

APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

BY

The State Medical Board, State of Ohio

FORM I.

I hereby make application for a license to practice Medicine and Surgery in the State of Ohio, and submit the following statement regarding my preliminary education.

1. Name Robinson, Raymond E 2. Place of birth Philadelphia, Pa.
 3. Address 2157 Benson Drive Apt 32 Date of birth 3-28-40
Dayton, Ohio 45406 4. Intended residence Ohio

5. PRELIMINARY EDUCATION.

Name and Location of Institution Attended and Degree Received.

Period and Date of Study.

Livingstone College, Salisbury N.C. BS degree Sept. 1957 - May 1961
Meharry Medical College Sept 1967 - June 1971
Nashville Tennessee 37128 MD degree 4/24/73
 Received Ohio Certificate of Preliminary Education No. 5112; issued by MA William R. O. 3/12/73
 (Date) 8-17-73

6. I have made application to the following State Examining and Licensing Boards, and no others.

State of Georgia 1971 & no others
 of application—Reciprocity or Examination

and received a certificate from each except as follows: none other than
State of Georgia Oct 12, 1972

7. MEDICAL EDUCATION.

Give the date and source of each medical credential, diploma, license or degree which you hold.

Meharry Medical College - MD degree 6-7-72 Medical License - State of Georgia 10-12-72
Certificate of Internship Completion - Temple University Hospital Phila Pa June 30, 1972

Attended Meharry Medical College full courses of medical lectures as follows, to-wit:

1st Course at Meharry Medical College from 1967 to 1968
 2nd Course at " from 1968 to 1969
 3rd Course at " from 1969 to 1970
 4th Course at " from 1970 to 1971

Was granted a diploma by Meharry Medical College located at
Nashville State of Tennessee on the 7 day of June, 1971

8. Time of practice Internship - Temple University Hospital Phila Pa 1970 7-1-71 - 6-30-72
Gord Samaritan Hospital Dayton Ohio 45406 1 year OB/Gyn Residency 7-1-72 - present

9. Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? NO

If so, specify: N/A (Answer Yes or No)

Have you ever been or are you now addicted to narcotic drugs? NO (Yes or No)

Have you ever been charged with addiction? NO (Yes or No)

Specify charge: N/A

Have you ever found it necessary to surrender your narcotic license? NO (Yes or No)

Have you ever been charged with a violation of a Federal Law, State Law or a municipal ordinance other than a traffic violation? NO (Yes or No)

If so, give full particulars: N/A (Offense) (Place) (Disposition)

(Date of Disposition)

10. PHYSICAL DESCRIPTION OF APPLICANT

Color of Hair Black Color of eyes brown Complexion brown
 Height 5ft 7 1/2 in Weight 150 Build slender Marks none

resume
inside

FORM II. *AFFIDAVIT.

STATE OF Ohio
COUNTY OF Montgomery } ss:
On this 23 day of Feb 19 73, personally appeared before me,

_____, within and for the County and State aforesaid,
who being duly sworn says that he is the person referred to in the foregoing application for license to practice medicine
in the State of Ohio; that the statements therein are strictly true in every respect, and that _____ has read and
understands this Affidavit.

Signed and sworn to before me, this 23 day of Feb 19 73
(Seal.) _____

(Signature of Applicant.)

(Official designation of officer administering oath.)

* Must be sworn to before an officer authorized to administer oaths, or a Federal officer.

SO. OF OH. SW. 11-11-73
in case for Montgomery County, Ohio
R. J. Connelley Expires 7-31-75

FORM III.

CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE.

(A verbatim copy to follow here, over Seal of State Licensing Board, certified to by the Secretary thereof.)

I hereby certify that the above is a verbatim copy of license No. 14951, issued to Dr. Robinson
by the Composite State Board of Medical Examiners day of 10-12-72 19 72
(Seal.) _____

Secretary.

FORM IV.

CERTIFICATE AND RECOMMENDATION OF SECRETARY.

Acting in behalf of the Composite State Board of Medical Examiners
(Name of State Board.)
I do hereby certify that Dr. Robinson was on the 12th day of Oct. 1972
1972, granted a license to practice Medicine and Surgery in the State of Georgia
on the basis of Examination
(State board examination or medical diploma of graduation.)
in the following subjects. Anatomy 75 Chemistry 95 Pathology 75 Materia Medica 75
Physiology 80 Practice and Hygiene 83 Obstetrics 89 Gynecology 82
Surgery 85 Physical Diagnosis 90
on which _____ he received an average of 83 per cent, and from evidence on file in this office, I do hereby certify
to the good moral and professional standing of Dr. Robinson
of Dayton, State of Ohio, and recommend him to
The State Medical Board of Ohio, as a proper person for medical licensure.

The applicant must satisfy the Board of Medical Examiners
on the question of standing and moral character before seal of said Board is affixed.
(Seal.) _____

Secretary.

March 22, 1973

(Date)

March 31, 1973

Resume of my activities from date of
graduation from Meharry Medical College June 7, 1971

(1) July 1 1971 - June 30th 1972

Internship Temple University Hospital

② 7 months OB Gyn 4 months Medicine
& 1 month Pediatrics

I was in no medical society

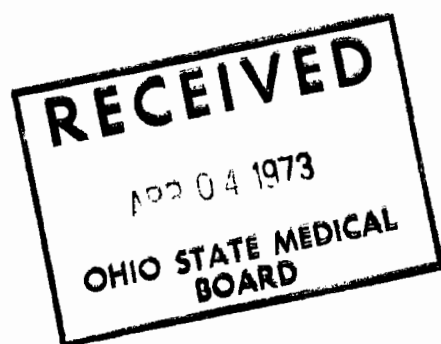
(2) July 1 1972 - Present

1st Year Resident OB Gyn

October 12, 1972 Receipt of Medical license
from State of Georgia

I still hold no membership in any medical
society

Raymond Robinson, MD



RECEIVED

APR 04 1973

**OHIO STATE MEDICAL
BOARD**

BIOGRAPHICAL DATA ON PHYSICIANS

from the Biographical - Historical files of
American Medical Association
535 N. Dearborn St.
Chicago, Illinois 60610

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Member Services Unit of the AMA.

