APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. **FEES ARE NOT REFUNDABLE.**

C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
PHYSICIAN	036	ENDORSEMENT	$ 700.00

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- ☒ This is the first time I have made application for this profession in Illinois.
- ☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- ☐ Other: Board #220005
- ☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- ☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

RECEIVED
CASHIERING
JUL 03 2003
IDFPR
Div. of Professional Regulatio

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO.
RUDDOCK, MARTIN DENNIS	M.D.	[redacted]

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

[redacted]

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

11710 SHAKER BLVD CLEVELAND, OH 44120- CUYAHOGA

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER'S MAIDEN NAME: PENHOLLOW

8. PLACE OF BIRTH CITY STATE/COUNTRY

9. DATE OF BIRTH

10. AGE

[redacted]

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: (216) 295-2500 (Area Code)

Home: [redacted] (Area Code)

Fax: (216) 491-9123 (Area Code)

Fax: ( ) - (Area Code)

12. PREFERRED e-MAIL ADDRESS(ES) [If available]

[redacted]

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

NAME (Last, First, MI):

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 (12) Graduated High School? ☒ Yes ☐ No Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION
TINLEY PARK HIGH SCHOOL	TINLEY PARK, ILLINOIS	05/1969 (Month/Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 (8) Graduated? ☒ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	TYPE OF DEGREE EARNED
WASHINGTON UNIVERSITY	ST. LOUIS, MO-USA	08/1969	05/1973	BA. BIOLOGY
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	ST. LOUS, MO USA	08/1973	05/1977	M. D.

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	Did You Complete Training?
CASE WESTERN RESERVE UNIVERSITY HOSPITALS	CLEVELAND, OHIO USA	07/1977	06/1981	☒ Yes ☐ No
OB-GYN RESIDENCY				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

SS#:

Profession:

NAME (Last, First, MI):

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure OHIO	D.R. MARTIN DENNIS RUDDOCK	35-042867	11-1978	ACTIVE
State of Current Licensure where you most recently have been practicing. OHIO	SAME	35-042867	11-1978	ACTIVE
Other States of Licensure				
PENNSYLVANIA	MARTIN DENNIS RUDDOCK	MD057881L	01-11-1994	INACTIVE

(If additional space is needed, attach a separate sheet.)

SS#:

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

Profession:

NAME (Last, First, MI):

PART VI: Personal History Information *(This part must be completed by all applicants)*	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*		X
2. Have you been convicted of a felony?		X
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*		X
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		X
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		X
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		X

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes. ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

b) CHART III - Select the examination site you desire and enter Test Center Code: ☐☐☐☐

c) CHART IV - Find your School of Graduation and enter school code: ☐☐☐☐☐

d) Record the number of times you have taken this exam in Illinois or any other state: ☐☐

SS#:

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☒
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

   Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes ☐ No ☒

Profession:

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

[redacted] 06-28-2013

Signature of Applicant Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH *OR* CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1 NAME LAST FIRST MIDDLE: RUDDOCK, MARTIN DENNIS

3 PROFESSIONAL LICENSE NUMBER (if any): ___-_____

2 ADDRESS STREET, CITY, STATE, ZIP CODE: 44124 [redacted]

4 SOCIAL SECURITY NUMBER: [redacted]

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- ☐ Acupuncturists
- ☐ Advanced Practice Nurses
- ☐ Athletic Trainers
- ☐ Audiologists
- ☐ Clinical Psychologists
- ☐ Clinical Social Workers
- ☐ Dental Hygienists
- ☐ Dentists
- ☐ Genetic Counselors
- ☐ Licensed Clinical Professional Counselors
- ☐ Licensed Practical Nurses
- ☐ Licensed Social Workers
- ☐ Marriage and Family Therapists
- ☐ Naprapaths
- ☐ Nursing Home Administrators
- ☐ Occupational Therapists
- ☐ Occupational Therapy Assistants
- ☐ Optometrists
- ☐ Orthotists
- ☐ Pedorthists
- ☐ Perfusionists
- ☐ Pharmacists
- ☐ Physical Therapists
- ☐ Physical Therapy Assistants
- ☒ Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.)
- ☐ Physician Assistants
- ☐ Podiatrists
- ☐ Professional Counselors
- ☐ Prosthetists
- ☐ Registered Nurses
- ☐ Registered Surgical Assistants
- ☐ Registered Surgical Technologists
- ☐ Respiratory Care Practitioners
- ☐ Speech Pathologists

