

EFFECTIVE AS A FINAL ORDER

DATE: 9.7.22

FILED *yx*

SEP 07 2022

BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of

Walter M. Robbins, LRT
Kansas License No. 22-03601

Docket No. 23-HA 00007

SUMMARY ORDER

NOW ON THIS 7th day of September 2022, this matter comes before the Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537. Petitioner is the Board's Disciplinary Panel #37 ("Petitioner"), and it is represented by James McSweyn, Associate Litigation Counsel. Respondent/Applicant is Walter M. Robbins, L.R.T. License No. 22-03601.

Upon review of the agency record and being duly advised in the premises, the following finding of fact, conclusions of law, and order are made by and on behalf of the Board:

Findings of Fact

1. Walter M. Robbins, L.R.T. ("Applicant") was first issued License No. 22-03601 to practice as a radiologic technologist in Kansas on November 13, 2009.

2. Applicant's last mailing address known to the Board is: **CONFIDENTIAL**
CONFIDENTIAL

3. On September 30, 2021, Applicant's license was cancelled for failure to renew.

4. On or about June 21, 2022, Applicant applied to reinstate his license to practice as a radiologic technologist in Kansas.

5. From July 2014 to June 2022, Applicant worked as the lead MRI/CT Technician at **CONFIDENTIAL** in Overland Park, Kansas. (Bd. Exh. 1-Application p.4)

6. For approximately seven (7) months, between November 2021 and June 2022, Applicant practiced as a radiologic technologist without an active license. During this time, Applicant was not working under the supervision of a licensed practitioner and his non-administrative duties consisted primarily of preparing patients for CT scans, but not conducting said scans, and conducting MRI examinations as ordered.

7. Petitioner has received a letter of need from a potential new employer indicating it is experiencing “critically low staffing levels” and Applicant is needed immediately to begin covering shifts.

8. By the signature affixed below Applicant acknowledges that:

- a. he has a right to object to the proposed findings of fact and conclusions of law contained herein, and
- b. he has the right to request a hearing pursuant to K.S.A. 77-542 in order to contest any or all of instant Order.

9. By the signature affixed below, Applicant

- a. knowingly and voluntarily waives his right to object to the instant Order and waives his right to the hearing provided by K.S.A. 77-542; and
- b. agrees that it is the intent and desire of the parties that this Summary Order become final as soon as possible.

Applicable Law

10. The Board has jurisdiction over Applicant as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

11. Under the Kansas Radiologic Technologist Practice Act K.S.A. 65-7301 *et seq.*, “no person shall perform radiologic technology procedures on humans for diagnostic or

therapeutic purposes unless the person possesses a valid license issued under this act.” KSA 65-7303(a).

12. K.S.A. 65-7313(a) of the Kansas Radiologic Technologists Practice Arts Act states in pertinent part:

The license of a radiologic technologist may be limited, suspended or revoked, or the licensee may be censured, reprimanded, fined pursuant to K.S.A. 65-2863a, and amendments thereto, or otherwise sanctioned by the board or an application for licensure may be denied if it is found that the licensee or applicant:

(6) has undertaken or engaged in any practice beyond the scope of duties permitted a licensee;

(8) has been found guilty of unprofessional conduct under criteria which the board may establish by rules and regulations;

13. K.A.R. 100-73-6(h) defines “unprofessional conduct” in pertinent part to include “committing conduct likely to deceive, defraud, or harm the public.”

Conclusions of Law

14. The Board finds Applicant violated K.S.A. 65-7313(a)(6) of the Kansas Radiologic Technologists Practice Act by engaging in the practice as a radiologic technologist in Kansas without a license for a period of approximately seven (7) months.

15. The Board finds Applicant also violated K.S.A. 65-7313(a)(8) of the Kansas Radiologic Technologists Practice Act, as defined by K.A.R. 100-73-6(h), by committing conduct likely to deceive, defraud, or harm the public in that Applicant committed an act of unprofessional conduct by practicing as a radiologic technologist in Kansas without a license for a period of approximately seven (7) months.

16. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with provisions set forth in K.S.A. 77-

537(a) in that the use of summary proceedings does not violate any provision of law and the protection of the public interest does not require the Board to give notice and an opportunity to participate to person other than Applicant.

IT IS ORDERED that Applicant is hereby **PUBLICLY CENSURED** and that Applicant is assessed a **CIVIL FINE** in the amount of five hundred dollars (**\$500.00**) for violations of the Kansas Radiologic Technologists Practice Act, due within thirty (30) days after this Order becomes a Final Order. Such fine shall be paid to the "Kansas State Board of Healing Arts," in full. All monetary payments, which shall be in the form of check or money order, relating to this Summary Order shall be mailed to the Board, certified, and addressed to:

Kansas State Board of Healing Arts
Attn: Compliance Coordinator
800 SW Jackson, Lower Level-Suit A,
Topeka, Kansas 66612.
KSBHA_ComplianceCoordinator@ks.gov

IT IS FURTHER ORDERED that, upon the filing of a Journal Entry of Satisfaction in this matter, Applicant's application for the reinstatement of his Active license to practice as a radiologic technologist in Kansas shall be **GRANTED** and his license shall be issued.

PLEASE TAKE NOTICE that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 7th day of September, 2022.

KANSAS STATE BOARD OF HEALING ARTS

Susan Gile

Susan B. Gile,
Acting Executive Director

Prepared by:

/s/ James McSweyn

James McSweyn, Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson Lower Level, Suite A
Topeka, Kansas 66612
james.mcsweyn@ks.gov

Reviewed and approved by:



Walter M. Robbins, Respondent/Applicant

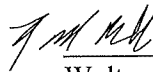
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WAIVER OF RIGHTS
(Pursuant to K.S.A. 77-542)

By the signature below, Applicant, Walter M. Robbins, acknowledges that he has been informed of and understands that he may contest this proposed Summary Order by filing an objection and that he has right to a hearing pursuant to K.S.A. 77-537 and K.S.A. 77-542 whereby he has the right to contest any or all of the allegations set forth in the proposed Summary Order.

By the signature below, Applicant agrees to waive any and all objections he may have to the proposed Summary Order at issue and to waive his right to a hearing in this matter whereby any matters in contention may be resolved.

It is the intent of Applicant to waive any and all objections he may hold regarding the proposed Summary Order so that it may take effect as soon as practicable.



Walter M. Robbins, Respondent/Applicant

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that the forgoing Summary Order was served this
7th day of September, 2022, by depositing the same in the United States Mail, first-class
postage prepaid, and addressed to:

Walter M. Robbins
Applicant

CONFIDENTIAL

and copies were hand-delivered to:

James McSweyn, Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson Lower Level, Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Office of the General Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

and the original was filed with the office of Acting Executive Director:

Susan B. Gile
Acting Executive Director
Kansas State Board of Healing Arts
800 SW Jackson Lower Level, Suite A
Topeka, Kansas 66612



Signature

EXHIBIT 1

Application



EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406¹, please answer the following questions. If it is determined that your responses were intentionally false or misleading, you will be subject to an administrative disciplinary action in Kansas and will be reported to all appropriate state/federal/military/law enforcement agencies.

1. Are you a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes ☐ No ☒ If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

2. Are you the spouse of a current member of any branch of the United States armed services, United States military reserves, national guard of any state, or a former member with an honorable discharge? Yes ☐ No ☒ If yes:

Branch: _____ Dates of Service: _____ Military ID#: _____

3. Do you currently reside in Kansas? Yes ☒ No ☐ If yes:

Current Kansas Residence Address **CONFIDENTIAL** _____

4. Do you intend* to establish residency in Kansas within the next 6 months? **If you answer "yes" to this question but do not establish Kansas residency within the next 6 months, your Kansas license will be cancelled. If it is determined that your answer to this question was intentionally false or misleading, you will be subject to an administrative disciplinary action in KS and will be reported to all appropriate state/federal/military agencies in other jurisdictions.* Yes ☐ No ☒ If yes:

Intended Kansas Residence Address: _____

Expected Date of Commencing Residence: _____

If you answered "no" to all questions #1 through #4, you do not need to answer questions #5 through #7.

