STATE OF OHIO STATE MEDICA 65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHIO 1 CERTEY, UNDER PRIMALTY OF THE LOSS OF MY MONT TO PRACTICE MED ICINE AND RUMBERY IN THE STATE OF ONIO, THAT I MANE COMPLETED BURBON THE LAST RESUMBNI THE EXCUSTRE HOURS CONTRIBUTED BEFORE EDUCATION CERTIFIED BY THE OH IO STATE MED I AND AL. ROYED BY THE STATE HEDICAL BOARD AND HEREBY UNKE APPLICATION FOR REHEWAL	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
SPECIALTY CODES CHIMENTLY ON RESORD \rightarrow 39–26 IF RECESSARY TO CORRECT, ENTER ALL SPECIALTY CODE NUMBERS \rightarrow 39–26 (REE LIST ON ENGLOSED CARD) (LIST OF S)	REPORT ANY CHANGE OF ADDRESS OF RECORD REPORT AND CHANGE OF ADDRESS OF RECORD REPORT AND CHANGE OF ADDRESS OF ADDRESS OF RECORD REPORT AND CHANGE OF ADDRESS OF ADDRESS OF RECORD REPORT ADDRESS OF ADDRES
	MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD. 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 CONTENDERE TO: YES NO D. (a) Delony (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
AT ANY TIME SINCE THE LAST RENE 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?	WAL OF YOUR CERTIFICATE HAVE YOU: YES NO 3). Surrendered or consented to limitation

	SIATE MEDICAL BOARD C	F OHIO OHIO 43215	INSTRUCTIONS 1 DO NOT FOLD OR STAPLE THIS CARD.
	AND SURGERY IN THE STATE OF ONIO, THAT I HAVE COMPLETED DURING THE LAST BIENNUM THE FORTIUME MEDICAL EDUCATION CERTIFIED BY THE OF HID STATE MEDICAL ROYED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR REMEWAR	ICAL ASSN	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:
	Mintime Of A (SIGNATURE OF A	PPLICANT (DATE)	TREASURER, STATE OF OHIO BOX 2438 COLUMBUS, OHIO 43216
-		IDENTIFICATION	REPORT ANY CHANGE OF ADDRESS OF RECORD
	APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A DOCTOR OF MEDICINE	NUMBER 35-04-2867	(PLEASE PRINT)
	1 MARTIN DENNIS RUDDOCK 72 HARRIMAN ST BEDFORD OH 44146		LAST NAME FIRST NAME INITIAL
			STREET ADDRESS
1-14-46	ENTER ALL \$1	MOUNT DUE DATE DUE 00.00 11/15/86	CITY STATE ZIP CODE
EDM	SPECIALTY CODES 39 (LIMIT OF 3)		COUNTY
	TO RECEIVE YOUR RENEWAL CARD BY DECEMBER :	(CT DETUNE THE LEGIS	
TANK STANK	THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT)	SECTION 4781.281, OF RESPONSE BE GIVEN MARK THE CORRECT I	HIO REVISED CODE REQUIRES THAT A TO THE FOLLOWING QUESTION, PLEASE
1000	LAST NAME FIRST NAME INIT	HAVE YOU BEEN FOUL	ND GUILTY OR PLEAD GUILTY
	ST TEET ADDRESS	YES NO	
		a.) a felony	meanor committed in the course of your
	CITY STATE ZIP C	practice, or	
8-8	SOCIAL SECURITY NUMBER		al or state law regulating the possession,
484	SOCIAL SECURITY NUMBER		or use of any drug?
EDM-14846-	AT ANY TIME SINCE THE LAST RE		TE HAVE YOU:
	1.) Been addicted to or dependent upon alcohor or any chemical substance?	I ☐ 🔀 3.) Surren u₁ b l l or fed-	dered or consented to limitation license to practice medicine, or state eral privileges to prescribe controlled
750	2.) Had any disciplinary action taken or initiate against you by a state licensing agency?		inces?