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

		Yes	No
1)	Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *	☐	☒
2)	Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration?	☐	☒
3)	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *	☐	☒
4)	Are you currently charged with or have you been convicted of a forcible felony? *	☐	☒

*If **YES** to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

[redacted]
Signature of Applicant

Date: 06-28-2013

Washington University in St. Louis

Office of the University Registrar

WASHINGTON UNIVERSITY
ST. LOUIS, MISSOURI 63130

NAME: RUDDOCK MARTIN DENNIS [redacted]
LAST FIRST MIDDLE

BASIS OF ADMISSION: TINLEY PARK
TINLEY PARK IL
GRADUATED: JUNE 1969
H. S. RANK 4/0340
ENTERED: 091869
TEST SCORES: [redacted]
DECREES AWARDED: A.B.
Major in Biology

HOME ADDRESS: [redacted]
PARENT OR GUARDIAN: MR LENDEL C RUDDOCK
ADDRESS: [redacted]
BIRTH DATE: [redacted]

DESCRIPTIVE TITLE	DEPT.	COURSE NO.	SEM. UNITS	GRADE	GRADE PTS.
ARTS + SCIENCES FALL 1969			[redacted]		
BEGINNING LATIN	LATN	101			
FRESHMAN ENGLISH	ECMP	101			
CALCULUS I	MATH	117			
PHYSICAL EDUC FOR MEN	PHED	105			
GENERAL BIOLOGY	BIOL	101			
15 15 35 2.33	15	15	35		
ARTS + SCIENCES SPRING 1970					
BEGINNING LATIN	LATN	102			
FRESHMAN ENGLISH	ECMP	102			
CALCULUS II	MATH	118			
PHYSICAL ED FOR MEN	PHED	106			
GENERAL BIOLOGY	BIOL	102			
DEAN'S LIST 30 30 77 2.57	15	15	42		
ARTS & SCIENCES FALL 1970					
GENERAL CHEMISTRY I	CHEM	111			
GEN CHEMISTRY LAB I	CHEM	115			
INTRO TO LATIN LIT	LATN	211			
CALCULUS III	MATH	217			
PERFORMANCE IN P E	PHED	207			
GENERAL PHYSICS	PHYS	117			
ARTS & SCIENCES SPRING 1971					
STRUC&FUNC ORGN NER SYS	BIOL	474			
GENERAL CHEMISTRY II	CHEM	112			
GEN CHEMISTRY LAB II	CHEM	116			
INTRO LATIN LIT	LATN	212			
PERFORMANCE IN PE	PHED	208			
GENERAL PHYSICS DEAN'S LIST	PHYS	118			
ARTS & SCIENCES FALL 1971					
SENSORY PHYSIOLOGY	BIOL	403			
ANIMAL BEHAVIOR	BIOL	470			
ORGANIC CHEMISTRY I	CHEM	251			
ORGANIC CHEMISTRY LAB I	CHEM	257			
P E FOR MEN	PHED	205			
CONCEPTUAL FNDTNS OF PSY	PSY	201			