5. Are you currently licensed, registered, or certified to practice (the profession for which you are seeking licensure in Kansas) by another state, district, or territory of the United States and have worked under that license for at least 1 year. *This does not include certifications or registrations issued by private boards, professional societies, or any organization other than a government body of a state, district, or territory of the U.S.* Yes ☐ No ☒ If no:

- a. Have you practiced the profession for which you are seeking licensure in Kansas for at least 3 years in a state that does not license/register/certify the profession? Yes ☒ No ☐
- b. Have you practiced the profession for which you are seeking licensure in Kansas for at least 2 years in a state that does not license/register/certify the profession and you held a certification or registration issued by a private organization during those 2 years? Yes ☒ No ☐ If yes:

Organization that issued private certification/registration: ARRT Date Issued: 1991



* "Active practice" does not include care provided while in a training program, residency, or fellowship; or employment that consisted solely of research activities or administrative duties. The Board generally considers active practice to be direct patient care that for either (1) at least one full day per week for 50 weeks during a year; or (2) 400 hours during a year.

6. Have you actively practiced* the profession for which you are seeking licensure in Kansas during the last 2 years?
Yes ☒ No ☐

If you answered "yes" to question #6, you do not need to answer question #7.

7. If you answered "No" to questions #6, please provide a detailed explanation regarding your active clinical practice and direct patient care during the 12 months immediately preceding the submission of your application. Please explain any gaps in active practice in the 12 months immediately preceding the submission for your application, including the amount of time and reason.

ⁱ An applicant who has not been in the active practice of their occupation during the two years preceding the application for which a license is sought, may be required to complete additional testing, training, monitoring or continuing education as the KSBHA deems necessary to establish present ability to practice in a manner that protects the health and safety of the public. K.S.A. 48-3406(d).



REINSTATEMENT APPLICATION FOR RADIOLOGIC TECHNOLOGIST

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure or renewal have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Kansas License no: 22-03601

2. **Indicate your full legal name.** If your name is different from that shown on your documentation you must submit a copy of the legal document of the name change. If your name is different from your Kansas license you will need to complete the *Name Change* form. You can download the form from our website or call to have mailed.

Full Name: Walter Mark Robbins
first middle last suffix

Other names used, including maiden name: _____

3. **Include residence, mailing and e-mail address.** Residence address may *not* be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A. 75-451 *et seq.* may use substitute residential and mailing addresses.

CONFIDENTIAL

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te zip

4. **Daytime phone number** (include area code) **CONFIDENTIAL** _____

5. **Identification.** Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number. K.S.A. 74-139 requires disclosure of your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Such disclosure is for identification purposes only. Your social security number will not be released for any other purpose not permitted by law.

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Social Security/Tax ID. No: _____

NPI (National Provider Identifier): _____ NPI Not Applicable: ☒

Are you a U.S. Citizen? Y ☒ N ☐ If you answered NO, are you (check one):

A qualified alien (as defined in 8 U.S.C.A. § 1641). ☐

A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq.*). ☐

An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. ☐

A foreign national, not physically present in the United States. ☐

Other: _____

6. List all professional activities since the time of cancellation of your Kansas license. Account for all time and explain all gaps in professional activity. Attach an additional sheet if necessary. Include actual work address, not corporate headquarter's address.

