### APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

· BY

### The State Medical Board, State of Ohio

FORM I

1.	lowing statement regarding my preliminary education.  Name Mohrmono Hassad Rezaee	2. Place of birth DAV	AN-FARSE TRAN
3.	Address 2532 QUEENSTON RD.	Date of birth MA	rch 11,1935 2
	CLEVELAND HEIGHTS OHID 44118	4. Intended residence.	LEVELAND
\$.	PRELIMINARY EDUCATION. Name and Location of Institution Attended and Degree Received.		Date of Study.
	RAZI High School,	1949 - 19	
	abnoan IRAN	DipLomA	
	Received Ohio Certificate of Preliminary Education No.	•	2/19/
6.		-	(Date)
	I have made application to the following State Examining 70  JERSEY - EXAMINATION PENNSYL of application Reciprocity or Examination.	VANTA - CXAMIN	(Give names of States and datas A+76N -1970
no K	Mth Flame	ORCCEA	
UK N	TNDIANA - CREDENTIALS ACCEPTED and received a certificate from each except as follows:	-BUT_DID NO+++	HE +hE EYAM, ~DE
7.	MEDICAL EDUCATION. Give the date and source of each medical credential, dip	lama 12 dama	- MENICAL NE
	Sher men School, Shiraz Tran, NEW J		
	•	,	EXAMINATION - 197
	Attended O YEARS full courses of medical le		to 1956
	1st Course at ShiRAZ MED School ShiRAZ TO (PANLAVI UNIVERSITY)	1955 1951	
	2nd Course at	.from / / J G	to 1957
	3rd Course at	from 1957	to 1958
	4th Course at	from 1958	1959
rivs	4th Course at.  1 Course at.  2 Course Shirozmen Center Nemazi Hosp Was granted a diploma by PAHLAUI WANDINGER  Shiraz State of TRAN	FROM 1959 FROM ShiRAZ ME	
rivs l	Was granted a diploma by PAHLAUT (AMINE)	FROM 1959 FROM ShiRAZ ME	to 1959 1968 DICAL School located at SEP+ 1961
	Was granted a diploma by PAHLAU WANTER  Shird State of TRAN  Time of practice	FROM 1989 FROM 1989 SHONER SHIRM ON THE ON THE LSH day of ACHICE and dates)	SEpt. , 1961
	Was granted a diploma by PAHLAUI WANNERS HOSP  Shiraz State of TRAN  Time of practice NO PRIVATE OF Core Places  Has any license entitling you to practice in any foreign been suspended or revoked?	FROM 1989 FROM 1989 SHONER SHIRM ON THE ON THE LST day of ACTICE and dates)	SEpt. , 1961
	Was granted a diploma by PAHLAU (MANUAL CONTROL STATE OF TRAN)  Time of practice	on the St day of Charge (Charge)	SEpt. , 1961
	Was granted a diploma by PAHLA-JI WANDER Shired a diploma by PAHLA-JI WANDER OF TRAN  Time of practice NO PRIVATE OR (Give Places)  Has any license entitling you to practice in any foreign been suspended or revoked?  If so, specify:  (State or Country)  Have you ever been or are you now addicted to narcotice.	TROM   489 FROM   489 FROM   489 FROM   5   1   1   1   1   1    On the   5   day of   1   1    ACTICE and datea   1   1   1    I country or in any state or   (Answer Yes or No)    (Charge)   Oddrugs?   NO	SEpt. , 1961
	Was granted a diploma by PAHLA-VI (Namez) Hosp Courses Shired and Shired State of TRAN  Time of practice	on the LSH day of Chicken on any state or (Answer Yes or No)	SEA + 1961 territory of the United States (Date) (Yes or No)
	Was granted a diploma by PAHLA-VI (Name of PAHLA-VI) (Name of PAHLA-VI) (Give Places)  Time of practice	ACTICE and dates)  (Charge)  (Charge)  (Charge)  (Charge)  (Yes or No)	territory of the United States (Date)
	Was granted a diploma by PAHLA-VI (Namez) Hosp Courses Shired and Shired State of TRAN  Time of practice	ACTICE and dates)  (Charge)  (Charge)  (Charge)  (Charge)  (Yes or No)	SEA + 1961 territory of the United States (Date) (Yes or No)
	Was granted a diploma by PAHLAVI (Namez) Hosp Courses Shired and Shired	TROM   489 FROM   489 FROM   511 RMZ   115 On the   124 day of   1 C+1 C E   2 and dates   3 country or in any state or   (Answer Yes or No)  (Charge)   0 (Yes or No)  otic license?   N 0 at Law, State Law or a mu	SEAT., 1961  territory of the United States  (Date)  (Yes or No)
	Was granted a diploma by PAHLA-JI WANTED CONTROL State of TRAN  Time of practice	country or in any state or  (Answer Yes or No)  (Charge)  (Charge)  (Charge)  (Yes or No)  (Yes or No)	(Date)  (Yes or No)  (Yes or No)  micipal ordinance other than a
	Was granted a diploma by PAHLA-VI (Name of PAHLA-VI) (Name of PAHLA-VI) (Give Places)  Time of practice	TROM   A S P FROM   A S P FROM	territory of the United States (Date) (Yes or No) (Yes or No) (Yes or No) (Disposition)
9.	Was granted a diploma by PAHLA-U WANTED COURSE. Share of TRAN  Time of practice	country or in any state or  (Answer Yes or No)  (Charge)  (Charge)  (Charge)  (Yes or No)  (Yes or No)	territory of the United States (Date) (Yes or No) (Yes or No) (Yes or No) (Disposition)
9.	Was granted a diploma by PAHLA-VI NAME of COURSE Shired and Disposition)  PAHLA-VI NAME of TRAN  Time of practice	Answer Yes or No  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Yes or No  (Yes or No)  (Yes or No)  (Yes or No)	(Date)  (Yes or No)  (Yes or No)  (Yes or No)  (Disposition)
9.	Was granted a diploma by PAHLAN (Namez) Hosp Chi RAZ State of TRAN)  Time of practice	TRAN  Control of the state of t	(Date)  (Yes or No)  (Obsposition)
9.	Was granted a diploma by PAHLAN (Namez) Hosp Chi RAZ State of TRAN)  Time of practice	Answer Yes or No  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Charge)  (Yes or No  (Yes or No)  (Yes or No)  (Yes or No)	(Date)  (Yes or No)  (Obsposition)

### FORM II. \* \* AFFIDAVIT.

STATE OF This	
COUNTY OF my hog a	
On this / /2 of February	19
m H Lenue MD	19
m. H. Alauce MD, within and for the County and State afore who being duly sworn says that he is the person referred to in the foregoin	presaid,
in the State of Ohio; that the statements therein are strictly true in ev	t
understands this Affidavit.	
	(Signature of Applicant.)
Signed and sworn to before me, this 12 day of	February 1971
(Seal.)	Charles D. Strales
,	(Official designation of Macon stantaistering of th.)
* Must be sworn to before an officer authorized to administer oaths, or a Federal	My commission expues & J- 22
No. of the second secon	,
FORM III.	
CERTIFIED COPY OF STATE LICENSE O	
	,,
THE STATE BOARD OF MEDICAL F	CXAMINERS
CERTIFIES that Mohammad Hassan Rezaee, M. I	M. D.
has passed a satisfactory expination before	this Board and is hereby
licensed to practice Medicine and Surgery in	the State of New Jersey.
No. <u>#24420</u> Jer	rome G. Kaufman, M. D. President
Marcon No. 18	
Trenton, New Jersey.	
November 11, 1970	nn F. Kustrup, Sr., M D. Secretary
This is a temporary license which will ex	pire on May 25, 19 <b>7</b> 6, <b>unless</b>
Citizenship is obtained.	Rezaee, M. D.
I hereby certify that the above is a verbatim copy of license No. 244	
by the J. State Bd. of Med. Exam on the 11th	day of November 19 70
John	L' Kristings dr. m.Din
(Seal.) John F. 1	Kustrup, Sr., MD Secretary. M. D.
FORM IV.	OR SECONDARY
CERTIFICATE AND RECOMMENDATION	
Acting in behalf of the New Jersey State Board of Rezaee, M. D.	Medical Examiners (Name of State Board.)
I do hereby certify that Dr. Mohammad Hassan was on the	11th day of November
19.70., granted a license to practice Medicine and Surgery in the State of	New Jersey
on the basis of Written Examination (State board examination or medical diploma o	
(State board examination or medical diploma of in the following subjects. Pharmacology & Therapeutic:	graduation.) 575%Obstetrics & Gynecology 75%
Diagnosis 81%, Surgery 82%, Anatomy 82%,	
Pathology & Bacteriology 80%, & Hygiene	
/	
n /	
on whichhe received an average of 78.8% per cent, and from evid	lence on file in this office, I do hereby certify
to the good moral and professional standing of Dr. Mohammad Has	ssan Rezaee, M. D.
of Ohio , State of Ohio (Clevela)	
The State Medical Board of Ohio, as a proper person for medical licens	
The applicant must satisfy the Board of New Jersey	~~
on the question of standing and moral absences before and of said Bas	edia effect o
(Seal.) John F. Kustrup	trup fr. m. P., Sr., M.D. Socretary. M. D.
	, war, Alle
March 2, 1971 (Date)	

FORM V.
AFFIDAVIT OF PHYSICIANS.
STATE OF COUNTY SEE:
Before me, personally appeared Uncent Thomas M.D.
known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he
has known Mohamman Hassaal REZHEEM, D., well for 2 years and knows him
to be of good moral and professional character, that he is a graduate of Shiraz medical School Shiraz I
St. ALEXIS HOSP. CLEVELAND Had recommended him as worthy of professional
recognition and that the foregoing physical description is correct. Address 9333 Mules five Three D.
Calvellund, The Graduate of Stongel Will Certificate No. 10628
Subscribed and sworn to this day of figure 1971
(Seal.)  Noter Public.
STATE OF Dus County SE:
Before me, personally appeared MOH NICHOLAS MISISCHIA M. D.
known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he
has known Mohamm A.D. HASSAN REZHEE, M. D., well for
to be of good moral and professional character, that
College in the year
St. ALEXIS Hose CLEVELAND, OHIU and recommended him as worthy of professional recognition and that the foregoing physical description is correct.
recognition and that the foregoing physical description is correct.
Address 37/1 Paw 7/ St Nicholas Willia M.D. Clevilled Ollis Graduate of Western Resure, Certificate No. 1150/ Subscribed and sworn to this 125 day of Franciscopy, 1971
Graduate of Certificate No. 1.
Subscribed and sworn to this day of 19.7
(Seal.) Thy omnoune pires Mars. 1972
FORM VI.
CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:
P. O. Address Date 19

	P. O. Address		Date	, 19	9
I certify	that Dr		, of		
	n good standing of thean ethical practitioner of good moral				
Ann Not a	member of a menic	ou Coainl			M D
BECAUSE I	did not have a LICENS	E audtill		President or Secretary.	n. D.
	vac not in naviate of				

### SECTION 4731.29. GENERAL CODE OF OHIO.

When a physician or surgeon licensed by the licensing department of another state, a territory or the District of Columbia or a diplomate of the National Board of Medical Examiners wishes to remove to this state to practice his profession, the State Medical Board may, in its discretion, issue to him a certificate to practice medicine and surgery in Ohio without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in Section 4731.09 and Section 4731.12. The fee for registration in this manner shall be one hundred dollars. Application shall be made on a form prescribed by the board.