DESCRIPTIVE TITLE	DEPT.	COURSE NO.	SEM. UNITS	GRADE	GRADE PTS.
ARTS & SCIENCES SPRING 1972			[redacted]		
HIST BIOLOG IDEAS	BIOL	318			
HUMAN GENETICS	BIOL	420			
CELL BIOLOGY	BIOL	433			
ORGANIC CHEMISTRY II	CHEM	252			
P E FOR MEN	PHED	206			
AMERICAN LIFE	SOC	201			
DEAN'S LIST					
ARTS & SCIENCES FALL 1972					
HUMAN ECOLOGY	ANTH	430	3		
COMP ANAT & EMBRYOLOGY	BIOL	311	4		
NUTRITION	99 BIOL	404	3		
LIFE GEOL PAST	ESCI	309	3		
P E FOR MEN	PHED	205	1		
APPLIED ANATOMY	PHED	431	3		
ARTS & SCIENCE SPRING 1973					
EVOLUTION OF MANSCULTURE	ANTH	408	3		
COMP ANAT & EMBRYOLOGY	BIOL	312	4		
BIOLOGY OF DRUGS	99 BIOL	340	3		
INDEPENDENT WORK	BIOL	500	2		
P E FOR MEN	PHED	206	1		
PHI BETA KAPPA	DEAN'S LIST				

Susan E. Hosack, University Registrar

Washington University in St. Louis
Office of the University Registrar
One Brookings Drive, Campus Box 1145, St. Louis, MO 63130-4899 Telephone: 314-935-5959

Transcript Nomenclature
Transcripts issued by Washington University are a complete and comprehensive record of all classes taken unless otherwise indicated. Each page of the transcript begins with the student's name and Washington University student identification number. Transcript entries on the last page end with a line across the page indicating no further entries below this line.

The courses in which the student enrolled while at Washington University are listed in chronological order by semester. Each course is listed on a separate line beginning with the course title followed by the academic department abbreviation, course number, credit hours, and grade.

Honors, awards, administrative actions, and transfer credit are listed at the end of the document under "Distinctions, Prizes and Awards" and "Remarks".

Course Numbering System
In general course numbers indicate the following academic levels: Courses 100-199 = freshman; 200-299 = sophomore; 300-399 = junior; 400-500 = senior and graduate level; 501 and above primarily for graduate students.

Unit of Credit
Most schools at Washington University follow a fifteen-week semester calendar where the value of one unit of credit is equal to one hour of instruction. The minimum full-time load for undergraduates is generally twelve credit hours and nine credit hours for graduate students during the fall and spring semesters. The graduate programs of medicine and executive business follow a one-year academic calendar. The Doctor of Medicine program uses clock hours instead of credit hours.

Degrees Awarded and Programs of Study
Degrees conferred by Washington University and current programs of study appear on the first page of the transcript. The Degrees Awarded notation lists the date of award, the specific degree(s) awarded and the major field(s) of study.

Academic and Disciplinary Notations
Probation: Academic probation occurs when in the judgment of the school and the faculty the student's work is of unsatisfactory quality. A student may also be placed on probation following a ruling of the Judicial Administrator and/or other University judicial bodies for misconduct.

Suspension: A student may be suspended from student status if the student's work is of unsatisfactory quality, or for misconduct, and not permitted to register.

Expulsion: This action constitutes the permanent removal from student status at the University.

Grading Systems
Most schools within Washington University follow the grading and point value system indicated in the Standard column below. However, each school may elect to use unique grading options. Similarly, not all schools at the University choose to display GPA information on the transcript. Cumulative GPA and unit totals may not fully describe the status of students enrolled in dual degree programs of study, particularly those involving schools which use different grading scales. Consult the specific school or program at Washington University for additional information.

Washington University Grading Systems

	Grades	Standard Points	Engineering Points (students enrolled before FL2010)	Social Work Points	MBA Points (where applicable) (GB before Fall 1998)	MBA Points (GB since Fall 1998)
Superior	A+/A	4.0	4.0	4.0	2.0	4.0
	A-	3.7	4.0	3.7	1.7	3.7
	B+	3.3	3.0	3.3	1.3	3.3
Good	B	3.0	3.0	3.0	1.0	3.0
	B-	2.7	3.0	2.7	0.7	2.7
	C+	2.3	2.0	2.3	0.3	2.3
Average	C	2.0	2.0	2.0	0.0	2.0
	C-	1.7	2.0	1.7		1.7
	D+	1.3	1.0	0.0		
Passing	D	1.0	1.0	0.0		
	D-	0.7	1.0	0.0		
Failing	F	0.0	0.0	0.0		

