EFFECTIVE AS A FINAL ORDER

DATE: 2/3/2022

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

In the Matter of

James C. Sampson, R.T.
Kansas License No. 16-03748

Docket No. 22-HA-00052

SUMMARY ORDER

NOW ON THIS 4th day of February, 2022, This matter comes before Susan B. Gile, Interim Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A. 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within fifteen (15) days of service. 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 for and on behalf of the Board:

Findings of Fact

1. James C. Sampson, R.T. ("Applicant") was first issued License No. 16-03748 to practice as a respiratory therapist in Kansas on March 17, 2009. His license was cancelled for failure to renew on May 1, 2018. Applicant applied to reinstate his license on November 9, 2021.

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

3. On May 1, 2018, Applicant's license was cancelled for failure to renew.

4. On November 9, 2021, Applicant applied to reinstate his respiratory therapist license. On his reinstatement application, Applicant disclosed he had been actively practicing as a

Summary Order
James C. Sampson, R.T.
License No: 16-03748
Page 1 of 6
respiratory therapist at in Gardner, Kansas since
April 2020, despite not holding a license to practice in Kansas. (Bd. Exh. 1 – Application, p. 8)

5. On or about December 1, 2021, Applicant was instructed by Board staff to cease practice immediately. To the best of knowledge and belief, Applicant has done so and has not practiced since December 1, 2021. (Id. at p. 10)

6. Applicant practiced without a license for at least eighteen (18) months. Further, while Applicant practiced during those eighteen (18) months, he was not excluded from the Respiratory Therapy Act under any of the exceptions pursuant to K.S.A. 65-5514(b).

**Applicable Law**

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

8. Under the Kansas Respiratory Therapy Practice Act, K.S.A. 65-5501 *et seq.*, by definition a respiratory therapist must hold a license in order to practice: “‘Respiratory therapist’ means a person who is licensed to practice respiratory therapy as defined in this act.” K.S.A. 65-5502(c). [emphasis added]

9. K.S.A. 65-5510(a) of the Respiratory Therapy Practice Act states in pertinent part:

   The board may deny, refuse to renew, suspend, revoke, or limit a license or the licensee may be publicly or privately censured where the licensee or applicant for licensure has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Unprofessional conduct includes:

   (2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;

   * * *

   (5) violating any provision of this act.
10. K.A.R. 100-55-5(q) defines “unprofessional conduct” in pertinent part to include “committing conduct likely to deceive, defraud, or harm the public.”

Conclusions of Law

11. The Board finds Applicant violated K.S.A. 65-5510(a)(2) of the Kansas Respiratory Therapy Practice Act, as further defined by K.A.R. 100-55-5(q), in that Applicant committed an act of unprofessional conduct by practicing as a respiratory therapist in Kansas without a license for a period of at least eighteen (18) months.

12. The Board finds Applicant violated K.S.A. 65-5510(a)(5) of the Kansas Respiratory Therapy Practice Act, specifically K.S.A. 65-5502(c), in that Applicant practiced as a respiratory therapist in Kansas without a license for a period of at least eighteen (18) months.

13. 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 one hundred dollars ($100.00) for violations of the Kansas Respiratory Therapy 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 satisfaction of the requirements imposed by this Summary Order, Applicant’s application for the reinstatement of his Active license to practice as a respiratory therapist in Kansas shall be granted.

**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 4th day of [Month], 2022.

**KANSAS STATE BOARD OF HEALING ARTS**

Susan B. Gile,
Interim Executive Director
FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, et seq. Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Acting Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS  66612.
CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that a true copy of the foregoing FINAL ORDER was served this 3rd day of February 2022 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

James Cecil Sampson, III, R.T.

Licensee

And a copy was hand-delivered to:

Lyddie Hornbaker
Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612
Lydia.Hornbaker@ks.gov

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

Licensing Coordinator
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 the Executive Director.

[Signature]

FINAL ORDER
James Cecil Sampson, III, R.T.
KSBHA Docket No. 22-HA00025
EXHIBIT 1
Application
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.

I am hereby writing on behalf of James Sampson License # 16-03748. I implore for he’s license be expediated and released at least by end of day tomorrow. We are at a very critical need for RT’s in our facility. We staff one RT round the clock-12hr shifts. James is scheduled to work all weekend night, starting Friday through Monday night. I am having difficulty finding coverage for those upcoming 4 nights. Expediting his licensure will ensure we have an RT inhouse to help take care of our Respiratory patients. Our patients are in critical need of an RT in the building. I thank you for your time.

Musu Jawara
Director Respiratory Therapy
9138568747
EXPEDITED LICENSURE QUESTIONNAIRE

To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406, 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:

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 ☑

Organization that issued private certification/registration: __________________________ Date Issued: __________________________
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,

Michelle Koelling  
Senior Administrative Assistant  
Kansas State Board of Healing Arts  
800 SW Jackson LL Suite A  
Topeka, KS 66612  
785-296-0852=fax  
785-296-1087  
http://www.ksbha.org/main.shtml

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific
* “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.

