



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.