Approved Rejected Withdrawn Man Man Man Man Man Man Man Man Man Ma	Presented to Board  REZAEE Mohamiad Hassan M. D.  19.71  19.71  19.71  Presented to Board	Application for Endorsement of a Medical License by State Medical Board, State of Ohio	Pahlavi Univ. New Jersey Iran 1961 1970 FOR USE OF SECRETARY ONLY.
--	---	--	--

0.1071

### QUALIFICATION

A certificate of registration showing that an examination has been made by the proper board of any state in which an average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not yet been covered.

### INSTRUCTIONS.

- 1. The State Medical Board of Ohio holds regular meetings on the first Tuesday of January, April, July and October at Columbus.
- 2. Fill out Form I and make the necessary affidavit to Form II. Then obtain the affidavit required by Form V. This must be signed by two reputable physicians, residing in the applicant's home state or Ohio; then obtain certification of Form VI.
- 3. Forward to the Secretary of the Medical Board of the State in which the applicant is licensed, or the National Board of Medical Examiners, if a Diplomate. They will fill out Form III and IV, if justified in doing so, and return the blank to applicant.
  - 4. The application should then be forwarded to the Secretary of the State Medical Board of Ohio.
- 5. Address all communications to the Secretary of The State Medical Board, Wyandotte Building, Columbus, Ohio 43215.
  - 6. Applicants must be 21 years of age and citizens of the United States.

CLEVELAND H+S., Ohio	CLEVE
P.O. Address 2532 Queenstoned	P.O. Addre
M. H. REZAER	bearing my name M. H. K
rd, Certificate No. 33012	Received of The State Medical Board, Certificate No. 33012
MM Cezamon O., July 19- 1921	MM (Ezamono
Secretary of the State Medical Board 21 W. Broad Street Columbus, Ohio 43215	Please sign the receipt below and return at once to: Secretary of the State Medical Board 21 W. Broad Street Columbus, Ohio 43215

Signature of Applicant

Mode of Applicant

Signature of Applicant

I hereby certify that the photograph
on the reverse side to which this slip
is pasted is a genuine likeness of

Mohammad Hassan Rezass

who was recommended by me to the
State Medical Board for a license to
practice in Ohio.

Manual Janual Manual

Signature of Second Endorser.



	I fieled this out before realizing that you requested
	it to be typewritere. In soining this happened of you
	wish it to be typewritten please send me another
	form Molowers / Mark her Bol
	SUMMARY OF CREDENTIALS SUBMITTED
	Hin: 3/11/35- Davin Char and Sent 1/22/71. 50 2/3/17/
4	NAHE MOHAMMAD HASSAN REZAEE MAD. 145
3	
N	
#	(Number) (Date Issued) (Location of Court)
1	DECLADATION A
	OF INTENTION 12/178 25Th day of May 1970 CLEVELAND OHIS
0	(Number) (Date Issued) (Location of Court)
3	MEDICAL SCHOOL PAHLAVI UNIVERSITY SHIRAZ IRAN 1961 (Name) (Location) (Graduation Date)
2	CNHABUBOTH TOTHE THE WENT WATEVENOYE IST
A	INTERNSHIP IN THE UNITED STATES OR CANADA LANGUAGE AND IN ENGLISH.
7	TRUMBULL MEMORIAL HOSPITAL WARREN OHIO. NOV. 1.1961-02.30-196
3	(Name of Hospital) (Location) (Dates of Service)
	<b>3</b>
$\mathcal{I}$	RESIDENCIES IN THE UNITED STATES OR CANADA (List Fellowships last, if applicable)
Œ	(Name of Hospital) (Location) (Dates of Service) Surger
7	Bru
17	(DBSJRYN) BELLECUE HOSPITAL CENTER N.Y.C. 1964-1967
	() 1330 WAN I SECTION HOSPITHE CLINIER IN TIC. 1 164 1161
$\overline{\alpha}$	
Q	/ Pathology Fellowships: PARTIEW PARK HOSP. CLEVELAND OHIO. July 1963
Q	Pathology Fellowships PARAIEW PARK HOSP CLEVELAND OHIO. July 1963
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420
	/ Pathology Fellowships: PARTIEW PARK HOSP. CLEVELAND OHIO. July 1963
₩ <b>₩</b>	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420
4	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420  (Mame) (Year of Licensure) (Mumber, if any)  PLANS OF PRACTICE IN OHIO 485. ST. Alexis 1403. CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  Cleveland Objo. 748/1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 16.1970 24420  (Mame) (Year of Licensure) (Mumber, if any)  PLANS OF PRACTICE IN OHIO 48. St. Alexis 1400. CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  (D. NOV. 1.1961-Oct 30,1962-Rotating Internship - Trumball Memoraial Hosp. Warren OHIO
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420  (Mame) (Year of Licensure) (Mumber, 1f any)  PLANS OF PRACTICE IN OHIO 485. ST. Alexis 140). CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  ① NOV. 1,1961-Oct 30,1962-Rotating Internship - Trumball Memorial Hosp. Warren OHIO  ② NOV. 1,1963- June 39,963-lat. yr. Surgical Resident St. Vincent Charity Hosp. (Cleveland OHIO)
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  STATE IN WHICH LICENSED NEW JERSEY NOV. 16.1970 24420  (Mame) (Year of Licensure) (Mumber, If any)  PLANS OF PRACTICE IN OHIO 45. ST. Alexin 1400. CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  D.NOV. 1,1961-Oct 30,1962-Rotating Internship - Trumball Memorial Hosp. Warren, OHIO  D.NOV. 1,1963- June 30,463- Pathology Fellowship Fairview Park Hosp. Cleveland, OHIO  D.NOV. 1,1963- Occ. 31,1963. Pathology Fellowship Fairview Park Hosp. Cleveland, OHIO  D. 4 Years OB-Gyn Residency New York University Bellevier Ordered Activity Hosp.
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420  (Number, 1f any)  PLANS OF PRACTICE IN OHIO 465. ST. Alexis 140. CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  D.NOV. 1,1961 - Oct 30,1962 - Rotating Internship - Trumball Memorial Hosp. Warren, OHIO  D.NOV. 1,1962 - June 30,962 - Rotating Internship - Trumball Memorial Hosp. Warren, OHIO  D.NOV. 1,1963 - June 30,963 - Rathology Fellowship - Fairview Park Hosp. Cleveland, OHIO  D.July 1,1963 - Occ. 31,1963 - Pathology Fellowship - Fairview Park Hosp Cleveland, OHIO  D. 4 years 08-9yn Residency - New York University Bellevue Medical Fenter - Niy. My
	PATHOLOGY Fellowships. PARTIEW PARK Hosp. Cleveland Obto. July 1963  E.C.F.M.G. 2 421 CLEVELAND, Obto 1963 Dec 31-196.  (Number) (Testing Location) (Year of Certification)  STATE IN MHICH LICENSED NEW JERSEY NOV. 16-1970 24420  (Mame) (Year of Licensure) (Mumber, 1f any)  PLANS OF PRACTICE IN OHIO 45. ST. Alexis How. Cleveland Obto  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  (D NOV. 1,1961 - Oct 30,1962 - Rotating Internship - Trumball Memorial Hosp. Warren OHID  (D NOV. 1,1962 - June 30,403 - lat. yr. Surgical Resident. St. Unicent Charity Hosp. Cleveland, OHID  (D Uly 1,1963 - Occ. 31,1963 - Pathology Fellowship Fairview Park HospCleveland, OHID  (D 4 years 08-9gn Residency New York University Bellowe Medical Center - N.Y. N.Y.  (E) Warro + Emergency Rm Physician - South Nassaw Communities Hosp. Occobioned New York
	E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  E.C.F.M.G. 2/42/ CLEVELAND OBIO 1963  (Number) (Testing Location) (Year of Certification)  STATE IN WHICH LICENSED NEW JERSEY NOV. 18.1970 24420  (Number, 1f any)  PLANS OF PRACTICE IN OHIO 465. ST. Alexis 140. CLEVELAND OBIO  SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):  D.NOV. 1,1961 - Oct 30,1962 - Rotating Internship - Trumball Memorial Hosp. Warren, OHIO  D.NOV. 1,1962 - June 30,962 - Rotating Internship - Trumball Memorial Hosp. Warren, OHIO  D.NOV. 1,1963 - Dec. 31,1963 - Pathology Fellowship Fairview Park Hosp. Cleveland, OHIO  D. Wully 1,1963 - OEC. 31,1963 - Pathology Fellowship Fairview Park Hosp. Cleveland, OHIO  D. Years OB-Gyn Residency - New York University Bellevue Medical Fenter - Niy. My.