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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 RESPIRATORY THERAPY

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: [94-03748]

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.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>James</th>
<th>Sampson</th>
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<tbody>
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Other names used, including maiden name: [None]

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. 75-61 et seq. may use substitute residential and mailing addresses.

<table>
<thead>
<tr>
<th>Residence Address:</th>
<th>confidentiality</th>
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<tr>
<td>street</td>
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<tr>
<th>E-mail:</th>
<th>confidentiality</th>
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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(b) 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 (NPDDB-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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<tr>
<th>Social Security/Tax ID, No:</th>
<th>confidentiality</th>
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</table>

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).
- 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: Meadowbrook Rehab (respiratory) Employer (if applicable): Meadowbrook Rehab
Location: Gardner, KS Dates: From 4-20 To present

Activity: Eltossed Medical Staff Employer (if applicable): Scotts
Location: Lawrence, KS Dates: From 5-20-18 To 4-20

Activity: 
Location: 

Activity: 
Location: 

7. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as a respiratory therapist. 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 an RT license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.

<table>
<thead>
<tr>
<th>State/Jurisdiction</th>
<th>License, Registrant, Certificate no.</th>
<th>Status</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>16-03748</td>
<td>CANCELLED</td>
<td>05-16-2008</td>
</tr>
</tbody>
</table>

Applicant Name: ____________________________ (please print or type)
From: James Sampson
To: Koelling, Michelle (KSB-HA)
Subject: Work history for James Sampson
Date: Wednesday, December 1, 2021 9:28:52 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
Thank you,

Michelle Koelling  
Senior Administrative Assistant  
Kansas State Board of Healing Arts  
800 SW Jackson LL Suite A  
Topeka, KS 66612  
785-296-0852 = fax  
785-296-1087  
http://www.ksbha.org/main.shtml

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

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CONFIDENTIAL

On Wednesday, December 1, 2021, 10:37 AM, Koelling, Michelle [KSBAH] <Michelle.Koelling@ks.gov> wrote:

CONFIDENTIAL

Thank you,

Michelle Koelling
Senior Administrative Assistant
Kansas State Board of Healing Arts
800 SW Jackson LL Suite A
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?  
   Yes□ No□

5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?  
   Yes□ No□

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?  
   Yes□ No□

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?

12. Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?

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 another lawful authority concerned with controlled substances?

14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way?

15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?

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.

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.

18. Have you ever been court martialed or discharged dishonorably from the armed services?

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?

20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company?

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?

*It is your continued duty to update the Board on any changes once the application has been submitted.*
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, James C. Sampson Jr., 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 respiratory therapist 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 of Applicant

Seal Verified

Sworn to me this 29th day of November, 2021

Notary Public
Commission Expires

10. Continuing Education
Include proof of completion of continuing education as required by K.A.R. 100-55-8, if applicable.

Application fee of $80 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.
Third Party Authorization
Must be signed by applicant and notarized.

I, [Name], 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

Sworn to before me this 21st day of November 20

Notary Public

Commission Expires 06-17-2021

Verified KSBHA

CAMERON NORTON
Notary Public-State of Kansas
My Appl. Expires 06-17-2021

State of Kansas
County of Douglas

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612

016
James Cecil SAMPSON III

License Number: RC1684
License Type: Practitioner of Respiratory Care
License Status: Expired
Initial License Date: Jul-29-2009
Expiration Date: Jun-30-2013
Public Address: CONFIDENTIAL
Public City:
Public State:
Public ZIP Code:
Public Country: United States
Public Phone Number: 7852307952

Specialties
- Specialty
- Home Care
- Perinatal / Pediatric
- Pulmonary Function Technology
- Emergency / Critical Care / Trauma
- General Floor Care
- Home Medical Equipment
- Pulmonary Rehab / Cardiac Rehab
- Respiratory Care

Education History

Institution                          Degree/Certificate                          Date Enrolled       Date To
Newton Adult Continuing Education   Graduate Equivalency                         N/A                  Dec-29-1992
San Diego, CA
Westburn University / Topeka, KS    Practitioner of Respiratory Care Degree   Aug-20-2006          May-16-2008

Board Actions

Powered by Thentia Cloud (https://www.thentia.com)
Summary

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary

None.
November 29, 2021

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

To Whom It May Concern:

This letter is sent to verify that James Sampson demonstrated continued professional competence by successful completion of the Therapist Multiple Choice (TMC) exam on June 20, 2020.

Please feel free to contact the NBRC Executive Office if you require further information.

Sincerely,

[Signature]

Lori M. Tinkler, MBA
Chief Executive Officer
I'm assuming this is for a pending licensure, let me know if I need to send it elsewhere.

Thanks,

Jennifer Cook
Paralegal to the General Counsel
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
Phone: 785-296-2482
Fax: 785-368-7102
Jennifer.Cook@ks.gov
www.ksbha.org

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From: AnneMarie Albright <AnneMarie.Albright@NBRC.org>
Sent: Monday, November 29, 2021 7:51 PM
To: Cook, Jennifer [KSBHA] <Jennifer.Cook@ks.gov>
Cc: CONFIDENTIAL
Subject: NBRC- James Sampson

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.

Good Evening,

Please see the attached concerning James Sampson.

