

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Alex Ammar, M.D.

Position: Member, Kansas University
Hospital Authority

Expiration Date: March 15, 2015

Term Length: Four years

Statutory Authority: K.S.A. 76-3304

Party Affiliation: R

- **Statutory Geographic Representation Requirements:** of the 13 members representing the general public, there shall be at least one member from each congressional district

County: Wichita

Size Requirement: 19

Other, specify:

- **Statutory party affiliation requirement:** N/A
- **Statutory industry or occupation requirements:** N/A

Salary: Routine subsistence

Predecessor: George Farha

Board Composition Prior to Confirmation of New Appointee: see attached board report

University of Kansas Hospital Authority

Members:		Appointed by	Number of Appointments	Number of Senate Confirmations
Legislators:	0	Governor	13	13
House:	0			
Senate:	0	Ex officio(s)		
Non-Legislative:	19	University of Kansas Chancellor		
Total Members:	19	University of Kansas Hospital Authority President		
		University of Kansas Hospital Chief of Medical Staff		
		University of Kansas Medical Center Executive Vice Chancellor		
		University of Kansas School of Medicine Executive Dean		
		University of Kansas School of Nursing Dean		

Entity Description

KSA 76-3304 *et seq.* created the University of Kansas Hospital Authority. The Authority is an independent instrumentality of the State.

The Authority is governed by a nineteen-member Board of Directors (Board) serving terms of four years. Thirteen of the members are appointed by the Governor, subject to confirmation by the Senate as provided in KSA 75-4315b. Members appointed by the Governor are representatives of the general public who are recognized for outstanding knowledge and leadership in the fields of finance, business, health-care management, health care providers, legal affairs, education or government. Of the 13 members representing the general public, there must be at least one member from each congressional district. Six members must be *ex officio*, voting members consisting of the Chancellor of the University of Kansas, the Executive Vice Chancellor of the University of Kansas Medical Center, the Executive Dean of the University of Kansas School of Medicine, the Chief of Staff of the University of Kansas Hospital Medical Staff, the President of the Authority, and the Dean of the University of Kansas School of Nursing.

The Board annually elects one of their number as Chairperson and another as Vice-Chairperson. The Board also elects a Secretary and Treasurer for terms determined by the Board. The same person may serve as both Secretary and Treasurer. The Board establishes an executive committee, nominating committee, and other standing or special committees and prescribe their duties and powers.

Members of the Board of Directors of the Authority serve without compensation. Members of the Board attending meetings of the Board, or attending a subcommittee meeting authorized by the Board, are paid mileage and all other applicable expenses.

The Board meets at least six times per year and at such other times as it deems appropriate, or upon call by the President or the Chairperson, or upon written request of a majority of the Directors.

The Board may adopt, repeal and amend such rules, procedures and bylaws, not contrary to law or inconsistent with this act, as it deems expedient for its own governance and for the governance and management of the Authority. A majority of the total voting membership of the Board constitutes a quorum for meetings. The Board may act by a majority of those at any meeting where a quorum is present, except upon such issues as the Board may determine shall require a vote of 10 members for approval. The Board meets for the initial meeting upon call by the Chancellor of the University of Kansas who acts as temporary Chairperson until officers are elected.

The Board appoints a President who serves at the pleasure of the Board. The President serves as the Chief Executive Officer of the Authority. The President's salary is set by the Board. The President directs and supervises administrative affairs and the general management of the Authority. The President, as a member of the Board of Directors, may not vote on such President's salary.

The Authority continues until terminated by law. Upon any such dissolution of the Authority, all property, funds and assets must be vested in the state, University of Kansas Medical Center or other hospital entity as designated by the board and approved by act of the Kansas Legislature.

University of Kansas Hospital Authority – Board of Directors

Powers and Duties

The Board has the power to:

- Enter into contracts, guarantees, or any other instrument and agreement necessary or convenient for the exercise of its powers and functions including contracts with hospitals or other health care businesses to operate and manage any or all of the hospital facilities or operations and to incur liabilities and secure the obligations of any entity or individual;
- Borrow money and to issue bonds, pledging all or any part of the Authority's assets therefor;
- Purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, mortgage, sell, lease, and dispose of property;
- Incur or assume indebtedness to, and enter into contracts with the Kansas Development Finance Authority, which is authorized to borrow money and provide financing for the Authority;
- Accept any gifts, grants and loans of funds, property, or any other aid;
- Procure insurance, participate in insurance plans, or provide self-insurance or both as it deems necessary or convenient to carry out the purposes and provisions of the Hospital Authority Act;
- Appoint, supervise, and set the salary and compensation of a President of the Authority who is appointed by and serves at the pleasure of the Board;
- Fix, revise, charge and collect rates, rentals, fees, and other charges for the services or facilities furnished by or on behalf of the Authority, and to establish policies and procedures regarding any such service rendered for the use, occupancy or operation of any such facility;
- Create, acquire, or dispose of any entity organized for a purpose related to or in support of the mission of the Authority;
- Participate in joint ventures with individuals, corporations, governmental bodies or agencies, partnerships, associations, insurers, or other entities to facilitate any activities or programs consistent with the public purpose and intent of the Hospital Authority Act;
- Create a nonprofit entity or entities for the purpose of soliciting, accepting and administering grants, gifts, and bequests; and
- Provide assistance, including the making of loans and providing employees to corporations, partnerships, associations, joint ventures, or other entities, whether or not such corporations, partnerships, associations, joint ventures, or other entities are owned or controlled in whole or in part, directly or indirectly, by the Authority, if consistent with the purpose of the Hospital Authority Act.