Activity: Lead MRI/CT tech Employer (if applicable) **CONFIDENTIAL** _____

Location: 6650 W 110th Street, Overlan Park, KS Dates: From 07/14 To 06/22
street city state mm/yy mm/yy

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

Activity: _____ Employer (if applicable) _____

Location: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

7. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as a radiologic technologist. Attach an additional sheet if necessary. KSBHA will verify your credentials except for any state that does not provide free and current verifications on their official state website. For those states, you may complete the attached *Licensure Verification* form and forward to all Boards or similar entities in which you have held a radiologic technologist license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.

| State/Jurisdiction | License, Registrant, Certificate no. | Status | Issue Date |
|--------------------|--------------------------------------|-----------------|-------------|
| <u>Florida</u> | <u>?</u> | <u>inactive</u> | <u>1993</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



Department of Health

WALTER MARK ROBBINS

License Number: CRT37063

*Data As Of 7/27/2022***Profession** Certified Radiologic Technologist**License** CRT37063**License Status** NULL AND VOID/**Qualifications** General Radiographer**License Expiration Date** 12/31/1996**License Original Issue****Date****Address of Record** If further information is needed, please contact the Department of Health at (850) 488-0595.**Discipline on File** No**Public Complaint** No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

- [Kansas.gov \(http://www.kansas.gov/\)](http://www.kansas.gov/)
- [State Phone Directory \(http://www.da.ks.gov/phonebook/\)](http://www.da.ks.gov/phonebook/)
- [Online Services \(http://www.kansas.gov/services/\)](http://www.kansas.gov/services/)

KSBHA Licensee & Registrant Profile Search

- [Home \(https://www.kansas.gov/ssrv-ksbhada/search.html\)](https://www.kansas.gov/ssrv-ksbhada/search.html)
- [KSBHA Web site \(http://www.ksbha.org/\)](http://www.ksbha.org/)
- [Contact Information \(https://www.kansas.gov/ssrv-ksbhada/contact.html\)](https://www.kansas.gov/ssrv-ksbhada/contact.html)
- [Help \(https://www.kansas.gov/ssrv-ksbhada/help.html\)](https://www.kansas.gov/ssrv-ksbhada/help.html)

Detailed Search Results

Profile for Walter M. Robbins

Personal Information

Profession: Radiologic Technologist (LRT)

Address:

Louisburg, KS, 66053

Phone:

Fax:

Year of Birth: 1971

- **School Name:** Presbyterian Hospital Sch of R
- **Degree Date:** 06/21/1991

License Information

- **License Number:** 22-03601
- **License Type:** Cancelled - Failure to Renew
- **License Status:** Previous
- **License Expiration Date:** 09/30/2021
- **Original License Date:** 11/13/2009
- **Last Renewal Date:** 09/06/2020
- **Date This Status:** 11/01/2021
- **Continuing Education Year:** 2021
- **Temporary License Permit Number:**
- **Temporary License Permit Issue Date:**
- **Temporary License Permit Expiration Date:**

Practice Specialty

Specialties and board certifications are for MDs and DOs only and are self-reported. Therefore, they are not independently verified by the Board of Healing Arts.

Other KSBHA Licenses

None Reported

KSBHA Actions

None Reported

Health Care Facility Privilege Actions


None Reported

Other Public License Actions, DEA Actions, Criminal Actions, or Miscellaneous Information

None Reported

Statement from Licensee or Registrant

None Reported

 Perform Another Search Return to Search Results

License Profile last updated: July 27, 2022

- **Contact Information** (<https://www.kansas.gov/ssrv-ksbhada/contact.html>)
- **Disclaimer** (<https://www.kansas.gov/ssrv-ksbhada/disclaimer.html>)
- **Feedback** (<http://ksgovernment.feedbacksurvey.sgizmo.com/?website=KSBHA%20Licensee%20Search>)
- © 2012 **Kansas.gov** (<http://www.kansas.gov/>)
- **Portal Policies** (<http://www.kansas.gov/portal-policies/>)
- **Help Center** (<http://www.kansas.gov/help-center/>)
- **Contact Us** (<http://www.kansas.gov/help-center/contact-us>)
- **About Us** (<http://www.kansas.gov/about/>)
- **Site Map** (<http://www.kansas.gov/sitemap/>)



ATTESTATION QUESTIONS

Please answer each of the following questions. **All "yes" answers MUST be thoroughly explained in detail on a separate signed page.** You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. **It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

If you are unsure of your response to a question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the "no" box.