... + 1970

OEC 1 1970

ABRUTA WHAT ARE BUT TO THE TOTAL TOTAL

### Amenaturent of Thospitals



### Welleum Horner Montrial Center

Swands this certificate to Motherment of Marsan Kerarce, M. D. for satisfactory performance of duties at this hospital as Resibert in form forwary, 1964 to December 34,967

In Witness Where of, the undersigned have affixed their signatures and the seal of the Department this | 1815 | day of December, 1967

### The State Board of Medical Examiners OF NEW JERSEY



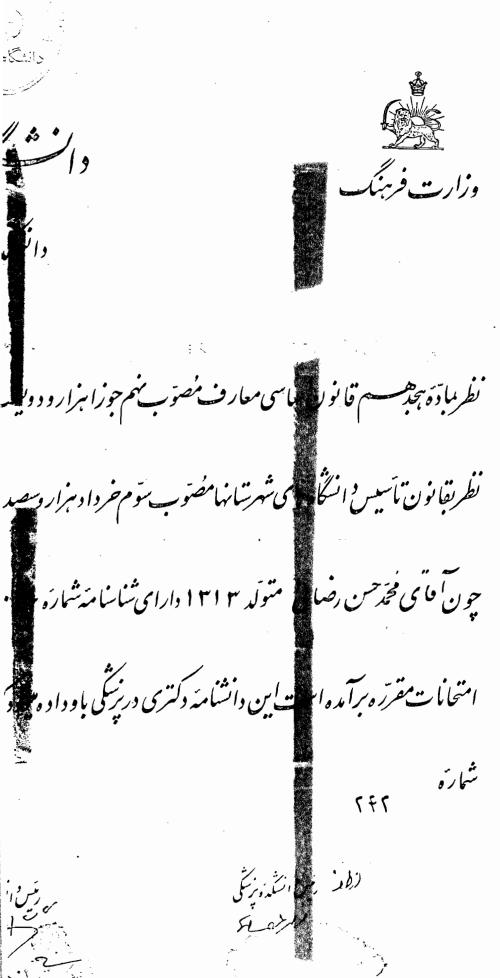
Certifies that_	Mohammad	Hassan Re	zaee		M. Q	)
has passed a sa						
hereby licensed l	r practice s	Medicine an	rd Surger	ry in the	State of	l
New Jersery.		-	,			

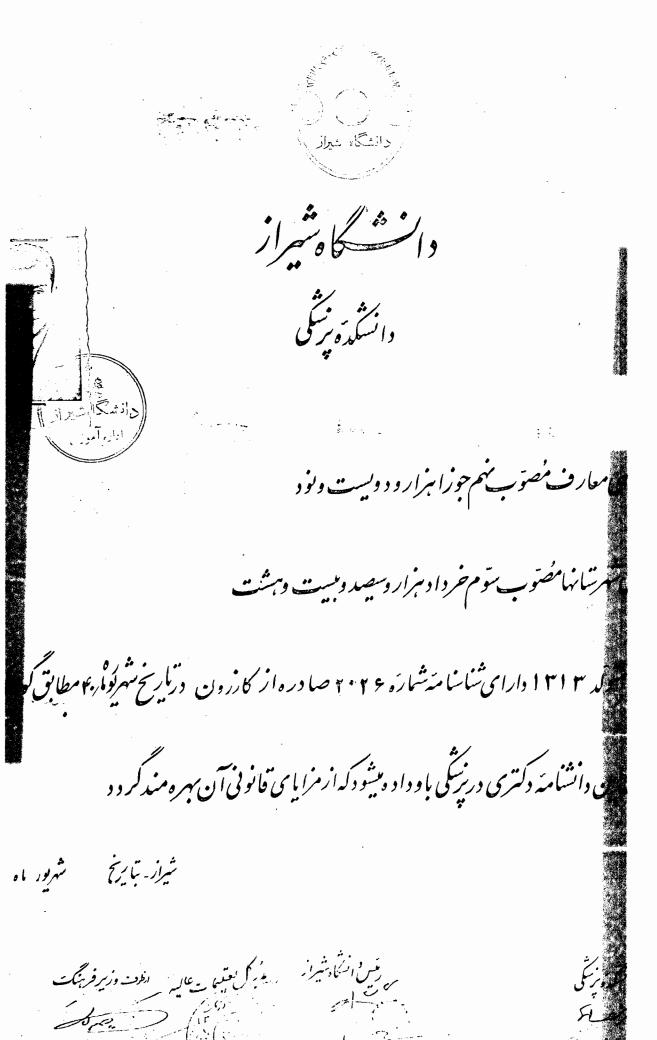
No. 24420 • Trenton, New Jersey. November 11 :1970

President. Kaufman, M.D.

John F. Kustrup, M.D. Secretary.

Trenton, New Jersey November 16, 1970 J. John F. Kustrup, M.D., Secretary of the State Board of Medical Examiners of New Jersey, do hereby certify that the Medical Examiners by Security Service of License issued by foregoing is a true copy of the Certificate of License issued by D. this Board to Mohammad Hassan Rezaee on November 11, 1970 John D. Kustrup M. D.





صا دره از کاررون در<sup>با</sup>یر شخصه پیوار ۴۸ مطابق کواهی ا ارمزایای فانونی آن بهره مندکر د و

شياز - تبايخ شهي او ١٣٤٠

711. N. Regae, 711.D. 2532 Queenston Rd. Cliveland, Hts. 44118 bregn grad. form Uletter 1/25/10.50. REZAEF su telephone: 11/13/10.

### NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

### 28 WEST STATE STREET

TRENTON, NEW JERSEY 08625

December 16, 1970

State of Ohio Medical Board W. T. Washam, M. D., Executive Secretary 21 West Broad Street Columbus, 43215 Ohio

Re: Mohammad Hassan Rezaee, M. D.

### Dear Doctor Washam:

This is to officially certify that Mohammad Hassan Rezaee, M. D. is licensed to practice all branches of Medicine and Surgery in New Jersey, license#24420, issued November 11, 1970. To date, there is nothing of a derogatory nature concerning his license to practice.

The results of the examination given on October 20, 21, 22, 23, 1970 are as follows:

Pharmacology & Therapeutics	81%	Obstetrics & Gynecology	75%
Diagnosis		Surgery	82%
Anatomy		Physiology	80%
Cheristry		Pathology & Bacteriology	80%
Chemistry Hygiene & Medical Jurispruder	1ce 76	$^{\#}$ Total Average	78.8%

We hope that this certification will be of assistance to you.

John J. Kustrum Sr., m.D.

John F. Kustrup, Sr., M. D.

Secretary

FK:tp

Com Mohammad Hassan Rezaee, M. D.

This is a temporary license which will expire on May 25, 1976, unless Citizenship is obtained.

SEAL-STATE BOARD OF MEDICAL EXAMINERS
OF NEW JERSEY

### **RECEIVED**

NEC > 1 1970

STATE MEDICAL BOARD

Rezaee, M.D.

and Heights, Ohéo 44118

Dear Dector Remanee:

I have received your credentials for endorsement licensure and everything is in order with the exception of an actual photocopy of your diplema granting you the Doctor of Medicinegree, and your required two letters of recommendation

e next Board meeting will be held on Feb. 2 be presented to the Board must be in our the 22nd of January. ETREE, MOTHINIMARY Miss Sherry Bight Man Dicke Endorsement Clerk A Silver And Son sd

Mohammad H. Rezaee, M.D. 2532 Queenston Road Cleveland Heights, Ohio 44118 December 8, 1970

State of Ohio The State Medical Board 21 West Broad Street Columbus, Ohio 43215

Dear Doctors,

I have been in the United States for nine years and I have spent four of these years in the state of Ohio. I like this state very much and I would like to practice here.

I am presently working at St. Alexis Hospital, Cleveland, Ohio as a ward physician in Obstetrics and Gynecology.

I have a New Jersey license by written examination and I passed the first part of the OB-GYN Specialty Boards. I wish to receive endorsement licensure from your medical board to practice in the state of Ohio, as an obstetrician and gynecologists.

Thank you for your consideration in this matter.

Respectfully yours,

MAKE Zacerup

Mohammad H. Rezaee, M.D.

DEC 1 1 1970
STATE MESSALE DEC.



### TRUMBULL MEMORIAL HOSPITAL 1350 EAST MARKET STREET

WARREN, OHIO

JOHN F. LATCHAM, F.A.C.H.A.
Administrator

October 5, 1962

To Whom It May Concern:

Mohammad H. Rezaee, M.D. has served an approved internship at this hospital from November 1, 1961, to October 31, 1962.

It is my privilege to give an unqualified recommendation for Dr. Rezaee as all reports of the doctors under whom he trained are excellent; his medical records good; his attendance at meetings good; his ability to get along with his associates and co-workers excellent; and his medical and personal ethics are above reproach.

We are deeply sorry that Dr. Rezaee made other commitments prior to our offering him a residency in Surgery in this hospital.

Very truly yours,

John F. Latcham

Administrator

sm

W. C. IVI

DEC 1 1 1970

CTEFF MERCAL FROM



### TRUMBULL MEMORIAL HOSPITAL 1350 EAST MARKET STREET

WARREN, OHIC

JOHN F. LATCHAM, F.A.C.H.A. Administrator

October 30, 1962

To whom it may concern:

At the request of Dr. Mohammed Hassan Rezaee, this letter is to certify that Dr. Rezaee served the twelve month rotating Internship at Trumbull Memorial Hospital from November 1, 1961 to October 30, 1962.

Dr. Rezaee demonstrated tremendous conscientiousness and application to his duties during the course of his Internship. His spirit of cooperativeness was outstanding, and he demonstrated good clinical judgement. Dr. Rezaee established good rapport with the attending staff, other members of the house staff, the nursing staff, and patients.

I do not hesitate to recommend him for any appointment that he might seek.

George A. Sudimack, M. D.

Chairman of the Educational Committee

cm

DEC 1 1 1970

### ST. VINCENT CHARITY HOSPITAL

FOUNDED 1852

SISTERS OF CHARITY OF SAINT AUGUSTINE

2351 EAST 22ND STREET CLEVELAND, OHIO 44115 TELEPHONE 216 861-6200

August 27, 1968

TO WHOM IT MAY CONCERN:

This is to certify that Mohammad H. Rezaee, M.D. served as First Year Resident in Surgery at St. Vincent Charity Hospital from November 1, 1962 to June 30, 1963.

During this period we found him to be conscientious, industrious, and of good moral and ethical character. He got along well with his colleagues and professional and non-professional personnel.