University of Kansas Hospital Authority

Gov Appts: 13 **Term Length:** Four Years **Contact:** Lee Allison

Total Appts: 19 **Notes:** Reconstituted per SB642: 19 members (6 ex-officio members, 13 appointed by Gov.) At least one member for each CD. Chair & Vice Chair elected annually by the Board, President appointed by Board. Cannot serve more than three consecutive four-year terms. Appoint members who are recognized for outstanding knowledge and leadership in the fields of finance, business, health-care management, health care providers, legal affairs, education or government. **Appointed By:** bpage@kumc.edu, jonjacksol@kumc.edu

SSI: No **Compensation Statute:** **Meeting Frequency:** Dates of Meetings: The 2nd Tuesday of Jan, March, May, July, Sept, Nov. | 1-2 PM | Location of Meetings: Westwood Campus 2330 Shawnee Mission Parkway | Meetings Frequency: 6 times a year

Statute: KSA 76-3304 **Confirmation:** Yes **Current Chair:** **Appointed By:**

Party Ratio: N/A **Term Limit:** **Gov Appt Counts** **Male/Female** **1st-2nd-3rd-4th** **R/D/U**

11-4 1:1-13:1 9-4-5

County	Affiliation	CD	H	S	Appointment Date	Expire Date	Reapt
Johnson		KS03			12/15/2003		
Wyandotte		KS03			5/26/1998		
Position: Executive Dean, KU Medical School Predecessor: Deborah Powell Appointed By: STATUTE Nominations: Reason for Departure:							
Position: Interim Chief of Staff of Medical Center Predecessor: new position Appointed By: STATUTE Nominations: Reason for Departure:							
Wyandotte		KS00	20h	11s	9/1/2011	3/15/2014	
Position: member Predecessor: Linda Warren Appointed By: GOVERNOR Nominations: Reason for Departure:							

Dr. Barbara F. Atkinson
 9110 Oak Valley Dr
 De Soto, KS 66018-8301

Dr. William Barkman
 3901 Rainbow
 Kansas City, KS 66103-2937

Dr. Kirk T. Benson
 5213 W. 124th Terrace
 Kansas City, KS 66160-0001
 kbenson@kumc.edu

Dr. George J. Farha
300 North Terrace Drive
Wichita, KS 67208-3944
mneel@gi.kscoxmail.com

Ms. Patricia A. Gaunce
7300 Waverly Ave
Kansas City, KS 66109-2466
pgaunce@kc.rr.com

Mr. Gregory M Graves
5085 W 177th Ter
Stilwell, KS 66085-8905
ggraves@burnsmcd.com

Ms. Bernadette Gray-Little

Mr. Robert W. Honse
1533 Fountain Dr
Lawrence, KS 66047-9306
bobhonse@sunflower.com

Mr. Mark R. Jorgenson
10607 West 50th Terrace
Shawnee, KS 66203-1656
mark.r.jorgenson@usbank.com

Position: a member Predecessor: himself -- reappointed Appointed By: GOVERNOR Nominations: Reason for Departure:	Sedgwick	Republican Party	KS04	83h	30s	12/20/2007	3/15/2010
Position: a member Predecessor: herself- reappointment Appointed By: GOVERNOR Nominations: Reason for Departure:	Wyandotte	Democratic Party	KS03	36h	4s	12/20/2007	3/15/2011
Position: a member Predecessor: herself- reappointment Appointed By: GOVERNOR Nominations: Reason for Departure:	Johnson	Democratic Party	KS03	27h	37s	12/17/2008	3/15/2011
Position: Representing 3rd CD Predecessor: Robert Honse Appointed By: GOVERNOR Nominations: Reason for Departure:						8/15/2009	
Position: Research Institutions representative Predecessor: Robert Hemenway Appointed By: Nominations: Reason for Departure:	Douglas	Republican Party	KS02	45h	2s	9/1/2011	3/15/2014
Position: public member Predecessor: himself Appointed By: GOVERNOR Nominations: Reason for Departure:	Johnson	Republican Party	KS03	18h	10s	3/10/2010	3/15/2012

Position: Public Member
Predecessor: Thomas Murphy
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

Ms. Betty T. Keim
3608 W 71st St
Prairie Village, KS 66208-3119
bettyk@kc.rr.com

Johnson Republican Party KS03 25h 7s 1/21/2010 3/15/2012

Position: Public Member
Predecessor: herself -- reappointed
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

The Honorable Dave M Kerr
72 Willowbrook Street
Hutchinson, KS 67502-8948
kerr@senate.state.ks.us

Reno Republican Party KS01 101h 34s 1/8/2008 3/15/2010

Position: Vice chair
Predecessor: himself -- reappointed
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

Ms. Sharon Lindenbaum
8501 Cherokee Pl
Leawood, KS 66206-1446
shlindy@yahoo.com

Johnson Republican Party KS03 21h 7s 12/17/2008 3/15/2011

Position: Public Member
Predecessor: herself -- reappointment
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

Dr. Karen Miller
5507 Fairway Road
Fairway, KS 66205-2641

Johnson Democratic Party KS03 25h 7s 5/26/1998

Position: Dean of KU School of Nursing
Predecessor: new position
Appointed By: STATUTE
Nominations:
Reason for Departure:

Robert Page
3901 Rainbow Boulevard
Kansas City, KS 66103-2937

Wyandotte KS03

Position: CEO University of Kansas Hospital

Predecessor: Irene Cumming
Appointed By:
Nominations:
Reason for Departure:

Mr. Robert Regnier
3400 W 119th St
Leawood, KS 66209-1079
bregnier@bankbv.com

Johnson
Republican Party
KS03
28h
4s
1/19/2011
3/15/2013

Position: Public Member
Predecessor: Eric Jager
Appointed By:
Nominations:
Reason for Departure:

Mr. Scott Slabotsky
5625 W 131st St
Leawood, KS 66209-3634
sslabotsky@cbiz.com

Johnson
Republican Party
KS03
48h
11s
2/2/2010
3/15/2012

Position: member
Predecessor: John Payne/John Payne
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