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	AND SURGER	SIAIC MOER PENALTY OF THE MY IN THE STATE OF OH MEDICAL EDUCATION O ED BY THE STATE MEDI	IO, THAT I HAVE (CANT). ERTIFIED BY THE	MEDIC PRACTICE FEED DUBING INF WA BY MAKE APPLICATION MUDICAL	el meman i i	execusor. Howle n	1 <u>0</u>		2. REVERSE SI 3. MAKE CHEC TREAS 4. PUT IDENTIF 5. UPDATE SPI 8. SEND PAYM APPLICATIO	LD OR STAPLE THIS DE MUST BE COMP K OR MONEY OFDER RUHER, STATE OF PICATION NUMBER O ECHALTY IF NEEDED. ENT (DO NOT SEND N IM ENCLOSED EN EASURER, STATE (2438, COLUMBUS, (LETED. R PAYABLE TO: OHIO N CHECK. CASH) AND THIS /ELOPE TO: OF OHIO	1
L	· .	APRICATION E	DR BIENNAL LICENSE R LIF MED	RENEWAL TO PRAC	CTICE AS A;	35-		TERCATION UMBER - 2867	REPORT AN	Y CHANGE OF ADD (PLEASE PRINT		<u>10</u>
OT-COMPO	1		RRIMAN S	RUDDOCK T 44146					LAST NAME 12955	Aguilla Ro		₩ —
		SPECIALTY COO	DO SPECIAL ES CUPRENTLY ON RE TO COPPECT, ENTER CODE NUMBERS		-	MOUNT DUE		O 1 /68	CHARDO		44024 2000 16A	
	THE	TO RECEN	ICLOSED CARD) /E YOUR RENEW/	(LIMIT OF S)							COUNTY	
	PRINCIP	AL PRACTICE AL				SECTION	ON 47 INSE	31.281, OHK	O REVISED C	RECORD WITH T ODE REQUIRES OWING QUESTIO	THAT A	
				-		HAVE '	YOU			OHIO MEDICAL LI R PLEAD GUILTY	CENSE,	
	STREET AD		FIRST NAME		INITIAL	YES	XXX	a.) a felony	l or state law	regulating the por	ssession.	
	COTY :		STATE		ZIP CODE		-		tion or use of		,	
	SOCIAL	ECURITY NUMB AT ANY TIN		_	APPLICATI	ON FOR F	RENE	WAL OF YOU	UR CERTIFIC	ATION HAVE YO	J:	
		aubstance?	ed to or dependent up You may answer no t impleted treatment at a neve subsequently adi	o this question if you a program approved	u have suc- by this	YES	X NO	med it is a	jstate or federal	Imitation upon a lice privileges to prescrib	e controlled	
		quirements :	as contained in Sections; or are currently	n 4731.224, O.R.C.	and		×	4.) Had any di failure to m	inical privileges en naintain records o	uspended or revoked f r attend staff meeting:	or other than i.	
			ciplinary action taken ng agency?	or initiated against y	ou by a					QT-00	224-OB	

DETACH HERE AND REMIT THIS	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315	21 GYNECOLOGY 39 OBSTETRICS & GYNECOLOGY
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION	SPECIALTY CODE(S) CORRECT'AS LISTED
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 Mustra D Lindburg MD 7-1-92	IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE1 CODE2 CODE3 CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT) (DATE) IDENTIFICATION NUMBER AMOUNT DUE 35-04-2867 \$160.00 07/01/92 MARTIN DENNIS RUDDOCK, M.D.	STREET STREET
12955 AQUILLA RD CHARDON OH 44024	COUNTY STATE ZIP CODE
::5 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	0935042867# #00000016000#
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT. Street Str	board and has 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 approved program. Any questions concerning approved can be directed to the board offices. YES NO YES

MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 GYN GYNECOLOGY 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 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION OF STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY DESPECT. OBG OBSTETRICS & GYNECOLOGY S DE DEPENDENT CODES CORRECTAS WESTED IF CORRECTIONS ARE NECESSARY, ENTER ALL SPECIALTY CODES. cODE3 RESPECT. 5-REPORT ANY CHANGE OF ADDRESS (DATE) (SIGNATURE OF APPLICANT) AMOUNT DUE DATE DUE **IDENTIFICATION NUMBER** 05/01/94 \$250.00 35-04-2867 MARTIN DENNIS RUDDOCK, M.D 12955 AQUILLA RD ZIP CODE CHARDON OH 44024 1:9696969621: 0935042867# "OOOOO 2 5000" 2.) Been found guilty of, or pled guilty or no contest to a federal or state law. question if you have successfully completed AT **製色**TIME SINCE SIGNING YOUR LAST APPLICATION FOR NEWEWAL OF YOUR CERTIFICATE HAVE YOU : suffering frem, drug or alcohol dependency 1.) Been found guilty of, or pled guilty or no 6.) Surrendered, or consented to limitation board and have subsequently adhered to initiated against you by any state licensing 7.) Had any ofinical privileges suspended you or a member of your immediate family has than failure to maintain records or attend services to a person or facility in which either 3.) Been addicted to or dependent upon Had malpractice insurance cancelled participated in an arrangement or scheme for reatment at a program approved by this 8.) After January 14. 1993, referred a patient, been treated for, or been diagnosed as or abuse? You may answer "no" to this upon: a) A license to practice medicine, enrolled in a board approved program. restricted or revoked for reasons other all statutory requirements as contained sections 4731,224 and 4731,25 O.R.C., questions concerning approval can be 5.) Had any disciplinary action taken or or any related provisions, or you are currently alcohol or any chemical substance; or referral of a patient, for clinical laboratory or limited for other than failure to pay PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROMAÇIHE ADDRESS SHOWN ON FRONT: OR b) State or federal privileges to board other than the State Medical SOCIAL SECURITY NOMBER 1990 (Optional for purposes of identification) prescribe controlled substances? investment interest, directed to the board offices. 1111111 Board of Ohid? meetings? ownership or premiums? staff YE STO Ş 00297 SATEM Ş Ş ð 060894 P. DATE 935042867 ACCOUNT 4 DESS. CHIDA TE ÆS ÆS res

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I ALIAN MARKAR MMAT ANKIN ARAM ARAM ARAM MARKA MARKA MARKA MARKA	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
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 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERNIFICAL BUT ON BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION	GYN GYNECOLOGY OBG OBSTETRICS & GYNECOLOGY SPECIALTY CODE(S) CORRECT AS LISTED
AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE CODE1 CODE2 CODE3
RESPECT. VIN LA HUMBER AD 5-1-96	REPORT ANY CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT) (DATE) IDENTIFICATION NUMBER AMOUNT DUE DATE DUE 35-04-2867 \$250.00 05/01/96 MARTIN DENNIS RUDDOCK, M.D. 12955 AQUILLA RD CHARDON OH 44024	STREET STREET CITY STATE ZIP CODE COUNTY
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PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT. Street Street SHOWN ON FRONT. Street Street SHOWN ON FRONT. COURT THE SINCE SIGNING YOUR LAST APPLICATION FOR THE SINCE SIGNING YOUR CERTIFICATE HAVE YOU: YES NO 2.) Been found guilty of, or pled guilty or no yes. YES NO YES NO 3.) Been found guilty of, or pled guilty or no drug? THE POSSESSION, distribution or use of any drug.	YES NO 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 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? NO SET HAD AN Clinical privileges to prescribe controlled substances? YES NO T.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? NO SET HAD AN Clinical Privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? NO SET HAD AN CLINICAL SECURITY NUMBER IN COMPARISHING OF INVESTMENT INFORMATION AND AND AND AND AND AND AND AND AND AN

