

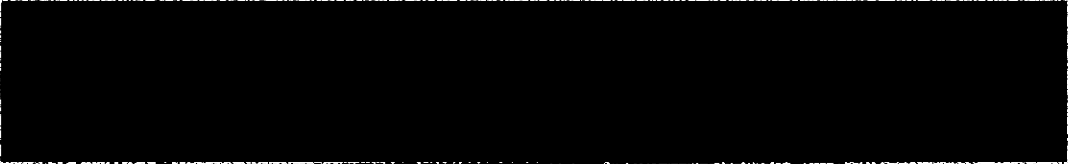
MD-051881-L

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates

TO BE COMPLETED BY APPLICANT

Name: Ruddock MARTIN DENNIS
Last First Middle

Address: 
Street City State Zip Code

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: Metrolhealth Medical Center (formerly Cleve. Metro. Gen. Hosp.)

Located in: Cleveland, Ohio
City State

1st Year from 6 / 30 / 77 To 6 / 30 / 78 Specialty Ob/Gyn Level 1
2nd Year from 6 / 30 / 78 To 6 / 30 / 79 Specialty Ob/Gyn Level 1
combined residency time with L/2 time

I certify that Martin D. Ruddock, M.D. successfully completed/~~will~~
(Name of Applicant)
successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified.

Signature of Program Director: [Signature]
Date: November 17, 1993

If the hospital has not yet completed the following section and has this form notarized, I hereby certify that this hospital has no seal or stamp and that this form was completed at this hospital.

Program Director's Signature: [Signature]
Date: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN ORIGINAL HOSPITAL ENVELOPE



Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2249
HARRISBURG, PA 17105-2249
717-733-1400
717-737-2381

Counter Delivery Address
STATE BOARD OF MEDICINE
ROOM 612 TRANSPORTATION & SAFETY BLDG
COMMONWEALTH AVENUE & FORSTER STREET
HARRISBURG, PA 17120

Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment

OFFICIAL USE ONLY
MD - 051881 - L

R U O O O A P P L

APPLICATION FOR A LICENSE TO PRACTICE
MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools

Official Use Only
Amount 20
Date 11/19/93

11/82/93

Application Fee: \$20.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania."

Please Print or Type

NAME: Ruddock Martin Dennis
LAST FIRST MIDDLE

Permanent Address: [REDACTED]
CITY STATE ZIP

Date of Birth: [REDACTED] Social Security Number: [REDACTED]

If your medical/licensure records are listed under another name or names list below:

not applicable

LIST MEDICAL SCHOOL(S) ATTENDED:
Washington University School of Medicine
12 St. Louis, Missouri

DATES OF ATTENDANCE

From: Sept 1973 to MAY 1977
Mo. & Yr. Mo. & Yr.
From: X to X
Mo. & Yr. Mo. & Yr.

Date of Graduation: MAY 1977

In all states, territories and countries in which you have ever possessed a license without restriction to practice medicine and surgery (active or inactive, current or expired). If you never possessed a license, write "NONE"

OHIO

Check licensing examination(s) passed:

- () FLEX - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 1 - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 2 - indicate state where taken: _____ Date taken: _____
- (X) NATIONAL BOARD - PART I PART II PART III
- () USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____
- () LMCC - Canadian
- () STATE BOARD - indicate state where taken: _____

Post Graduate Education: CASE WESTERN RESERVE UNIVERSITY HOSPITALS (CWRU) HOSPITAL

PGY1 Hospital: CLEVELAND Metropolitan General From: July 1979 to: June 1980

PGY2 Hospital: UNIVERSITY HOSPITALS of CLEVELAND From: JUN 1980 to: MAY 1981

Answer the following questions, if "YES" to any of them, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1. Has any disciplinary action been taken against your license in another state, territory or country?	_____	<u>X</u>
2. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?	_____	<u>X</u>
3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?	_____	<u>X</u>
4. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	_____	<u>X</u>
5. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Impaired Professional Program.)	_____	<u>X</u>

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: Martin J. Rudolph MD

Date: 10-30-83

P.O. Box 2649
Harrisburg, PA 17105-2649

Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicant: MARTIN D. RUDDOCK, M.D.

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 4 year(s) 2 month(s).

SIGNATURE: [Signature] Date: 10-1-93

Print or type name as signed above: K. MUISE

State in which licensed: OHIO License Number: 31-019208

[DR. KEVIN MUISE, M.D. OHIO 35-05-9286]

Name of Applicant: MARTIN D. RUDDOCK, M.D.