Mr. Charles T. Sunderland
10209 W 139th Ter
Overland Park, KS 66221-2299
charlie.sunderland@ashgrove.com

Johnson
Republican Party
KS03
48h
37s
1/19/2011
3/15/2013

Position: Public Member
Predecessor: himself -- reappointed
Appointed By:
Nominations:
Reason for Departure:

Mr. Deryl Wynn
11110 Parkview Avenue
Kansas City, KS 66109-3458
dwyann@mvplaw.com

Wyandotte
Democratic Party
KS03
36h
5s
3/10/2010
3/15/2013

Position: Public Member
Predecessor: Edward J. Chapman, Jr.
Appointed By: GOVERNOR
Nominations:
Reason for Departure:

CURRICULUM VITAE

PERSONAL DATA:

NAME Alex D. Ammar, M.D., FACS
BIRTHDATE January 26, 1951
BIRTHPLACE Beckley, West Virginia
WIFE Pamela Clancy Ammar
CHILDREN Alex S. Ammar
Chad P. Ammar

CURRENT ADDRESS: Wichita Surgical Specialists, P.A. 9/82 - Present
818 N. Emporia, Suite 200
Wichita, Kansas 67214-3788

EDUCATION:

PREMEDICAL Wake Forest University 9/68 - 6/71
Winston-Salem, North Carolina

BACCALAUREATE DEGREE Bachelor of Science (Biology) 9/71 - 6/72
Virginia Polytechnic Institute. *
Blacksburg, Virginia

Endocrinology & Intensive Care (Elect.) 3/76 - 5/76
University of California School
of Medicine
San Francisco, California

ADVANCED DEGREES Doctor of Medicine (M.D.) Degree 9/72 - 5/76
University of Virginia School
of Medicine
Charlottesville, Virginia

INTERNSHIP General Surgery 7/76 - 6/77
St. Francis Regional Medical Ctr
Wichita, Kansas

RESIDENCY General Surgery 7/77 - 6/81
St. Francis Regional Medical Ctr
Wichita, Kansas

FELLOWSHIP Vascular Surgery 7/81 - 6/82
University of California
San Francisco, California

BOARD CERTIFICATION

American Board of Surgery #28398 2-16-83

	(General Surgery) Recertification	#037556	1-92
	American Board of Surgery (General Vascular Surgery) Recertification	#22	11-18-83
	Recertification	#22	1-93
	Recertification	#22	1-2002
<u>FELLOW</u>	American College of Surgeons (General Vascular Surgery)	#2983936-0	10-18-85
<u>LICENSURE</u>	Kansas State Board of Healing Arts	#17170	12/77
	U.S. Department of Justice Drug Enforcement Agency	AA 7715177	2/82
	California State Board of Medical Quality Assurance	G 043537	1/81
<u>AWARDS / HONORS</u>	CARSWELL SCHOLARSHIP Academia scholarship of \$1,000/year		1970 - 1971
	BETA, BETA, BETA Honorary Biology Society		
	ALPHA EPSILON DELTA Honorary Premedical Society		
	Wichita Magazine Top Doctor – Survey Vascular Surgery		2007
	Wichita Business Journal Best in Business Wichita Surgical Specialists		2008
	25 Years Service Award UKSM - Wichita		6/2008
	Wichita State University President's Club Life Member		2009
	Wichita Business Journal Profile: Surgical Leader		2/2011
<u>AWARDS / HONORS CONT</u>			
	Wichita Business Journal Best Doctors 2011		2011

Wichita Business Journal
Healthcare Hero Award
Physician Hero Catagory

9/22/11

HOSPITAL APPOINTMENTS

ACTIVE STAFF	Via Christi Regional Medical Center St. Joseph Campus Wichita, Kansas	9/82 - present
ACTIVE STAFF	Via Christi Regional Medical Center St. Francis Campus Wichita, Kansas	10/82 - present
ACTIVE STAFF	Wesley Medical Center Wichita, Kansas	9/82 - present
CONSULTANT STAFF	Vascular Surgery Veterans Administration Hospital Wichita, Kansas	4/83 - present
ACTIVE STAFF	Kansas Heart Hospital Wichita, Kansas	12/99 - present
SCRUB TECH	Summer Employment St. Francis Regional Medical Center Wichita, Kansas	1974 - 1975

TEACHING APPOINTMENTS

CLINICAL INSTRUCTOR IN SURGERY	University of California San Francisco, California	7/81 - 6/82
MEMBER	Teaching Staff St. Francis Regional Medical Center Wichita, Kansas	10/82 - present
MEMBER	Teaching Staff Wesley Medical Center Wichita, Kansas	3/83 - present
MEMBER	Teaching Staff St. Joseph Medical Center Wichita, Kansas	7/85 - present

TEACHING APPOINTMENT CONT

CLINICAL PROFESSOR	Department of Surgery University of Kansas School of Medicine- Wichita Wichita, Kansas	4/96 - 12/97
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CLINICAL ASSOCIATE PROFESSOR	Department of Surgery University of Kansas School of Medicine - Wichita Wichita, Kansas	7/91 - 4/96
CLINICAL ASSISTANT PROFESSOR	Department of Surgery University of Kansas School of Medicine - Wichita Wichita, Kansas	4/83 - 7/91
VICE CHAIRMAN	Department of Surgery University of Kansas School of Medicine - Wichita Wichita, Kansas	8/93 - 12/97
ACTING CHAIRMAN	Department of Surgery University of Kansas School of Medicine - Wichita Wichita, Kansas	12/97 - 2/98
PROFESSOR	Department of Surgery University of Kansas School of Medicine Wichita, Kansas	12/97 - present
	Revision of General Surgery Residency Curriculum	1997 - 1999
CHAIRMAN	Department of Surgery University of Kansas School of Medicine - Wichita, KS	2/98 to present
CLINICAL	Supervision and teaching residents -Two residents continually on service at two institutions (Via Christi-St. Francis and Wesley Medical Center) - total of four residents -Daily rounding of patient care with two medical students for their eight-week, third-year general surgery clerkship - six clerkships per year.	Daily

TEACHING APPOINTMENTS CONT

CLINICAL	-One medical student for one month on their fourth-year vascular surgery selective - usually four students per year.
DIDACTIC	-Two medical student lectures each clerkship (six clerkships per year) on vascular disease. -One surgical grand rounds per year on a vascular

topic.