MD & DO SPECIALTY CODES CURRENTLY ON RECORD GYN GYNECOLOGY OBG OBSTETRICS & GYNECOLOGY 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 1996-1998 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL BOARD, AND THAT THE INFORMATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWALTS TRUE AND CORRECT IN EVERY RESPECT. SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE3 wilder ms CODE CODE2 REPORT ANY CHANGE OF ADDRESS (SIGNATURE OF APPLICANT) (DATE) **IDENTIFICATION NUMBER AMOUNT DUE** DATE DUE 35-04-2867-R \$211.00 05/01/98 MARTIN DENNIS RUDDOCK, M.D. 12955 AQUILLA RD STATE ZIP CODE CHARDON OH 44024 1:9696969621: 0935042867# *,00000 5 7 700 % AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: question if you have successfully completed suffering from, drug or alcohol dependency or abuse? You mayanswer "no" to this 2.) Been found guilty of, or pled guilty or no 1.) Been found guilfy et, or pled guilty or no enrolled in a board approved program. Any contest to a federal-or state law regulating sections 4731.224 and 4731.25 O.R.C., and board and have subsequently adhered to 6.) Surrendered, or consented to limitation the possession, distribution or use of any all statutory requirerbents as contained in initiated against you by any state licensing arrangement or scheme for referral of a patient 7.) Had any clinical privileges suspended, 3.) Been addicted to er dependent upon treatment at a program approved by this 4.) Had malpractice insurance cancelled than failure to maintain records or attend been treated for, or been diagnosed as upon: a) A license to practice medicine, or facility in which either you or a member of restricted or revoked for reasons other alcohol or any chemical substance; or you are currently questions concerning approval can be directed to the board offices. 5.) Had any disciplinary action taken or 8.) Referred a patient, or participated in an your immediate family has an ownership or investment interest, or any compensation or limited for other than failure to pay for clinical laboratory services to a person PRINCIPAL PRACTICE ADDRESS., IF DIFFERENT FROM THE ADDRESS SHOWN BY FRONT: contest to a felony or misdemeanor. OR b) State or federal privileges to board other than the State Medical Board of Ohio? prescribe controlled substances? SOCIAL SECURITY NUMBER 1 State related provisions, or F1111111 staff meetings? AT ANY TIME **₽**X Ş Ş 925-04-1842 Ŀ ACCEUM: :

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I ATMIT TERATRA ANDRE AND RAKIT BARKE ARREK ANTRE BARKE AMBE ANDRE ANDRE	I wish to apply for Emeritus status:
I HILL HILL HILL HILL HILL HILL HILL HI	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315	GYN GYNECOLOGY
CERTIFICATION	OBG OBSTETRICS & GYNECOLOGY
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 1998-2000 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	SPECIALTY CODE(S) CORRECT AS LISTED
ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT. **Martin Dudlin AD 3-15-00	IF CORRECTIONS ARE NECESSARY, PLEASE LILE CODE2 CODE3
7	REPORT ANY CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT) (DATE)	
IDENTIFICATION NUMBER AMOUNT DUE	STREET
35042867-R \$\frac{\$305.00}{MARTIN DENNIS RUDDOCK, M.D.	STREET
12955 AQUILLA RD CHARDON OH 44024	COLUMN STATE ZIP CODE
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ሳ' ^ሉ ም ገ' ።	0935042867# #0000030500#
8/-	0433045881 100000303000
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT. THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL. Street Street AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION STREET FOR BENEWAL OF YOUR CERTIFICATE HAVE YOU: VES NO 1.) Been found guilty of, or pled guilty or no of contest to, or received treatment in lieu of contest to a federal or state law regulating the possession, distribution or use of any drug? 3.) Been addicted to or dependent upon the possession, distribution or use of any drug? 3.) Been addicted to or dependent upon the possession if you have successfully completed treatment at a program approved by this 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 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. 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? 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? 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? 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?
AT A	YES YES

DETACH HERE AND REMIT THIS PORTION WITH FEE STATE MEDICAL BOARD OF OHIO 17TH FLOOR, COLUMBUS, OHIO 43215 - 8127 MD & DO SPECIALTY CODES CURRENTLY ON RECORD GY NECOLOGY 77 SOUTH HIGH STREET. OBG OBSTETRICS & GYNECOLOGY 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 TOUGH AND CORRECT IN EVERY RESPECT. SPECIALTY CODE(S) CORRECT AS LISTED CODES CODE IF CORRECTIONS ARE NECESSARY, PLEASE CODE3 ENTER ALL SPECIALTY CODES. 4-01-02 RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL (DATE) \$50 Late Fee Due After AMOUNT DUE DATE DUE IDENTIFICATION NUMBER 01/01/02 04/02/02 \$305.00 35042867-R MARTIN DENNIS RUDDOCK, M.D. 12955 AQUILLA RD CHARDON OH 44024 0935042867 30500 treatment at, or are currently the enrolled in, a program approved the adhered to all statutory requirements to AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR GERTIFICATE: been treated for, or been or abuse? You may answer "NO" to this question if you 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? guilty of, or pled guilty or no contest to, or received treatment or intervention in 2.) Have you been addicted to or dependent upon alcohol or any chemical substance; or diagnosed as suffering from, you have ever relapsed. Any questions concerning program ₽ 4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than 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 found drug or alcohol dependency have successfully completed during and subsequent to treatment. You must answer "YES" Have any malpractice awards been paid by you or on your behalf for acts occurring in any ò question if the only such surrender or consent lieu of conviction of, misdemeanor or felony? this board, filed any charges, allegations approval or concerning this question can be directed to prescribe controlled substances in jurisdiction? You may answer "NO" to 44/20 PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS рөөп Check this Box if you have NO principal 1.) Have you MUST BE ENTERED AT EACH RENEWAL. SOCIAL SECURITY NUMBER 0 ts **DECLIIDED** complaints against you? was given to this board JUY AM 0/6/4 , , , , , , state other than Ohio? SAIAKER Practice address. Board and have こしのアアニカイ board offices. 91761 [} \$∑ ð this ÆS, ÉS ĘŞ Œ