Kindly,

Anne Marie
Verify Credentials

Credential Holders
Login to verify your own credential and request an official credential verification letter.

Employers, Verification Agencies & Consumers
Credentialing information provided by the NBRC (electronic, verbal, written or otherwise) is considered primary source verification.

You do not need to complete all the search parameter fields. We suggest using the minimum amount of information necessary to find the credentialed practitioner's data.

Search

First Name
James

Last Name
Sampson

Credential
All

City State
Select

Birthdate
mm/dd/yyyy

SAMPSON, JAMES
Credential
CRT
RRT

Valid Thru
12/31/2024
12/31/2024

SAMPSON, III, JAMES
Credential
CRT

Valid Thru
06/30/2025

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

RECEIPT NUMBER: 679894
DATE: 11/30/2021

NAME: JAMES SAMPSON
LICENSE TYPE: RT
FEE: REIN $80
     NPDB $3
LIC #: 11.30.2021

AMOUNT: 83.00

RECEIVED FROM:
James Cecil Sampson, III

CONFIDENTIAL
GENERAL INFORMATION AND INSTRUCTIONS

Please visit www.ksbha.org for all statutes and regulations governing a Respiratory Therapy License.

Thank you for your interest in 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 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 $80. 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 State 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 March 31 and are renewed annually. License renewal will be required of all receiving a permanent license prior to January 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
If you would like the Kansas State Board of Healing Arts ("Board") staff to talk with third parties about your application complete this form. This form provides authorization for the Board to release information regarding your application to third parties. This information includes, but is not limited to: application information, license verification, status change, address changes, Kansas Health Care Stabilization Fund information, continuing education information, audit information, and past or current legal issues and documents. This authorization expires one year from the date of signature. You can revoke this authorization at any time by submitting a request in writing. Revoking this authorization will not affect any action taken prior to receipt of your written request. A reproduction of this authorization shall have the same effect as the original. Email to KSBHA_Licensing@ks.gov or mail it directly to the Board.

I, ____________________________, authorize Board staff to release and discuss any and all information pertaining to my application, with the following individuals:

1. Name: ____________________________
   Phone: ____________________________
   Email: ____________________________
   Relationship: ______________________

2. Name: ____________________________
   Phone: ____________________________
   Email: ____________________________
   Relationship: ______________________

I acknowledge by my signature, that although I am not required to authorize the Board to release information to third parties, I am giving my consent for Board staff to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent, prior to my revocation.

Signature of Applicant ____________________________ Date ____________________________

Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org 12/02/2021
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 ___________________________ 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: James C. Sampson III

Other Names Used (if applicable): [ ] Date of Birth:

License or Registration No.: 16-037448 Issue Date: 05-16-08

Profession: Respiratory Therapy

Signature: ___________________________ Date: 11-29-21

Full Name of Licensee or Registrant: James Cecil Sampson III

License or Registration No.: 16-037448 Status: 

Issue Date: 05-14-08 Expiration Date: 

License Method: 

School: Washburn University

DISCIPLINARY ACTIONS:

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

Comments: 

Signature: ___________________________ (SEAL)

Title: 

State Board of: 

Date: 

Kansas State Board of Healing Arts
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Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org

027

12/01/2020
authorization from the sender.

From: Koelling, Michelle [KSBHA]
Sent: Wednesday, December 1, 2021 11:01 AM
To: James Sampson
Subject: RE: KS License

CONFIDENTIAL

Thank you,

Michelle Koelling
Senior Administrative Assistant
Kansas State Board of Healing Arts
800 SW Jackson LL Suite A
Topeka, KS 66612
785-296-0852=fax
785-296-1087
http://www.ksbha.org/main.shtml

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From: Koelling, Michelle [KSBHA]
Sent: Wednesday, December 1, 2021 10:47 AM
To: James Sampson
Subject: RE: KS License

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Thank you,

Michelle Koelling  
Senior Administrative Assistant  
Kansas State Board of Healing Arts  
800 SW Jackson LL, Suite A  
Topeka, KS 66612  
785-296-0852=fax  
785-296-1087  
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From: James Sampson  
Sent: Wednesday, December 1, 2021 10:45 AM  
To: Koelling, Michelle [KSBHA] <Michelle.Koelling@ks.gov>  
Subject: Re: KS License

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Thank you,
Michelle Koelling  
Senior Administrative Assistant  
Kansas State Board of Healing Arts  
800 SW Jackson LL Suite A  
Topeka, KS 66612  
785-296-0852 - fax  
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From: James Sampson  
Sent: Wednesday, December 1, 2021 10:38 AM  
To: Koelling, Michelle [KSBA] <Michelle.Koelling@ks.gov>  
Subject: Re: KS License

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From: James Sampson
Confidential
Sent: Wednesday, December 1, 2021 9:27 AM
To: Koelling, Michelle [KSBHA] <Michelle.Koelling@ks.gov>
Subject: Work history for James Sampson

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Thank you,

Michelle Koelling
Senior Administrative Assistant
Kansas State Board of Healing Arts
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Topeka, KS 66612
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035
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To: Koelling, Michelle [KSBHA] <Michelle.Koelling@ks.gov>
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