

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

APR -9 2010

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Plaintiff,)

v.)
JAMES KENT ROBBERSON, M.D.,)

Case No. 09-11-3880

LICENSE NO. 11847)

Defendant.)

CITATION

YOU ARE HEREBY NOTIFIED that on the 9 th day of April, 2010, a sworn Complaint was filed with the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act at 59 Okla. Stat. §509(8), (11), (12), (13), (16), (17) and (18), and OAC 435:10-7-4(1), (2), (6), (11), (19), (23), (25), (27), (39), (41) and (44). A copy of the Complaint is attached hereto and made a part thereof.

On May 20, 2010, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 101 N.E. 51st Street, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 Okla. Stat. §309, *et seq.*, as amended.

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as a physician within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney's fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the complaint as true at the hearing of the complaint. If the charges are deemed sufficient by the Board, your license to practice as a physician in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

DATED this 9 day of April, 2010 at 8¹⁵ am o'clock.



GERALD C. ZUMWALT, M.D., Secretary
Oklahoma State Board of Medical
Licensure and Supervision



RETURN OF SERVICE BY AGENT

Received the attached and foregoing Citation and Scheduling Order in the investigation of James K. Robberson, MD, at Oklahoma City, Oklahoma, on the 9 day of April, 2010, and on the 15 day of April, at 10:31 o'clock A.M. served it on the within named by delivering a copy to Certified Mail/ Overnight EU 780136 635US

(Name of person served)

At (address):

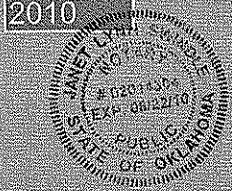
James K. Robberson, MD

Acumen Assessment , 901 Kentucky #301

Lawrence, KS 66044

Served by: _____

Subscribed and sworn to before me on this 15 day of April, 2010



Janet Swindle
Notary Public

My Commission expires:
8-22-2010

CASE NAME: _____

CASE #: _____



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- Acceptance, April 14, 2010, 1:14 pm, OKLAHOMA CITY, OK 73118

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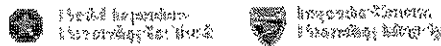
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<p>1. Article Addressed to:</p> <p>JAMES KENT ROBBERSON, MD ACUMEN ASSESSMENTS 901 KENTUCKY #301 LAWRENCE, KS 66044</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
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