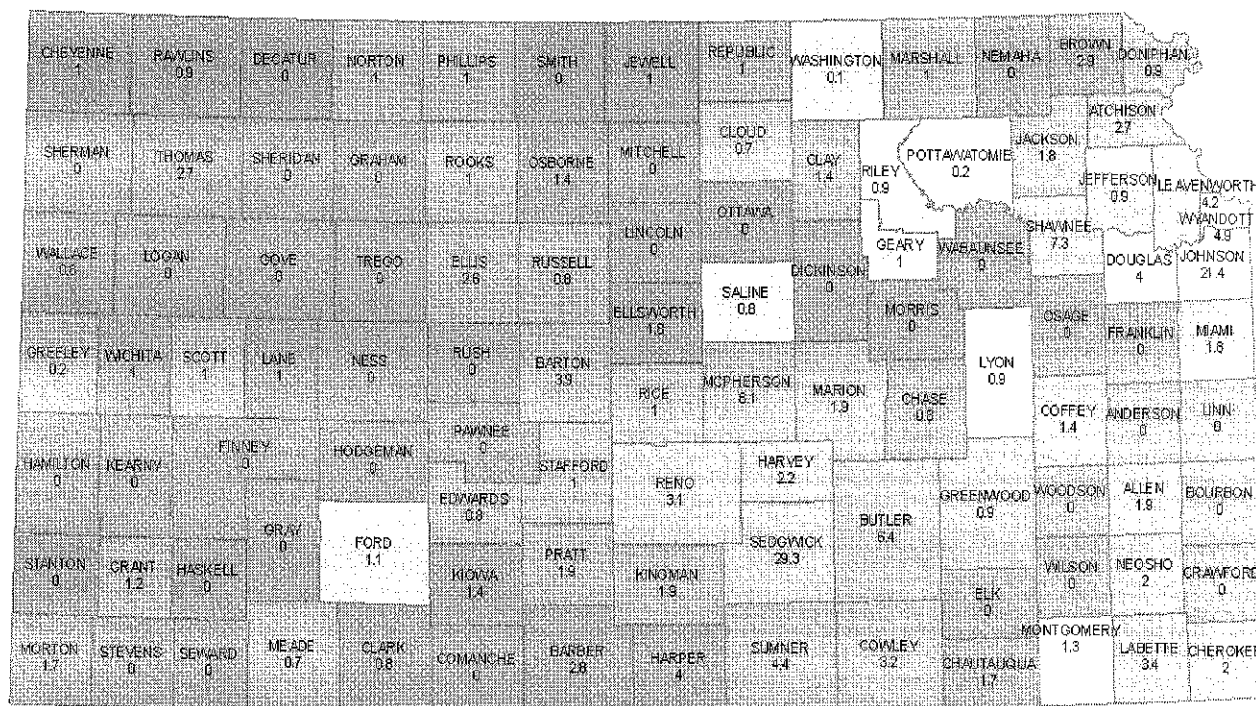
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STEVENS	0	0	0.00	---	5,056	4,996	10.3	31.8	---	RURAL
SUMNER	8	7	4.35	88%	23,616	23,208	9.5	28.5	5,335	DENSELY-SETTLED RURAL
THOMAS	3	3	2.71	100%	7,277	6,996	9.7	27.1	2,582	RURAL
TREGO	0	0	0.00	---	2,882	2,773	12.3	30.8	---	FRONTIER
WABAUNSEE	0	0	0.00	---	6,922	6,810	7.3	23.5	---	RURAL
WALLACE	1	1	0.80	100%	1,404	1,379	16.1	36.2	1,724	FRONTIER
WASHINGTON	1	1	0.13	100%	5,791	5,587	10.1	35.5	42,977	RURAL
WICHITA	1	1	1.00	100%	2,148	2,123	14.8	40.3	2,123	FRONTIER
WILSON	0	0	0.00	---	9,698	9,460	11.3	41.1	---	RURAL
WOODSON	0	0	0.00	---	3,285	3,171	13.2	39.4	---	RURAL
WYANDOTTE	12	6	4.88	50%	154,287	152,695	16.5	38.2	31,290	URBAN
STATEWIDE	494	237	175.71	48%	2,802,134	2,720,184	10.9	32.8	15,481	

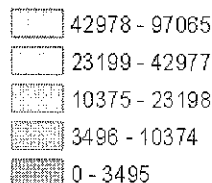
\* Year 1999 --- Source: U.S. Census Bureau