-Two clinical case/basic sciences lectures per year to surgery residents on vascular topics.

-Two surgery faculty meetings per year.

NON-DIDACTIC

-Participate or moderate weekly surgery morbidity and mortality conference.

-Participate in weekly Tuesday surgery conferences, including seminars on various general surgery topics such as trauma, clinical case/basic science conferences, journal clubs, etc.

-Surgery resident mock oral exam yearly - four medical student six times per year.

EDUCATIONAL MATERIALS

-Revision of medical student syllabus for surgery clerkship in 1997. This is disseminated to each medical student on their third-year surgery clerkship.

PROFESSIONAL SOCIETIES

MEMBER	American Medical Association	9/82 - present
FELLOW	American College of Surgeons	10/85 - present
MEMBER	Kansas Medical Society	9/82 - present
FELLOW	International College of Surgeons: United States Section	5/83 - present
MEMBER	Wylie Society - UCSF	85 - present
MEMBER	International Society for Cardio- Vascular Surgery: North American Chapter (United States & Canada)	6/87 - present

PROFESSIONAL SOCIETIES CONT

MEMBER	The Medical Society of Sedgwick County	5/83 - present
MEMBER	Midwestern Vascular Surgical Society	9/86 - present
MEMBER	Kansas Surgical Society	1/84 - present
MEMBER	The Southwestern Surgical Congress	1/84 - present
MEMBER	Western Surgical Association	11/88 - present

Alex Ammar, MD
CURRICULUM VITAE
MEMBER
present

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Midwest Surgical Association

8/01 -

MEMBER
2001 - present

American Association for Vascular Surgery

ASSOCIATE
2005 - present
MEMBER

Association of Program Directors in Surgery

MEMBER
2004 - present

Society for Vascular Surgery

ADMINISTRATIVE EXPERIENCE

MEMBER

Percutaneous Transluminal Angioplasty
Committee
St. Francis Regional Medical Center
Wichita, Kansas

1983 - 1984

DIRECTOR

Peripheral Vascular Surgery Conference
(Meet monthly)
University of Kansas School
of Medicine - Wichita
Wichita, Kansas

1983 - present

MEMBER

CPR Committee
St. Francis Regional Medical Center
Wichita, Kansas

1984-1985

MEMBER

Patient Care Monitoring Committee
HCA Wesley Medical Center
Wichita, Kansas

1984 - 1985

BOARD MEMBER

Fabrique Society
SFRMC Alumni Organization
St. Francis Regional Medical Center
Wichita, Kansas

1985 - 1992

ADMINISTRATIVE EXPERIENCE CONT

FUND RAISER
ORGANIZER

Fred Chang Research Award
established by former residents
\$1,000 prize given annually to
surgery residents in honor of Dr Chang's
contributions to Research

1985

ASSOCIATE
DIRECTOR

Non-Invasive Vascular Laboratory
St. Francis Regional Medical Center
Wichita, Kansas

1985 - 1997

MEMBER	CME Committee St. Francis Regional Medical Center Wichita, Kansas	1986 - 1987
PROGRAM CHAIRMAN	Annual Meeting American College of Surgeons Kansas Chapter Wichita, Kansas	9/87
MEMBER	Surgery Executive Committee HCA Wesley Medical Center Wichita, Kansas	1/89 - 1/91
MEMBER	Transfusion Committee HCA Wesley Medical Center Wichita, Kansas	1/89 - 1/91
CHAIRMAN	Multidisciplinary Invasive Procedures and Technology Assessment Committee Wesley Medical Center Wichita, Kansas	4/96 - 2001
PROGRAM CHAIRMAN	Annual Meeting American College of Surgeons: Kansas Chapter Wichita, Kansas	9/88
COUNSELOR	American College of Surgeons: Kansas Chapter Wichita, Kansas	9/88 - 9/96
CHAIRMAN	Surgical Research Committee University of Kansas School of Medicine - Wichita Wichita, Kansas	8/91 - present

ADMINISTRATIVE EXPERIENCE CONT

SPOKESPERSON	Medical Society of Sedgwick County Wichita, Kansas	1/93 - 12/93
CHAIRMAN	Surgery Section HCA Wesley Medical Center Wichita, Kansas	8/93 - 1/2001
MEMBER	Credentials Committee Wesley Medical Center Wichita, Kansas	1/94 - 1/2001
MEMBER	Medical Staff Executive Committee	1/94 - 1/2001

	Wesley Medical Center Wichita, Kansas	
MEMBER	Strategic Planning Board Via Christi Regional Medical Center Wichita, Kansas	1/96 - 2003
MEMBER	Wichita Surgical Specialists Board of Directors	1/95 - present
MEMBER	Medical Services Commission Medical Society of Sedgwick County Wichita, Kansas	1/95 - present
MEMBER	Public Relations and Public Policy Commission Medical Society of Sedgwick County Wichita, Kansas	1/97 - 1/98
DIRECTOR	Noninvasive Vascular Lab Via Christi Regional Medical Center St. Francis Campus	10/97 - present
EXAMINER	American Board of Surgery Kansas City, Kansas	4/98
PRESIDENT & CEO	Wichita Surgical Specialists, P.A.	1/98 - present
MEMBER	Executive Committee UKSM - Wichita Wichita, Kansas	1998- present
MEMBER	Graduate Medical Education Committee University of Kansas School of Medicine Wichita, Kansas	1/98 - present

