

APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

BY

The State Medical Board, State of Ohio

FORM I.

I hereby make application for a license to practice Medicine and Surgery in the State of Ohio, and submit the following statement regarding my preliminary education.

1. Name. MOHAMMAD HASSAN REZAEI 2. Place of birth. DAVAN-FARSE, IRAN
 3. Address. 2532 QUEENSTON RD. Date of birth. MARCH 11, 1935 ~
CLEVELAND HEIGHTS, OHIO 44118 4. Intended residence. CLEVELAND

5. PRELIMINARY EDUCATION.

Name and Location of Institution Attended and Degree Received.

RAZI HIGH SCHOOL,
ABADAN, IRAN

Period and Date of Study.

1949 - 1955 - (6 YR.)
DIPLOMA OF NATURAL SCIENCE

Received Ohio Certificate of Preliminary Education No. 42545; issued by 2/19/71
 (Date)

6. I have made application to the following State Examining and Licensing Boards, and no others. NEW
 (Give names of States and dates of application - Reciprocity or Examination.)

1970
JERSEY EXAMINATION, PENNSYLVANIA EXAMINATION - 1970

BOTH EXAMS PASSED

NEW YORK INDIANA CREDENTIALS ACCEPTED BUT DID NOT TAKE THE EXAM. - DEC. 1970
 and received a certificate from each except as follows:

(Give names of States and dates of application - Reciprocity or Examination.)

7. MEDICAL EDUCATION.

Give the date and source of each medical credential, diploma, license or degree which you hold: MEDICAL DEGREE -

SHIRAZ MED SCHOOL, SHIRAZ, IRAN, NEW JERSEY + PENNSYLVANIA MEDICAL LICENSE by
EXAMINATION - 1970

Attended 6 YEARS full courses of medical lectures as follows, to-wit:

1st Course at SHIRAZ MED. SCHOOL, SHIRAZ, IRAN from 1955 to 1956
(PAHLAVI UNIVERSITY)

2nd Course at " from 1956 to 1957

3rd Course at " from 1957 to 1958

4th Course at " from 1958 to 1959

5th COURSE - SHIRAZ MED. CENTER, NEMAZI HOSP. FROM 1959 - 1960
Was granted a diploma by PAHLAVI UNIVERSITY, SHIRAZ MEDICAL SCHOOL located at
SHIRAZ State of IRAN on the 1st day of SEPT. 1961

8. Time of practice. NO PRIVATE PRACTICE
 (Give places and dates)

9. Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? NO
 (Answer Yes or No)

If so, specify: _____ (State or Country) (Charge) (Date)

Have you ever been or are you now addicted to narcotic drugs? NO
 (Yes or No)

Have you ever been charged with addiction? NO
 (Yes or No)

Specify charge: _____

Have you ever found it necessary to surrender your narcotic license? NO
 (Yes or No)

Have you ever been charged with a violation of a Federal Law, State Law or a municipal ordinance other than a traffic violation? NO
 (Yes or No)

If so, give full particulars: _____ (Offense) (Place) (Disposition)

(Date of Disposition)

10. PHYSICAL DESCRIPTION OF APPLICANT.

Race WHITE Native of IRAN Complexion DARK

Color of hair BLACK Color of eyes BROWN Height 5'-10"

Small {Weight 170 Marks SMALL SCAR ON (R) FOREARM
Medium
Thin

(Cross out words not answering description.)

FORM II. - AFFIDAVIT.

STATE OF Ohio
COUNTY OF Cuyahoga ss:

On this 12th day of February, 1971, personally appeared before me, M. H. Rezaee MD, within and for the County and State aforesaid, who being duly sworn says that he is the person referred to in the foregoing application for license to practice medicine in the State of Ohio; that the statements therein are strictly true in every respect, and that he has read and understands this Affidavit.

M. H. Rezaee MD
(Signature of Applicant.)

Signed and sworn to before me, this 12th day of February, 1971.

(Seal.)

Charles J. Baker
(Official designation of Officer administering oath.)

