## 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
foll	owing statement regarding my preliminary education.
1.	Name Kobi uso N Raymond E 2. Place of birth / hi/a de/phia Ta
	Address 2157 Benson Dirive Apt 32 Date of birth 3 - 28-40
	VayToN, Ohio 45406 4. Intended residence Ohio
5	PRELIMINARY EDUCATION.  Name and Location of Institution Attended and Degree Received.  1 Period and Date of Study.
	Livingstone College, Salisbury N.C. BS Ligree SEDV. 1987 - May 1961
	$\alpha M \cdot 1 = 1$
	Machvilla Tennessee 37/208 MDdeprey 8848 - 0 mm 197/ 3/12/73
	Received Ohio Certificate of Preliminary Education No. 3175 ; issued by
	(Date)
Đ.	I have made application to the following State Examining and Licensing Boards, and no others
	STAVE ON GEORGIA 1971 & no others
	of application—Reciprocity or Examination
	D (1)
	and received a certificate from each except as follows: NONE OTHER THAN
	State of Congress Oct 12 1972 - Reciprocity or Examination.)
_	STAVE ON GEORGIA UEY 72, 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 Hedical License State of Georgia 10-1272
	Certi Acate of Internship Completion - Temple University Hospital Pla June 30, 1972. Attended Modern Medical Glad full courses of medical lectures as follows, to-wit:
	1st Course at Meharry Medice Callege from 19 67 to 1968
	2nd Course at 1/ 1/ from /9.68 to /969
	3rd Course at 17 1/ from 1969 to 1970
	9th Course at 1/ 1/ from 1970 to 197/
	May 1 mg/2 / C//-
	Was granted a diploma by No. AARY ///(V/CA) CO//21 Coated at
	NASAVILLE State of PRINCESSEE on the 7 day of June 1977
	5+11 5-14 1 1 +./ Al. 1 1 7-17 (2)
8.	(Give places and dates)
	Good Samenitan Hospital Dayten Ohio 45406 1 year DBGyal Residency 7-1-72 - present
	, , , , , , , , , , , , , , , , , , , ,
у.	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? (Answer Yes or No)
	If so, specify: (Charge) (Date)
	Have you ever been or are you now addicted to narcotic drugs? (Yes or No)
	Have you ever been charged with addiction?
	(Yes or No)
	Specify charge:
	Have you ever found it necessary to surrender your narcotic license?
	(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? (Yes or No)
	If so, give full particulars:
	(Offense) (Place) (Disposition)
	(Date of Disposition)
10.	PHYSICAL DESCRIPTION OF APPLICANT
	Bl. K hard by I
	Color of Hair Black Color of eyes brown Complexion brown
	Height 5 feet 7 kin Weight 150 Build Stead Marks nove
	Areigne Trace of the Build Trace of Marks