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PERIOD THE REQUISITE HOURS OF CONTINUING ME OHIO STATE MEDICAL AND APPROVED BY THE STATE MEDICAL BOARD, AN ON THIS APPLICATION FOR REMEWAL IS TRUBAND (SIGNATURE OF A IDENTIFICATION NUMBER AMOUNT DUE	O PRACTICE IN THE STATE OF OHIO, D DURING THE 2002 - 2004 REGISTRATION DICAL EDUCATION CERTIFIED BY THE ASSOCIATION D THAT THE INFORMATION PROVIDED EXPRECT IN EVERY RESPECT. PPLICANT) DATE DUE \$50 Late Fee Due After 1/01/04 04/01/04	MD & DO SPECIALTY COLOGY GYN GYNECOLOGY OBG OBSTETRICS & GYN SPECIALTY COLOR IF CORRECTIONS ARE NECESSARY, ENTER ALL SPECIALTY CODES.	PLEASE CODE1 CODE2 CODE3 ST BE ENTERED AT EACH RENEWAL.
0935042 8 67	3050D	- a c × c × c × c × c × c × c × c × c × c	
APPLICATION FOR RENEWAL OF YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE: YES NO Treatment or intervention in Fig. 1.) Have you been found treatment or intervention in Fig. 2.) Have you been addicted to S. YES NO S. Have you been addicted to S. YES NO S. Have you been addicted to S. Have you been addicted to S. YES NO S. Have you been addicted to S. YES NO S. Have you been addicted to S. YES NO S. Have you been addicted to S. YES NO S. S. Have you been addicted to S. YES NO S. S. Have you been addicted to S. S	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 Counting the any malpractice awards or settlements of the board offices. YES NO Counting in any state other than Ohio? A) Has any board, bureau, department, agency, or other board, including those in Ohio, ather than this board, tiled any charges, allegations or yes. S) Have you surrendered, or consented to include to proper and the programment.		Chay Aud of Automater Automater and the street of the stre

Date Posted: 2/28/2006 9:06:40 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

T	icanca	Inform	ation
L	icense	Inform	ation

License Number 35.042867
License Name MARTIN RUDDOCK
Email Address

Fees

Relicensure Fee \$305.00

Total Fees \$305.00

Specialty Codes

- 1. Please select one specialty from the field below OBSTETRICS & GYNECOLOGY
- 2. Please select one specialty from the field below, if applicable.

..... UNSPECIFIED

3. Please select one specialty from the field below, if applicable.

..... UNSPECIFIED

CME-Physicians

1. Have you met the above CME requirements for your license?

.... YES

Dis	scipline
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?
	NC
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?
	NC
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NC
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
_	
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?
	NC
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?
	NC
So	cial Security Number

Redacted

Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

. YES

2. List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.

..... Leah Pfahlert McGary, CNP

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Date Posted: 12/31/2007 10:03:11 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information	
License Number	

License Name MARTIN RUDDOCK

Email Address doeshad@altel.net

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Relicensure Fee \$305.00

35.042867

Total Fees **\$305.00**

Specialty Codes

- 1. Please select one specialty from the field below GYNECOLOGY
- 2. Please select one specialty from the field below, if applicable.

..... {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

CME-Physicians

1. Have you met the above CME requirements for your license?

. YES

Di	scipline
	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?
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?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
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?
	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?
	NO
So	cial Security Number
1.	