Full name of M.D. Raymond Robinson, M.D. ✓

Place of birth Philadelphia, Pa. ✓ Date of birth 3/28/40 ✓

Professional Mailing Address 2157 Benson Drive, Apt. 32

Medical Education:

School Name Meharry Medical College, Nashville, Tenn. ✓ M.D. Degree 6/7/71 ✓
(Year)

Internships:

Hospital	Location	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____

Residencies and Fellowships:

Hospital	Location	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____

M.D. Licensed to Practice Medicine in the Following States:

State Georgia ✓ Year 1972 ✓; State _____ Year _____; State _____ Year _____

Inquiry Submitted by _____ Title _____
(Your Name Here)

(Affiliation - Licensing Board, Hospital or Medical School) City-State _____

AMA Department of Investigation

MEMBER OF AMA

..... YES

- ☒ Our records do not reveal any derogatory information. ✓
☐ See attached memo for comments regarding applicant.

..... NO

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 3-20-73

OHIO STATE MEDICAL BOARD
21 WEST BROAD STREET
COLUMBUS, OHIO 43215

Joan Alvarez
Joan Alvarez,
Member Services Unit



STATE OF OHIO

THE STATE MEDICAL BOARD

OFFICIAL BOARD

PETER LANCIONE, M.D.
PRESIDENT, BELLAIRE
JOHN D. BRUMBAUGH, M.D.
VICE-PRESIDENT, AKRON
HENRY C. CRAMBLETT, M.D.
SECRETARY, COLUMBUS
HENRY A. CRAWFORD, M.D.
CLEVELAND
SANFORD PRESS, M.D.
STEUBENVILLE
RALPH K. RAMSAYER, M.D.
CANTON
ANTHONY RUPPERSBERG, JR., M.D.
COLUMBUS
WILLIAM J. TIMMINS, JR., D.O.
WARREN

WILLIAM J. LEE
ADMINISTRATOR
21 WEST BROAD STREET
COLUMBUS, OHIO 43215

February 7, 1973

Dear Doctor Robinson:

Physicians may be licensed in Ohio by endorsement of a full license granted on the basis of a written examination in any other state or U.S. Territory, or by endorsement of the examinations of the National Board Of Medical Examiners or the National Board of Osteopathic Examiners.

Applicants for endorsement licensure must be either full citizens of the United States either by birth or by Naturalization, or have a Declaration of Intention, an Alien Registration Recipient Card, or have a current approval of a Petition for an Permanent Immigrant Status. If you are not a citizen of the United States and your were educated in the United States, it will be necessary for you to submit evidence of your status as defined earlier in the paragraph.

If you are licensed in another state or by National Boards you must have received a minimum average of 75% or better on the examination for licensure.

In order that we may send you an application for endorsement licensure, please supply us with the following information:

- Your place and date of birth Philadelphia, Pennsylvania 3-28-40
- Your medical school of graduation, its location, and date you received your degree ① Meharry Medical College, 1005 18th Avenue North, Nashville, Tennessee
② Date Received Medical Degree - June 7, 1971 37208
- The state in which you are licensed by written examination and the year you were licensed, if applicable Licensed by State of Georgia 1972
- The year in which you were certified by the National Board of Medical Examiners or the National Board of Osteopathic Examiners (please note which Board) and the year of certification, if applicable N/A

You may answer the questions on this sheet. If you choose to do so please print the following:

Name

Raymond Robinson, MD

Address

2157 Benson Drive Apt 32
Dayton, Ohio 45406

Very truly yours,

Endorsement Clerk

ROBINSON, Raymond

~~2/16/73~~
" App. A Ma

RECEIVED
FEB - 9 1973
OHIO STATE MEDICAL
BOARD

2157 Benson Drive
Apartment #32
Dayton, Ohio 45406
2-1-73

✓ *Amended* 2/7/73
LHC

RAYMOND
Office of Executive Secretary
State of Ohio
The State Medical Board
21 W. Broad Street
Columbus, Ohio 43215

ROBINSON,

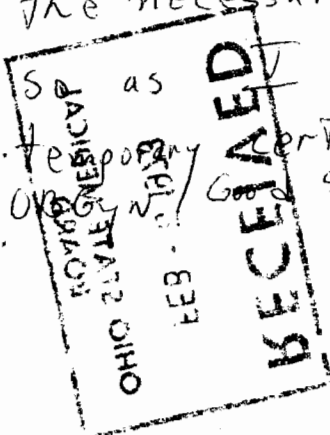
Dear Sir:

I am presently licensed by the State of Georgia to practice medicine and surgery in that state and I am desirous of obtaining reciprocity to the State of Ohio. I would appreciate your sending me the necessary application forms and procedures as I might do this. I presently have a certificate for Ohio as I am a Resident in Hospital in Dayton Ohio License # 3172. Good Samaritan

Very truly yours

Raymond Robinson, MD

License # 14951



RECEIVED
FEB - 5 1973
OHIO STATE MEDICAL
BOARD

Handwritten signature

AFFIDAVIT OF PHYSICIANS.

STATE OF Ohio }
Montgomery COUNTY } ss:Before me, personally appeared Henry Vicker M. D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he

has known Raymond Robinson M. D., well for 1 years and knows himto be of good moral and professional character, that he is a graduate of Meharry Medical CollegeCollege in the year 1971, that he has been in the practice of Medicine for the last twelve months atMontgomery County, Ohio, and recommended him as worthy of professional recognition and that the foregoing physical description is correct.Address 320 Grafton Ave. #22 Henry Vicker M. D.Danville, Ohio, Graduate of Univ. Cincinnati, Certificate No. 35151Subscribed and sworn to this 23 day of Feb. 19 73

(Seal.)