Additional Grading Information:

P/P#	Pass	L	Successful Audit	H	Honors	S	Satisfactory	I	Incomplete	R	Course Repeated
F/F#	Fail	Z	Unsuccessful Audit	HP	High Pass	IP	In Progress	N	No Grade Reported	W	Withdrawal
CR/CR#	Credit			LP	Low Pass	U	Unsatisfactory	X	No Exam Taken		
NC/NCR/NCR#	No Credit			NP	No Pass	E	Unusually High Distinction				

The School of Law uses a numeric grading system; please see the attached sheet explaining this system.

(revised 12/2011)

1105015-013112

036 5-15

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

St. Louis, Missouri 63110

OFFICIAL TRANSCRIPT

NAME: Martin Dennis Ruddock DATE OF BIRTH: [redacted]

ENTERED THIS MEDICAL SCHOOL: August 29, 1973 SOCIAL SECURITY NUMBER

PRESENT STATUS:

PRESENTLY ENROLLED

WITHDREW

WAS GRADUATED, M. D. DEGREE CONFERRED ON May 20, 1977

MEDICAL REGISTRATION

YEAR	SESSION
First	9/4/73 to 5/30/74
Second	9/3/74 to 5/29/75
Third	6/9/75 to 5/22/76 (Clinical Year)
Fourth	6/7/76 to 5/19/77 (36 weeks of attendance required during this period)

INTERPRETATION OF GRADING SYSTEM

"Honors" is given for a truly outstanding performance; "High Pass" for very good work; and "Pass" for the remaining passing grades.

H = Honors; HP = High Pass; P = Pass; F = Fail
I = Incomplete W = Withdrawal
DF = Deferred NG = Non-Graded

ELECTIVE YEAR

Type	Department	Course Title	Duration	Mark
A	Prev. Med.	Seminars in Clinical Nutrition, 1973-74	[redacted]	
A	Physiology	Advanced Topics in Physiology, 1973-74		
B	Radiology	Radiology Elective, Jewish Hospital of St. Louis		
B	Int. Med.	Dermatology		
B	Int. Med.	Cardiology, Barnes Hospital		
B	Ob. Gyn.	OB-GYN Preceptorship		
B	Anesthes.	Anesthesiology		
B	Ob. Gyn.	OB-GYN Pathology		
A	Ob. Gyn.	Reproductive Biology		
A	Int. Med.	Electrocardiography		

"A" electives are "seminar" courses. "B" electives include advanced clerkships, research, and other special full-time courses.

Clinical Year: TITLE OF COURSE OR SUBJECT	Mark Assigned
Surgery (Clerkship and Lectures)	[redacted]
Psychiatry (Clerkship and Lectures)	
Neurology (Clerkship and Lectures)	
Medicine (Clerkship, Lectures, & Clinical Pathological Conferences)	
Obstetrics & Gynecology (Clerkship and Lectures)	
Pediatrics (Clerkship and Lectures)	
Otolaryngology (Clerkship and Lectures)	
Ophthalmology (Clerkship and Lectures)	

Total Registrants	H	HP	P	NG	F	I	W	Au	Df
142	[redacted]								
139									
137									
140									1
145									
142									
137									
138									

Washington University in St. Louis
SCHOOL OF MEDICINE

OFFICE OF THE ASSISTANT DEAN FOR
ACADEMIC AFFAIRS AND REGISTRAR
660 South Euclid Ave. Campus Box 8021
St. Louis, MO 63110
(314) 362-6848

To Whom It May Concern:
The Family Educational Rights and Privacy Act of 1974 prohibits release of this information to another party without the prior written consent of the person whose name appears herein.

AUG 14 2019

Official with embossed seal:
Deborah A. Monolo, Registrar
Washington University
School of Medicine - St. Louis

Unless the face of the transcript is stamped otherwise, the student is in good standing.