FORM II. \*AFFIDAVIT

FORM	TI. "AFFIDAVIT.
STATE OF hill	]
COUNTY OF MONEY METAL	S 85.
On this 23 day of	19. 75, personally appeared before mc,
who being duly sworn says that he is the person refe	reed to in the foregoing application for license to practice medicine
in the State of Ohio; that the statements therein	
understands this Affidavit.	( ) E V
	(Signature of Applicant)
Signed and sworn to before me, this	daylot 7/1 / 10 >10 73 1
	( a early ) ( ) ( ) ( )
(Seal.)	(Official designation of officer administering oath)
* Must be sworn to before an officer authorized to admir	nister oaths, or a Federal officer.
the Maney Grant, Charles	
11 / Countier on Expires 7-31-75	FORM III.
	STATE LICENSE OR CERTIFICATE.
(A verbatim copy to follow here, over Seal	of State Licensing Board, certified to by the Secretary thereof.)
-	
·· -	
•	
75.00	
	,
I hereby certify that the above is a verbatim co	py of license No. 14951, issued to Dr
I hereby certify that the above is a verbatim coby the Composite State Board of Medica	
by the Composite State Board of Medica	
by the Composite State Board of Medica (Seal.)	FORM IV.
by the Composite State Board of Medica (Seal.)  CERTIFICATE AND RE	FORM IV.
by the Composite State Board of Medica (Seal.)  CERTIFICATE AND RE	FORM IV.  Secretary.  Secretary.  Secretary.  At Board of Medical Examiners
(Seal.)  CERTIFICATE AND RE Acting in behalf of the Composite Sta	FORM IV.
(Seal.)  CERTIFICATE AND RI Acting in behalf of the Composite Sta	FORM IV.  Secretary.  Secretary.  At Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972
(Seal.)  CERTIFICATE AND RE Acting in behalf of the Composite Sta  I do hereby certify that Dr. Robinson  19.72., granted a license to practice Medicine and S	FORM IV.  ECOMMENDATION OF SECRETARY.  Ate Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972
(Seal.)  CERTIFICATE AND RI Acting in behalf of the Composite Sta  I do hereby certify that Dr. Robinson  19.72, granted a license to practice Medicine and Son the basis of Examination!	FORM IV.  Secretary.  Secretary.  At Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972  Surgery in the State of Georgia
(Seal.)  CERTIFICATE AND RI Acting in behalf of the Composite State  I do hereby certify that Dr. Robinson  19.72, granted a license to practice Medicine and Son the basis of Examination!  in the following subjects. Anatomy 7.5 Cr.	FORM IV.  Secretary.  Secretary.  At Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972  Surgery in the State of Georgia  strion or medical diploma of graduation.)  temistry 95 Pathology 75 Materia Medica 75
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(Seal.)  CERTIFICATE AND RI Acting in behalf of the Composite State  I do hereby certify that Dr. Robinson  19.72, granted a license to practice Medicine and Son the basis of Examination!  on the following subjects. Anatomy 75 Cr.  Physiology 80 Practice and Hy Surgery 85 Physical Diagnosis  on which he received an average of 83 proto to the good moral and professional standing of Dr.	FORM IV.  Secretary.  Secretary.  FORM IV.  Secommendation of Secretary.  Ate Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972  Surgery in the State of Georgia  Ation or medical diploma of graduation.)  semistry 95 Pathology 75 Materia Medica 75  regione 83 Obstetrics 89 Gynecology 82  Ls. 90  er cent, and from evidence on file in this office, I do hereby certify  Robinson  Ohio , and recommend him to
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CERTIFICATE AND RE Composite State Board of Medical (Seal.)  CERTIFICATE AND RE Acting in behalf of the Composite State I do hereby certify that Dr. Robinson  19.72 granted a license to practice Medicine and State board examination! In the following subjects. Anatomy 75 Cr. Physiology 80 Practice and Hy Surgery 85 Physical Diagnosis  on which he received an average of 83 proper person which make received an average of 10 property of 10 property 1	FORM IV.  SCOMMENDATION OF SECRETARY.  Ate Board of Medical Examiners  (Name of State Board.)  was on the 12th day of Oct., 1972  Surgery in the State of Georgia  Strion or medical diploma of graduation.)  temistry 95 Pathology 75 Materia Medica 75  regione 83 Obstetrics 89 Cynecology 82  LS 90  er cent, and from evidence on file in this office, I do hereby certify  Robinson  Ohio , and recommend him to on for medical licensure.  Sical Examiners

Resume of my activities from date of graduation from Mehanny medical College June 7, 1971

Internship Templer University Hospital

Internship Templer University Hospital

(a) 7 months OBGyN 4 months Medicine

I mas in no medical society

July 1 1972 - Present

1st year Resident DB GyN

October 12,1972 Receipt of Medical license

From State of Georgia

I still hold No membership in any medica /

Society

Raymond Kolunion, mo

RECEIVED

NOO 0 4 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

licensure in your state	covided for your conve e, hospital staff privileg rvices Unit of the AMA.	es or faculty positions	-		•	-
Full name of M.D.	Raymond Robinso	on M.D.	<u>.</u>			
Place of birth	Philadelphia, F	Pa	1	Date of birth	3/28/40	_
Professional Mailing A	Address 2157 Bens	son Drive, Apt. 3	2			
Medical Education:						
School Name	Meharry Medical	l College,Nashvil	le, Tenn.		M.D. Degree	6/7/71 (Year)
Internships: Hospi	tal	Loca	tion		Dates	
					o	
Residencies and Fello Hospi	•	Loca	tion		Dates	
					to	
M.D. Licensed to Prac	tice Medicine in the Fo	llowing States:				
State_Georgia_Yea	r_1972; Stat	teYear_	;	State	Year	
Inquiry Submitted by _		our Name Here)		Title		
(Affi	liation - Licensing Boa	rd, Hospital or Medica		y-State		
	t reveal any derogatory	information.	ER OF AMA		Y	
	o for comments regarding cates that the data given ted.		listed in the	AMA Master	File of Physic	iens. Any
Date 3-20	. 73		Joan All	an a	lvarez	<u>-</u>

21 WEST BROAD STREET COLUMBUS, OHIO 43215

Member Services Unit

BOARD

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# ROBINSON, Kaymon

THE STATE MEDICAL BOARD

OFFICIAL BOARD

PETER LANCIONE, M.D. PRESIDENT, BELLAIRE JOHN D. BRUMBAUGH, M.D. VICE-PRESIDERT, ARRON HENRY G. CRAMBLETT, M.D.

