



# CERTIFICATION OF COGNITIVE DISORDER FOR DRIVER'S LICENSE IDENTIFIER

Application for identifier must be made at Kansas Department of Revenue State Driver's License Office

Name of Individual \_\_\_\_\_ Sex:  Male  Female

Physical Address \_\_\_\_\_ City \_\_\_\_\_ **KS** Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ **KS** Zip \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALING ARTS LICENSED PROFESSIONAL'S STATEMENT

I, the undersigned licensed professional, certify that (*Individual's Name*) \_\_\_\_\_ needs assistance with cognition, including, but not limited to, persons with autism spectrum disorder, as per Kansas 2017 SB 74.

\_\_\_\_\_  
Licensed Professional's Signature\* (*Rubber stamp not acceptable*)                      Medical Title                      Date

\* The following are the **only** professionals that can sign this form: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), Dr. of Podiatric (DPM), Licensed Optometrist (OD), licensed physician assistant (PA), advanced registered nurse practitioner (ARNP) registered under KSA 65-1131, Christian Science practitioner listed in The Christian Science Journal or a person clinically licensed by the Kansas behavioral sciences regulatory board certifying that such person needs assistance with cognition.

Printed / Typed Name of Licensed Professional \_\_\_\_\_ Phone No. \_\_\_\_\_  
May be signed by a Healing Arts Professional licensed in any state.

Printed:                      Address                      City                      State                      Zip

**SEE REVERSE SIDE FOR INSTRUCTIONS**

## INSTRUCTIONS

- Disabled individual **shall** be a Kansas resident.
- Application **shall** be signed by the individual, representative or vehicle owner.
- The Cognitive Disorder identification card **shall** be carried by the person to whom it is assigned.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application and can NOT be rubber stamped or initialed. A healing arts licensed professional is a: Dr. of Medicine (MD), Dr. of Osteopathy (DO), Dr. of Chiropractic (DC), or Dr. of Podiatric (DPM). A healing arts licensed professional from any state can sign this form. A licensed optometrist (OD), licensed physician assistant, advanced registered nurse practitioner registered under KSA 65-1131 or Christian Science practitioner listed in The Christian Science Journal can also certify the form. *A RN or LPN, cannot certify/sign this form.*
- Please mail this application to:  
P.O. Box 2188  
Attn: DL Manager  
Topeka, KS 66601-2188
- Qualified applicants will receive an acceptance letter in the mail and must present the acceptance letter at any full-service exam station, along with proof of identity to have Cognitive Disorder placed on their credential.

## PENALTY

Any person who utilizes any placard or identification card issued to another person pursuant to this section, shall be guilty of an unclassified misdemeanor punishable by a fine of not less than \$100 nor more than \$300.