ADMINISTRATIVE EXPERIENCE CONT

MODERATOR	Vascular Session Ks Chapter-American College of Surgeons Wichita, Kansas	9/12/98
MEMBER	Promotion and Tenure Committee University of Kansas School of Medicine Wichita, Kansas	10/98 - 2003
MEMBER	UKSM-W Committees (Surgery Residency) -Research -Curriculum -Resident Applicant Selection -Resident Promotions	
	Meet with core surgery faculty	Monthly

	In preparation for their Residency Review Committee visit in late 1999.	
	General Surgery Resident Interview and Selection Committee	eight 4-hour sessions per year
	Total revision of Physician Compensation Formula for Wichita Surgical Specialists	1998
	Revision of Group structure and function and professional practice standards, Wichita Surgical Specialists	1999
CHAIRMAN	Search Committee University of Kansas Wichita Dean of the Medical School Wichita, Kansas	06/00 – 3/01
CHAIRMAN	Orthopedic Program Director Search Committee University of Kansas Wichita Wichita, Kansas	01/01 – 06/01
BOARD OF DIRECTORS	Via Christi Regional Medical Center Wichita, Kansas	9/00 - 2009
BOARD OF DIRECTORS	Via Christi Regional Medical Center Research Wichita, Kansas	07/01 - 2008

ADMINISTRATIVE EXPERIENCE CONT

MEMBER	Dean's Committee	2001 - present
MEMBER	Trauma Task Force (Sedgwick County)	10/02 – 12/02
MEMBER	Search Committee Via Christi Health System CEO	6/03
CHAIRMAN	Search Committee Chairman of Anesthesiology University of Kansas Wichita, Kansas	11/03 – 4/04
MEMBER	Strategic Planning Committee Via Christi Regional Medical Center Wichita, Kansas	1/03 – 2008

	Search Committee Via Christi Regional Medical Center CEO	6/04
FUND RAISER	Fred Chang Clinic at VC \$250,000 raised to name building in honor of Dr. Chang's contribution to student and resident education	3/2005
MEMBER	Professional and Community Affairs Commission Medical Society of Sedgwick County Wichita, Kansas	1/05 – 1/08
CO-CHAIR	Crystal Heart Gala Fund Raiser American Heart Association Wichita, Kansas	2008
MEMBER	Search committee Via Christi Regional Medical Center CEO Wichita, Kansas	2008
MEMBER	Professional Investigation Committee Medical Society of Sedgwick County Wichita, Kansas	2007 – 2009

ADMINISTRATIVE EXPERIENCE CONT

MEMBER	Dean Search Committee University of Kansas School of Medicine Wichita, Kansas	2008
MEMBER	Wichita Advancement Task Force	11/09
MEMBER	Board of Directors Wichita Center for Graduate Medical Education Wichita, Kansas	03/09 – present
MEMBER	Search Committee for Dean At University of Kansas School of Medicine Wichita, Kansas	11/08 – 05/09
MEMBER	Search Committee for Associate Dean of GME University of Kansas School of Medicine	02/10

Wichita, Kansas

MEMBER	Search Committee for CEO Via Christi Health Systems Wichita, Kansas	12/10
BOARD MEMBER	4 Wichita (4 yr med school expansion) University of Kansas School of Medicine Wichita, KS	10/10 – present
MEMBER	Search Committee Associate Dean of Administration University of Kansas School of Medicine Wichita, KS	2011
REVIEWER	Peer review articles submitted Annals of Vascular Surgery	1/2011

ADMINISTRATIVE EXPERIENCE CONT

MEMBER 4/2011	Executive Board	4 Wichita University of Kansas School of Medicine Wichita, KS
CO FOUNDER 5/2011	Specialty Independent Practice	

P R E S E N T A T I O N S

Alex D. Ammar, M.D.

Date:	Title of Lecture:	Organization:
11-17-79	Incidence & Significance Serum & Urine Amylase Elevations Following Transcystic Duct Cholangiography	American College of Surgeons: Kansas Chapter Wichita, Kansas
3-25-83	Abdominal Vascular Emergencies	14th Annual Meeting Hertzler Medical Symposium Halstead Hospital Halstead, Kansas
3-25-83	Management of Non- Traumatic Abdominal Vascular Emergencies	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
9-7-83	Intraplaque Hemorrhage & Other Topics from Kansas American College of Surgeons Meeting	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
9-10-83	Intraplaque Hemorrhage: Its Significance in Cerebrovascular Disease	American College of Surgeons: Kansas Chapter Wichita, Kansas
4-84	Intraplaque Hemorrhage: Its Significance in Cerebrovascular Disease	Annual Meeting Southwestern Surgical Congress Honolulu, Hawaii
By:	A. D. Ammar, J. J. Lin, R. L. Wilson, S. J. Farha, G. Travers and F. C. Chang (Presenter)	
6-8-84	Late Results Following Operative Treatment for Celiac Artery Compression	Annual Meeting International Society for Cardiovascular Surgery Atlanta, Georgia
By:	Alex D. Ammar, Linda M. Reilly (Presenter), William K. Ehrenfeld and Ronald J. Stoney	
7-18-84	Extracranial Carotid	Surgical Grand Rounds