SECRETARY, COLUMBUS HERRY A. CRAWFORD, M.D. CLEVELAND

SAMFORD PRESS, M.D. STEUBERVILLE

RALPH K. RAMSAYER, M.D. CANTON

ANTHONY RUPPERSBERG, JR., M.D. COLUMBUS

WILLIAM J. TIMMINS, JR., D.O. WARREN

WILLIAM J. LEE ASMINISTRATOR 21 WEST BROAD STREET COLUMBUS, 0:110 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 Maturalization, of have a Declaration of Intention, an Alien Registration Reciept Card, or have a current approval of a Petiliion 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 Doards 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:

Philadelphia, Pennsylvania a. Your place and date of birth

b. Your medical school of graduation, its lication, and date you received your degree Mehanry Medical College, 1005 18th Avenue North, Nashville, Tennessee c. The state in which your are licensed by written examination and the year you

by State were licensed, if applicable of Georgia Licensed

d. The year in which you were certified by the National Board of Medical Examiners or the Hational Board of Osteopathic Examiners (please note which Board) and the year of certification, if applicable

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

Very truly yours,

Endorsement Clerk



2157 Benson Drive Apartment #32 Dayton, Ohio 45406 2-1-73, 113 45 2-1-73, 113 45 Value 11/13 c

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

2 Dear Sir:

2 I am presently licensed by the State of Georgia to practice medicine and surgery 2 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 proceedures The as at might do this. I presently have a temporary contificate for this as I am a Resident in the proceed west and the proceed west in the proceed with a temporary of the proceed with a proceed with

Kaymond Mobinson, MD License # 14951

RECEIVED
FEB - 5 1973
OHIO STATE MEDICAL

AFFIDAVIT OF PHYSICIANS.
STATE OF STA
Monta mery county
Before me, personally appeared Serry Victor 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 Roymand Ratherine M. D., well for years and knows June
to be of good moral and professional character, that he is a graduate of mehony madril callege
College in the year 1971 , that he has been in the practice of Medicine for the last twelve months at
and recommended home as worthy of professional
recognition and that the foregoing physical description is correct.
Address 320 Graffor Mr. Hill Jen Victer M. D.
Dayton, aha Graduate of home of Corconetty, Certificate No. 35 15/
Subscribed and sworn to this 23 day of 1973
(Seal.)
STATE OF STATE OF My Commission Expires
COUNTY SE: My Commission
David Fills
Before me, personally appeared 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 Roymond Robinson M. D., well for byears and knows him
to be of good moral and professional character, that he is a graduate of meharry meduefullege
College in the year. 197-, that he has been in the practice of Medicine for the last twelve months at
and recommended was worthy of professional
recognition and that the foregoing physical description is correct.
Address 48 Tonywood Circle David N. Rollis M. D.
meanisburg Ohio, Graduate of Meharry, Certificate No. 35427
Subscribed and sworn to this day of 19
SORCT-(1866). SWALTZEL, Rotary Public MATALLY MILES
in and for Montgomery County, Ohio  Notary Public.  Notary Public.  Notary Public.
./
FORM VI. NA
CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:
P. O. Address
I certify that Dr of
is a member in good standing of the
President or Secretary M. D.
(If you are not and have never been a member of a medical society, give a brief explanation of the reason.)
am NOT a member of any medical society
I am NOT a member of any medical society as I have been in internship & 14 year OBGYN Residency, and graduated from Medical SECTION 4731.29, REVISED CODE
(College 6-1-7)
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. . .

State Certificate No. 35 844

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

STATE OF OHIO

A53-8

H-5-73

Filed

M. D. M

### 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

- The State Medical Board of Ohio holds regular meetings on the first Tuesday in January, April, July, and October at Columbus.
- 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.
- 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.
- Address all communications to the Administrator of the State Medical Board, Wyandotte Building, 21 West Broad Street, Columbus, Ohio 43215.