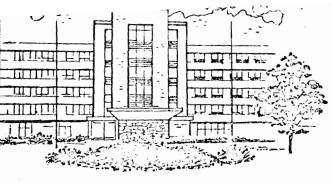
Sincerely,

Pierce H. Mullally, M.D.

Director of Medical Education

PHM:ml

OEC 1 1 1970



### Fairview General Hospital

18101 LORAIN AVENUE . CLEVELAND! OHIO 44111 . 252-1222

DEPARTMENT of PATHOLOGY

Hugh F. McCorkle, M.D. Harlan R. Peterjohn, M.D. Anthony A. Greco, M.D.

September 18, 1968

To Whom It May Concern:

Dr. Mohammad Hassan Rezaee was a Fellow in Pathology at Fairview General Hospital from July, 1963, to December, 1963. During that time he fulfilled his obligations adequately. He was reliable, punctual, and unassuming.

Although I did not get to know him well during such a short period, I feel that I can recommend him for licensure, without question.

Sincerely yours,

Hugh F. McCorkle, M.D.

mlawi)

Co-Director,

Department of Pathology

HFM:hl

Fred Land Vision

DEC 1 1 1970

STOTE REDISM COARD

### AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

CARL P. Huser, M.D., Indianapolis, Ind. Chairman of the Board

Andrew A. Marchetti, M.D., Washington, D. C., President William C. Keettel, M.D., Iowa City, Iowa, Vice-President Gordon W. Douglas, M.D., New York, N. Y., Vice-President Curtis J. Lund, M.D., Rochester, N. Y., Director of Examinations Clyde L. Randall, M.D., Buffalo, N. Y., Secretary-Treasurer Ralph C. Benson, M.D., Portland, Ore.
David N. Danforth, M.D., Chicago, Ill.
Lawrenge L. Hester, Jr., M.D., Charleston, S. C.
Charles E. McLennan, M.D., Palo Alto, Cal.
J. George Moore, M.D., New York, N. Y.
Roy T. Parker, M.D., Durbam, N. C.
E. Stewart Tayloz, M.D., Denver, Col.
W. Norman Thoanton, Jr., M.D., Charlottesville, Va.
J. Robbat Willson, M.D., Ann Arbor, Mich.



OFFICE OF THE SECRETARY TREASURER CLYDE L. RANDALL, M.D.

August 7, 1967

Mohammad H. Rezaee, M.D. 197 Berkeley Pl. Brooklyn, N. Y. 11217

Dear Dr. Rezace:

The Directors of the American Board of Obstetrics and Gynecology are pleased to verify your completion of an approved residency in OBSTETRICS and GYNECOLOGY and your attainment of a passing grade in the examination written on 3 July 1967.

This is to advise you that the Board has authorized the award of a certificate to the physician who has fulfilled the requirements, has passed the written examination, is in this country on an exchange visitor's visa and is returning to a home address outside of the United States or Canada. If you believe you qualify for this certificate, please complete the enclosed Certificate Slip, indicating your mailing address effective as of October 1, 1967. Flease notify this office of any change of address following the return of the enclosed slip.

Congratulations and the Board's best wishes.

Sincerely,

Clyde L. Randall, H.D.

Secretary-Treasurer

CLR:em

Encls: Bulletin

Certificate Slip

### @ ECFMG 1965 ALL RIGHTS RESERVED

### THE EDUCATIONAL COUNCIL

FOR

## FOREIGN MEDICAL GRADUATES

SPONSORED BY

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES ASSOCIATION OF AMERICAN MEDICAL COLLEGES AMERICAN MEDICAL ASSOCIATION AMERICAN HOSPITAL ASSOCIATION

CERTIFIES THAT

MOHAMAD HASSAN REZAEE

HAS SATISFIED ALL THE REQUIREMENTS OF THE COUNCIL HAS SUCCESSFULLY PASSED ITS EXAMINATION

AND HAS BEEN AWARDED

EDICATIONAL COUNCIL

CERTIFICATE NO. 21421

Hilling Midshau

MEDICAL GRADUATES

Executive director

EVANSTON, ILLINOIS, U.S.A., OCTOBER 23, 1963

ATTORNEY GENERAL
JEROME G. KAUFMAN, M.D.

PRESIDENT
EDWIN T. FERSUR, D.O.

TREASURER
JOHN F. KUSTRUP, M.D.
SECRETARY



### BOARD MEMBERS

EDWIN H. ALBANO, M.D.
ISADORE R. ASEN, B.S.
ANTHONY J. BALSANO, M.D.
JOSEPH BARYLICK, B.C.
CLARENCE BOOKBINDER, D.P.M.
RALPH M. BUCHAMAN, M.D.
THOMAS C. DECECIO, M.D.

IRVING M. MAYRAM, M.D. EDWIM Y. FERREN, D.O. JEROME G. KAUFMAN, M.D. JOHN F. KUSTRUP, M.D. I. EDWARD ORNAF, M.D. CARL N. WARE, M.D.

### State of New Iersey

### DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF PROFESSIONAL BOARDS
BOARD OF MEDICAL EXAMINERS

28 WEST STATE STREET

TRENTON, N. J. 08625

November 16, 1970

Mohammed Hassan Rezaee, M.D. 2532 Wueenston Rd. Cleveland Hgts., Ohio

### Dear Doctor:

The State Board of Medical Examiners of New Jersey is happy to inform you that you have successfully passed your examination for Medical licensure in New Jersey.

This letter will authorize you to begin practice. You will find enclosed a Certified Copy of your license, which must be filed with the County Clerk of the County in which you reside in New Jersey.

Your original engrossed license will be forwarded to you upon completion by the Engrosser: this will take three to six months.

Yours very truly,

John F. Kustrup, M.D.

Secretary

JFK:tk

DEC 1 1 1970
STATE MEDICAL EGARD

Mis Certiles Rut

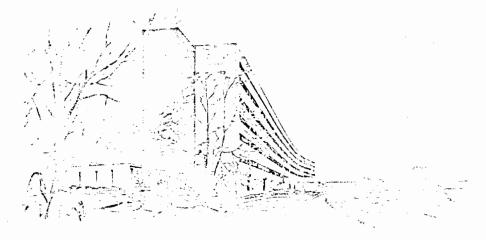
Having faithfully and satisfactorily performed the duties of Pathology Fellow

July 1, 1963 to December 31, 1963 Certificate

which has been affixed the corporate sea



OFC 1 1070



This Certifies that

Mohammad Hasan Rezaee, M.B.

has faithfully served as First Year Resident in Surgery

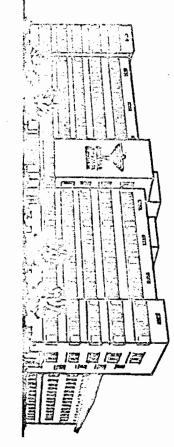
Saint Vincent Charity Hospital during the 8 months preceding the 1st day of July, 1963

arsel TShaw mil

+ Edward Fr. Hoban Archbishop, Bishop of Cleveland

**DEC** 1 1 1970

# TRUMBULL MEMORIAL HOSPITA



This is to certify that

Mohammad Nasan Aezaee, M. D.

has satisfactorily completed a Rotating Internstip

in this hospital from November 1, 1961 to October 31, 1962 In Mitness Mherent the said Hospital has caused this Certificate to be

signed by its duly authorized officers and its Corporate Seal to be hereunto affixed.

Date Sused June 30 1962

John J. Latolan Administrator



PARILAVI UNIVERSITY

Assadollah Alam, Chancellor SIIIRAZ, IRAN

Office of Admissions & Registration

8th July,1967.

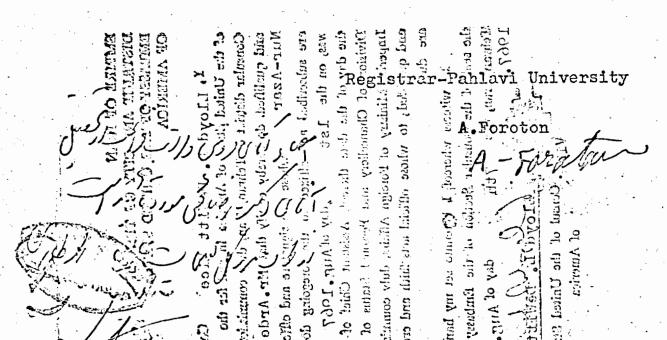
MINISTRY OF EDUCATION

SHIRAZ UNIVERSITY
FACULTY OF MEDICINE

According to the Article 18 of the Constitution of Education approved on Juza 9th,1290,
According to the law of foundation of Universities of provinces approved on Khordad 3rd,1328.

Since Mr. Mohammed Hassan Rezaie Born on 1313 solar year(1935) holder of identity card No. 2026 issued from Kazeroon has successfully passed the required examination of the month of Sharivar 1340 (Sept. 1961), with the justification of the Board of Examinors, this Doctorate Degree in Medicine is awarded to him, so that he may be benefited of its legal privileges.

No. 242
Shiraz, Dated: Sharivar 1340 (September, 1961)
Dean of Faculty of Medicine,
Chancellor of University of Shiraz
Director General For Higher Education
For the Minister of Education.



OZGLI 1970

The second secon

Office of Admissions & Registration

8th July, 1967.

## MINIBERY OF EDUCATION

# SHIKAZ UHIVERTITY

According to the Auticle 18 of the Constitution of Education Capproved on Juse Sth, 1290;

Wairemeiting of provinces on Elloude asd rik Shariver 1540 That ed that ea , mid

> FG. 242 For the Minister

(1391,00)

whereof I hereunto set my hand and

tite Embassy as

and questice, to whose official acts faith and credi Division of Chancellery and Pergunal Status of the Imperial! Ministry of Foreign Affeirs, duly commissioned and qualified, do hereby certify that Mr. Ardeshir Consular district of Tehran, Iran, duly commissioned hose true signature and official scal to the foregoing documers In and for the

Consul of the United States

DEC 1 1 1970

The second secon

#### MANSOOR NOTASH, M.D.

9710 GARFIELD BOULEVARD
GARFIELD HEIGHTS, DHID 44125

GENERAL SURGERY

441-4111

December 11, 1970

Mervin F. Steves, M. D. Executive Secretary Ohio State Medical Association 21 West Broad Street Columbus, Ohio 43215

Re: Hassam Rezayee, M. D.

