

# STATE OF OHIO STATE MEDICAL BOARD

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

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

*Martin D. Ruddock MD* 10-24-84  
 (SIGNATURE OF APPLICANT) (DATE)

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

IDENTIFICATION NUMBER 35-04-2867

MARTIN DENNIS RUDDOCK  
 17420 NORTON  
 LAKEWOOD OH 44107

MD & DO SPECIALTY CODES	
SPECIALTY CODES CURRENTLY ON RECORD →	39-26
IF NECESSARY TO CORRECT, ENTER ALL SPECIALTY CODE NUMBERS (SEE LIST ON ENCLOSED CARD)	39 26

AMOUNT DUE \$100.00 DATE DUE 11/15/84

## INSTRUCTIONS

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

## REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

Ruddock, Martin D.  
 LAST NAME FIRST NAME INITIAL

72 Harriman Street  
 STREET ADDRESS

Bedford OHIO 44146  
 CITY STATE ZIP CODE

CUYAHOGA  
 COUNTY

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

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

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

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

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
- a.) a felony, 5 2 0
- b.) a misdemeanor committed in the course of your practice, or
- c.) a federal or state law regulating the possession, distribution or use of any drug?

SOCIAL SECURITY NUMBER Redacted

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

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

# STATE MEDICAL BOARD OF OHIO

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

## INSTRUCTIONS

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

TREASURER, STATE OF OHIO  
BOX 2438 COLUMBUS, OHIO 43216

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

*Martin D. Ruddock* 10/14/86  
(SIGNATURE OF APPLICANT) (DATE)

REPORT ANY CHANGE OF ADDRESS OF RECORD  
(PLEASE PRINT)

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

IDENTIFICATION  
NUMBER

**35-04-2867**

**MARTIN DENNIS RUDDOCK**  
**72 HARRIMAN ST**  
**BEDFORD OH 44146**

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

### MD & DO SPECIALTY CODES

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

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

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

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

LAST NAME FIRST NAME INITIAL  
STREET ADDRESS  
CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER Redacted

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

- SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN FOUND GUILTY OR PLEAD GUILTY OR NO CONTEST TO:
- YES NO
- a.) a felony.
- b.) a misdemeanor committed in the course of your practice, or
- c.) a federal or state law regulating the possession, distribution or use of any drug?

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

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

# STATE MEDICAL BOARD OF OHIO

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

*Martin D. Ruddock MD* 10-1-88  
(SIGNATURE OF APPLICANT) (DATE)

**INSTRUCTIONS**

- DO NOT FOLD OR STAPLE THIS CARD.
- REVERSE SIDE MUST BE COMPLETED.
- MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO
- PUT IDENTIFICATION NUMBER ON CHECK.
- UPDATE SPECIALTY IF NEEDED.
- SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO: TREASURER, STATE OF OHIO BOX 2438, COLUMBUS, OHIO 43218

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

MARTIN DENNIS RUDDOCK  
72 HARRIMAN ST  
BEDFORD OH 44146

IDENTIFICATION NUMBER  
35-04-2867

REPORT ANY CHANGE OF ADDRESS OF RECORD  
(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL  
*12955 Aquilla Road*  
STREET ADDRESS

CHARDON OHIO 44024  
CITY STATE ZIP CODE

SEAUGA  
COUNTY

**MD & DO SPECIALTY CODES**

SPECIALTY CODES CURRENTLY ON RECORD  
IF NECESSARY TO CORRECT, ENTER ALL SPECIALTY CODE NUMBERS (SEE LIFE ON ENCLOSED CARD) (LIMIT OF 3)

21 39

AMOUNT DUE DATE DUE  
\$100.00 11/01/88

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

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

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

LAST NAME FIRST NAME INITIAL  
STREET ADDRESS  
CITY STATE ZIP CODE

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

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

YES NO  
  a.) a felony  
  b.) a federal or state law regulating the possession, distribution or use of any drug?

SOCIAL SECURITY NUMBER  
Redacted

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

- YES NO
- 1.) Been addicted to or dependant upon alcohol or any chemical substance? You may answer no to this question if you have successfully completed treatment at a program approved by this Board and have subsequently adhered to all statutory requirements as contained in Section 4731.224, O.R.C., and related provisions; or are currently enrolled in a Board approved program.
- 2.) Had any disciplinary action taken or initiated against you by a state licensing agency?
- YES NO
- 3.) Surrendered or consented to limitation upon a license to practice medicine or state or federal privileges to prescribe controlled substances?
- 4.) Had any clinical privileges suspended or revoked for other than failure to maintain records or attend staff meetings.

DETACH HERE AND REMIT THIS PORTION WITH FEE

# STATE MEDICAL BOARD OF OHIO

77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

## CERTIFICATION

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

*Martin D. Ruddock, MD* 11-01-90  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER: 35-04-2867 AMOUNT DUE \$160.00 DATE DUE 11/01/90  
MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

## MD & DO SPECIALTY CODES CURRENTLY ON RECORD

21 GYNECOLOGY  
39 OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

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

## CHANGE OF ADDRESS

STREET \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTY \_\_\_\_\_

969696962

0935042867 0000016000

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

Street \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

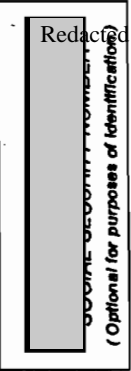
HAVE YOU BEEN FOUND GUILTY OF, OR PLEAD GUILTY OR NO CONTEST TO:

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

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

- YES NO   1.) Been addicted to or dependent upon alcohol or any chemical substance? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  
YES NO   2.) Had any disciplinary action taken or initiated against you by any state licensing board?

- YES NO   3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  
YES NO   4.) Had any clinical privileges suspended or revoked for reasons other than failure to maintain records or attend staff meetings?