BEN W. FORTSON, JR. BECRETARY OF STATE

STATE EXAMINING BOARD PHONE AREA CODE 404

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 day of March 73

some date paper was typia

William Morton

President

CECIL L. CLIFTON JOINT-SECRETARY ATE EXAMINING BOARD

MISS CARROLL HART DIRECTOR DEPARTMENT OF ARCHIVES AND HISTORY H. R. SIMMONE FIBCAL OFFICER MRB. MARY C. LITTERBERG TANT SECURITIES COMMISSIONER

JAMES L. EATON ASSISTANT CORPORATION COMMISSIONER

MRS. EMILY SHERBERGER

GREY B. CULBERSON RECTOR GEORGIA STATE MUSEUM OF BCIENCE AND INDUSTRY

C.L. Clifton

Joint Secretary, State Examining Boards

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.

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

51

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

N

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

26. SPENGLER, Dan Michael
BORN Défiance, 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

orc

27. STANFIELD, Ronald Jeffrey
BORN, Washington, D.C. 12/14/43
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

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.

N

29. STRASIUS, Stanley R.
BORN: Kretinga, Lithuania, ]/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.

De Ruppersberg

- 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.
- 23. ROSINSON, John Hollis
  BORN: Wheeling, W.Va., 5/16/42
  GRADUATED Jefferson Med. College, 5/81/68
  LICENSED National Boards, 7/1/69
  A.M.A.not in yet
  Resume and A.M.A. requested 6/12/73
- 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
- 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
- 26. SPENGLER, Dan Michael
  BORN Défiance, 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
- 27. STANFIELD, Ronald Jeffrey
  BORN, Washington, D.C. 12/14/43
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Dr Crambett

- 22. RISKO, James Howard
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Temmins

Apt 32 2/57 Benson Drive Dayton, Ohio 45406 2-23-23

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 endorsers 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 ENdorse ment licensure. The date sent mas 2-14-13. Please check records, as you should have only a census blank filled out and a money order for \$10.00. The final peoplication form with \$150.00 will be forth coming Sincerely Johnson, 20

# RECEIVED

APR 04 1973

OHIO STATE MEDICAL BOARD

(17)	

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D NO 1-
1 Maymon C. Volunson Signature of Applicant
2 aymon E. Kourism Signature of Applicant
I hereby certify that the photograph on the reverse side to which this slip
ja 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. 13,19731
Date
Bignature of First Endorser.
feb-13,19732
David Hellem
Signature of Second Endorser.

I CERTIFY, WHITER PEN AND SUMMERY IN THE S CONTINUOUS MEDICAL I	ALTY OF THE LOSS OF MY INSELT TO PRACTICE MEDICIE STATE OF OND, THAT I MADE COMPLETED INJURIES THE LAST MEMBRAY THE REQUESTION CERTIFIED BY THE OH I D STATE E STATE MEMBRAL BOARD AND MEMBRY MADE MYLECTION FOR INJURIES.	NE NETE HOURS OF MED I C AL A	SSN ∩	11-10-84	2. REVERSE S 3. MAKE CHE TR 4. PUT IDENT 5. MARK COR 6. SEND PAY APPLICATI TR BOX 2	INSTRUCTIONS OLD OR STAPLE THIS CARD. SIDE MUST BE COMPLETED CK OR MONEY ORDER PAYA EASURER, STATE OF OH PICATION HUMBER ON CHE HIECT SPECIALTY CODE(S) B MENT DO, NOT SEND CASH ON IN ENCLOSED ENVELOPE EASURER, STATE OF OH MASS COLUMBUS, OHIO 4	MLE TO: IO CCK. ELOW. I) AND THIS E TO: IO 43216
[ ]	APPLICATION FOR DECIMAL LESSES RESIDENT TO PRACTICE AS A DOCTOR OF MEDICINE		DENTIFIC NUMB -03:		REPORT ANY	PLEASE PRINTY	OF RECORD
[L.]	RAYMOND E. ROBINSON 254 WOODLAND AVE SUITE 6				LAST NAME	PURST MANE	MITIAL
•	CDEUMBUS DH 432 03				STREET RECORDS	£.	
	MD & DO SPECIALTY CODES	AMOUNT DUE \$100.00		DATE DUE /15/84	CITY	STATE	ZIP CODE
Γ.	SPIEMLTY CODES CUMBETLY ON RECORD -> 3 9  IF HECESSARY TO CORRECT, ENTER  ALL SPECIALTY CODE MANNERS>	710000	•				
	GEE LIST ON ENDLOSED CARD) 6-MAT OF 3) RECEIVE YOUR RENEWAL CARD BY DECE						COUNTY
	DI PRACTICE ADDRESS — IF DIFFERENT FRON FRONT PRINT) NO Change	RESI MAR	ONSE K THE	BE GIVEN CORRECT	TO THE FOLL BOX.	O CODE REQUIRES OWING QUESTION.	PLEASE
LAST NAME	FIRST NAME	HOTIAL / HAVE		BEEN COL		R OHIO MEDICAL LI OR PLEAD NOLO C	
STREET ADORES	22	YES	NO	a.) a felon	6 8		
спу	STATE Franklism	ZIP CODE			emeanor com	mitted in the course	e of your
SOCIAL S	ECURITY NUMBER Redacted				ral or state law on or use of a	w regulating the pos any drug?	ssession,
	AT ANY TIME SINCE THE			OUR CERTI	FICATE HAVE	YOU:	
YES NO	Been addicted to or dependent upon or any chemical substance?      Had any disciplinary action taken or in		NO	July or t	h license to	consented to limit practice medicine, or ges to prescribe cont	state
	against you by a state licensing ag		X	4). Ha		l privileges suspend	led or
				-		and the state of the state of	