Dear Dr. Steves:

I have known Dr. Hassam Rezayee for eleven years. He is well trained, well informed in his field. He is a capable and competent surgeon, honest and very well liked by his colleagues and patients.

I believe we need him in our community and I will recommend him highly without reservation.

Very truly yours,

Mansoor Notash, M. D.

manun holah

MN/Bmj

# RECEIVED

DEC 22 1970

STATE MEDICAL BOARD

Mohammad Hassan Resacc. W.D. Citizenship: Iranian Married with two children Permanent resident of the U.S.A. Declaration of Intention #121178 Birthdate: March 11, 1935 Birthplace: Davan-Farse, Iran

Primary Education:

1955......Razi High School, Abadan, Iran Diploma of Natural Science

Medical Education:

1955.....1961 Shiras University Medical School (Pahlavi Univ.) including one year rotating internship at Shiraz Medical Center-Nemasi Hospital, Shiras, Iran. Medical Degree obtained 1961-Shiras, Iran

Nov.1,1961...0ct.31,1962 One year approved rotating internship at Trumbull Memorial Hospital, Warren, Ohio

Nov.1,1962...June 30,1963 Bight month approved surgical residency at St. Vincent Charity Hospital, Cleveland, Ohio

July 1,1963...Dec.31,1963 Six month Pathology Fellowship at Pairview Park Hospital, Cleveland, Ohio

Specialty-1964....1967 Four year residency in Obstetrics and Gynecology at New York University-Bellevue Medical Center, N. Y. C.

> (Assistant Instructor at N.Y.U. Medical Center during residency)

1968......1969House and Emergency Room Physician at South Wassau Communities Hospital, Oceanside, New York

July 1,1969....present St. Alexis Hospital-Obstetrics and GYN ward physician, Cleveland, Ohio

Paper: Suprapubic bladder drainage in comparison with Foley catheter in Vaginal Surgery .... not published

Standard ECFMG Certificate..#21421 First part(written)OBS-GYN Specialty Boards obtained July, 1967

Medical ligense by written examination in the State of New Jersey Date obtained: Nov.11, 1970

CIVIL

OEC 1 1 1970

Seete bildical betad

#### NICHOLAS MISISCHIA, M. D. 3711 EAST 71ST ST. CLEVELAND 5, OHIO

December 20, 1970

Re: Mohammad Hassan Rezace, M.D.

St. Alexis Hospital

Cleveland, Ogio

Medical Board

State of Ohio

Columbus, Ohio 9325

Dear Sirs:

Doctor Rezace has seen a Ward Physician at St. Alexis Hospital, in the Division of Oestetries since July 1, 1969. I mave known him well during this time. He is honest, capable and well-informed in the practice of Medicine.

I highly recommend him to the Omio State Medical Board for a license in the State of Ohio.

Sincerely yours, weller lug, M. D

Nicholas Misischia, M.D.

Chief, Department of Osstetries

St. Alexis Hospital

Clevelana, Ohio

State License # 11501

# RECEIVED

NEC 23 1970

STATE MEDICAL BOARD

### VINCENT T. KAVAL, M.D. 9888 MILES AVENUE GLEVELAND, OHIO 44105

Dec. 1, 1970

Mervin F. Steves, M. D.
Executive Secretary
State of Ohio Medical Executive Board
21 West Broad St.
Columbus, Ohio 43215

Re: Mohammad H. Rezaee
(Applicant for State of
Ohio Medical Licensure
Endorsement)

Dear Dr. Steves,

The above mentioned doctor has been a House Physician at St. Alexis Hospital, Cleveland, Ohio for the past year. In that period of time I have observed him professionally and socially and I can attest to the fact that in both he has exhibited excellent professional ability and his character has been beyond reproach. I heartily recommend him for medical licensure in the State of Ohio.

Singerery

Vincent T. Kaval, M. D.

VTK:pay

UEC 1 < 1970

	STATE OF OHIO STATE MEDICAL	BOARD	NSTRUCTIONS				
Ī	65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHIO 432	DO NOT FOLD OR STAPLE THIS CARD.     REVERSE SIDE <u>MUST</u> BE COMPLETED.					
1	AND SURGERY IN THE STATE OF OHIG. THAY I HAVE COMPLETED DURING THE LAST BIENNIUM THE REQUISITE HOURS OF		3. MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO				
-	CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICA	L ASSN	4. PUT IDENTIFICATION NUMBER ON CHECK. 5. MARK CORRECT SPECIALTY CODE(S) BELOW.				
į	AND AI ROVED Y THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.	6. SEND PAYMENT (DO NOT SEND CASH) AND THIS					
	1111/10/10	APPLICATION IN ENCLOSED ENVELOPE TO: TREASURER, STATE OF OHIO					
	(SIGNATURE OF APPLICANT)	(DATE)	BOX 2438 COLUMBUS, OHIO 43216				
•		IDENTIFICATION	REPORT ANY CHANGE OF ADDRESS OF RECORD				
	APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A	NUMBER	(PLEASE PRINT)				
	DOCTOR OF MEDICINE	35-03-3012					
	1 MOHAMMAD HASSAN REZAEE		LAST NAME FIRST NAME INITIAL				
OP-0345-F	38429 LAKESHORE BLVD						
ŏ	WILLBUGHBY DH 44094		STREET ADDRESS				
	MD 4 DO ODEOLA TV DODES						
	MD & DO SPECIALTY CODES  AMOUNT  SPECIALTY CODES CURRENTLY ON RECORD → 3.9  \$1.00 •		CITY STATE ZIP CODE				
	IF NECESSARY TO CORRECT, ENTER	00 11713704	Jan				
	ALL SPECIALTY CODE NUMBERS		1				
	(SEE LIST ON ENCLOSED CARD) (LIMIT OF 3)		COUNTY				
	TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 3157	, RETURN THIS APPLIC	SATION AND FEE BY DUE DATE.				
	THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE	MAINTAINED AS YOUR	R ADDRESS OF RECORD WITH THE BOARD.				
	PRINCIPAL PRACTICE ADDRESS — IF DIFFERENT FROM THAT	SECTION 4731.201, OTHO REVISED CODE REQUIRES THAT A					
	SHOWN ON FRONT (PLEASE PRINT)	RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.					
į	(I ELFOL I MINI)						
	LAST NAME FIRST NAME INITIAL		NEWED YOUR OHIO MEDICAL LICENSE, NVICTED OF OR PLEAD NOLO CONTEN-				
	LAST NAME FIRST NAME INITIAL	DERE TO:	WICTED OF OR FEEAD NOED CONTEN-				
	STREET ADDRESS	YES NO	t ·				
	CITY STATE ZIP CODE	i 🖾 a.) a felony	•				
ı	CITY STATE ZIP CODE		emeanor committed in the course of your				
	Redacted	practice, o					
	SOCIAL SECURITY NUMBER		al or state law regulating the possession, on or use of any drug?				
	AT ANY TIME SINCE THE LAST RENE						
			TORTE TRAVE TOO.				
	YES NO  1). Been addicted to or dependent upon alcohol	🗌 🗵 3). Sur	rendered or consented to limitation				
	or any chemical substance?		in license to practice medicine, or state				
1.	2). Had any disciplinary action taken or initiated		ederal privileges to prescribe controlled stances?				
1	against you by a state licensing agency?		d any hospital privileges suspended or				
		,	oked?				

•

	S	TATE ME	DICAL BOA	RD OF	OHIC	)	1	į	MSTRUCTION	S
	I CERTIFY, UNDER PE		ST., SUITE 510 CO RIGHT TO PRACTICE MED I COMPLETED DURING THE LAST I					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		
	CONTINUING MEDICAL EDUCATION VERTIFIED BY THE STATE MEDICAL ASSIST					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:				
		(SIGNATURE OF APPLICANT) (DATE)				ASURER, STATE O 38 COLUMBUS, O				
1			10001	TORE OWAFFER		(DATE)		REPORT ANY	CHANGE OF ADDR	RESS OF RECORD
			IAL LICENSE RENEWAL TO PRACE	TICE AS A		NUMBER 03-30	3	77	(PLEASE PRINT	
	1	MDHAMMAD HASSAN REZAEE 38429 LAKESHURE BLVD Willdughby DH 44094	<sub>process</sub> beject		<b>.</b>	LAST NAME	FIRST NAME	INITIAL		
		- 1			,			STREET ADD	RESS	
EDM-14948		ENTER ALL	-2	5 100	NT DUE	DATE 11/15		CITY	STATE	ZIP CODE
Щ	SPECIALTY CODES 3/ (LINIT OF 3)						OUNTY			
	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 APPRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SECTION 4731.281, OR RESPONSE BE GIVEN (PLEASE PRINT)  THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR APPRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SECTION 4731.281, OR RESPONSE BE GIVEN MARK THE CORRECT			281, OHI GIVEN T	TO THE FOLLOWING QUESTION. PLEASE BOX.					
	(FLEXOL III	111417			SINCE	YOU LAS	ST RENE	WED YOUR	OHIO MEDICAL	LICENSE,
	LAST NAME	F	IRST NAME	INITIAL	HAVE OR NO YES N	CONTES	N FOUN ST TO:	D GUILTY O	R PLEAD GUILT	Y
	ST EET ADDRESS a.) a felony.						itsed in the cour	ee of your		
	CITY STATE ZIP CODE					/ prac	ctice, or		nitted in the cou	
9	SOCIAL SI	ECURITY NUMBER	Redacted			dist	ribution	or use of an		possession,
,	SOCIAL SE	) AT	T ANY TIME SINCE T	HE LAST RENE	WAL OF	YOUR CE	RTIFICA	TE HAVE YO	U:	
	YES NO	1.) Been addict or any chem	ted to or dependent nical substance?	upon alcohol	YES I	3.: /	ur 2   1 or fede	license to peral privilege	sented to limitat ractice medicine s to prescribe c	e, or state
ı		2.) Had any dis against you	sciplinary action take I by a state licensing	n or initiated agency?		☑ 4.	substa Had ar revoke	ny hospital p	rivileges suspen	ded or

