



CERTIFICATION OF COGNITIVE DISORDER FOR PLACARD AND/OR DECAL

Application for placard, decal and ID card must be made at YOUR County Treasurer's Local Motor Vehicle Office

The application for this identification is voluntary. The items issued are to assist the applicant with identification to law enforcement that the applicant might be in need of assistance with cognition during interaction with law enforcement while driving or riding in a vehicle.

Neither the decal for the plate or the placard are intended to be used to allow parking at any Disabled parking spot.

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 _____

PLEASE CHECK APPROPRIATE APPLICATION(S):

1. COGNITIVE DISORDER PLACARD APPLICATION

Check here only if applying for (lost, stolen) replacement placard. * No Licensed Professional's Statement needed for replacement placard.

* If Replacement Placard, Current Cognitive Disorder Card Number _____

2. COGNITIVE DISORDER DECAL

===== 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

- Individual needing assistance with cognition **shall** be a Kansas resident.
- Application **shall** be signed by the individual, representative or vehicle owner.
- The Cognitive Disorder Identification Card **shall** be carried at all times by the person to whom it is assigned when traveling in a vehicle where the placard is to be used or when a decal has been assigned to the registration.
- Application for a Cognitive Disorder placard and/or decal must be made at **your local county treasurer's motor vehicle office.**
- Individual may select one of the following options:
 1. Decal or
 2. Both placard & decal
- The placard **shall** be displayed on the visor or placed on dash of the vehicle.
- Upon death on the individual, the placard and the personal Cognitive Disorder identification card **shall** be returned to the local county treasurer's office.
- The healing arts licensed professional's name **must** be printed/typed in the space provided. The licensed professional **must** sign the application. It 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), 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 can certify the form. *A RN or LPN, cannot certify/sign this form.*
- The Cognitive Disorder identification card **shall** be available upon request by law enforcement.

PENALTY

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