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 15 year(s) month(s).

SIGNATURE: [Signature] Date: 11/1/93

Print or type name as signed above: L. SOBOL

State in which licensed: OH License Number: 35-04-4396

[DR. LASZLO SOBOL, M.D. OHIO 35-04-4396]


Return Completed form to Applicant


11/82/173

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates ACGME-06

TO BE COMPLETED BY APPLICANT

Name: Ruddock Martin Dennis
Last First Middle

Address: 

City: 

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: UNIV HOSPITALS / CLEVELAND METROPOLITAN

Located in: CLEVELAND OH
City State

1st Year from 6/23/77 To 6/30/78 Specialty OB-GYN Level 1

2nd Year from 7/1/78 To 6/30/81 Specialty OB-GYN Level 2-4

"I certify that MARTIN RUDDOCK successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

[Seal of Hospital] Signature of Program Director: 
Date: 11/2/93

If the hospital has no seal complete the following section and have this form notarized.
I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____

Date: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

717-783-1400
717-787-2381

OFFICIAL USE ONLY

M	D						
				E	D	U	C

VERIFICATION OF MEDICAL EDUCATION

For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: Ruddock Martin Dennis
Last First Middle

Name of medical school: Washington University School of Medicine

Location: St. Louis, Missouri

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Martin D. Ruddock

Date student began to attend this medical school: 08 / 29 / 73
Month Day Year

Date of graduation: 05 / 20 / 77
Month Day Year

[Seal of School]

JOHN L. SCHULTZ, REGISTRAR
ASSISTANT DEAN
SECRETARY TO THE EXECUTIVE FACULTY
SCHOOL OF MEDICINE
WASHINGTON UNIVERSITY
660 SOUTH EUCLID AVENUE
ST. LOUIS, MISSOURI 63110

I certify that all of the above information is correct.

Signature of John L. Schultz
Dean or Registrar: John L. Schultz, Assistant Dean

Date: 11/09/93

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.

Regular Mailing Address
State Board of Medicine
PO Box 249
Harrisburg, PA 17103-2649
U.S.A.

Courier Delivery Address
State Board of Medicine
Room 612 Transportation & Safety Bldg
Commonwealth Ave. & Porter St.
Harrisburg, PA 17120 U.S.A.

CURRICULUM VITAE: MARTIN D. RUDDOCK, M.D. (November, 1993)

Born: February 14th, 1961 in Toledo, Ohio;
Public Primary & Secondary Education in Ohio & Illinois; graduated 1969 Tintney Park H.S., Ill.

UNDERGRADUATE EDUCATION: B.A. with Highest Honors, Biology, Washington University
(1969-1973) St. Louis, Mo.

GRADUATE EDUCATION

(1973-1977) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, ST. LOUIS, Mo.
-awarded M.D. Degree in May, 1977

RESIDENCY TRAINING:

(1977-1981) CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS:

- combined 4-year residency training program in Obstetrics & Gynecology;
- PGY-1: Cleveland Metropolitan General Hospital, Cleveland, Ohio (1977-1978)
- PGY-2: 6 mos. at CMGH; 6 mos. at University Hospitals-Mac Donald House; (1978-1979)
- PGY-3: 6 mos. at CMGH; 6 mos. at U.H. (1979-1980)
- PGY-4: Executive Chief Resident, Dept. of OB-GYN at University Hospitals-MacDonald House, Cleveland, Ohio (1980-1981); Completed the Residency in May, 1981;

CERTIFICATION:

- Passed Parts-I, II, & III of the National Board of Medical Examiners;
- Passed all 4 levels of the CREOG Examinations;
- Passed the written portion of the American Board of Ob-Gyn to become Board Eligible in May, 1981;
- Have not taken the oral portion of the American Board of Ob-Gyn to become Board Certified;

EXPERIENCE:

- 1979-1982: House Physician: Ob-Gyn covering Labor & delivery Suites with Physician Staffing Services, Inc. in Cleveland at Marymount & Hillcrest Hospitals;
- 1981-1982: Private practice: Ob-Gyn at Marymount Hospital; (Sole Provider)
- 1979-1993: Private practice: Medical Director: Mahoning Women's Center, Youngstown, OH;
- 1985-Present: Private practice: Asst. Medical Director/Primary Provider PRE-TERM Cleveland, Cleveland, Ohio;
- 1990-Present: Private Practice: Medical Director/Sole Provider CENTER-FOR-CHOICE-II: Toledo, Ohio

Since 1982 my medical practice has been confined to the following:

- (1) Outpatient family planning services;
- (2) Outpatient gynecology: primarily abortion services; 1st and 2nd trimester procedures; (6-21 weeks gestation);

LICENSURE:

-I have had and do currently hold a license to practice medicine in the State of Ohio since June of 1977.

