## **RUSSELL HOWARD SAMSON**

### License Number: ME49137

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1974
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

## **Primary Practice Address**

RUSSELL HOWARD SAMSON 8278 ROSEBURN CT SARASOTA, FL 34240

### Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	SARASOTA	FLORIDA
	SARASOTA	FLORIDA

### **Email Address**

Please contact at: rhsamson@outlook.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
DELAWARE	M.D.
	MD

## Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF WITWATERSRAND	MD	1/1/1967 - 1/1/1972	01/01/1972

### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
ALBERT EINSTEIN COLLEGE OF MEDICINE	BRONX	NEW YORK	01/01/1974	01/01/1979	M.D. MEDICAL DOCTOR

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
ALBERT EINSTEIN COLLEGE OF MEDICINE	RESIDENCY	GS - SURGERY		BRONX	NEW YORK	07/01/1974	06/30/1979
MONTEFIORE MEDICAL CENTER	FELLOWSHIP	GS - VASCULAR SURGERY		***	NEW YORK	07/01/1979	06/30/1980
JOHANNESBURG GENERAL HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		JOHANNESBURG	SOUTH AFRICA	01/01/1973	07/01/1974
ALBERT EINSTEIN COLLEGE OF MEDICINE	RESIDENCY	OTHER	CHIEF RESIDENT	BRONX	NEW YORK	01/01/1978	01/01/1979

## **Academic Appointments**

## **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL PROFESSOR OF SURGERY - VASCULA	AR FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	SARASOTA	FLORIDA

# **Specialty Certification**

## **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF SURGERY	GS - SURGERY	
AMERICAN BOARD OF SURGERY	GS - VASCULAR SURGERY	

# Financial Responsibility

## **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

## **Proceedings and Actions**

## **Proceedings & Actions**

### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

#### **Committees/Memberships**

This practitioner has an affiliation with the following committees: SOCIETY OF VASCULAR SURGERY FLORIDA VASCULAR SOCIETY

## **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
SARASOTA TOP DOCTOR	
DISTINGUISHED MEMBER	SOCIETY FOR VASCULAR SURGERY

## **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
HAVE STATINS CHANGED THE NATURAL HISTORY OF ATHEROMATOUS DIS	SEMINARS IN VASCULAR SURGERY	05/01/2008
	THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	
SETTING UP AN IMAGING CENTER - ADDING COMPUTED TOMOGRAPHIC	JOURNAL OF VASCULAR SURGERY	04/01/2009
RISK STRATIFICATION IN CRITICAL LIMB ISCHEMIA	JOURNAL OF VASCULAR SURGERY	12/01/2008
SETTING UP AN OUTPATIENT IMAGING CENTER	PERSPECTIVES IN VASCULAR SURGERY AND ENDOVASCULAR THERAPY	12/01/2008
CRYOPLASTY THERAPY OF THE SUPERFICAL FEM AND POP ARTERIES	JOURNAL OF VASCULAR SURGERY	12/01/2008
RISK FACTORS IN VASCULAR DISEASE	SEMINARS IN VASCULAR SURGERY	10/01/2008
WHICH DIABETICS ARE AT RISK FOR LOWER EXTREMITY PROBLEMS	SEMINARS IN VASCULAR SURGERY	08/01/2008
LONG-TERM SAFETY OF RENAL VEIN DIVISION AND LIGATION	JOURNAL OF VASCULAR SURGERY	09/01/2009

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## **Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

### Affiliation

REGISTERED VASCULAR TECHNICIAN