DOROTHY V. SWARTZEL, Notary Public
in and for Montgomery County, Ohio
My Commission Expires 7-31-75STATE OF _____ }
COUNTY _____ } ss:Before me, personally appeared David H. Killeis M. D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he

has known Raymond Robinson M. D., well for 6 years and knows himto be of good moral and professional character, that he is a graduate of Meharry Medical CollegeCollege in the year 1971, that he has been in the practice of Medicine for the last twelve months atMontgomery County, Ohio, and recommended him as worthy of professional recognition and that the foregoing physical description is correct.Address 48 Tongwood Circle David H. Killeis M. D.Miamisburg, Ohio, Graduate of Meharry, Certificate No. 35427Subscribed and sworn to this 23 day of Feb. 19 73DOROTHY V. SWARTZEL, Notary Public
in and for Montgomery County, Ohio
My Commission Expires 7-31-75Dorothy Swartzel
Notary Public

FORM VI.

N/A

CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT
OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:

P. O. Address _____ Date _____, 19 _____

I certify that Dr. _____ of _____

is a member in good standing of the _____ and that he is an ethical practitioner
of good moral character._____, M. D.
President or Secretary

(If you are not and have never been a member of a medical society, give a brief explanation of the reason.)

I am not a member of any medical society as
I have been in internship & 1st year OB/GYN Residency, and
graduated from Medical College 6-7-71 SECTION 4731.29, REVISED CODE

When a physician or surgeon licensed by the licensing department of another state, a territory, or the District of Columbia, or a diplomate of the national board of medical examiners or the national board of examiners for osteopathic physicians and surgeons wishes to remove to this state to practice his profession, the state medical board may, in its discretion, issue to him a certificate to practice medicine or surgery or osteopathic medicine and surgery without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in section 4731.09 of the Revised Code. . .

Full Note

FOR USE OF SECRETARY ONLY

State Certificate No.

✓ 35844

Issued

7/6/73

APPLICATION FOR
ENDORSEMENT OF A
MEDICAL LICENSE
BY STATE MEDICAL BOARD,
STATE OF OHIO

453-8 4-5-73 150.00

Raunson, Raymond

M. D.

\$150.00

Filed

19

QUALIFICATION

A certificate of registration showing that an examination has been made by the proper board of any state in which an average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not yet been covered.

Having failed the Ohio Examination (FLEX licensure method), the applicant cannot endorse from another state unless the endorsement is based on an examination equivalent to or superior to our own (i.e., FLEX or National Boards). "Ohio Examination" means FLEX examination in Ohio or in any other state.

INSTRUCTIONS

1. The State Medical Board of Ohio holds regular meetings on the first Tuesday in January, April, July, and October at Columbus.
2. Fill out Form I and make the necessary affidavit to Form II. Then obtain the affidavit required by Form V. This must be signed by two reputable physicians residing in the applicant's home state or Ohio; then obtain certification of Form VI.
3. Forward to the Administrator of the Medical Board of the State in which the applicant is licensed, or the National Board of Medical Examiners, if a Diplomate. They will fill out Forms III and IV, if justified in doing so, and return the blank to the applicant.
4. The application should then be forwarded to the Administrator of the State Medical Board.
5. Address all communications to the Administrator of the State Medical Board, Wyandotte Building, 21 West Broad Street, Columbus, Ohio 43215.

A.M.A.-ok.

*Bl. approved. Full note
6/26/73*

BEN W. FORTSON, JR.

SECRETARY OF STATE

STATE EXAMINING BOARD

PHONE AREA CODE 404



CECIL L. CLIFTON
JOINT-SECRETARY
STATE EXAMINING BOARD

MISS CARROLL HART
DIRECTOR DEPARTMENT OF
ARCHIVES AND HISTORY

H. R. SIMMONS
FISCAL OFFICER

MRS. MARY C. LUTTERBERG
ASSISTANT SECURITIES COMMISSIONER

JAMES L. EATON
ASSISTANT CORPORATION
COMMISSIONER

MRS. EMILY SHERBERGER
COMMISSION CLERK

GREY B. CULBERSON
DIRECTOR GEORGIA STATE
MUSEUM OF SCIENCE
AND INDUSTRY

March 22, 1973

THE STATE OF GEORGIA

STATE OF GEORGIA 1776
(SEAL)

THIS IS TO CERTIFY THAT

Raymond Robinson

has met all the requirements prescribed by the laws of the State of Georgia and the Composite State Board of Medical Examiners as required by an Act of the General Assembly of 1913, as amended by an Act of 1970, and is hereby licensed to practice

MEDICINE AND SURGERY IN GEORGIA

In testimony whereof we have hereunto set our names and caused the official seal of the Board to be affixed this 22 day of March 19 73