	I CERTIFY, UNDER AND SURGERY IN CONTIN LING 1-3	STATE MEDICAL BOARD OF OHIO  CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE UND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST REMNIUM THE REQUISITE HOURS OF CONTIN ING A DICAL EDUCATION CERTIFIED BY THE UND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR BENEWAL  TISIGNAURE OF APPLICANT)  APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A;  NUMBER 35-03-3012			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. UPDATE SPECIALTY IF NEEDED.  6. 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 RECORL			
TLANSON OF	1	MOHAMMAD HASSAN REZ4EE				LAST NAME	FIRST NAME	INITIAL
ξ	}	38429 LAKESHORE BLVD				l		
E	j	willedughby In 44094				STREET ADDRE	SS	
		MD & DO SPECIALTY CODES	MOUNT DU	E (	DATE DUE	ł		
		CORCIALTY CODES CHERENTLY ON RECORD	* ^		10 1 10 0	CITY	STATE	ZIP CODE
		IF NECESSARY TO CORRECT, ENTER	• 30	1 1	/01/88			}
		ALL SPECIALITY CODE NUMBERS				<b>[</b>	COUNT	NTY
		(SEE LIFE ON ENCLOSED CARD) (LIMIT OF 3)  TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 315						
			SECTION RESPO	ON 47 ONSE THE	731.281, OHIO BE GIVEN T CORRECT B	O REVISED CO TO THE FOLLO SOX.	ECORD WITH THE E DDE REQUIRES THA WING QUESTION. P	T A PLEASE
					BEEN FOUN ITEST TO:	D GUILTY OR	PLEAD GUILTY	
	LAST NAME	FIRST NAME INITIAL	YES	NO				
	STREET ADDRE	00		$\boxtimes$	a.) a felony			
	STREET ADDRE	33		$\square$			egulating the possess	sion,
	CITY	STATE ZIP CODE			distribu	tion or use of a	ny arug?	
		COUNTY						
	SOCIAL SE	CU RITY NUMBER						
		AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION	ON FOR	RENE	WAL OF YO	UR CERTIFICA	TION HAVE YOU:	
	YES NO	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 achieved to all statuatory re-	YES	NO	med i a substance.	c state or federal p	limitation upon a license to privileges to prescribe conf	trolled
		quirements as contained in Section 4731.224, O.R.C., and related provisions; or are currently enrolled in a Board approved program.		Ø			spended or revoked for oth attend staff meetings.	ier than
		<ol><li>Had any disciplinary action taken or initiated against you by a state licensing agency?</li></ol>					QT-00224-C	ЭВ

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 39 OBSTETRICS & GYNECOLOGY 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 SPECIALTY CODE(S) CORRECT AS LISTED IF THE SPECIALTY CODE(S) ARE IN ERROR. COBET ENTER ALL SPECIALTY CODE NUMBERS EVERY RESPECT. CHANGE OF ADDRESS ( SIGNATURE OF APPLICANT ) DATE DUE AMOUNT DUE IDENTIFICATION NUMBER: 11/01/90 35-03-3012 \$160.00 MOHAMMAD HASSAN REZAEE, M.D. 38429 LAKESHORE BLVD ZIP CODE WILLOUGHBY OH 44094 1:9696969621: 0935033012# .,00000 1 5000 1, possession, distribution or use of any drug? or revoked for reasons other than failure to 3.) Surrendered, or consented to limitation maintain records or attend staff meetings? have subsequently adhered to all statutory at a program approved by this board and 4.) Had any clinical privileges suspended alcohol or any chemical substance? You 4731.224, O.R.C., and related provisions, Been addicted to or dependent upon upon: a) A license to practice medicine; or you are currently enrolled in a board B.) A federal or state law regulating the have successfully completed treatment may answer "no" to this question if you concerning approval can be directed requirements as contained in section PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT 2.) Had any disciplinary action taken HAVE YOU BEEN FOUND GUILTY OF, OR OR b) State or federal privileges to prescribe controlled substances? or initiated against you by any state SUCIAL SECURITY NUMBERS
(Optional for purposes of identification) approved program. Any questions AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF PLEAD GUILTY OR NO CONTEST TO FROM THE ADDRESS SHOWN ON FRONT *KOUR CERTIFICATE HAVE YOU* to the board offices. icensing board? A.) A felony Š Street

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 39 OBSTETRICS & GYNECOLOGY 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 SPECIALTY CODE(S) CORRECT AS LISTED IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE2 CODE3 CODE1 EVERY RESPECT. CHANGE OF ADDRESS ( SIGNATURE OF APPLICANT ) (DATE DATE DUE AMOUNT DUE **IDENTIFICATION NUMBER** 07/01/92 \$160.00 35-03-3012 MOHAMMAD HASSAN REZAEE, M.D. 38429 LAKESHORE BLVD STATE ZIP CODE WILLOUGHBY OH 44094 1:9696969621: 09350330121 ",00000 J F000". in a board approved program. Any questions possession, distribution or use of any drug? question if you have successfully completed suffering from, dfug or alcohol dependency or abuse? You may answer "no" to this other than the State Medical Board of Ohio? 3.) Surrendered, or consented to limitation board and have subsequently adhered to 4.) Had any clinical privileges suspended, limited or revoked for reasons other than 1.) Been addicted to or dependent upon all statutory requirements as contained in reatment at a program approved by this against you by any state licensing board been treated for or been diagnosed as provisions, or you are currently enrolled upon: a) A license to practice medicine. OR b) State or federal privileges to B.) A federal or state law regulating the Had a license denied by or had any concerning approval can be directed to the board offices. alcohol or any chemical substance; or section 4731.224, O.R.C., and related PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT BEEN FOUND GUILTY OF, OR failure to maintain records or attend staff meetings? disciplinary action taken or initiated AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: prescribe controlled substances? Reda COPIONAL SECURITY NUMBER TO OPTIONAL FOR PROPERTY OF THE PROPE FROM THE ADDRESS SHOWN ON FRONT HAVE YOU BEEN FOUND GUILTY OF PLED GUILTY OF PLED GUILTY OR NO CONTEST TO SOCIAL SECURITY NUMBER A. y.A felony or misdemeanor. 11.11 001 22 061793 BAICH E DATE 8 ð ð 92 TE õ 5033012 EALCH C ACCOUNT #

Œ

res

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 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 SIENNIUM 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 SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE CODE2 ENTER ALL SPECIALTY CODES. CODE1 cODE3 RESPECT. reed REPORT ANY CHANGE OF ADDRESS ( SIGNATURE OF APPLICANT ) AMOUNT DUE DATE DUE IDENTIFICATION NUMBER 05/01/94 \$250.00 35-03-3012 MOHAMMAD HASSAN REZAEE, M.D. 38429 LAKESHORE BLVD ZIP CODE STATE WILLOUGHBY OH 44094 1296969696212 0935033012 ',,00000 5 2000', question if you have successfully completed Any AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CENTIFICATE HAVE YOU: suffering from, drug or alcohol dependency 8) After January 14, 1993. referred a patient. or 2.) Been found guilty of, or pled guilty or no sections 4731,224 and 4731.25 O.R.C., and 6.) Surrendered, or consented to limitation you or a member of your immediate family has initiated against you by any state licensing 7.) Had any clinical privileges suspended, contest to a federal or state law regulating than failure to maintain records or attend participated in an arrangement or scheme for services to a person or facility in which either board and have subsequently adhered to all statutory requirements as contained in 4.) Had malpractice insurance cancelled the possession, distribution or use of any upon: a) A license to practice medicine; treatment at a program approved by this 1.) Been foundiguilty of, or pled guilty or contest to a felony or misdemeanor. 3.) Been addicted to or dependent upon restricted or revoked for reasons other enrolled in a board approved program. or been diagnosed as an ownership or investment interest, or any or abuse? You may answer "no" to this 5.) Had any disciplinary action taken or related provisions, or you are currently questions concerning approval can be referral of a patient, for clinical laboratory been treated for or hoon distance; or or limited for other than failure to pay OR b) State or federal privileges to board other than the State Medical PRINCIPAL PRACTICE AQORESS - IF DIFFERENT prescribe controlled substances? SOCIAL SECURITY NUMBER directed to the board offices. FROM THE ADDRESS SHOWN ON FRONT: compensation arrangement? staff meetings? Board of Ohio? premiums? drug?

. કુંુદક

8

TEST SVO.