985042867 ACCOUNT #



DETACH HERE AND REMIT THIS PORTION WITH FEE



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

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 1992-1994 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*X Martin D. Ruddock MD* 5-1-94  
(SIGNATURE OF APPLICANT) (DATE)

~~IF SPECIALTY CODES ARE CORRECT AS LISTED~~

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

REPORT ANY CHANGE OF ADDRESS

STREET \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTY \_\_\_\_\_

IDENTIFICATION NUMBER 35-04-2867  
AMOUNT DUE \$250.00  
DATE DUE 05/01/94  
MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

9696969620

0935042867# 0000025000

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

Street \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

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

1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.  
YES  NO

2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?  
YES  NO

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

4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  
YES  NO

5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  
YES  NO

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

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

8.) After January 14, 1993, referred a patient or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?  
YES  NO

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)

935042867  
ACCOUNT #

DETACH HERE AND REMIT THIS PORTION WITH FEE



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

**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 1994-1996 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.  
*X. Martin Dennis Ruddock, M.D. 5-1-96*  
(SIGNATURE OF APPLICANT) (DATE)

SPECIALTY CODE(S) CORRECT AS LISTED

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

**REPORT ANY CHANGE OF ADDRESS**

IDENTIFICATION NUMBER 35-04-2867  
AMOUNT DUE \$250.00  
DATE DUE 05/01/96  
MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

STREET \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTY \_\_\_\_\_

⑆969696962⑆

0935042867⑆ ⑆0000025000⑆

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

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

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

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

935042867  
ACCOUNT #

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)



DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1996-1998 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*Martin D. Ruddock, MD* 6-15-98  
(SIGNATURE OF APPLICANT) (DATE)

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

GYN GYNECOLOGY  
OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTY \_\_\_\_\_

IDENTIFICATION NUMBER 35-04-2867-R AMOUNT DUE \$211.00 DATE DUE 05/01/98  
MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

96969696 21

0935042867# 0000021100

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

Street \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

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

- 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor. YES  NO
- 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug? YES  NO
- 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. YES  NO
- 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? *(Not what board up)* YES  NO
- 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? YES  NO
- 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? YES  NO
- 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? YES  NO
- 8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement? YES  NO

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)



DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

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

*x Martin D Ruddock MD* 3-15-00  
(SIGNATURE OF APPLICANT) (DATE)

I wish to apply for Emeritus status:

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

GYN GYNECOLOGY  
OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET  
STREET  
CITY STATE ZIP CODE  
COUNTY

IDENTIFICATION NUMBER 35042867-R  
AMOUNT DUE \$305.00  
DATE DUE 01/01/00  
MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

33-32-8  
#2568  
#305-1  
2/30/02

96969696 21

0935042867 000030500

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT: THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL  
Street  
Street  
City State Zip Code  
County

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:  
PLEASE see 2 pag letter details - attached

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

Redacted  
SECURITY NUMBER  
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 8127

CERTIFICATION

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

*Martin D Ruddock MD* 4-01-02  
(SIGNATURE OF APPLICANT) (DATE)

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

**GYN GYNECOLOGY**  
**OBG OBSTETRICS & GYNECOLOGY**

SPECIALTY CODE(S) CORRECT AS LISTED

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

**RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL.**

12955 AQUILLA RD  
STREET

CHARDON OH 44024  
CITY STATE ZIP CODE

CUYAHOGA  
COUNTY

IDENTIFICATION NUMBER	AMOUNT DUE	DATE DUE	\$50 Late Fee Due After
35042867-R	\$305.00	01/01/02	04/02/02

**MARTIN DENNIS RUDDOCK, M.D.**  
12955 AQUILLA RD  
CHARDON OH 44024

0935042867

30500

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

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

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

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

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

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

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

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

Check this Box if you have NO principal Practice address.

11710 SHAKER AVE  
Street

CLEVELAND OH 44120  
City State Zip Code

CUYAHOGA  
County



DETACH HERE AND REMIT THIS PORTION WITH FEE



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

**CERTIFICATION**

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

*Martin D. Ruddock MD* 12-16-03  
(SIGNATURE OF APPLICANT) (DATE)

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

**GYN GYNECOLOGY**  
**OBG OBSTETRICS & GYNECOLOGY**

SPECIALTY CODE(S) CORRECT AS LISTED

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

**RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL**

12955 AQUILLA RD  
STREET  
CHARDON  
CITY OH 44024  
STATE ZIP CODE  
GEAUGA  
COUNTY

IDENTIFICATION NUMBER	AMOUNT DUE	DATE DUE	\$50 Late Fee Due After
35-04-2867-R	\$305.00	01/01/04	04/01/04

MARTIN DENNIS RUDDOCK, M.D.  
12955 AQUILLA RD  
CHARDON OH 44024

0935042867

30500

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

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

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

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

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

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

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

12292003 711760  
042867 0137 069  
SE 000030500

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

Check this Box if you have NO principal Practice address.

11710 SHAKER BLVD  
Street  
CLEVELAND  
City OH 44129  
State Zip Code  
CUYAHOGA  
County

REQUIRED  
SOCIAL SECURITY NUMBER  
Redacted

**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.

**License Information**

License Number	35.042867
License Name	MARTIN RUDDOCK
Email Address	

**Fees**

Relicensure Fee	\$305.00
	=====
<b>Total Fees</b>	<b>\$305.00</b>

**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

**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 **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... 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

**Social Security Number**

- 1. .... 

**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.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**





**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
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- 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

**Social Security Number**

- 1. .... 

**Nurse Collaboration Info**

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..... NO

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..... *{not Answered}*

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**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**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.

**License Information**

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

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

**Social Security Number**

1.

..... 

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