

**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 | 35.042867      |
| License Name   | MARTIN RUDDOCK |

**Fees**

|                 |                 |
|-----------------|-----------------|
| Relicensure Fee | \$305.00        |
|                 | <hr/> <hr/>     |
| Total Fees      | <b>\$305.00</b> |

**Medical Board Correspondence Email**

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

..... YES

**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 **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, 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

**Social 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}

**Ohio Employment**

1. Do you practice in Ohio?

..... YES

**Ohio 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

**Clinical - Practice setting**

1. 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

**Workforce 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

**Workforce 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

**Practice 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

**Workforce Language Question**

1. Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?

..... YES

**Languages**

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.**

**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.**

# State Medical Board of Ohio

30 E. Broad Street, 3<sup>rd</sup> 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

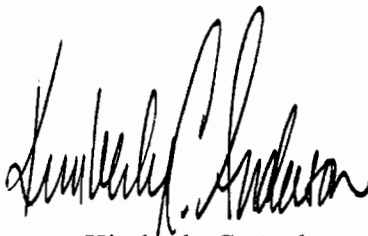
Name and Address: Dr. MARTIN DENNIS RUDDOCK  
12955 AQUILLA ROAD  
CHARDON, OH 44024

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



Kimberly C. Anderson  
Interim Executive Director

# State Medical Board of Ohio

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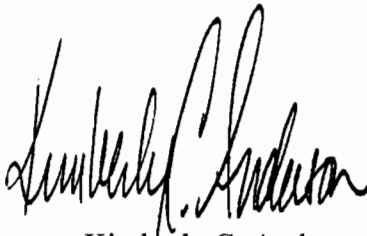
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