STATE MEDICAL BOARD OF OHIO 65 SOUTH FRONT ST., SUITE \$10 COLUMBUS, OHIO 43215	INSTRUCTIONS			
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 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE DMID STATE MEDICAL ASSON AND AT ROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.	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:			
(SIGNATURE OF APPLICANT) (DATE)	TREASURER, STATE OF OHIO BOX 2438 COLUMBUS, OHIO 43216			
APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A NUMBER DOCTOR OF MEDICINE 35-03-5844	REPORT ANY CHANGE OF ADDRESS OF RECORD (PLEASE PRINT)			
RAYMOND E. ROBINSON 1 254 WOODLAND AVE SUITE G	LAST NAME FIRST NAME INITIAL STREET ADDRESS			
MD & DO SPECIALTY CODES  ENTER ALL \$100.00 11/15/86  SPECIALTY CODES 3 9	CITY STATE ZIP CODE			
SEE LIST ON ENGLASED CARD) (LINIT (5 ))	COUNTY			
THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADD PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT) DAYMOND ROUND RESPONSE BE GIVEN TO MARK THE CORRECT BO SINCE YOU LAST RENEW HAVE YOU BEEN FOUND OR NO CONTEST TO:  YES NO  ST IEFT LODRESS  CITY  STATE  TOWN ON PROVIDED BY DECEMBER 31ST, RETURN THIS APPLICATION OF THE STORY	TION AND FEE BY NOVEMBER 15  RESS OF RECORD WITH THE BOARD.  REVISED CODE REQUIRES THAT A THE FOLLOWING QUESTION. PLEASE			
THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADD PRINCIPAL PRACTICE ADDRESS - IF DIRFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT) DAYMOND ROSPONSE BE GIVEN TO MARK THE CORRECT BO SINCE YOU LAST RENEW HAVE YOU BEEN FOUND OR NO CONTEST TO:  YES NO  STIEFT IDDRESS  CITY  STATE  FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADD SECTION 4731.281, OHIO RESPONSE BE GIVEN TO MARK THE CORRECT BO SINCE YOU LAST RENEW HAVE YOU BEEN FOUND OR NO CONTEST TO:  YES NO  Redacted  Redacted	RESS OF RECORD WITH THE BOARD.  REVISED CODE REQUIRES THAT A THE FOLLOWING QUESTION. PLEASE X.  PED YOUR OHIO MEDICAL LICENSE, GUILTY OR PLEAD GUILTY  anor committed in the course of your or state law regulating the possession, use of any drug?			

3.) Surrendered or consented to limitation

4.) Had any hospital privileges suspended or revoked?

substances?

ur bla license to practice medicine, or state

or federal privileges to prescribe controlled

1.) Been addicted to or dependent upon alcohol

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

or any chemical substance?