\*\* Subject to the effects of rounding

# Distribution of Kansas Primary Care Physician Assistant FTEs by County, 2008



Ratio of 2008 Adjusted Population to Physician Assistant FTE



Published by: Kansas Department of Health and Environment  
Office of Health Assessment  
Information Technology, GeoSpatial Services  
April 1, 2009

**KANSAS HEALTH CARE RESOURCE QUESTIONNAIRE FOR PHYSICIAN ASSISTANTS - 2008**

**NOTE: If you renew your license on-line, complete the survey on-line; do not complete this paper form** \* \* \* \*

PLEASE NOTE: Although this survey is voluntary, the Kansas Health Policy Authority and Kansas Department of Health and Environment request this information to monitor health care professional supply, distribution and practice characteristics. Please complete and update the questionnaire as accurately as possible by printing or typing your responses. Edit the preprinted information and return the form along with your renewal application materials to the Kansas State Board of Healing Arts.

This year, select from a new and shorter list of Workplace/Employment Settings for each practice location. Site locations must include street numbers for geocoding. The information you report will be provided to the Kansas Health Policy Authority. Statistics derived from this information will be used for health care professional workforce assessment and to apply for federal designation of Health Professional Shortage Areas and Medically Underserved Areas. This request for information is not part of the renewal application, and no licensing decision will be made on the basis of this information. The information you provide will not be disclosed except as provided by KSA 65-6804.

**Demographics**

- Gender:** Please check the appropriate box.  Male  Female
- Ethnicity:** Please check the appropriate box.  Hispanic or Latino  Not Hispanic or Latino
- Race:** Please check all that apply.
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other (Specify) _____
- Languages that you speak:** Please check all that apply.
 

<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Pilipino	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Chinese	<input type="checkbox"/> French	<input type="checkbox"/> Hindi	<input type="checkbox"/> Spanish	<input type="checkbox"/> Urdu	<input type="checkbox"/> Other (Specify) _____	
- Are you a graduate of an international school?  Yes  No
- Are you a permanent US resident or US citizen?  Yes  No

**Physician Assistant Information**

7. Please indicate your practice specialties using the codes as used on your License Renewal Application (see Addendum):

Specialty #:	Code	Name	If Other, please specify:
Specialty #1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialty #2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specialty #3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Are you presently working as a Physician Assistant?  Yes  No

If NO, please skip to the signature line on page 2. If YES, please continue with the following questions.

9. Please enter the number of hours you work per week as indicated below:

Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+).

Direct Patient Care\*  + Administration  + Teaching  + Other  = Total Weekly Hours

\* Direct patient care means services provided to an individual patient, including personal contact, telephone consultations and related record keeping. It includes patient services provided by all health care professionals. It excludes time spent on call, in providing training or teaching services, or doing research.

Considering Direct Patient Care hours ONLY, please complete the following questions regarding your work at specific practice locations. If you are not providing direct patient care please go to the signature line on the back.

The sum of the hours you enter in questions 17, 25, 33, and 36 below should equal the number of hours you entered at question 9 for Direct Patient Care.

**11. Work Site #1: (This may be an office, hospital, nursing facility, etc.)**

Office Name	Street Address (not Post Office Box #)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone <input type="text"/>	Fax <input type="text"/>	E-mail Address <input type="text"/>		

**12. Responsible Physician:**

First Name	Last Name	Office Name	Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- What percent of your practice time is your supervising physician present at this practice site?  %
- Of the hours you spend in direct patient care at site #1, what percentages are in:
 

% in Specialty 1	<input type="text"/> %	<input type="text"/>
% in Specialty 2	<input type="text"/> %	<input type="text"/>
% in Specialty 3	<input type="text"/> %	<input type="text"/>

Total must equal 100 %.

- At work site #1, how many patients do you see during an average week?
- What kind of work setting is site #1? (See Addendum.)  If Other, please specify
- How many hours of direct patient care do you provide at site #1 in a typical week?  Hours  
Use a whole number or decimal rather than a range; do NOT use <, >, or + (for example, 45+).
- How many weeks per year do you provide patient care at this location?