্রন্

0**5** 2

Street

2996

HUATE

8

YES

8

YES

8

ÆS

	FORMON WITH LE
1 6 2 A 1 A 5 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315	OBG OBSTETRICS & GYNECOLOGY
CERTIFICATION	
I CERTIFY, J. DER 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 OHTO STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE
RESPECT.	ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3
X 1116 Coverno 3.246	REPORT ANY CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT) (DATE)	<u> </u>
IDENTIFICATION NUMBER         AMOUNT DUE         DATE DUE           35-03-3012         \$250.00         05/01/96	STREET
MOHAMMAD HASSAN REZAEE, M.D.	STREET
38429 LAKESHORE BLVD	
WILLOUGHBY OH 44094	CITY STATE ZIP CODE
	COUNTY
(196969696	0935033012" 400000250004
***************************************	
N O O NO	
ADDRESS SHOWN ON FRONT:	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.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient or facility in which either you or a member of your immediate family has an electric or investment interest, or any compensation arrangement?  SOCIAL SECURITY NUMBER
ADDRESS SHOWN ON FRONT:  ADDRESS SHOWN ON FRONT:  LITITITITITITITITITITITITITITITITITITI	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.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limitatio upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges suspended restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  8.) Referred a patient, or participated in an arrangement or scheme for referral of a patier for clinical laboratory serices to a persor, or facility in which either you or a member of your immediate family has an ether arrangement?  SOCIAL SECURITY NUMBER
ADDRESS SHOWN ON FRONT:	questions concerning approval can a directed to the board offices.  4.) Had malpractice insurance cance or limited for other than failure to pay premiums?  5.) Had any disciplinary action taken initiated against you by any state lice board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limupon: a) A license to practice medic OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges susperestricted or revoked for reasons off than failure to maintain records or at staff meetings?  8.) Referred a patient, or participated in arrangement or scheme for referral of a for clinical laboratory services to a person facility in which either you or a memby your immediate family has an example investment interest, or any compensation arrangement?  SOCIAL SECURITY NUMBER
STA HAN HAN HAN HAN HAN HAN HAN HAN HAN HA	questions concerning approval cal directed to the board offices.  4.) Had malpractice insurance can or limited for other than failure to poremiums?  5.) Had any disciplinary action take initiated against you by any state liboard of Ohio?  8.) Surrendered, or consented to lupon: a) A license to practice med OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges sust restricted or revoked for reasons than failure to maintain records or staff meetings?  8.) Referred a patient, or participated arrangement or scheme for referral of for clinical laboratory services to a por tacility in which either you or it menyour immediate family has an electron or sume your immediate family has an electron or sume your immediate family has an electron or it menyour it is menyour in menyour it is menyour in menyour it is menyour it
FROM FROM FROM State State of, or p. fr, or p.	questions concerning approved inected to the board offices.  4.) Had malpractice insurance or limited for other than failur premiums?  5.) Had any disciplinary action initiated against you by any st board other than the State Meand of Ohio?  6.) Surrendered, or consented upon: a) A license to practice OR b) State or federal privileges prescribe controlled substan 7.) Had any clinical privileges restricted or revoked for rear than failure to maintain recorstaff meetings?  8.) Referred a patient, or particity arrangement or scheme for refer for clinical laboratory serices to or facility in which either you or your immediate family has an expressment interest, or any comparrangement?  SOCIAL SECURITY NUMBE
Str. Str. Str. Str. Str. Str. Str. Str.	d dy any han you any han or property or property or property or property or property and property any way.
NON	ogranice or the control of the contr
HOWNING A CENTRAL OF THE CENTRAL OF	in by the part in section of the part in section in section in section in the part in section in se
ADDRESS SHOW ADDRESS SHOW ADDRESS SHOW ALL IT	questions concedurected to the idirected to the idirected to the idirected to the idirected to or limited for other or contract of the idirected against board of Ohio?  6.) Surrenderections and A licen OR b) State or idicentons and A licen OR b) State or idirection or cestricted or restricted and arrangement or state investment interestriction in which your immediate it investment interestriction.
SSS: SSS SSS SSS SSS SSS SSS SSS SSS SS	juestions co directed to the or limited for or limited for oremiums? S.) Had any c nitiated agai board other? Soard other? Soard other? S.) Surrende upon: a) A lic OR b) State orescribe cc orescribe cc restricted or than failure t staff meeting staff meeting for clility in w vour immedial investment int arrangement? SOCIAL S
DREAD DATE OF THE STAND OF THE	estric
MAE L L L A DA	The state of the s
Street St	ON ON ON ON
THE STATE OF STATE STATE OF S	
SAN BANGH F DATE STE SING WHICH NT BAJCHIM TE ACCOUNT *	TES TES TES

DETACH HERE AND REMIT THIS PORTION WITH FEE

Date: April 5, 1996

Mohammad H. Rezaee, M.D. 38429 Lakeshore Blvd. Willoughby, OH 44094

Dear Doctor:

Please be advised that in reviewing your renewal application card for your Ohio license, we find that you failed to answer the following question(s). To continue processing your renewal, answer each checked question below:

AT ANY TIME SINCE SIGNING VOID LAST APPLICATION FOR DENEWAL OF VOID CERTIFICATE HAVE VOID

~ ~		(only those questions marked with a / apply to you)	ILAVE	100.		
		<del></del>	YES			
	1.)	Been found guilty of, or pled guilty or no contest to a felony or misdemeanor?		Œ		
	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?		Ø		
	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.		Zi		
۵	4.)	Had malpractice insurance canceled or limited for other than failure to pay premiums?		Ø		
	5.)	Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?		ď		
	6.)	Surrendered, or consented to limitation upon: a) a license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?		œ ·		
	7.)	Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?		G)		
	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?		Ø		
	YOU DID NOT ANSWER ANY OF THE QUESTIONS ANSWER FACE QUESTION (1 - 8) ABOVE					

I certify, that the information provided is true and correct.

| Compared to the content of Applicant | Compared to the correct of Appl

Upon completion of this form, return directly to the Board. If your response is not received in this office by October 1, 1996, your Ohio license will lapse by action of law.

Should you have any questions concerning this information, please contact me at the address indicated on the other side.

Sincerely,

Debra L. Jones, Chief

C.M.E., Records and Renewal

DLJ:jdc

I BIBII   I BIBI      II   BIBI      II   II      III      III      III   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIIII   IIII   IIII   IIIII   IIII   IIII   IIII   IIII   IIII   IIII   IIII   IIIII   IIII   I	EKE AND KEMII IHIS	
. B. B. I. I. B. I. B. I. I. B. I. I. I. I. B. B. B. I. I. I. B. I.		MD & DO SPECIALTY CODES CURRENTLY ON RECORD
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OH	OARD OF OHIO IO 43266 - 0315	OBG OBSTETRICS & GYNECOLOGY
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCABY THE OHIO STATE MEDICAL ASSOCIAT AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFOPROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRESPECT.  (SIGNATURE OF APPLICANT)	THE 1996-1998 TION CERTIFIED I ON SOCIAL SECTION EVERY  ( DATE )	IF CORRECTIONS ARE NECESSARY, PLEASE CODE1 CODE2 CODE3  REPORT ANY CHANGE OF ADDRESS
IDENTIFICATION NUMBER AMOUNT DUE	DATE DUE	STREET
	05/01/98	STREET
MOHAMMAD HASSAN REZAEE, M.D. 38429 LAKESHORE BLVD		Jinee.
WILLOUGHBY OH 44094		CITY STATE ZIP CODE
		COUNTY
TT.  TAPPLICATION HAVE YOU: led guilty or no neanor. led guilty or no law regulating or use of any or use of any or use of any stance; or agnosed as and of dependency; from to this stancy in to this stance of any stance; or agnosed as shall completed.	uny completed wed by this a ddhead to contained in 25 O.R.C., and currently I program. Any	e cancelled e to pay n taken or ate licensing edical d to limitation ges to ces? sons other ds or attend a patient, a person a member of nership or ensation
Street  Street	question if you have succession compreted treatment at a program approved by this board 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.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  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?
Sheet	er energy Compart 4	YES NO

DETACH HERE AND REMIT THIS PORTION WITH FEE

DÉTACH MENE AND REWIT THIS PUNTAUN TOUT CE I wish to apply for Emeritus status: MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 OBG OBSTETRICS & GYNECOLOGY CERTIFICATION I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED ON 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 ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT. SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3 e. cee REPORT ANY CHANGE OF ADDRESS SIGNATURE OF APPEICANT ) (DATE) DATE DUE IDENTIFICATION NUMBER AMOUNT DUE 01/01/00 35-03-3012-R \$305.00 MOHAMMAD HASSAN REZAEE, M.D. 38429 LAKESHORE BLVD ZIP CODE WILLOUGHBY OH 44094 1196969696211 0935033012" "OOOOO 3O 5OO" AT ANY TIME SINCE SIGNING-YOUR LAST APPLICATION question if you haye successfully completed 2.) Been found gulffy of, or pled guilty or no suffering from, drug or alcohol dependency enrolled in a board approved program. Any questions concerning approval can be no contest to, or received treatment in lieu sections 4731.224 and 4731.25 O.R.C., and or revoked for reasons other than failure to maintain records or attend staff meetings? conviction of, a felony or misdemeanor? contest to a federal or state law regulating in any jurisdiction: a) A license to practice authority to practice suspended, restricted 6.) Surrendered, or consented to limitation medicine; OR b) State or federal privileges board and have subsequently adhered to all statutory requirements as contained in the possession, distribution or use of any FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: 1.) Been found guilty of, or pled guilty or 3.) Been addicted to or dependent upon treatment at a program approved by this 4.) Had malpractice insurance cancelled been treated for, or been diagnosed as or abuse? You may answer "no" to this FROM THE ADDRESS SHOWN ON FRONT: THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL. related provisions, or you are currently Been notified by any board, bureau, including those in Ohio, other than this alcohol or any chémical substance; or 7.) Had any clinical privileges or other board, of any investigation concerning or limited for other than failure to pay to prescribe controlled substances? department, agency, or other body you, or any charges, allegations or Reducted SUCIAL SECURITY NUMBER Optional for purposes of identification directed to the board offices. complaints filed against you? gremiums? grug? 8 > 8 > 8 Š Sount 2 YES

YES.