STATE MEDICAL BOARD OF OHIO  I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE  AND SURGERY IN THE STATE OF OHIO, THAT I HAVE SOMPLETED DISPUSATIVE MAST REGIMEN THE RECURSITE HOURS OF CONTRI JING MEDICAL EDUCATION CERTIFIED BY THE AND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICANTON PORTREMENAL.  (SIGNALIRE OF APPLICANT) (DATE)	2. REVERSE SID 3. MAKE CHECK TREASU 4. PUT IDENTIFIC 5. UPDATE SPEC 6. SEND PAYMEI APPLICATION TREA BOX 2	INSTRUCTIONS OR STAPLE THIS CARD E MUST SE COMPLETE OR MONEY ORDER PAY INFER, STATE OF OHI ALTY IF NEEDED. IN ENCLOSED ENVELOP ASURER, STATE OF C 436, COLUMBUS, OHIO CHANGE OF ADDRESS	ED. YABLE TO: O HECK. I) AND THIS PE TO: DHIO 43216
APPLICATION FOR BIENMAL LICENSE RENEWAL TO PRACTICE AS A;  NUMBER 35-03-5844		(PLEASE PRINT)	
1 RAYMOND E. ROBINSON    1 254 WOODLAND AVE   SUIFE 6	LAST NAME	FIRST NAME	NETIAL
COLUMBUS OH 43203	STREET ADDRES	8	
MD & DO SPECIALTY CODES  SPECIALTY CODES CURRENTLY ON RECORD	CITY	STATE	ZIP CODE
F RECESSARY TO CORRECT, ENTER 3 \$100 -00 : 11/01/88	""	SIAIE	ZIP CODE
(SEE LIFE ON ENCLOSED CARD) (LIMIT OF S)		COUN	my -
TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION	ON AND FEE BY	NOVEMBER 1.	
THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR AD	NADESS OF BE	CORD WITH THE B	OARD
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LAST NAME FIRST NAME INITIAL YES NO			
STREET ADDRESS  CITY STATE  ZIP CODE  A.) a felony distribution	or state law region or use of an	gulating the possessi y drug?	on,
Redacted			
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YES NO		nitation upon a license to	practice
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Board and have subsequently adhered to all statuatory requirements as contained in Section 4731,224, O.R.C., and		ended or revoked for othe	
[7] [57] 9 ) Hard any disciplinary action taken or initiated against you by a		07.00004.01	

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STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43268 - 0315			MD & DO SPECIALTY CODES CURRENTLY ON RECORD 39 OBSTETRICS & GYNECOLOGY				
							CERTIFICATION
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CERTIFICATION  I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNUM 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.  (SIGNATURE OF APPLICANT)  (DATE)  IDENTIFICATION NUMBER  AMOUNT DUE  35-03-5844  \$160.00  07/01/92  RAYMOND E. ROBINSON, M.D. 254 WOODLAND AVE	IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE1 CODE2 CODE3  CHANGE OF ADDRESS  STREET
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STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315  CERTIFICATION	OBG OBSTETRICS & GYNECOLOGY
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1998-1998 BIENINUM 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	SPECIALTY CODE(S) CORRECT AS LISTED
PROVIDED ON THIS APPLICATION FOR BENEVAL IS TRUE AND CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE LILI LILI ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3
X Rayne Bornon po 18 2498	REPORT ANY CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT ) (DATE)  IDENTIFICATION NUMBER AMOUNT DUE  35-03-5844-R \$211.00 05/01/98  RAYMOND E. ROBINSON, M.D.	STREET STREET
900 S HIGH ST Suite d Columbus oh 43206	COUNTY STATE ZIP CODE
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THINCIPAL PHACTICE ADDRESS.—IF DIFFERENT FROM THE ADDRESS SHOWN CAN'FRONT.  Street.  COUNTY SECTION OF YOUR CERTIFICATE HAVE YOU.  YES TO THE SINCE SIGNING YOUR LAST APPLICATION OF PENEWAL OF YOUR CERTIFICATE HAVE YOU.  YES TO THE SINCE SIGNING YOUR LAST APPLICATION OF PENEWAL OF YOUR CERTIFICATE HAVE YOU.  YES TO TO Been found guility of, or pled guility or no contest to a federal pristate law regulating the possession, distribution or use of any drug?  3. Been found guility of, or pled guility or no contest to a federal pristate law regulating the possession, distribution or use of any drug?  3. Been addicted to be dependent upon alcohol dependency or abuse? You may arrawer "no" to this question if you have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.224 and restreet to all statutory requirements as contained in sections 4731.224 and farsal currently enrolled in a board approved program. Any questions concerning to a possession concerning to a possession of a part of a program and provisions, or by our accurrently enrolled in a board approved program. Any questions concerning to a page.	directed to the board diffices.  4.) Had malpractice fasurance 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?  6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or tacility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?  SOCIAL SECLIBITY NUMBER