Do you have another work site? (Office, hospital, nursing facility, etc.)  Yes  No  
**IF NOT, PLEASE SKIP TO THE SIGNATURE LINE ON PAGE 2. IF YES, CONTINUE TO WORK SITE #2.**

**19. Work Site #2: (This may be an office, hospital, nursing facility, etc.)**

Office Name	Street Address (not Post Office Box #)	City	State	Zip
Telephone	Fax	E-mail Address		

20. Responsible Physician: First Name Last Name

Office Name	Street Address	City	State	Zip
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21. What percent of your practice time is your supervising physician present at this practice site?  %
22. Of the hours you spend in direct patient care at site #2, what percentages are in: % in Specialty 1  %  
Total must equal 100 %. % in Specialty 2  %  
% in Specialty 3  %
23. At work site #2, how many patients do you see during an average week?
24. What kind of work setting is site #2? (See Addendum.)  If Other, please specify
25. How many hours of direct patient care do you provide at work site #2 in a typical week?  Hours  
Use a whole number or decimal rather than a range; do **NOT** use <, >, or + (for example, 45+).
26. How many weeks per year do you provide patient care at this location?
- Do you have another work site? (Office, hospital, nursing facility, etc.)  Yes  No  
**IF NOT, PLEASE SKIP TO THE SIGNATURE LINE BELOW. IF YES, CONTINUE TO WORK SITE #3.**

**27. Work Site #3: (This may be an office, hospital, nursing facility, etc.)**

Office Name	Street Address (not Post Office Box #)	City	State	Zip
Telephone	Fax	E-mail Address		

28. Responsible Physician: First Name Last Name

Office Name	Street Address	City	State	Zip
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29. What percent of your practice time is your supervising physician present at this practice site?  %
30. Of the hours you spend in direct patient care at site #3, what percentages are in: % in Specialty 1  %  
Total must equal 100 %. % in Specialty 2  %  
% in Specialty 3  %
31. At work site #3, how many patients do you see during an average week?
32. What kind of work setting is site #3? (See Addendum)  If Other, please specify
33. How many hours of direct patient care do you provide at work site #3 in a typical week?  Hours  
Use a whole number or decimal rather than a range; do **NOT** use <, >, or + (for example, 45+).
34. How many weeks per year do you provide patient care at this location?
- Do you have another work site? (Office, hospital, nursing facility, etc.)  Yes  No  
**IF NOT, PLEASE SKIP TO THE SIGNATURE LINE BELOW. IF YES, CONTINUE TO QUESTION 35.**

35. How many other direct patient care sites do you have?
36. How many hours in total in a typical week do you spend in direct patient care in all of your other work sites (those referred to in question 35) combined?  Hours  
Use a whole number or decimal rather than a range; do **NOT** use <, >, or + (for example, 45+).

4/1/2009

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION !**

## Addendum

Specialty Codes for PAs							
1	Allergy	17	Substance Abuse	33	Ped: Adolescent Med	48	Surg: Cardiovascular
2	Anesthesiology	18	Genl Internal Med (IM)	34	Ped: Allergy	49	Surg: Colon/Rectal
3	Dermatology	19	IM: Cardiovascular	35	Ped: Cardiology	50	Surg: Hand
4	Emergency Medicine	20	IM: Critical Care	36	Ped: Critical Care	52	Surg: Neurological
5	Family/General Medicine	22	IM: Endocrinology	37	Ped: Endocrinology	53	Surg: Transplant
6	Geriatrics	23	IM: Hematology	38	Ped: Gastroenterology	54	Orthopedics
7	Industrial/Occup Med	24	IM: Immunology	39	Ped: Hema/Oncology	55	Surg: Otorhinolaryngology
8	OB/GYN	25	IM: Infectious Disease	40	Ped: Infectious Disease	56	Surg: Pediatric
9	Ophthalmology	26	IM: Nephrology	41	Ped: Neo-Perinatal	57	Surg: Plastic
10	Otolaryngology	27	IM: Neurology	42	Ped: Nephrology	58	Surg: Thoracic
11	Pathology	28	IM: Oncology	43	Ped: Neurology	59	Surg: Traumatic
12	Physical Medicine/Rehab	29	IM: Pulmonary	44	Ped: Pulmonology	60	Surg: Urological
13	Psychiatry	30	IM: Rheumatology	45	Ped: Rheumatology	61	Surg: Vascular
14	Public Health/Prev Med	31	IM: Other _____	46	Ped: Other _____	62	Surg: Other _____
16	Radiology	32	General Pediatrics	47	General Surgery (Surg)		