same date paper was typed

William Morton

President

C.L. Clifton

Joint Secretary, State Examining Boards

POLL VOTE

22. RISKO, James Howard
BORN: Cleveland, Ohio, 6/8/40
GRADUATED: Temple Med. Sch. 6/16/66
LICENSED: National Boards, 7/1/67 ✓
A.M.A. okay
1966-1967, Internship, Akron Gen. Hosp., Akron, Ohio
1967-1969, Military U.S. Navy
1979-present Resident York Hosp., York, Pa. *OK*
23. ROBINSON, John Hollis
BORN: Wheeling, W.Va., 5/16/42
GRADUATED Jefferson Med. College, 5/31/68
LICENSED National Boards, 7/1/69
A.M.A. not in yet
Resume and A.M.A. requested 6/12/73 *OK*
24. ROBINSON, Raymond E.
BORN: Philadelphia, Pa. 3/28/40
GRADUATED, Meharry Med. College, 6/7/71
LICENSED: Georgia, 10/12/72
A.M.A. okay
1971-1972, Internship Temple Univ. Hosp.,
1972-present, Resident, Temple Univ. Hosp. *OK*
25. ROSSMAN, Milton David
BORN: Atlantic City, N.J., 7/17/44
GRADUATED: Jefferson Med. College, 6/5/70
LICENSED: National Boards, 7/1/71
A.M.A. okay
1970-1971, Internship, Phil. Gen. Hosp., Pa.
1971-present, U.S. Public Health Service, Harlingen Texas *OK*
26. SPENGLER, Dan Michael
BORN Defiance, Ohio 2-25/41
GRADUATED Univ. of Mich., 6/11/66
LICENSED: Michigan, 6/19/67, Written examination
A.M.A. okay
1966-1967, Internship, King County Hosp., Seattle, Wash.
1967-1968, Resident, King County Hosp.
1968-1970, Military service, U.S.A.F.
1970-1973, Resident
1973-present, Fellowship, Case Western Reserve, Cleveland, Ohio *OK*
27. STANFIELD, Ronald Jeffrey
BORN, Washington, D.C. 12/14/43
GRADUATED Univ. of Maryland, 6/70
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A.M.A. okay
1970-1971, Internship, Washing Hosp. Center
1971-present, Resident, Cleveland Metro. Gen. Hosp., Cleveland, Ohio *OK*
28. STILLERMAN, Roy
BORN: Brooklyn, N.Y. 9/20/46
GRADUATED: Univ. of Va., 6/4/72
LICENSED: Virginia, 6/4/72, Written examination
A.M.A. okay
1972-present, Internship, Cleveland Metro. Gen. Hosp. *OK*
29. STRASIUS, Stanley R.
BORN: Kretinga, Lithuania, 1/18/43
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1973-present, Resident, St. Joseph Mercy Hosp.

Dr. Rudersberg

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 1972-present, Internship, Cleveland Metro. Gen. Hosp. OK
29. STRASIUS, Stanley R.
 BORN: Kretinga, Lithuania, 1/18/43
 GRADUATED Loyola Univ., 6/9/68
 LICENSED: National Boards, 7/1/69
 1968-1969, Internship, St. Joseph Mercy Hosp., Ann Arbor, Mich
 1969-1970, Resident, St. Joseph Mercy Hosp.
 1971-1972, Military service, U.S. Army
 1972-1973, Consultant, Park DuVal Neighborhood Health Center
 1973-present, Resident, St. Joseph Mercy Hosp. OK

Dr. Brumbaugh

POLL VOTE

22. RISK, James Howard
 BORN: Cleveland, Ohio, 6/8/40
Approved GRADUATED: Temple Med. Sch. 6/16/66
 LICENSED: National Boards, 7/1/67
 A.M.A. okay
 1966-1967, Internship, Akron Gen. Hosp., Akron, Ohio
 1967-1969, Military U.S. Navy
 1979-present Resident York Hosp., York, Pa.

23. ROBINSON, John Hollis
 BORN: Wheeling, W.Va., 5/16/42
 GRADUATED Jefferson Med. College, 5/31/68
 LICENSED National Boards, 7/1/69
 A.M.A. not in yet
 Resume and A.M.A. requested 6/12/73

*approved if resume request
 is in order -*

24. ROBINSON, Raymond E.
 BORN: Philadelphia, Pa. 3/28/40
Approved GRADUATED, Meharry Med. College, 6/7/71
 LICENSED: Georgia, 10/12/72
 A.M.A. okay
 1971-1972, Internship Temple Univ. Hosp.,
 1972-present, Resident, Temple Univ. Hosp.

25. ROSSMAN, Milton David
 BORN: Atlantic City, N.J., 7/17/44
Approved GRADUATED: Jefferson Med. College, 6/5/70
 LICENSED: National Boards, 7/1/71
 A.M.A. okay
 1970-1971, Internship, Phil. Gen. Hosp., Pa.
 1971-present, U.S. Public Health Service, Harlingen Texas

26. SPENGLER, Dan Michael
 BORN Defiance, Ohio 2-25/41
Approved GRADUATED Univ. of Mich., 6/11/66
 LICENSED: Michigan, 6/19/67, Written examination
 A.M.A. okay
 1966-1967, Internship, King County Hosp., Seattle, Wash.
 1967-1968, Resident, King County Hosp.
 1968-1970, Military service, U.S.A.F.
 1970-1973, Resident
 1973-present, Fellowship, Case Western Reserve, Cleveland, Ohio

27. STANFIELD, Ronald Jeffrey
 BORN, Washington, D.C. 12/14/43
Approved GRADUATED Univ. of Maryland, 6/70
 LICENSED, National Boards, 7/1/71
 A.M.A. okay
 1970-1971, Internship, Washing Hosp. Center
 1971-present, Resident, Cleveland Metro. Gen. Hosp., Cleveland, Ohio

28. STILLERMAN, Roy
 BORN: Brooklyn, N.Y. 9/20/46
Approved GRADUATED: Univ. of Va., 6/4/72
 LICENSED: Virginia, 6/4/72, Written examination
 A.M.A. okay
 1972-present, Internship, Cleveland Metro. Gen. Hosp.

29. STRASIUS, Stanley R.
 BORN: Kretinga, Lithuania, 1/18/43
Approved GRADUATED Loyola Univ., 6/9/68
 LICENSED: National Boards, 7/1/69
 1968-1969, Internship, St. Joseph Mercy Hosp., Ann Arbor, Mich
 1969-1970, Resident, St. Joseph Mercy Hosp.
 1971-1972, Military service, U.S. Army
 1972-1973, Consultant, Park DuVal Neighborhood Health Center
 1973-present, Resident, St. Joseph Mercy Hosp.

Pres. M.D.