TRANSCRIPT NOMENCLATURE

Each Washington University School of Medicine course enrollment entry is preceded by the year designated YR followed by the last two digits of the academic year in which the course was taken or begun (e.g., YR78 = the academic year 1978-79). After the year designation, the following is indicated respectively: department number, department name, course number, units of credit associated with the course, grade, and course title. The symbol "AS" (Advanced Standing) to the left of an entry indicates credit granted by Washington University School of Medicine on the basis either of transfer from another institution or by examination. The Washington University School of Medicine equivalent course is indicated followed by the units of credit granted. The source of the credit appears at the end of the entry.

CREDIT

As reported to the Liaison Committee on Medical Education, representing the Council on Medical Education of the American Medical Association and the Executive Council of the Association of American Medical Colleges, credit hours for courses are expressed in terms of clock hours—the scheduled hours per year of actual lecture and laboratory contact between faculty and students. These clock hours are not to be interpreted as semester or quarter hours. A full-time student in the medical curriculum at Washington University School of Medicine attends an average of 58.5 clock hours per week.

GRADING SYSTEM

A Pass/Fail grading system is employed for the first part of the first year through 1989-90. Effective for the 1990-91 academic year, a Pass/Fail grading system is employed for the entire first year. At the conclusion of each academic year when all the official grades have been received, the official transcript, in addition to listing courses and grades achieved, gives the grade distribution in each course with the exception of elective courses. The grades are: CR/NCR = Credit or No Credit; DF (through 1989-90) = Deferred; DF (effective 1990-91) = Deficiency (marginal performance with some deficiency that must be removed); E = Temporary grade pending make-up of exam; F = Fail (clearly unsatisfactory performance); H = Honors (for truly outstanding performance); HP = High Pass (for very good work); I = Incomplete (course work has not been completed); NG = Course credit earned, students not graded; P = Pass (for satisfactory work); S = Satisfactory progress for this academic period, course continues in subsequent academic period; W = Withdrawal.

DATES OF ATTENDANCE

Dates of attendance are listed as Standard Academic Periods, the standard beginning and ending dates for each academic period of the student's course enrollments. Each course is listed on the transcript with a YR designation that matches a standard academic period.

SYSTEM OF COURSE NUMBERING

Courses numbered 500(0) to 599(9) are primarily first-year medical courses.
Courses numbered 600(0) to 699(9) are primarily second-year medical courses.
Courses numbered 700(0) to 799(9) are primarily clinical clerkships.
Courses numbered 800(0) to 999(9) are primarily elective courses.

Courses at the 800 level with an "A" as the fourth digit (e.g. 800A) are seminar courses that meet two to four times per week for 12 to 18 weeks. These courses are not required, and no credit toward graduation is given for them.

Revised 06/08

WASHINGTON UNIVERSITY

SCHOOL OF MEDICINE

OFFICE OF ACADEMIC RECORDS AND ADMISSIONS

660 SOUTH EUCLID AVENUE
ST. LOUIS, MISSOURI 63110

Ruddock LAST NAME | Martin FIRST | Dennis MIDDLE

SOCIAL SECURITY NUMBER [redacted]

First Academic Year 1973-74 TITLE OF COURSE OR SUBJECT	Mark Assigned	Total Registrants	H	HP	P	NG	F	I	W	Au	Df
Gross Anatomy	[redacted]	126	[redacted]								
Biochemistry		119									
Microbiology		122									
Social Aspects of Medicine		126									
Microscopic Anatomy		126									
Neural Sciences		122									
Physiology		124									
Biostatistics		128									
Genetics		132									
Topics in Clinical Medicine		130									

Second Academic Year: TITLE OF COURSE OR SUBJECT	Mark Assigned	Total Registrants	H	HP	P	NG	F	I	W	Au	Df
Pathology	[redacted]	131	[redacted]								
Pharmacology		135									
Pathophysiology — Infectious Disease		133									
Pathophysiology — Disorders of Heart, Lung, and Kidneys		134									
Pathophysiology — Disorders of Metabolism, Endocrinology, & Gastrointestinal Tract		134									
Pathophysiology — Hematology and Oncology; Laboratory Diagnosis		134									
Pathophysiology — Disorders of Nervous System		134									
Pathophysiology — Developmental Biology		134									
Radiology Lectures		134									
Psychiatry Lectures		137									
Surgery Lectures		136									
Introduction to Clinical Medicine		136									
Ophthalmology Lectures		136									
Otolaryngology Lectures		136									

