



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