



## KANSAS OSTEOPATHIC MEDICAL SERVICE SCHOLARSHIP

### VERIFICATION OF MEDICAL PRACTICE IN THE STATE OF KANSAS

Establishment of a medical practice in Kansas is required to comply with the agreement you entered into with the Kansas Board of Regents under the Kansas Osteopathic Medical Service Scholarship Program. We will continue to verify that you are practicing in Kansas on an annual basis until your contract agreement has been fulfilled. Please provide the following information as completely as possible. (Please print or type)

Name: \_\_\_\_\_  
Last First Middle Initial Maiden

Home Address: \_\_\_\_\_  
Street, City, State and Zip

Email address: \_\_\_\_\_

Name of Business Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_  
Street, City, State and Zip

Telephone Numbers: Home - (\_\_\_\_\_) \_\_\_\_\_ Work - (\_\_\_\_\_) \_\_\_\_\_

Type of Practice:      General Pediatrics \_\_\_\_\_      Family Medicine \_\_\_\_\_  
                                  General Internal Medicine \_\_\_\_\_      OBGYN \_\_\_\_\_  
                                  Family Practice \_\_\_\_\_      Emergency Medicine \_\_\_\_\_  
                                  Geriatric Medicine \_\_\_\_\_

Starting Date of Practice: \_\_\_\_\_  
Month Day Year

Ending Date of Practice  
(or period of obligation): \_\_\_\_\_  
Month Day Year

What are the approximate average hours worked per week at this facility? \_\_\_\_\_

\_\_\_\_\_  
Signature of Hospital Administrator or Supervising Physician Date

\_\_\_\_\_  
Printed Name and Title Telephone Number

Please return this form to: Kansas Board of Regents  
Osteopathic Scholarship Program  
1000 SW Jackson St, Suite 520  
Topeka KS 66612-1368  
Or email form to :loldhamburns@ksbor.org  
Fax 785.430.4233