CURRENT ADDRESS:

-MARTIN D. RUDDOCK, M.D. INC.



Martin Dennis Ruddock MD
MARTIN DENNIS RUDDOCK, M.D.



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43260-0315 • (614) 466-3934

RECEIVED DIRECT

Date: November 10, 1993


Pennsylvania State Board of Medicine
P.O. Box 2649
Harrisburg, Pennsylvania 17105-2649

RE: Martin D. Riddock, M.D.

Please be advised that Martin D. Riddock
is licensed to practice Medicine and Surgery in the State
of Ohio. Martin D. Riddock's certificate
number is 42867, issued November 13, 1978.
Martin D. Riddock's license is current and in
good standing. Martin D. Riddock's license will
expire 9/30/94.

The following actions have been taken concerning Doctor Riddock's
license to practice. NONE

Sincerely,


Debra L. Jones, Chief
C.M.E., Records & Renewal

DLJ:men

NOT VALID WITHOUT BOARD SEAL

November 17, 1993

Dear Doctor:

The items checked below are required to complete your application. Additional information is listed below the item, if necessary. You may not practice in the Commonwealth of Pennsylvania until a license has been issued by the Pennsylvania State Board of Medicine.

- 1. Application - page 1
- 2. Application - page 2
- 3. Application - page 3 - Certification of Moral Character
- 4. Application - page 4 - Verification of ACGME/ Approved Graduate Medical Training - must be received DIRECTLY from the Hospital(s) in official hospital envelope(s)
- 5. Application - page 6 - Verification of Medical Education - must be received DIRECTLY from the Medical School in an official Medical School envelope
- 6. National Board scores - Endorsement of Certification must be received DIRECTLY from the National Board in an official agency envelope
- 7. LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope
- 8. USMLE scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope
- 9. FLEX scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope
- 10. State Board score certification must be received DIRECTLY from the State Medical Board in an official State Board envelope
- 11. Curriculum vitae
- 12. Fee in the amount of \$20.00 made payable to the "Commonwealth of Pennsylvania". Check or money order must be drawn on a US bank. NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
- 13. Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board envelope from the following states:
- 14. National Practitioner Data Bank Disclosure Information
- 15. Other:



ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME) in the lower left corner certifies the authenticity of this document.

RECEIVED DIRECT

Diplomate Name: Martin Dennis Ruddock, MD

Date of Birth: [REDACTED]

Certification Date: 07/01/1978

Certificate #: 183856

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1975	495 80	380 75	PASS	550 84	615 88	470 79	530 83	500 81	455 78	345 71
NBME PART II	Sep 1976	395 78	290 75	PASS	405 77	385 76	500 82	515 83	435 79	265 71	
NBME PART III	Mar 1978	470 81	290 75	PASS							

DATE: 11/16/1992

SEE OTHER SIDE FOR SCORE INFORMATION

This NBME Endorsement of Certification may include scores for Step 1 and Step 2 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE will replace both the current Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. Implementation of USMLE began with the administration of Steps 1 and 2 in 1992. The first administration of Step 3 will occur in June 1994. The NBME accepts passing scores on Parts I, II, and III as meeting the examination requirements for its certification program and the following combinations of passing scores on NBME examinations and USMLE: Part I or Step 1 plus Part II or Step 2 plus Part III or Step 3.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

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 three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE)

The complete USMLE examination history is given. A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Two-Digit Scores

For all examinations, 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.

EXPLANATION OF COMMENTS

For USMLE Step 1 and Step 2, this document is annotated to reflect special circumstances regarding the score report.

If you wish to obtain further information about individual examinees who have notations under "Comments," please write the NBME Supervisor of Examinee Records.

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior - Determination was made by the USMLE Committee on Irregular Behavior that the examinee engaged in such behavior. Irregular behavior includes all actions on the part of applicants and/or examinees, or by others when solicited by an applicant and/or examinee, that subvert or attempt to subvert the examination process.

Score Not Yet Available - Score not available pending further review and/or analysis.

Special Testing Accommodations - Following review and approval of a request from the examinee, special testing accommodations were provided in the administration of the examination.

86, HV 25 6 91 NOV