



According to your records, has the applicant ever been disciplined by your agency or any other state licensure agency?

\_\_\_\_\_yes      \_\_\_\_\_no

If yes, date of disciplinary action\_\_\_\_\_ City, County, State\_\_\_\_\_

Conduct/Finding determined to be basis for action\_\_\_\_\_

Disciplinary agency/Authority\_\_\_\_\_

Resolution of disciplinary action\_\_\_\_\_

Date of resolution\_\_\_\_\_

NOTE: PLEASE SEND A COPY OF THE RECORD OF ANY DISCIPLINARY ACTION LISTED ABOVE

Additional Comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Place state or board  
Seal here)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

Please return completed form to:

HEALTH OCCUPATIONS CREDENTIALING  
503 S KANSAS AVENUE  
TOPEKA KS 66603