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
	Artery Disease	St. Francis Regional Medical Center Wichita, Kansas
9-16-84	The Effect of Antiplatelet Therapy on Carotid Plaque Hemorrhage	Annual Meeting American College of Surgeons: Kansas Chapter Wichita, Kansas
9-21-84	Carotid Artery Disease	Medicine Grand Rounds HCA Wesley Medical Center Wichita, Kansas
1-22-85	Reno vascular Disease	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
3-1-85	Management of Asympto- matic Carotid Bruit	American College of Physicians & Kansas Society of Internal Medicine Wichita, Kansas
3-27-85	Atherosclerotic Renal Artery Stenosis	Medicine Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
8-29-85	Extracranial Carotid Artery Disease	Grand Rounds St. Joseph Medical Center Wichita, Kansas
9-14-85	Coverage of Infected Groin Wounds with Myocutaneous Flaps	Annual Meeting Kansas Chapter American College of Surgeons Kansas City, Missouri
4-23-86	Discussant: High Dose Intra-arterial Urokinase Thrombolytic Therapy for Arterial Occlusions	Annual Assembly Southwestern Surgical Congress San Francisco, California
Authors:	Thomas O. MacNamara, M.D. and Richard A. Bomberger, M.D.	
5-23-86	Heart & Vascular Disease in the Diabetic (Panel Discussion)	Physicians and Nurses University of Kansas School of Medicine - Wichita Wichita, Kansas

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
6-19-86	Asymptomatic Carotid Bruits	Surgery Grand Rounds HCA Wesley Medical Center Wichita, Kansas
9-14-96	Carotid Occlusion or Pseudo-occlusion? The Importance of Arterio- in Determining Appropriate Treatment	Annual Meeting Kansas Chapter American College of Surgeons Kansas City, Missouri
9-12-87	Management of Acute Infra-inguinal Arterial Thrombosis: Combined Intraoperative Balloon Thrombectomy with Balloon Angioplasty: A Preliminary Report	Annual Meeting Kansas Chapter American College of Surgeons Wichita, Kansas
10-20-87	Controversial Topics Regarding Carotid Artery Disease	Medical Grand Rounds Hutchinson Hospital Corp. Hutchinson, Kansas
12-09-87	Carotid Body Tumors	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
02-23-88	Cerebrovascular Disease	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
04-07-88	Current Management of Patients with Reno- Vascular Hypertension	Surgery Grand Rounds HCA Wesley Medical Center Wichita, Kansas
01-16-89	Carotid Disease	Medical Grand Rounds HCA Wesley Medical Center Wichita, Kansas
03-28-89	Update of Carotid Occlusive Disease	Neuroradiology Rounds St. Francis Regional Medical Center Wichita, Kansas
04-05-89	Operations for Peripheral Vascular Disease	Nursing Seminar Barton County Community College Great Bend, Kansas
01-31-90	Management of Chronic	Surgical Grand Rounds

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
	Atherosclerotic Disease of the Lower Extremity	St. Francis Regional Medical Center Wichita, Kansas
10-90	Interventional Therapy for Peripheral Vascular Disease	Medicine Department HCA Wesley Medical Center Wichita, Kansas
10-29-90	Vascular Problems of the Lower Extremities	Family Practice Rounds HCA Wesley Medical Center Wichita, Kansas
3-91	Thoracic Outlet Syndrome	Surgical Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
5-15-91	Carotid Disease	Family Practice Physicians Bethel Clinic Newton, Kansas
5-15-91	Update on Carotid Occlusive Disease	Newton Hospital Newton, Kansas
9-91	The Incidence and Significance of Bilateral Intraplaque Hemorrhage in Carotid Artery Disease	American College of Surgeons Kansas Chapter Annual Meeting Wichita, Kansas
3-92	Atherosclerosis of Lower Extremities	Association of Operating Room Nurses St. Joseph Medical Center Wichita, Kansas
5-93	Controversies in Carotid Disease	Neuroscience Grand Rounds St. Joseph Medical Center Wichita, Kansas
7-93	Asymptomatic Carotid Stenosis: Rationale for Surgical Treatment	Surgery Grand Rounds St. Francis Regional Medical Center Wichita, Kansas
10-14-93	Chronic Lower Extremity Arterial Occlusive Disease	Medicine Grand Rounds St. Joseph Medical Center Wichita, Kansas
7-94	Controversies in Surgical Management of Carotid Disease - A New Look	Surgical Grand Rounds Univ. of Kansas School of Medicine Wichita, Kansas

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
4-7-95	Stroke: Diagnosis to Rehabilitation	Stroke Symposium Wesley Medical Center Wichita, Kansas
9-95	Twelve year Review of Postoperative Myocardial Infarction	American College of Surgeons Kansas Chapter Annual Meeting Wichita, Kansas
3-96	Cost Effective Carotid Endarterectomy - A Comprehensive Review	Surgical Grand Rounds UKSM-Wichita Wichita, Kansas
6-97	Stroke Management Update	American Heart Association Wichita, Kansas
12-97	Cardio Endarterectomy vs. Carotid Angioplasty and Stepting	Surgical Grand Rounds UKSM-Wichita Wichita, Kansas
9-98	Case Report: Thyrocervical Trunk Aneurysm	American College of Surgeons Kansas Chapter Annual Meeting Wichita, Kansas
12-98	Post-operative Epidural Analgesia Following Infrarenal Aortic Reconstruction: Is The Benefit worth the Cost	Surgical Grand Rounds UKSM-Wichita Wichita, Kansas
11-17-99	Carotid Body Tumors	Surgical Grand Round UKSM-Wichita Wichita, Kansas
9-00	A New Treatment for Sciatic Artery Aneurysm	American College of Surgeons Kansas Chapter Wichita, Kansas
3-03-01	Overview of Arterial Bypasses	Via Christi Regional Medical Center St. Joseph Campus McNamara Center
12-01	Abdominal Aortic Aneurysms- Open vs. Stent Graft Repair	Surgical Grand Rounds UKSM-W Wichita, Kansas
10-29-03	Employment Agreements For Surgeons	Surgical Grand Rounds Via Christi Regional Medical Center Wichita, Kansas