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training? Yes ☐ No ☒
2. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes ☐ No ☒
3. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes ☐ No ☒
4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges? **CONFIDENTIAL**
5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
6. Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
7. Have you ever voluntarily surrendered any professional license? Yes ☐ No ☒
8. Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held? Yes ☐ No ☒
9. Have you ever been notified or requested to appear before a licensing or disciplinary agency? Yes ☐ No ☒
10. To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility? Yes ☐ No ☒



11. Has any professional association imposed any disciplinary action against you? Yes ☐ No ☒
12. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your judgment or would otherwise adversely affect your ability to practice your profession in a competent, ethical, and professional manner? **CONFIDENTIAL**
13. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances? Yes ☐ No ☒
14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way? Yes ☐ No ☒
15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? Yes ☐ No ☒
16. Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes ☒ No ☐
17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes ☒ No ☐
18. Have you ever been court martialled or discharged dishonorably from the armed services? Yes ☐ No ☒
19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes ☐ No ☒
20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company? Yes ☐ No ☒
21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company? Yes ☐ No ☒

It is your continued duty to update the Board on any changes once the application has been submitted.

From: [Mark Robbins](#)
To: [Goscha, Kathy \[KSBHA\]](#)
Subject: Reinstatement
Date: Thursday, July 28, 2022 10:12:38 AM

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Mark

Sent from my Verizon, Samsung Galaxy smartphone

8. Photo.

Attach a 2"x 3" **wallet size** photograph of applicant with head and shoulder areas only. The photograph must have been taken within 90 days prior to date of application. Proof photographs, negatives, copies of photographs, poor quality, photographs cut from books, newspaper articles or passport photos are **NOT** accepted.



9. Oath must be signed by applicant and notarized.

I, Walter Mark Robbins, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice as a radiologic technologist in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years of each violation (K.S.A. 21-3805).

[Signature]
Signature of Applicant

Sworn to before me this 21st day of

June 20 22

Phil Charson Notary Public

04/23/2024 Commission Expires



Seal Verified KSBHA

10. Continuing Education.

Include proof of completion of continuing education as required by K.A.R. 100-73-8, if applicable.

Application fee of \$60 and NPDB report fee of \$3. Make the fees payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.

Applicant Name: Walter M Robbins
(please print or type)

-5-

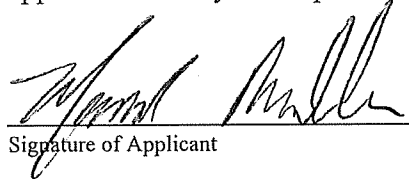
revised 10/14/15, kl



Third Party Authorization

Must be signed by applicant and notarized.

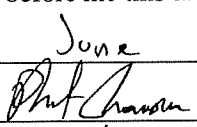
I, Walter M Robbins, hereby authorize all hospitals, institutions or organization, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas Board of Healing Arts or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure.



Signature of Applicant

SEAL here



Sworn to before me this 21st day of
June 20 22


Notary Public
04/23/2024 Commission Expires



American Society of Radiologic Technologists

15000 Central Ave. SE, Albuquerque, NM 87123

505-298-4500 • 800-444-2778 • Fax 505-816-1951 • www.asrt.org

Walter Robbins

CONFIDENTIAL

Member Number: 439332
Join Date: 09/22/2014
Paid Through: 03/15/2023
Biennium Start: 02/01/2022
Biennium End: 01/31/2024

Dear Walter:

This copy of your current CE record lists the credits you have earned during your current biennium period. If your biennium dates are incorrect, please contact Member Services by email at memberservices@asrt.org or call 800-444-2778 between 8 a.m. and 4:30 p.m. Mountain time, Monday through Friday. To view your CE record for a previous biennium, change the dates at the top of this report.

Only CE credits earned while you are an ASRT member are recorded. If you believe you are missing CE credits, send a copy of this report to us along with documentation of CE credits earned.

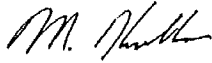
Yellow highlighted text below indicates today's CE activity.