Washington University in St. Louis
SCHOOL OF MEDICINE

OFFICE OF THE ASSISTANT DEAN FOR
ACADEMIC AFFAIRS AND REGISTRAR
660 South Euclid Ave. Campus Box 8021
St. Louis, MO 63110
(314) 362-6848

To Whom It May Concern:
The Family Educational Rights and Privacy Act of 1974 prohibits release of this information to another party without the prior written consent of the person whose name appears herein.

AUG 14 2013

Official with embossed seal:
Deborah A. Monolo, Registrar
Washington University
School of Medicine - St. Louis

Unless the face of the transcript is stamped otherwise, the student is in good standing.

TRANSCRIPT NOMENCLATURE

Each Washington University School of Medicine course enrollment entry is preceded by the year designated YR followed by the last two digits of the academic year in which the course was taken or begun (e.g., YR78 = the academic year 1978-79). After the year designation, the following is indicated respectively: department number, department name, course number, units of credit associated with the course, grade, and course title. The symbol "AS" (Advanced Standing) to the left of an entry indicates credit granted by Washington University School of Medicine on the basis either of transfer from another institution or by examination. The Washington University School of Medicine equivalent course is indicated followed by the units of credit granted. The source of the credit appears at the end of the entry.

CREDIT

As reported to the Liaison Committee on Medical Education, representing the Council on Medical Education of the American Medical Association and the Executive Council of the Association of American Medical Colleges, credit hours for courses are expressed in terms of clock hours—the scheduled hours per year of actual lecture and laboratory contact between faculty and students. These clock hours are not to be interpreted as semester or quarter hours. A full-time student in the medical curriculum at Washington University School of Medicine attends an average of 38.5 clock hours per week.

GRADING SYSTEM

A Pass/Fail grading system is employed for the first part of the first year through 1989-90. Effective for the 1990-91 academic year, a Pass/Fail grading system is employed for the entire first year. At the conclusion of each academic year when all the official grades have been received, the official transcript, in addition to listing courses and grades achieved, gives the grade distribution in each course with the exception of elective courses. The grades are: CR/NCR = Credit or No Credit; DF (through 1989-90) = Deferred; DF (effective 1990-91) = Deficiency (marginal performance with some deficiency that must be removed); E = Temporary grade pending make-up of exam; F = Fail (clearly unsatisfactory performance); H = Honors (for truly outstanding performance); HP = High Pass (for very good work); I = Incomplete (course work has not been completed); NG = Course credit earned, students not graded; P = Pass (for satisfactory work); S = Satisfactory progress for this academic period, course continues in subsequent academic period; W = Withdrawal.

DATES OF ATTENDANCE

Dates of attendance are listed as Standard Academic Periods, the standard beginning and ending dates for each academic period of the student's course enrollments. Each course is listed on the transcript with a YR designation that matches a standard academic period.

SYSTEM OF COURSE NUMBERING

Courses numbered 500(0) to 599(9) are primarily first-year medical courses.
Courses numbered 600(0) to 699(9) are primarily second-year medical courses.
Courses numbered 700(0) to 799(9) are primarily clinical clerkships.
Courses numbered 800(0) to 999(9) are primarily elective courses.

Courses at the 800 level with an "A" as the fourth digit (e.g. 800A) are seminar courses that meet two to four times per week for 12 to 18 weeks. These courses are not required, and no credit toward graduation is given for them.