Code	Workplace/Employment Setting	Code	Workplace/Employment Setting
1	Self-Employed, Solo-Practice	16	Correctional Facility (jail, prison, detention - youth/adult)
2	Physician Partnership or Group Practice	17	University/College Campus Health
3	Community/General Hospital - Follow private inpatients; practice primarily ambulatory	18	School System/ School Clinic K-12
4	Hospital Based: Predominantly Inpatient Services, e.g. pathology, hospitalist	19	Local or State Public Health/ Governmental/ Regulatory Agency
5	Medical School/Teaching Hospital	20	HMO/ Health Plan/ Insurance Company
6	Residency or Fellowship Participant		<b>Specialty Facilities:</b>
7	Rural Health Clinic (federally certified)	21	Ambulatory Surgery Center
8	Federally Qualified Health Center	22	Independent Laboratory
9	Indian Health Service or Tribal Clinic	23	Psychiatric Hospital (private)
10	Community Mental Health Center	24	Radiology/ Imaging Center
11	Emergency Department (hospital)	25	Rehabilitation Hospital
12	Emergency Medical Service/ Transport	26	State Mental Health Facility
13	Military, Federal or VA Hospital	27	Other Specialty Hospital
14	Locum Tenens (if more than 10 hours per week)	28	Other: Patient Care Employment
15	Long-term nursing or other facility, home health care, assisted living, residential treatment	29	Other: Non-Patient Care Employment: _____

Unduplicated Physician Assistant Counts -- 2008

COUNTY	ALL PHYS. ASST.	PRIMARY CARE PHYS. ASST.
ALLEN	4	2
ANDERSON	0	0
ATCHISON	5	4
BARBER	3	3
BARTON	9	4
BOURBON	0	0
BROWN	5	4
BUTLER	9	7
CHASE	1	1
CHAUTAUQUA	3	3
CHEROKEE	2	2
CHEYENNE	1	1
CLARK	1	1
CLAY	2	2
CLOUD	2	1
COFFEY	2	2
COMANCHE	0	0
COWLEY	4	3
CRAWFORD	1	0
DECATUR	0	0
DICKINSON	1	0
DONIPHAN	1	1
DOUGLAS	10	6
EDWARDS	1	1
ELK	0	0
ELLIS	9	3
ELLSWORTH	2	2
FINNEY	1	0
FORD	2	2
FRANKLIN	0	0
GEARY	7	2
GOVE	0	0
GRAHAM	0	0
GRANT	2	1
GRAY	0	0
GREELEY	0	0
GREENWOOD	2	2
HAMILTON	0	0
HARPER	6	6
HARVEY	4	3
HASKELL	0	0
HODGEMAN	0	0
JACKSON	3	3
JEFFERSON	1	1
JEWELL	1	1
JOHNSON	69	28
KEARNY	0	0
KINGMAN	3	2
KIOWA	1	1
LABETTE	6	4
LANE	1	1
LEAVENWORTH	13	5
LINCOLN	0	0
LINN	0	0
LOGAN	0	0
LYON	2	1
MARION	2	2
MARSHALL	1	1
MCPHERSON	9	7
MEADE	1	1
MIAMI	3	2
MITCHELL	0	0
MONTGOMERY	3	2
MORRIS	0	0

Unduplicated Physician Assistant Counts --- 2008

COUNTY	ALL PHYS. ASST.	PRIMARY CARE PHYS. ASST.
MORTON	2	2
NEMAHA	0	0
NEOSHO	6	2
NESS	0	0
NORTON	2	1
OSAGE	0	0
OSBORNE	2	2
OTTAWA	0	0
PAWNEE	0	0
PHILLIPS	2	1
POTTAWATOMIE	0	0
PRATT	9	2
RAWLINS	1	1
RENO	13	5
REPUBLIC	1	1
RICE	1	1
RILEY	9	1
ROOKS	1	1
RUSH	0	0
RUSSELL	1	1
SALINE	7	1
SCOTT	1	1
SEDGWICK	120	38
SEWARD	0	0
SHAWNEE	32	10
SHERIDAN	0	0
SHERMAN	0	0
SMITH	0	0
STAFFORD	1	1
STANTON	0	0
STEVENS	0	0
SUMNER	6	5
THOMAS	3	3
TREGO	0	0
WABAUNSEE	0	0
WALLACE	1	1
WASHINGTON	0	0
WICHITA	1	1
WILSON	0	0
WOODSON	0	0
WYANDOTTE	9	5
TOTAL	452	218

**KANSAS STATE BOARD OF HEALING ARTS  
RENEWAL OF PHYSICIAN ASSISTANT LICENSE**

**January 1, 2008 to December 31, 2008**

**ONLINE RENEWAL IS AVAILABLE** at [www.ksbha.org](http://www.ksbha.org) from November 15, 2007 to January 31, 2008.

To begin the online renewal process click Online Renewals. Please do not submit a paper renewal application if you have used the online renewal process.