ES

I BIBLI INNIBA DINI BIDI BIDIR DINI BIDI DINI BIDI DELI DELI DELI DELI DELI DELI DELI D	S PORTION WITH FEE
LETAN TERHA SINO BON TERHA SINA BONA TAKA SINI BONA SINA BONA SINA SINA SINA	
STATE MEDICAL BOARD OF OHIO	MD & DO SPECIALTY CODES CURRENTLY ON RECORD  OBG OBSTETRICS & GYNECOLOGY
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127	UBB UBSTETATES & GINECULUAT
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	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.	IF CORRECTIONS ARE NECESSARY, PLEASE
ON THIS APPLICATION FOR RENEWAL IS THOSE AND CORRECT IN EVERY RESPECT.	ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3
X /VI /Cleacenin /0-10:01	RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL
(SIGNATURE OF APPLICANT) (DATE)	4126 MCT 2162 10
IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After	STREET METICIPICIFICIALA
35-03-3012-R \$305.00 01/01/02 04/01/02	
MOHAMMAD HASSAN REZAEE, M.D.	STREET
38429 LAKESHORE BLVD WILLOUGHBY OH 44094	CITY STATE ZIP CODE
WILLOUGHBI ON 44094	KAKÉ IIII
	COUNTY
0935033012 30500	
LAST CAN CONTROL OF C	10 0 0 × × × × 0 0 0
COURSING OF THE STATE OF THE ST	coard of a service of the sen of
AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:  YES NO  To have you been found upon acon to a preatment or intervention in figu of conviction of, a preatment or follow?  YES NO  To dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol or any chemical substance; or been treated to, or dependent yor above?  YES NO  To dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol or any chemical substance; or been treatment at, or are currently or abuse? You may answer 'Yes' was adhered to all statutory requirements uent to treatment. You must answer "Yes' apsed. Any questions concerning program ning this question can be directed to the on your behalf for acts occurring in any her than Ohio?  To you surrendered, or consented to	a license to practice any healthcare or state or federal privileges to constate or federal privileges to constate or federal privileges to constant of this state only such surrender or consent the only such surrender or consent unional authority suspended, restricted for reasons other than failure to cords on a timely basis or to attend gs?  I ADDRESS - THIS ADDRESS  T EACH RENEWAL.  If you have NO principal if you ha
AL CALL CALL CALL CALL CALL CALL CALL C	A Second
SINCE SIGNING YOU I FOR RENEWAL OF I Have you been willty of, or pled guilty on test to, or recessation of conviction statement or intervent gu of conviction statement or intervent gu of conviction statement or intervent dependent upon alco y chemical substan sen treated for, or agnosed as suffering agnosed as suffering upor alcohol depen abuse? You may an ation or alcohol depen o all statutory require ent. You must answer estions concerning or tion can be directed tion can be directed for acts occurring of for acts occurring those in Ohio, othe y charges, allegatic	The reprimand or presents to reprimand or presents and he had so tractice any he had so tracted any he had so tracted any answer "NO" and such such surrender or board any clinical privileges and authority suspended, reasons other than fesson at Imely basis or tall any easons of the than fesson at Imely basis or tall than the son a timely basis or tall than the son at the son
SINCE SIGNIN T.) Have you are against to, a contest to a converge of concest to a concest to a concest to a concest con	And the state of t
A See of the see of th	Print of pract of such such such such such such such such
in Form R and Port R a	not, or to repring a license to praining, a license to praining a license to praining. A license to praining a license to praining a license to may are to this board. Stitutional authority or the cords on a time etings?  ICE ADDRESS - To CE ADDRESS - TO
Practice of the state of the st	any authorized and authorized and authorized and authorized and authorized and authorized and authorized autho
NOO	a license a license a license a license con troll or state or state only stat
S S S S S S S S S S S S S S S S S S S	E A Sign of the state of the st
APPLA APPLANCERTY CERTY	itation of, or to reasoning, a license reserving, a license reserving a license secribe control sation if the only signen if the only signen if the only have you had any liar institutional auraliar institutional auraliar records on the meetings?  ACTICE ADDRES FREE ACH Ris Box if you ha address.  LILLILLILLILLILLILLILLILLILLILLILLILLI
AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR OF YOUR OF YOUR OF YOUR OF OR APPLICATION OF, a preatment or intervention in reatment or felony?  If you of conviction of, a program approved any chemical substance; or been treated for, or been any chemical substance; or been treated for, or been any chemical substance; or any concerning program approved to all statutory requirements subsequent to treatment. You must answer "YES" ever relapsed. Any questions concerning in any state other than Ohio?  4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than Ohio?  4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than than Ohio?  5.) Have you surrendered, or consented to	initiation 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.  6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or reavoked for reasons other than fallure to maintain records on a timely basis or to attend staff meetings?  PRACTICE ADDRESS - THIS ADDRESS NYTERED AT EACH RENEWAL.  K this Box if you have NO principal ce address.    CALLER   CALLINE   C
033015	imitation of, or to reprimand or preconcerning, a license to practice any hard profession or state or federal privipression if the only such surrender or was given to this board.  No was given to this board.  Similar institutional authority suspended, or reavoked for reasons other than finalitatin records on a timely basis or staff meetings?  CIPAL PRACTICE ADDRESS - THIS ADDRE CHECK this Box if you have NO principal Practice address.
1 SE NORDE SOLUTION BE SE SOLUTION SOLU	NO NIPAL STATE OF STA
in 6 a 9 p	WES NO  Site of the Control of the Control of the Concentration of the C
by the during the part of the	Must be entered by the beautiful of the scrip profession of the scrip professi
	-

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.  X  (SIGNATURE OF APPLICANT)  (DATE)  IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After 35-03-3012-R  \$305.00  01/01/04  04/01/04	MD & DO SPECIALTY CODES CURRENTLY ON RECORD  OBG OBSTETRICS & GYNECOLOGY  SPECIALTY CODE(S) CORRECT AS LISTED  IF CORRECTIONS ARE NECESSARY, PLEASE CODE1 CODE2 CODE3  RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL.
MOHAMMAD HASSAN REZAEE, M.D.	STREET
9670 METCALF ROAD	WALTS Havin
WAITE HILL OH 44094	CITY STATE ZIP CODE
	COUNTY
to or min to or	care care any sto s any this sent ficted tent o
TIFICATION FOR RENEWAL OF YOU CATION FOR RENEWAL OF YOU CATED TO BUILTY OF, or pled guilty or contest to, or receive treatment or intervention of pileu of conviction of, misdemeanor or felony?  NO  S NO  C ON 15 Have you been addicted or dependent upon alcohol any chemical substance; been treated for, or be diagnosed as suffering frod arug or alcohol dependent or abuse? You may answ.  "NO" to this question if you are currently enrolled in, a program approvant eathered to all statutory requirement to treatment at, or are currently enrolled in, a program approvant enrolled in, a program approvant eathered to all statutory requirement to treatment. You must areastion can be directed to the you or on your behalf for account bureau, department, agency, including those in Ohio, ather the filled any charges, allegations against you?	or to reprimand or proba license to practice any health state or federal priviles in point rolled substances in You may answer "NO" to sonly such surrender or con is board.  ad any clinical privileges or can authority suspended, restrands underthy suspended, restrands and authority suspended, restrands and authority suspended, restrands on a timely basis or to after the relation of the relation

## Date Posted: 12/28/2005 9:13:42 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

35.033012

License Name

MOHAMMAD REZAEE

**Email Address** 

#### 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.

..... {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 healthcare profession or state or federal privileges to pre controlled substances in any jurisdiction other than Ohio	scribe
		NO
3.	Have any malpractice awards been paid by you or on yo acts occurring in any state other than Ohio?	ur behalf for
		NO
4.	Has any board, bureau, department, agency, or any other including those in Ohio <u>other than this board</u> , filed any allegations or complaints against you?	
		NO
5.	Have you had any clinical privileges or other similar instauthority suspended, restricted or revoked for reasons ot failure to maintain records on a timely basis or to attempt meetings?	<u>her than</u>
	meetings.	NO
6.	Have you been addicted to or dependent upon alcohol or chemical substance; or been treated for, or been diagnose suffering from, drug or alcohol dependency or abuse?	any ed as
		NO
So 1.	cial Security Number	
1.		Redacted
Νu	urse Collaboration Info	
1.	Are you currently in a collaboration agreement with any Nurse Specialists, Certified Nurse-Midwives or Certified Practitioners?	
		NO
2.	List the name/names and type of licensure for each nurse you are collaborating. For example: Jane Doe, CNP; M. CNS.	
	{no	t 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.

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: 10/15/2007 10:54:35 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 35.033012
License Name MOHAMMAD REZAEE
Email Address dianarez@sbcglobal.net

#### 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.
- ...... {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

. . . . . . NO

# 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?
- 2. Have you surrendered, consented to limitation of, or to suspension,

	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 or revoked for reasons <u>other than failure to maintain records on a timely basis or to attend staff meetings?</u>
	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 1.	cial Security Number
1.	Redacted
Νu	rse Collaboration 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}

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.

Renewal ID 941046 Page 1 of 3

### Date Posted: 10/15/2009 1:02:07 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.

## **Address Information**

BUSINESS ADDRESS 4259 Pearl Road

Cleveland, OH 44109 Cuyahoga County

United States of America

CREDENTIAL MAIL ADDRESS 9670 METCALF ROAD

WAITE HILL, OH 44094

Lake County

dianarez@sbcglobal.net

# **License Information**

License Number 35.033012

License Name MOHAMMAD REZAEE

**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.

....... {not Answered}

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

..... {not Answered}

CI	ME-Physicians
1.	Have you met the above CME requirements for your license?
	YES
Di	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?
	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
	Redacted

# **Nurse Collaboration Info**

1. Are you currently in a collaboration agreement with any Clinical

Renewal ID 941046 Page 3 of 3

Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?	
NO	
List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.	

2.

.......{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.

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: 10/12/2011 1:33:31 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	35.033012	
License Name	MOHAMMAD REZAEE	
License manie	MOTAWWAD REZAEE	
_		
Fees		
Relicensure Fee	\$305.00	
	Total Fees <b>\$305.00</b>	
Medical Board Correspondence Email		
1. Did you provide a Credential email		
information is a public record.	address. Tlease note this	
information is a public record.	YES	
	123	
Specialty Codes		
1. Please select one specialty from the fi	ield below	
OBS	STETRICS & GYNECOLOGY	
2. Please select one specialty from the fi	iald balow if applicable	
2. Flease select one specialty from the fi		
	GYNECOLOGY	
3. Please select one specialty from the fi	ield below, if applicable.	
	GYNECOLOGY	
CME Dhysisians		
CME-Physicians		
1. Have you met the above CME require	· ·	
	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	
Social Security Number		
1.	Redacted	
Nıı	rse Collaboration 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			
Ohio Workforce Questions				
1.	"Clinical" - direct patient care			
	35-39			
2.	"Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose			
	$\dots \dots 0$			
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.			
	5-9			
5.	"Volunteering" - providing medical and medical-related services at no cost			
	1-4			
6.	"Other" - medical professional activities not included in above categories			
	1-4			
Cli	inical - Practice setting			
	Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).			
	35-39			
2.	Enter the number of hours per week spent in "Hospital (in-patient care)".			
3.	$\dots \dots 0$ Enter the number of hours per week spent in "Emergency Room". $\dots \dots 0$			

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	
	Enter the first zip code:	
	44109	
2.	Enter the first county:	
	Cuyahoga	
2		
٥.	Enter the second zip code:44120	
4.	Enter the second county:	
_	Cuyahoga	
5.	Enter the third zip code:	
	44304	
6.	Enter the third county:	
	Summit	
	actice Arrangement (size)	
1.	Solo practitioner	
	YES	
2.	Single-specialty Group	
	2-5	
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.

..... Spanish

**3.** Select a language from the drop down list.

..... Spanish

## **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.