22. RISK0, James Howard
BORN: Cleveland, Ohio, 6/8/40
GRADUATED: Temple Med. Sch. 6/16/66
LICENSED: National Boards, 7/1/67
A.M.A. okay
1966-1967, Internship, Akron Gen. Hosp., Akron, Ohio
1967-1969, Military U.S. Navy
1979-present Resident York Hosp., York, Pa.
23. ROBINSON, John Hollis
BORN: Wheeling, W.Va., 5/16/42
GRADUATED Jefferson Med. College, 5/31/68
LICENSED National Boards, 7/1/69
A.M.A. not in yet
Resume and A.M.A. requested 6/12/73
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GRADUATED, Meharry Med. College, 6/7/71
LICENSED: Georgia, 10/12/72
A.M.A. okay
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BORN: Atlantic City, N.J., 7/17/44
GRADUATED: Jefferson Med. College, 6/5/70
LICENSED: National Boards, 7/1/71
A.M.A. okay
1970-1971, Internship, Phil. Gen. Hosp., Pa.
1971-present, U.S. Public Health Service, Harlingen Texas
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1973-present, Fellowship, Case Western Reserve, Cleveland, Ohio
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1969-1970, Resident, St. Joseph Mercy Hosp.
1971-1972, Military service, U.S. Army
1972-1973, Consultant, Park DuVal Neighborhood Health Center
1973-present, Resident, St. Joseph Mercy Hosp.

Amey, Ch. G.

POLL VOTE

22. RISKO, James Howard
BORN: Cleveland, Ohio, 6/8/40
GRADUATED: Temple Med. Sch. 6/16/66
LICENSED: National Boards, 7/1/67
A.M.A. okay
1966-1967, Internship, Akron Gen. Hosp., Akron, Ohio *OK*
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GRADUATED Univ. of Mich., 6/11/66
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1973-present, Fellowship, Case Western Reserve, Cleveland, Ohio
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1971-1972, Military service, U.S. Army
1972-1973, Consultant, Park DuVal Neighborhood Health Center
1973-present, Resident, St. Joseph Mercy Hosp.

Completed

POLL VOTE

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A.M.A. okay
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1967-1969, Military U.S. Navy
1979-present Resident York Hosp., York, Pa. *OK*
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BORN: Wheeling, W.Va., 5/16/42
GRADUATED Jefferson Med. College, 5/31/68
LICENSED National Boards, 7/1/69
A.M.A. not in yet
Resume and A.M.A. requested 6/12/73 *OK after*
24. ROBINSON, Raymond E.
BORN: Philadelphia, Pa. 3/28/40
GRADUATED, Meharry Med. College, 6/7/71
LICENSED: Georgia, 10/12/72
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1968-1970, Military service, U.S.A.F.
1970-1973, Resident
1973-present, Fellowship, Case Western Reserve, Cleveland, Ohio *OK*
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BORN, Washington, D.C. 12/14/43
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LICENSED, National Boards, 7/1/71
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1971-present, Resident, Cleveland Metro. Gen. Hosp., Cleveland, Ohio *OK*
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1969-1970, Resident, St. Joseph Mercy Hosp.
1971-1972, Military service, U.S. Army
1972-1973, Consultant, Park DuVal Neighborhood Health Center
1973-present, Resident, St. Joseph Mercy Hosp. *OK*

Summers

Apr 32

2157 Benson Drive
Dayton, Ohio 45406

2-23-73

State of Ohio
The State Medical Board
21 West Broad Street
Columbus, Ohio 43215

Dear Mr Williams Lee:

Enclosed please find the census blank form and the signature of my two endorser along with my photograph.

A money order for \$10.00 was sent to you along with the above (1) mentioned forms last week as the initial step towards

Endorsement licensure. The date sent was 2-14-73. Please check records, as you should have only a census blank filled out and a money order for \$10.00. The final application form with \$150.00 will be forth coming

Sincerely

Raymond Johnson, MD

RECEIVED

APR 04 1973

**OHIO STATE MEDICAL
BOARD**

1 Raymond E. Robinson
Signature of Applicant

2 Raymond E. Robinson
Signature of Applicant

I hereby certify that the photograph
on the reverse side to which this slip
is pasted is a genuine likeness of

Raymond E. Robinson

who was recommended by me to the
State Medical Board for a license to
practice in Ohio.

Feb. 13, 1973
Date

Henry V. [Signature] MD
Signature of First Endorser.

Feb 13, 1973
Date

David H. [Signature]
Signature of Second Endorser.



STATE OF OHIO STATE MEDICAL BOARD

65 SOUTH FRONT ST., SUITE 510

COLUMBUS, OHIO 43215

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE

AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUIRED HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE

OHIO STATE MEDICAL ASSN

AND AS APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.

MEDICINE

Raymond E. Robinson, MD 11-10-84
(SIGNATURE OF APPLICANT) (DATE)

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A
DOCTOR OF MEDICINE

IDENTIFICATION
NUMBER

35-03-5844

RAYMOND E. ROBINSON
254 WOODLAND AVE
SUITE 6
COLUMBUS OH 43203

MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD → 39

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS →

(SEE LIST ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE

\$100.00

DATE DUE

11/15/84

INSTRUCTIONS

1. DO NOT FOLD OR STAPLE THIS CARD.
2. REVERSE SIDE MUST BE COMPLETED.
3. MAKE CHECK OR MONEY ORDER PAYABLE TO:
TREASURER, STATE OF OHIO
4. PUT IDENTIFICATION NUMBER ON CHECK.
5. MARK CORRECT SPECIALTY CODE(S) BELOW.
6. SEND PAYMENT (DO NOT SEND CASH) AND THIS
APPLICATION IN ENCLOSED ENVELOPE TO:
TREASURER, STATE OF OHIO
BOX 2438 COLUMBUS, OHIO 43216

REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY DUE DATE.

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD.