Revised 08/08

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE-- PROFESSIONAL CAPACITY

SUPPORTING DOCUMENT

VE-PC

1. NAME LAST FIRST MIDDLE
RUDDOCK, MARTIN DENNIS

3. ADDRESS STREET, CITY, STATE, ZIP CODE
[redacted]

4. DATE OF BIRTH
[redacted]
Month Day Year

5. SOCIAL SECURITY NUMBER
[redacted]

2. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

	Profession Code
☒ Permanent Physician License	036
☐ Temporary Physician Training License	125
☐ Chiropractic Physician License	038

6. MAIDEN OR GIVEN SURNAME

Record work history chronologically for the five (5) years preceding the date of application beginning with present employment.

A. NAME OF BUSINESS / INSTITUTION
CENTER FOR WOMENS HEALTH

ADDRESS STREET, CITY, STATE, ZIP CODE 44120
11710 SHAKER BLVD CLEVELAND, OH

DATE OF EMPLOYMENT/ATTENDANCE
From 02 / 01 / 1997 (Month / Day / Year)
To __ / __ / 2013 (Month / Day / Year)

HOURS WORKED PER WEEK
25-30

TYPE OF EMPLOYMENT
☒ Full-time ☐ Part-time

TOTAL TIME WORKED (Year/Month)
16 YEARS - 4 MOS →

JOB TITLE
MEDICAL DIRECTOR - PHYSICIAN

DESCRIPTION OF DUTIES PERFORMED
- Medical Director/ADMINISTRATOR Facility
- OWNER Licensed Ambulatory Surgical
- Sole Provider of Medical/Surgical Services
- General Gynecology / Family Planning
- MEDICAL/SURGICAL ABORTIONS (3-24 weeks) TRAIN Med Students RESIDENTS
- CLIA CERTIFIED LAB DIRECTOR
- ULTRASOUND / IV SEDATION / PATHOLOGY

B. NAME OF BUSINESS / INSTITUTION
CENTER FOR CHOICE - II

ADDRESS STREET, CITY, STATE, ZIP CODE
328 E 22ND ST TOLEDO, OH

DATE OF EMPLOYMENT/ATTENDANCE
From 05 / __ / 2002 (Month / Day / Year)
To 06 / 15 / 2013 (Month / Day / Year)

HOURS WORKED PER WEEK
12-15

TYPE OF EMPLOYMENT
☐ Full-time ☒ Part-time

TOTAL TIME WORKED (Year/Month)
11 YEARS /

JOB TITLE
MEDICAL DIRECTOR / PHYSICIAN

DESCRIPTION OF DUTIES PERFORMED
- MEDICAL DIRECTOR / LAB DIRECTOR
- Sole provider of all Medical / Surgical services
- Basic Gynecology - Family Planning
- MEDICAL/Surgical ABORTIONS (3-23 weeks)
- ULTRASOUND / IV SEDATION PATHOLOGY
- Med Student / Resident / Fellow / MD TRAINING

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: http://med.ohio.gov/

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 06/13/2013:

Identification Information

Name and Address:	Dr. MARTIN DENNIS RUDDOCK [redacted]
Date of Birth:	[redacted]
Place of Birth:	
School of Graduation:	**Washington University School of Medicine**
Date of Graduation:	05/20/77

License Information

Type of License:	Doctor of Medicine
License Number:	35. 042867
How Issued:	NBME
Original Licensure Date:	11/13/1978
Expiration Date:	04/01/2014
Status:	ACTIVE
Formal Disciplinary Action:	No

[redacted]

Kimberly C. Anderson
Interim Executive Director

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

SUPPORTING DOCUMENT

TN-MED

(DPR)

APPLICANT: ***Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH Month Day Year	3. SOCIAL SECURITY NUMBER
RUDDOCK, MARTIN DENNIS	[redacted]	
4. ADDRESS STREET, CITY, STATE, ZIP CODE [redacted]	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. PHYSICIAN (Profession Name) 036 (Profession Code)	
6. MAIDEN OR GIVEN SURNAME		
7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable)	8. ISSUANCE DATE	

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT.