Displaying report for period beginning 02/01/2020 and ending 02/01/2022

| Ref# | CAT | Course Description | Date | Credit |
|-------------|-----|--|------------|--------|
| DRI0000060 | A | 20806-01 Hydronephrosis: Diagnosis, Grading, and Treatment | 02/01/2022 | 1.50 |
| DRI0000058 | A | 20806-02 Using MR Imaging to Assess Fetal Neurological Pathologies | 02/01/2022 | 1.50 |
| DRI0000064R | A+ | 21801-01 Diagnosis and Treatment of Pericardial Effusions | 02/01/2022 | 1.75 |
| DRI0000061R | A+ | 21801-02 Neurogenic Bladder Management | 02/01/2022 | 1.00 |
| DRI0008058 | A | 19801-01 Medical Ethics in Radiography | 01/09/2022 | 1.50 |
| DRI0008060 | A | 19801-02 Factor V Leiden | 01/09/2022 | 1.50 |
| DRI0000042 | A | 20802-02 Idiopathic Pulmonary Fibrosis | 01/09/2022 | 1.50 |
| DRI0000048 | A | 20803-01 Radiation Protection and Safety in Interventional Radiology | 01/09/2022 | 1.25 |
| DRI0000049 | A | 20803-02 Alcohol Consumption and Associated Cancers | 01/09/2022 | 1.75 |
| DRI0000050 | A | 20804-01 Imaging Acute and Chronic Wrist Conditions | 01/09/2022 | 1.50 |
| DRI0000052 | A | 20804-02 Ovarian Cancer: An Overview | 01/09/2022 | 1.50 |
| DRI0000043 | A | 20802-01 Magnetic Resonance Imaging Safety | 01/09/2022 | 1.25 |
| DRI0008052 | A | 18805-02 Imaging Traumatic Hand and Finger Injuries | 10/10/2021 | 1.25 |
| DRI0009044 | A | 19803-01 Radiation Physics, Biology, and Protection | 10/10/2021 | 1.50 |
| DRI0009045 | A | 19803-02 Artificial Intelligence in Medical Imaging | 10/10/2021 | 1.25 |
| DRI0009056R | A+ | 19806-01 Caring for Patients With Adverse Childhood Experiences | 10/10/2021 | 1.50 |
| DRI0009058 | A | 19806-02 Diagnosis and Treatment of Oncologic Emergencies | 10/10/2021 | 1.00 |

| | |
|----------------------------|-------|
| Total Category A Credits: | 19.75 |
| Total Category A+ Credits: | 4.25 |
| Total Credits: | 24.00 |

The ARRT has set a limit of 8 CE credits per biennium from facility (applications) training. These credits are identified with an "F" at the end of the reference number in your CE record.



Myke Kudlas, M.Ed., R.T.(R)(QM),CIIP,PMP,CAE
Associate Executive Director

CONFIDENTIAL

OFFICIAL RECEIPT
KANSAS BOARD OF HEALING ARTS
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
(785) 296-7413

RECEIPT NUMBER: 704705

DATE: 07/07/2022

NAME:

Walter Robbins

LICENSE TYPE:

FEE:

60.00

3.00

LIC #:

AMOUNT:

TYPE: Credit Card

CH/CC #: 072024

RECEIVED FROM:

Walter Mark Robbins

CONFIDENTIAL

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



PHONE: 785-296-7413
FAX: 785-368-7103
KSBHA_healingarts@ks.gov
www.ksbha.org

Susan B Gile, Acting Executive Director

Laura Kelly, Governor

July 28, 2022

Walter Mark Robbins, LRT
CONFIDENTIAL

Dear Walter Mark Robbins:

CONFIDENTIAL

Sincerely,

Kathy Goscha
Licensing Analyst
Phone: (785) 296-0959
Email: Kathy.Goscha@ks.gov

BOARD MEMBERS: TOM ESTEP, MD, PRESIDENT, Wichita • RONALD M. VARNER, DO, VICE PRESIDENT, Augusta • ABEBE ABEBE, MD, Shawnee
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TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: KSBHA_healingarts@ks.gov