PRINCIPAL PRACTICE ADDRESS — IF DIFFERENT FROM THAT
SHOWN ON FRONT

(PLEASE PRINT)

no change

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

Redacted

SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN CONVICTED OF OR PLEAD NOLO CONTEN-
DERE TO:

YES NO

☐ ☒

a.) a felony,

☐ ☒

b.) a misdemeanor committed in the course of your practice, or

☐ ☒

c.) a federal or state law regulating the possession, distribution or use of any drug?

AT ANY TIME SINCE THE LAST RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO

☐ ☒

1. Been addicted to or dependent upon alcohol or any chemical substance?

☐ ☒

2. Had any disciplinary action taken or initiated against you by a state licensing agency?

YES NO

☐ ☒

3. Surrendered or consented to limitation of license to practice medicine, or state or federal privileges to prescribe controlled substances?

☐ ☒

4. Had any hospital privileges suspended or revoked?

STATE MEDICAL BOARD OF OHIO

65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHIO 43215

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSN AND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.

Raymond E. Robinson 10/21/86
(SIGNATURE OF APPLICANT) (DATE)

INSTRUCTIONS

1. DO NOT FOLD OR STAPLE THIS CARD.
2. REVERSE SIDE MUST BE COMPLETED.
3. MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO.
4. PUT IDENTIFICATION NUMBER ON CHECK.
5. MARK CORRECT SPECIALTY CODE(S) BELOW.
6. SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO:

TREASURER, STATE OF OHIO
BOX 2438 COLUMBUS, OHIO 43216

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A
DOCTOR OF MEDICINE

IDENTIFICATION
NUMBER
35-03-5844

RAYMOND E. ROBINSON
254 WOODLAND AVE
SUITE G
COLUMBUS OH 43203

MD & DO SPECIALTY CODES

ENTER ALL →
SPECIALTY CODES
(SEE LIST ON ENCLOSED CARD) (LIMIT 3)

AMOUNT DUE DATE DUE
\$100.00 11/15/86

REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY NOVEMBER 15

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD.
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SHOWN ON FRONT

(PLEASE PRINT) *Raymond Robinson*
Robinson, Raymond E
LAST NAME FIRST NAME INITIAL
Suite G 254 Woodland Ave
STREET ADDRESS
Columbus, Ohio 43203
CITY STATE ZIP CODE
Franklin

SOCIAL SECURITY NUMBER

Redacted

SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN FOUND GUILTY OR PLEAD GUILTY OR NO CONTEST TO:

- YES NO
- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a.) a felony. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | b.) a misdemeanor committed in the course of your practice, or |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | c.) a federal or state law regulating the possession, distribution or use of any drug? |

AT ANY TIME SINCE THE LAST RENEWAL OF YOUR CERTIFICATE HAVE YOU:

- | | | | |
|--|---|--|---|
| YES NO | 1.) Been addicted to or dependent upon alcohol or any chemical substance? | YES NO | 3.) Surrendered or consented to limitation of your license to practice medicine, or state or federal privileges to prescribe controlled substances? |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | | <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> | 2.) Had any disciplinary action taken or initiated against you by a state licensing agency? | <input type="checkbox"/> <input checked="" type="checkbox"/> | 4.) Had any hospital privileges suspended or revoked? |
| | | | |

STATE MEDICAL BOARD OF OHIO

MEDICINE

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE AND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL

Raymond E. Robinson 11/18/88
(SIGNATURE OF APPLICANT) (DATE)

INSTRUCTIONS

- DO NOT FOLD OR STAPLE THIS CARD.
- REVERSE SIDE MUST BE COMPLETED.
- MAKE CHECK OR MONEY ORDER PAYABLE TO:
TREASURER, STATE OF OHIO
- PUT IDENTIFICATION NUMBER ON CHECK.
- UPDATE SPECIALTY IF NEEDED.
- SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO:
TREASURER, STATE OF OHIO
BOX 2438, COLUMBUS, OHIO 43216

REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A;
DOCTOR OF MEDICINE

IDENTIFICATION

NUMBER

35-03-5844

RAYMOND E. ROBINSON
254 WOODLAND AVE
SUITE 6
COLUMBUS OH 43203

MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS

(SEE LIST ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE DATE DUE

\$100.00 11/01/88

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY NOVEMBER 1.

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD.

PRINCIPAL PRACTICE ADDRESS—IF DIFFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT)

Not Different

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

Redacted

SOCIAL SECURITY NUMBER

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATION HAVE YOU:

YES NO
☐ ☒

- 1.) Been addicted to or dependent upon alcohol or any chemical substance? You may answer no to this question if you have successfully completed treatment at a program approved by this Board and have subsequently adhered to all statutory requirements as contained in Section 4731.224, O.R.C., and related provisions; or are currently enrolled in a Board approved program.

- 2.) Had any disciplinary action taken or initiated against you by a state licensing agency?

YES NO
☐ ☒
☐ ☒

a.) a felony

b.) a federal or state law regulating the possession, distribution or use of any drug?

YES NO
☐ ☒

- 3.) Surrendered or consented to limitation upon a license to practice medicine in state or federal privileges to prescribe controlled substances

- 4.) Had any clinical privileges suspended or revoked for other than failure to maintain records or attend staff meetings.