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
10/5/04	Starting A Practice	Surgical Resident Conference Via Christi Regional Medical Center Wichita, Kansas
2/8/06	Documentation Recommendations for Appropriate Reimbursement	Surgical Grand Rounds Via Christi Regional Medical Center Wichita, Kansas
2/24/06	CEA vs. CAS	2006 Neuroscience Conference Via Christi Regional Medical Center Wichita, Kansas
2/14/07	Physicians, Drugs, Devices and Conflicts	Surgical Grand Rounds Via Christi Regional Medical Center Wichita, Kansas
09-08-07	Spontaneous dissection of the celiac artery: a case report	Kansas Chapter of the American College of Surgeons Annual Meeting Overland Park, Kansas
09-09-07	Value of initial carotid ultrasound studies in the evaluation and treatment of carotid disease	Kansas Chapter of the American College of Surgeons Annual Meeting Overland Park, Kansas
2/6/08	Operative Report Dictation	Surgical Grand Rounds Via Christi Regional Medical Center Wichita, Kansas
04/08	Carotid Ultrasound: Change of Treatment Plan Based on Repeat Duplex	Surgical Grand Rounds UKSM-W Wichita, Kansas
By: Grizzell BE, Ammar AD, Helmer SD		
05-02-08	Carotid ultrasound: change of plan based on repeat duplex	UKSM-W 16 th Annual Research Forum Wichita, Kansas
02-00-09	Economic Impact of Physician Practices	Grand Rounds St Francis Regional Medial Center Wichita, Kansas
04-21-10	Operative Volume in a new Era:	Surgical Education Week Assoc. of program Directors in Surgery San Antonio, TX

PRESENTATIONS:

Date:	Title of Lecture:	Organization:
07/15/10	Abdominal Aortic Aneurysm	Cloud County Medical Society Concordia, Kansas

09-09-10 Society	Tongue Necrosis as an Unusual presentation of Carotid Artery Stenosis	Midwestern Vascular Surgical Indianapolis, IN
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By: Mark Dauner, Ammar AD

05-04-11	Hospital Physicians Affiliation	Surgical Grand Rounds UKSM- W Wichita, Kansas
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State of Kansas

Boards and Commissions Appointment Questionnaire

Full Name: Alex David Ammar, M.D.
(please include title and middle name along with any names previously used)

Home Address: 345 N. Belmont Wichita, KS 67208
(Street Address) (City, State, Zip)

Driver's License Number: ██████████ Social Security Number: ██████████

Position to which Appointed: University of Kansas Hospital Board

Appointing Authority: Governor's Office

* Information on this page will not be made public but is used by the KBI and Department of Revenue.

(for Committee use only)

KBI Check: N/A ___ In-Process ___ Complete ___

DOR Check: N/A ___ In-Process ___ Complete ___

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "□" should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

Full Name: Alex David Ammar, M.D.
(please include title and middle name along with any names previously used)

Position to which Appointed: Board of University of Kansas Hospital

Appointing Authority: Governor's Office

Home Address: 345 N. Belmont Wichita, KS 67208
(Street Address) (City, State, Zip)

Business Name: Wichita Surgical Specialists

Business Address: 818 N. Emporia, Suite 200 Wichita, KS 67214
(Street Address) (City, State, Zip)

Position Title: Vascular surgeon; president and CEO

Home Phone: 316-686-3194 Business Phone: 316-263-0296 Cell Phone: 316-651-6254

Fax Number: 316-267-8529 E-Mail Address: clarkkl@wsspa.com

Kansas resident? Yes / No Date of Birth: [REDACTED] Place of Birth: Beckley W VA

Registered Voter? Yes Party Affiliation: Republican

Congressional District: 4th Kansas Senate District: _____ Kansas Representative District: _____

Do you have the legal right to live and work in the United States? Yes / No

Please answer the following questions numbered 1 – 43. Each question **MUST BE ANSWERED ON THIS ORIGINAL FORM.** If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

1. What is your educational background? See resume
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See resume

3. List any professional licenses that you have obtained and include the number for each license.
See resume
4. Why do you feel you are a good candidate for the position to which you have been appointed?
Breadth of knowledge and experience as surgeon, educator and health care administrator.
5. What do you see as the purpose or mission of the role to which you have been appointed?
To attain best quality care for Kansas residents.
6. **Military Service:** List rank, date and type of discharge from active service.
None
7. **Government Experience:** List any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service.
None
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.
None
9. **Campaigns:** Have you ever played a role or held a position in a political campaign? If so, please identify the candidate(s), the dates of the campaign and describe your involvement.
No Yes
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
None See resume
11. **Organization Affiliations:** List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
None See resume
12. **Organization Restrictions:** To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status or veteran status? If so, please describe.
No Yes
13. **Issues:** Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe.
No Yes
14. **Submission of Views:** Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe.
No Yes
15. **Associations:** Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If so, please describe.
No Yes

16. **Opposition:** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If so, please identify and explain the basis for the potential attack.
No Yes
17. **Miscellaneous:** List any factors, other than the information provided above, which particularly qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills.
None See resume
18. **Relationship to Governmental Employees:** Are you or your spouse or other close family members related to any state governmental official or employee? If so, please provide details.
No Yes
19. **Compensation:** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If so, please explain.
No Yes Chairman, Department of Surgery, UKSM-W
20. **Business Relationships:** Describe any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state.
None
21. **Transactions with Officials:** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If so, please explain.
No Yes
22. **Spouse or Other Family Members:** If the nature of employment for your spouse or other close family member is related in any way to the position to which you have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state.
No Yes
23. **Lobbying Activities:** Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state.
None
24. **Regulated Activities:** Describe any interest that you, your spouse or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.
None

25. **Other:** Please describe any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.
None
26. **Conflict of Interest:** How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise?
 Disclosure
27. **Citations:** Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.
No Yes
28. **Convictions:** Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.
No Yes
29. **U.S. Military Convictions:** Have you ever been convicted by any military court? If so, please provide details.
No Yes
30. **Imprisonment:** Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.
No Yes
31. **Agency Proceedings/Civil Litigation:** Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.
No Yes
32. **Agency Proceedings and Civil Litigation of Affiliates and Family:** a.) Is your spouse or other close family member currently, or ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.
No Yes
- b.) Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If so, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)
No Yes