Redacted

Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

. NO

2. List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.

..... {not Answered}

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Date Posted: 3/8/2010 8:00:55 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

T	icense	Inform	ation
L	icense		auon

License Number 35.042867 License Name MARTIN RUDDOCK

Fees

Relicensure Fee \$305.00

Total Fees **\$305.00**

Specialty Codes

1.	Please select one specialty from the field below
	GYNECOLOGY

- 2. Please select one specialty from the field below, if applicable.
 - GYNECOLOGY
- 3. Please select one specialty from the field below, if applicable.

..... {not Answered}

CME-Physicians

1. Have you met the above CME requirements for your license?

. YES

D,	
	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?
	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?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
	NO
5.	Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
	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?
	NO
So	cial Security Number
1.	•

Redacted

Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

. NO

2. List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.

....... {not Answered}

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Date Posted: 3/19/2012 10:54:51 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information

License Number License Name MARTIN RUDDOCK

Fees

Relicensure Fee \$305.00

Total Fees \$305.00

Medical Board Correspondence Email

1. Did you provide a Credential email address? Please note this information is a public record.

. YES

35.042867

Specialty Codes

1. Please select one specialty from the field below

. GYNECOLOGY

2. Please select one specialty from the field below, if applicable.

........ {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

CME-Physicians

1. Have you met the above CME requirements for your license?

. YES

Discipline

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?
	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?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
	NO
5.	Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
	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?
	NO
	cial Security Number
1.	$\mathbf{p}_{\mathbf{r},\mathbf{l}_{\mathbf{r},\mathbf{l}_{\mathbf{r}},\mathbf{l}_{\mathbf{r}},\mathbf{l}_{\mathbf{r}}}$
	Redacted
N I	was Callahayatian Info
	Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?
	NO
2.	List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.

	{not Answered}	
Ohio Employment		
1.	Do you practice in Ohio? YES	
	nio Workforce Questions	
1.	"Clinical" - direct patient care	
	25-29	
2.	"Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose	
	5-9	
3.	"Administration" - activities related generally to patient care other than direct contact with a patient (e.g. recordkeeping, clerical tasks, chart review, prior authorizations with insurers, claims, billing issues, etc.)	
	5-9	
4.	"Education" - preceptor, mentor, etc.	
	1-4	
5.	"Volunteering" - providing medical and medical-related services at no cost	
	1-4	
6.	"Other" - medical professional activities not included in above categories	
	0	
Cli	inical - Practice setting	
	Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).	
	25-29	
2.	Enter the number of hours per week spent in "Hospital (in-patient care)".	
	0	
3.	Enter the number of hours per week spent in "Emergency Room"0	

4.	Enter the number of hours per week spent in "Urgent Care".
	0
5.	Enter the number of hours per week spent in "Other".
	0
W	orkforce Counties
1.	Enter the first zip code:
	44120
2.	Enter the first county:
	Cuyahoga
3.	Enter the second zip code:
	43604
4.	Enter the second county:
	Lucas
5.	Enter the third zip code:
	{not Answered}
6.	Enter the third county:
	{not Answered}
7.	Do you have more than one practice location?
	YES
W	orkforce Practice Address
1.	Please list all practice locations. Include street address, city, state
	and zip. Example "123 E Main St, Suite 2, Anywhere, OH 55555;" Separate multiply addresses with a semicolon.
	11710 Shaker Blvd. Cleveland, OH 44120; 328 22ND
	Street - Toledo, OH 43604
Pr	actice Arrangement (size)
1.	Solo practitioner
	YES
2.	Single-specialty Group
	N/A
3.	Multi-specialty Group

	N/A
4.	Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)
	NO
W	orkforce Language Question
1.	Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?
	YES
La	inguages
1.	Select a language from the drop down list.
	Spanish
2.	Select a language from the drop down list.
	{not Answered}
3.	Select a language from the drop down list.
	{not Answered}
ABMS Certified	
1.	Are you certified by an ABMS Board?
	NO

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

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

12955 AQUILLA ROAD CHARDON, OH 44024

Date of Birth:

02/14/1951

Place of Birth:

TOLEDO, OH

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

Interim Executive Director

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 06/26/2013:

Identification Information

Name and Address: Dr. MARTIN DENNIS RUDDOCK

12955 AQUILLA ROAD CHARDON, OH 44024

Date of Birth: 02/14/1951
Place of Birth: TOLEDO, OH

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

Kimberly C. Anderson Interim Executive Director