QT-00224-08

DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO

77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43268 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

Raymond E. Robinson 10/20/90
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER: 35-03-5844 AMOUNT DUE \$160.00 DATE DUE 11/01/90
RAYMOND E. ROBINSON, M.D.
254 WOODLAND AVE
SUITE G
COLUMBUS OH 43203

MD & DO SPECIALTY CODES CURRENTLY ON RECORD--

39 OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS: CODE1 CODE2 CODE3

CHANGE OF ADDRESS

STREET _____
STREET _____
CITY _____ STATE _____ ZIP CODE _____
COUNTY _____

96969696 21

0935035844 0000016000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

89 00146 102390 10007
AX BATCH DATE CODE
Street _____
Street _____
City _____ State _____ Zip Code _____

HAVE YOU BEEN FOUND GUILTY OF, OR PLEAD GUILTY OR NO CONTEST TO:

YES NO
A.) A felony ☒ ☐
B.) A federal or state law regulating the possession, distribution or use of any drug ☒ ☐

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO
1.) Been addicted to or dependent upon alcohol or any chemical substance? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. ☒ ☐

YES NO
2.) Had any disciplinary action taken or initiated against you by any state licensing board? ☒ ☐

YES NO
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? ☒ ☐

YES NO
4.) Had any clinical privileges suspended or revoked for reasons other than failure to maintain records or attend staff meetings? ☒ ☐

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *[Signature]* 62792
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-5844 AMOUNT DUE \$160.00 DATE DUE 07/01/92
RAYMOND E. ROBINSON, M.D.
254 WOODLAND AVE
SUITE G
COLUMBUS OH 43203

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

39 OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE1 CODE2 CODE3

CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

1:96969696 21:

0935035844" 000000160000"

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

STREET
STREET
CITY STATE ZIP CODE

HAVE YOU BEEN FOUND GUILTY OF, OR PLEADED GUILTY OR NO CONTEST TO:

YES NO
A.) A felony or misdemeanor. ☒ YES ☐ NO
B.) A federal or state law regulating the possession, distribution or use of any drug? ☒ YES ☐ NO

AT THE TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO
1.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. ☒ YES ☐ NO

YES NO
2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? ☒ YES ☐ NO
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? ☒ YES ☐ NO

YES NO
4.) Had any clinical privileges suspended, limited or revoked for reasons other than failure to maintain records or attend staff meetings? ☒ YES ☐ NO

Redacted

OPTIONAL FOR PURPOSES OF IDENTIFICATION

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43286 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *Raymond E. Robinson*

4/2/94

(SIGNATURE OF APPLICANT)

(DATE)

IDENTIFICATION NUMBER 35-03-5844
AMOUNT DUE \$250.00
DATE DUE 05/01/94
RAYMOND E. ROBINSON, M.D.
254 WOODLAND AVE
SUITE G
COLUMBUS OH 43203

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

ALL SPECIALTY CODES CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

199696969621

0935035844 0000025000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street
Street
City
State
Zip Code

AT THE TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.
YES ☐ NO ☒
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?
YES ☐ NO ☒
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.
YES ☐ NO ☒
4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?
YES ☐ NO ☒
5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?
YES ☐ NO ☒
6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?
YES ☐ NO ☒
7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?
YES ☐ NO ☒
8.) After January 14, 1993, referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any

935035844
ACCOUNT

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1994-1996 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *Raymond E. Robinson, M.D.* 3996
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-5844 AMOUNT DUE \$250.00 DATE DUE 05/01/96
RAYMOND E. ROBINSON, M.D.
900 S HIGH ST
SUITE D
COLUMBUS OH 43206

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

199696969621

0935035844 0000025000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street
Street
City State Zip Code
County

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.
YES ☐ NO ☒
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?
YES ☐ NO ☒
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from; drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.
YES ☐ NO ☒

935035844
ACCOUNT 4

4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?
YES ☐ NO ☒
5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?
YES ☐ NO ☒
6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?
YES ☐ NO ☒
7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?
YES ☐ NO ☒
8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation
YES ☐ NO ☒

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43286 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1998-1999 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *Raymond E. Robinson, M.D.* 4/24/98
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-5844-R AMOUNT DUE \$211.00 DATE DUE 05/01/98
RAYMOND E. ROBINSON, M.D.
900 S HIGH ST
SUITE D
COLUMBUS OH 43206

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

1:96969696 21:

0935035844 0000021100

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street
Street
City State Zip Code
County

AT THE TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO
1.) Been found guilty of, or pled guilty or no contest to a felony of this degree.
YES NO
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?
YES NO
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.

YES NO
4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?
YES NO
5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?
YES NO
6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?
YES NO
7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?
YES NO
8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?

SOCIAL SECURITY NUMBER

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1999-2000 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE
OHIO STATE MEDICAL ASSOCIATION
AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *Raymond E. Robinson* 10499
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-5844-R AMOUNT DUE \$305.00 DATE DUE 01/01/00
RAYMOND E. ROBINSON, M.D.
900 S HIGH ST
SUITE D
COLUMBUS OH 43206

I wish to apply for Emeritus status: ☐

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

199696969621

0935035844 0000030500

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT: THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL

Street
City
State
Zip Code

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

1.) Been found guilty of, or pled guilty or no contest to, or received treatment in lieu of conviction of, a felony or misdemeanor?
YES ☐ NO ☒
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?
YES ☐ NO ☒
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions. Or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.
YES ☐ NO ☒
4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?
YES ☐ NO ☒
5.) Been notified by any board, bureau, department, agency, or other body including those in Ohio, other than this board, of any investigation concerning you, or any charges, allegations or complaints filed against you?
YES ☐ NO ☒
6.) Surrendered, or consented to limitation in any jurisdiction: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?
YES ☐ NO ☒
7.) Had any clinical privileges or other authority to practice suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?
YES ☐ NO ☒

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1999-2001 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X

(SIGNATURE OF APPLICANT)

(DATE)

10/09

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After

35-03-5844-R \$305.00 01/01/02 04/01/02

RAYMOND E. ROBINSON, M.D.

4556 BENDERTON COURT

COLUMBUS OH 43220

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY



SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.

CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

4556 BENDERTON COURT
STREET
COLUMBUS OH 43220
CITY STATE ZIP CODE
FRANKLIN
COUNTY

0935035844

30500

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
YES ☐ NO ☒

2.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices.
YES ☐ NO ☒

3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
YES ☐ NO ☒

4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?
YES ☐ NO ☒

5.) Have you surrendered, or consented to limitation of, or to reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.
YES ☐ NO ☒

6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
YES ☒ NO ☐

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL.