33. **Other Litigation:** a.) Other than the litigation described in question 32, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe.
No Yes
b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe.
No Yes
34. **Drivers License:** Has your driver's license ever been suspended or revoked? If so, please describe.
No Yes
35. **Parking Tickets:** Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.
No Yes
36. **Security Clearance Denial:** Have you ever been denied a military or other governmental clearance? If so, please explain.
No Yes
37. **Firings:** a.) Have you been fired from a job for any reason? If so, please explain.
No Yes
b.) Have you quit a job after being told that you would be fired? If so, please explain.
No Yes
c.) Did you leave a job by mutual agreement because of specific problems? If so, please explain.
No Yes
38. **Alimony and Child Support:** Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain
No Yes
39. **Consumption of Alcohol:** Have you ever or are you currently abusing alcohol? If so, please explain.
No Yes
40. **Controlled Substances:** Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.
No Yes
41. **Appropriate Office Behavior:** Have you ever knowingly accessed online pornography in the workplace?
No Yes
42. **Physical Examination:** If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test?
No Yes

43. **Governmental Delinquencies:** Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal.

No Yes

44. **Other:** Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state.

None

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

REFERENCES

Name: George Farha, M.D. Knows you how?: Uncle, mentor
Address: 1517 N. Foliage Ct Wichita, KS 67206
(City, State, Zip)
Home Phone: 316-684-0056 Business Phone: _____

Name: Fred Chang, M.D. Knows you how?: Mentor, friend
Address: 350 Via Roma Wichita, KS 67230
(City, State, Zip)
Home Phone: 316-733-0627 Business Phone: _____

Name: Kari Clark Knows you how?: Administrator WSS
Address: 818 N. Emporia, Suite 200 Wichita, KS 67214
(City, State, Zip)
Home Phone: _____ Business Phone: 316-263-0296

Name: Dean David Wilson, MD Knows you how?: Dean of UKSM-W
Address: 1010 N. Kansas Wichita, KS 67214
(City, State, Zip)
Home Phone: _____ Business Phone: 316-293-2635

Form 08/08 - Page 7

AUTHORIZATION AND CERTIFICATION:

The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature Alex H. Brown Date 9/7/11



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Alex David Ammar, M.D. acknowledge that as part of the
(print name)

Senate Confirmation Oversight Committee process I will:

- be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and
- have my tax records released by the Kansas Department of Revenue.

Such information will not be released to the general public, but will be made available for review at the appropriate time by:

- Myself;
- My appointing authority;
- Chairperson of the Senate Confirmation Oversight Committee; and
- The Vice Chair of the Senate Confirmations Oversight Committee.

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate individuals.

Signature Alex D Ammar Date 9/7/11

Form 08/08

STATE OF KANSAS



KANSAS GOVERNMENTAL ETHICS COMMISSION

ELECTRONIC STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS: This statement must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION:

Ammar

Last Name

Alex

First Name

D

MI

Pamela Ammar

Spouse's Name

345 N. Belmont Place

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Wichita, KS 67208

City, State, Zip Code

(316) 686-3194

Home Phone Number

(316) 263-0296

Business Phone Number

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:

(check one or more of the following)

- 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
- 2. Appointed Member of a State Board, Council, Commission or Authority;
- 3. Appointed State Position is Subject to Senate Confirmation;
- 4. Employee of a State Agency or University;
- 5. General Counsel for a State Agency;
- 6. Candidate for State Office.
- 7. Other (Contractor / Member of Compact)

University of Kansas School of Medicine

List the Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Wichita

Chairman, Dept. of Surgery

Division if applicable (May use acronyms)

Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional. *

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C. OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here

BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.	Wichita Surgical Specialists 818 N. Emporia, Suite 200, Wichita, KS 67214	Surgical Practice	Stockholder	1.9%	self
2.	ASC Ventures 818 N. Emporia, Suite 200, Wichita, KS 67214	Ambulatory Surgery Center Investment	Stockholder	4.5%	self
3.	WSG Real Estate, LLC 818 N. Emporia, Suite 200, Wichita, KS 67214	Commercial Real Estate Rental	Member	5.6%	self
4.	Kansas Heart Hospital 29th and Webb Road, Wichita, KS 67226	Surgical Facility	Member, Partner	2%	self

D. GIFTS OR HONORARIA: List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY
1.			

E. RECEIPT OF COMPENSATION: (Part 1) List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE

If you have nothing to report in Section "E"1, check here

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Wichita Surgical Specialists	818 N. Emporia, Suite 200, Wichita, KS 67214	Surgical Practice
2.	University of Kansas School of Medicine	Wichita, KS	University

3.	Via Christi Regional Medical Center	N. St. Francis, Wichita, KS 67214	Hospital
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2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Woodard, Hernandez, Roth & Day, LLC	257 N. Broadway, Wichita, KS 67202	Law Firm

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "F", check here

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	Wichita Surgical Specialists, PA 818 N. Emporia, Suite 200, Wichita, KS 67214	President & CEO	self
2.	University of Kansas School of Medicine Wichita, KS 67214	Chairman, Dept. of Surgery	self
3.	Via Christi Regional Medical Center N. St. Francis, Wichita, KS 67214	Medical Director, Non-invasive Lab	self
4.	WSG Real Estate, LLC 818 N. Emporia, Suite 200, Wichita, KS 67214	Managing Member	self
5.	Woodard, Hernandez, Roth & Day, LLC 257 N. Broadway, Wichita, KS 67202	Member	spouse

G. RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			

H. DECLARATION: I declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

Date Electronically Filed: 04/12/2011
 Name of Person Making Statement: Alex D. Ammar, MD