This is to certify that the above-named applicant satisfactorily completed 36 months of postgraduate clinical training in Obstetrics and Gynecology (Name of Specialty Program)

from 07/01/1978 (MM/DD/YYYY) to 06/30/1981 (MM/DD/YYYY) at the following hospital:

Hospital: University Hospitals Case Medical Center

Number and Street: 11100 Euclid Ave

City, State and Zip Code: Cleveland, OH 44106

I further certify that at the time of such training the program was accredited by:

- [x] the ACGME
- [ ] the AOA
- [ ] the CFPC, RCPSC or FMLAC (Canadian Programs)
- [ ] not accredited in the US or Canada

Name of Postgraduate Clinical Training Program Director: Nancy J. Gosslee, MD

Signature of Postgraduate Clinical Training Program Director: [redacted]

Date of this Certification: 5/31/2013

University/Hospital SEAL

Telephone No: 216.844.3887

(If no seal, attach letter on letterhead stating no seal exists.)

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 60/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

SUPPORTING DOCUMENT

TN-MED

(DPR)

APPLICANT: ***Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.***

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH Month Day Year	3. SOCIAL SECURITY NUMBER
RUDDOCK, MARTIN DENNIS	[redacted]	[redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE [redacted]

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application

PHYSICIAN — Profession Name — 036 — Profession Code

6. MAIDEN OR GIVEN SURNAME

7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable)

8. ISSUANCE DATE

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT.

This is to certify that the above-named applicant satisfactorily completed 12 months of postgraduate clinical training in OBSTETRICS & GYNECOLOGY (Name of Specialty Program) from 07/01/1977 (MM/DD/YYYY) to 06/30/1978 (MM/DD/YYYY) at the following hospital: Completed a combined University Hospitals/Cleveland Metropolitan Hospital Residency 7/1/78 - 6/30/81

Hospital: Cleveland Metropolitan General Hospital (currently MetroHealth Medical Center)

Number and Street: 2500 MetroHealth Dr.

City, State and Zip Code: Cleveland, OH 44109

I further certify that at the time of such training the program was accredited by:

- [x] the ACGME
- [ ] the ACA
- [ ] the CFPC, RCPSC or FMLAC (Canadian Programs)
- [ ] not accredited in the US or Canada

Name of Postgraduate Clinical Training Program Director: Thomas M. Frank, MD

Signature of Postgraduate Clinical Training Program Director: [redacted]

Date of this Certification: 06/25/2013

METROHEALTH MEDICAL CENTER ~~University/Hospital~~

Telephone No: 216-778-5539

SEAL

(If no seal, attach letter on letterhead stating no seal exists.)

NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Record of Scores

036
Supp

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: Illinois Div of Professional Regulation
320 West Washington Street, 3rd floor
Springfield, IL 62786

Date: 08/23/2013

Examinee: Ruddock, Martin D

Examinee ID: [redacted]
Date of Birth:

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores: Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/10/1975	Pass	Three-Digit	[redacted]								
		Two-Digit									

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores: Med	Surg	ObGyn	Prev	Peds	Psych
09/28/1976	Pass	Three-Digit	[redacted]							
		Two-Digit								

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
03/08/1978	Pass	Three-Digit	[redacted]	
		Two-Digit		

1250/68305

Authenticity of NBME Record of Scores

An original, certified NBME Record of Scores is printed using black ink on green safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Record of Scores may result in appropriate legal action or other action consistent with applicable policies.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

The Federation of State Medical Boards
of the United States, Inc.
PO Box 619850
Dallas, Texas 75261-9850
Telephone (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

July 16, 2013

Illinois Dept of Financial and Professional Regulation
Attn: Jay Stewart
Springfield Office
320 W. Washington St, 3rd FL
Springfield, IL 62786

Re: Board Action Query Dated: July 16, 2013
Your Reference Number:
FSMB Batch Number: BQ2294995

The following is a report of the search results from the Board Action Data Bank as of July 16, 2013 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of July 16, 2013

[redacted]

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

The following is a report of the search results from the Board Action Data Bank as of July 16, 2013
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of July 16, 2013

[redacted]

3	Ruddock, Martin Dennis	02/14/1951	1977	26845455

LICENSE HISTORY

State Board
OHIO
PENNSYLVANIA

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.