The renewal application and fee must be received postmarked by **DECEMBER 31, 2007** to renew your license. A late fee must be paid for renewal applications received completed online or postmarked **JANUARY 1, 2008** or later. If an online renewal or complete renewal application is not received postmarked on or before **JANUARY 31, 2008** the license will be cancelled. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. **A license will not be renewed if the application is not complete. PLEASE PRINT OR TYPE ALL RESPONSES.**

1. License Number and Status:

Corrections:

2.

Name: \_\_\_\_\_

3. Mailing Address (May be a Post Office Box)

Line 1:

City, County, State, Zip, Country:

Residence Address (May not be a Post Office Box):

Line 1:

City, County, State, Zip, Country:

Telephone / Fax:

E-mail:

Practice Address (May not be a Post Office Box) (Additional practice addresses may be submitted on a separate page.)

Line 1:

Line 2:

City, County, State, Zip, Country:

Telephone / Fax:

E-mail:

4. License Status Change: I would like to change my license status effective \_\_\_\_\_ 20\_\_\_\_, to:

Active – Continuing Education required – see part 8 on page 2.

Inactive – This license does not allow the holder to provide professional services in Kansas. Continuing Education required – see part 8 on page 2.

Federal Active – This license allows a person who is active military or employed by the federal government to also engage in administrative and charitable services in Kansas; No private practice outside of federal employment is allowed in Kansas. Continuing Education required – see part 8 on page 2.

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

5. **Kansas Hospital Privileges Active and Federal Active Only:** Facility name and county for up to four Kansas Hospitals at which you have privileges.

6. Responsible Physician's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Continue on the back of form


7. **Identify all other authorities that have certified or licensed you to practice as a Physical Therapist** (use additional pages if necessary):

State or Country Issued:	License No. Status:	Date Issued:	Status:	State or Country:	License No.:	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I have not been certified or licensed in another state or country.

8. **CONTINUING EDUCATION CERTIFICATION:** You do not have to provide proof of continuing education when you return your renewal. The Board of Healing Arts will audit compliance for continuing medical education requirements with an undetermined percentage of renewal applications. It is important that you maintain your continuing medical education records in a manner that allows you to produce them readily. Licensees selected for an audit will be given written notice and a reasonable amount of time to produce the records. If the records are not produced as required, the Board will presume that the records did not exist at the time this renewal application was submitted.

Category I: attendance at an educational presentation approved by the board Category II: participating in or attending an educational activity that does not meet the criterion specified in Category I. Category II continuing education may include self-study or group activities.

I certify that I have met the hours for the following continuing education update:

50 hours credit hours during the preceding year with a minimum of 20 continuing education credit hours from Category I.

100 hours credit hours during the preceding two-year period with a minimum of 40 continuing education credit hours from Category I.

Do you certify that this statement is true?  Yes  No

9. **You must answer the following questions. Attach documentation and an explanation if your answer is "yes" to any of the following questions.**

- (a)  Yes  No In the past 12 months have you been a defendant or has any judgment, award or settlement been paid resulting from a professional liability claim?
- (b)  Yes  No In the past 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a plea to a felony or class A misdemeanor.
- (c)  Yes  No In the past 12 months has any disciplinary action been initiated or taken against you by a state licensing agency or other state or government agency, or have you surrendered or consented to limitation of license to practice in any state or country?
- (d)  Yes  No In the past 12 months have you been denied a license to practice the healing arts or other health care profession?
- (e)  Yes  No In the past 12 months have any hospital privileges been suspended, restricted, limited or voluntarily suspended or has any peer review or professional association initiated or taken any action against you?
- (f)  Yes  No In the past 12 months have you suffered from any impairment which might affect your ability to safely practice?
- (g)  Yes  No In the past 12 months do you know of any investigation by or any allegations, complaints or charges concerning you made to any licensing agency or state or government agency?

**Renewal Fee:** \$135.00 (\$170.00 if postmarked January 1 or later)

**PAYMENT METHOD** (check one):

- A check is enclosed. Please make your check payable to the KANSAS STATE BOARD OF HEALING ARTS.
- Payment is by a facility paying for multiple licensees. Payor name: \_\_\_\_\_ Check no. & date: \_\_\_\_\_  
(License fees are the responsibility of the licensee; a license will not be renewed until the Board receives the correct payment amount.)
- Payment by credit/debit card: **Please complete and return the enclosed credit card authorization form.**

**"I Declare, Under Penalty Of Perjury Under The Laws Of The State Of Kansas That The Foregoing Is True And Correct."**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_