DÉTACH ...CHÉ AND REMIT THIS PURITON WITH FEL I wish to apply for Emeritus status: MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO
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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 EMERY RESPECT.  (DIO OF COLUMN AND COL	MD & DO SPECIALTY CODES CURRENTLY ON RECORD  OBG OBSTETRICS & GYNECOLOGY  SPECIALTY CODE(S) CORRECT AS LISTED  IF CORRECTIONS ARE NECESSARY, PLEASE CODE1 CODE2 CODE3  RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL
IDENTIFICATION NUMBER         AMOUNT DUE         DATE DUE         \$50 Late Fee Due After           35-03-5844-R         \$305.00         01/01/02         04/01/02	STREET STREET
RAYMOND E. ROBINSON, M.D. 4556 BENDERTON COURT	CO.L.U.M. B.U.S. O. H. 4.322.C
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MD & DO SPECIALTY CODES CURRENTLY ON RECORD

77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127  CERTIFICATION	Addy PMD
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF ONIO, THAT I HAVE COMPLETED DURING THE 2604 - 2006 CME PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH O.R.C. 4731.201 AND O.A.C. 4731-16, AND THAT THE IMPORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.	SPECIALTY CODE(S) CORRECT AS LISTED  F CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.  CODE: C
(SIGNATURE OF APPLICANT ) (DATE)  IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After 35. 035844 \$305.00 1/1/2006 4/1/2006  Dr. RAYMOND E ROBINSON 518 E Town Street Apartment 119 Columbus OH 43215	RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL
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AT ANY TIME SINCE SIGNING YOUR LAST  APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:  YES NO  The part of contest of intervention of a misdemeanor or felony?  The part of consented or intervention of a misdemeanor or felony?  The part of consented or intervention of a misdemeanor or felony?  The part of consented or intervention of or contest or or state or prediction or state or to extend or state or to extend or state or	A control or dependent upon treated to or dependent upon treated to; or been diagnosed as suffering from, drug or alcohol or expected to the 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 requirement. You must answer "YES" if you have ever relapsed. Any questions concerning and of the above questions can be directed to the board the above questions can be directed to the board of the above questions and the above and the above and the above accounts and the above and

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MD & DO SPECIALTY CODES CURRENTLY ON RECORD

STATE MEDICAL BOARD OF OHIO 30 EAST BROAD STREET, 3RD FLOOR, COLUMBUS, OHIO 43215 - 6127  CERTIFICATION	OBG PMD
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE 2008 - 2008 CME PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH Q-R.C. 4731.281 AMD Q-A-C.	SPECIALTY CODE(S) CORRECT AS LISTED
4731-10, AND THAT THE IMPORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.	IF CORRECTIONS ARE NECESSARY, PLEASE LIFE CODES CODES CODES
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Columbus OH 43215 NOV 1 9 2007	COUNTY
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APLICATION FOR RENEWAL OF YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE: YES NO  To contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?	2) Have you surrendered, consented to limitation of, or probation concenting, a license to practice any license to practice any healthcare profession or state or healthcare profession or state or substances in any furisdiction other than other.  YES NO substances in any furisdiction of the than Other than O	YES NO 4.) Has any board, bureau, department, agency, or any other body, including those in Oble, ather than this board, filed any charges, (allegations) or complaints against you? <i -="" 1="" 2.="" a="" any="" asspended,="" attend="" authority="" based="" beals="" c="i" clinical="" e="" had="" have="" i="" institutional="" maintain="" meetings?<="" millian="" n="" no="" o="" on="" or="" other="" privileges="" records="" restricted="" s.)="" similar="" ss="" staff="" th="" timely="" to="" v.="" ye,="" yes="" you=""  =""><th></th><th>PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL  Check this Box if you have NO principal  Street  Street</th><th>Courty SOCIAL SECURITY NUMBER 1</th></i>		PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL  Check this Box if you have NO principal  Street  Street	Courty SOCIAL SECURITY NUMBER 1