From: Goscha, Kathy [KSBHA]
To: **CONFIDENTIAL**
Subject: license update
Date: Thursday, July 28, 2022 8:37:00 AM
Attachments: [MRL-1 reinstatement.pdf](#)
[image001.png](#)

CONFIDENTIAL

Thank you,

Kathy Goscha

Licensing Analyst
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612
Email kathy.goscha@ks.gov
Phone 785.296.0959



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LICENSE VERIFICATION FORM

Send to all states or jurisdictions in which you currently, or have ever, held a license, permit, or certification, permanent or temporary. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and email to KSBHA_Licensing@ks.gov or mail it directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of Florida having control of any documents, records, and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; informal, pending, closed or any other pertinent information.

Full Name: Walter Mark Robbins

Other Names Used (if applicable): _____

Date of Birth: _____

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License or Registration No.: ?

Issue Date: 1993

Profession: radiologic technologist

Signature: _____

Date: 06-21-2022

Full Name of Licensee or Registrant: Walter Mark Robbins

License or Registration No.: ?

Status: inactive

Issue Date: 1993

Expiration Date: 1996

License Method: _____

School: _____

DISCIPLINARY ACTIONS:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes ☐ No ☒ Unable to Divulge ☐

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? Yes ☐ No ☒ Unable to Divulge ☐

Comments: _____

Signature: _____

(SEAL)

Title: _____

State Board of: _____

Date: _____



GENERAL INFORMATION AND INSTRUCTIONS

Please visit www.ksbha.org for all statutes and regulations governing Radiologic Technologists.

Thank you for your interest in becoming licensed in Kansas. Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Please allow two (2) weeks after the submission of the application before contacting our office. Do not make a commitment to any work dates prior to being licensed.

It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas State Board of Healing Arts (KSBHA).

One of the missions of KSBHA is public protection through effective licensure and enforcement. One way the public is safeguarded is by issuing licenses to fully qualified, competent and ethical applicants. You will be asked a series of attestation questions. A "yes" answer is not an automatic disqualification from licensure. All applicants are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein before the application will be deemed complete to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. Failure to fully disclose could constitute grounds alone for denial of your application. Please avoid some of the common excuses: "My attorney told me I don't have to disclose." or "I did not think the prior act had anything to do with my profession or that it was still on my record or that it happened so long ago." There is no excuse for not disclosing.

Kansas Application Fees must be submitted with the application and are **NOT** refundable. Kansas application fee is \$60.00. Make checks payable to KSBHA. Checks returned for any reason by the payer's financial institution must be replaced by a money order, certified check, or credit card. To pay by debit or credit card please complete the credit card authorization form.

You must submit any change of address to the Board. Please visit our website to complete the "Change of Address" form.

Portions of the application may be copied and sent to the appropriate place to be completed and mailed directly to the Kansas Board of Healing Arts.

The National Practitioner Data Bank (NPDB) Report was mandated by Congress and tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. All applicants include a \$3 report fee for the Board to obtain the NPDB report.

Licenses/Certificates expire September 30 and are renewed annually. License renewal will be required of all receiving a permanent license prior to June 1.

CHECK LIST

Did you complete the following?

ALL questions answered on the application
Request verification from states, countries or jurisdictions, if applicable
Documentation for any "yes" Attestation Questions
Head and shoulder photograph
Notarize and sign Oath
Notarize and sign Release Form
Proof of continuing education, if applicable
Fees

From: [Mark Robbins](#)
To: [KSBHA Licensing](#)
Subject: FW: UPS Scan 06.21.22
Date: Tuesday, June 21, 2022 12:47:15 PM
Attachments: [Application for Radiologic Tech.pdf](#)

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Thank you
Mark

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: The UPS Store #1602 <store1602@theupsstore.com>
Date: 6/21/22 12:41 PM (GMT-06:00)
To: **CONFIDENTIAL**
Subject: UPS Scan 06.21.22

The UPS Store

11184 Antioch Rd
Overland Park, KS 66210
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