Check this Box if you have NO principal Practice address.

Street
Street
City
State
Zip Code
County

Redacted

SOCIAL SECURITY NUMBER

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 2002 - 2004 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Raymond E. Robinson, M.D. (SIGNATURE OF APPLICANT) 12/03 (DATE)

IDENTIFICATION NUMBER 35-03-5844-R AMOUNT DUE \$305.00 DATE DUE 01/01/04 \$50 Late Fee Due After 04/01/04
RAYMOND E. ROBINSON, M.D.
4556 BENDERTON COURT
COLUMBUS OH 43220

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

4556 BENDERTON COURT
STREET
COLUMBUS
CITY OH 43220
STATE ZIP CODE
FRANKLIN
COUNTY

0935035844

30500

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
YES ☐ NO ☒

2.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices.
YES ☐ NO ☒

3.) Have any malpractice awards or settlements been paid by you or on your behalf for acts occurring in any state other than Ohio?
YES ☐ NO ☒

4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?
YES ☐ NO ☒

5.) Have you surrendered, or consented to limitation of, or to reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.
YES ☐ NO ☒

6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
YES ☐ NO ☒

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL

☐ Check this Box if you have NO principal Practice address.

692 EAST MARKET STREET
Street
AKRON
City OH 44304
State Zip Code
PORTAGE
County

Redacted
SOCIAL SECURITY NUMBER

120020002 711702
035844 0277 139
1 SE 000030500

DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE 2004 - 2006 CME PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH O.R.C. 4731.281 AND O.A.C. 4731-18, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Raymond E Robinson, MD 12-9-05
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35 . 035844 AMOUNT DUE \$305.00 DATE DUE 1/1/2006 \$50 Late Fee Due After 4/1/2006

Dr. RAYMOND E ROBINSON
518 E Town Street
Apartment 119
Columbus OH 43215

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG

Addy PMD



SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.

CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

STREET APT 119
STREET East TOWN
COLUMBUS OH 43215
CITY FRANKLIN STATE ZIP CODE
COUNTY

SELECT ONE ADDRESS FOR MAILINGS FROM THE BOARD.

☒ RESIDENCE ☐ PRINCIPAL PRACTICE ADDRESS

0003680711

30500

35ZZ 035844

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
YES ☐ NO ☒

2.) Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
YES ☐ NO ☒

3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
YES ☐ NO ☒

4.) Has any board, bureau, department, agency, or any other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?
YES ☒ NO ☐

5.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
YES ☐ NO ☒

6.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning any of the above questions can be directed to the board offices at (614)466-3934.
YES ☐ NO ☒

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL

☐ Check this Box if you have NO principal practice address.

892 EAST
MARKET
A-KRON OH 44304
City Portage State Zip Code
County

Redacted
SOCIAL SECURITY NUMBER

12272005 711700
1 0009 005
1 SE 000030500

DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO
30 EAST BROAD STREET, 3RD FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE 2006 - 2008 CBE PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH O.A.C. 4731.281 AND O.A.C. 4731.16, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *Raymond E. Robinson, MD* 11/20/07
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35 . 035844 AMOUNT DUE \$305.00 DATE DUE 1/1/2009 \$50 Late Fee Due After 1/1/2009

Dr. RAYMOND E ROBINSON
377C South Grant Avenue
Columbus OH 43215

NOV 19 2007

RECEIVED

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG
PMD

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

377C
STREET
SOUTH GRANT AVENUE
STREET
COLUMBUS, OH 43215
CITY STATE ZIP CODE
FRANKLIN
COUNTY

SELECT ONE ADDRESS FOR MAILINGS FROM THE BOARD.
☒ RESIDENCE ☐ PRINCIPAL PRACTICE ADDRESS

64814

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

YES ☐ NO ☒ 1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

YES ☐ NO ☒ 2.) Have you surrendered, consented to limitation of, or to suspension, revocation, or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

YES ☐ NO ☒ 3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

YES ☐ NO ☒ 4.) Has any board, bureau, department, agency, or any other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?

YES ☐ NO ☒ 5.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?

YES ☐ NO ☒ 6.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning any of the above questions can be directed to the board offices at (614)466-3934.

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL

☒ Check this Box if you have NO principal Practice address.

Street

Street

City

State

Zip Code

County

Redacted
SOCIAL SECURITY NUMBER

STATE MEDICAL BOARD OF OHIO
30 EAST BROAD STREET, 3RD FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE 2009 - 2010 CME PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH O.R.C. 4731.281 AND O.A.C. 4731-19, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Raymond E. Robinson MD 12/4/09
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After
35 . 035844 \$305.00 1/1/2010 4/1/2010

Dr. RAYMOND E ROBINSON
377C South Grant Avenue
Apartment 400 C
Columbus OH 43215

DEC 18 2009

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG
PMD

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

377 South Grant Ave Apt C
STREET
COLUMBUS OH 43215
CITY STATE ZIP CODE
COUNTY

SELECT ONE ADDRESS FOR MAILINGS FROM THE BOARD.
☒ RESIDENCE ☐ PRINCIPAL PRACTICE ADDRESS

86758

- AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:
- 1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
YES ☐ NO ☒
- 2.) Have you surrendered, consented to limitation of, or to suspension, revocation, or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
YES ☐ NO ☒
- 3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
YES ☐ NO ☒
- 4.) Has any board, bureau, department, agency, or any other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?
YES ☐ NO ☒ (Va. Board of Medicine 12-2-09)
- 5.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
YES ☐ NO ☒
- 6.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning any of the above questions can be directed to the board offices at (614)468-3934.

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL

☒ Check this Box if you have NO principal Practice address.

Street

Street

City

State

Zip Code

County

Redacted

SOCIAL SECURITY NUMBER