* Must be sworn to before an officer authorized to administer oaths, or a Federal officer.

My Commission expires 2-5-72

FORM III.

CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE.

(A verbatim copy to follow here, over Seal of State Licensing Board, certified to by the Secretary thereof.)

THE STATE BOARD OF MEDICAL EXAMINERS
OF NEW JERSEY

CERTIFIES that Mohammad Hassan Rezaee, M. D. M. D.
has passed a satisfactory examination before this Board and is hereby
licensed to practice Medicine and Surgery in the State of New Jersey.

No. #24420 Jerome G. Kaufman, M. D.
President

Trenton, New Jersey.

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

November 11, 1970

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

Rezaee, M. D.

I hereby certify that the above is a verbatim copy of license No. 24420, issued to Dr. Mohammad Hassan
by the N.J. State Bd. of Med. Exam. on the 11th day of November, 1970

(Seal.)

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

FORM IV.

CERTIFICATE AND RECOMMENDATION OF SECRETARY.

Acting in behalf of the New Jersey State Board of Medical Examiners
Rezaee, M. D. (Name of State Board.)

I do hereby certify that Dr. Mohammad Hassan was on the 11th day of November,
1970, 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 of graduation.)

in the following subjects: Pharmacology & Therapeutics 75%, Obstetrics & Gynecology 75%
Diagnosis 81%, Surgery 82%, Anatomy 82%, Physiology 80%, Chemistry 79%,
Pathology & Bacteriology 80%, & Hygiene & Medical Jurisprudence 76%

on which he received an average of 78.8% per cent, and from evidence on file in this office, I do hereby certify
to the good moral and professional standing of Dr. Mohammad Hassan Rezaee, M. D.
of Ohio, State of Ohio (Cleveland Hts.), and recommend him to
The State Medical Board of Ohio, as a proper person for medical licensure.

The applicant must satisfy the Board of New Jersey
on the question of standing and moral character before seal of said Board is affixed.

(Seal.)

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

March 2, 1971
(Date)

FORM V.

AFFIDAVIT OF PHYSICIANS.

STATE OF Ohio }
Cuyahoga COUNTY } ss:

Before me, personally appeared Vincent T. Gural MD. 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 MOHAMMAD HASSAN REZAEEM. 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, Ir
 College in the year 1961, that he has been in the practice of Medicine for the last twelve months at
ST ALEXIS Hosp CLEVELAND OHIO, and recommended him as worthy of professional
 recognition and that the foregoing physical description is correct.
 Address: 9333 Miles Ave Vincent T. Gural M. D.
Cleveland, Ohio Graduate of Shiraz Medical School Certificate No. 10628
 Subscribed and sworn to this 12 day of February, 1971

(Seal.)

STATE OF Ohio }
Cuyahoga COUNTY } ss:

Before me, personally appeared MOH NICHOLAS MIEISCHIA 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 MOHAMMAD HASSAN REZAEEM, M. 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, Iran
 College in the year 1961, that he has been in the practice of Medicine for the last twelve months at
ST ALEXIS Hosp CLEVELAND, OHIO, and recommended him as worthy of professional
 recognition and that the foregoing physical description is correct.
 Address: 3711 Can 71 St Nicholas Mischia M. D.
Cleveland, Ohio Graduate of Western Reserve Certificate No. 11501
 Subscribed and sworn to this 12 day of February, 1971

(Seal.)

FORM VI.

CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF
 COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:

P. O. Address..... Date....., 19.....

I certify that Dr....., of.....

is a member in good standing of the.....
 and that he is an ethical practitioner of good moral character.

I AM NOT A MEMBER OF A MEDICAL SOCIETY
BECAUSE I DID NOT HAVE A LICENSE AND TILL
NOW AND I WAS NOT IN PRIVATE PRACTICE. M. D.
 President or Secretary.

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.

Pahlavi Univ. New Jersey
Iran 1961 1970

FOR USE OF SECRETARY ONLY.

State Certificate No. 33012 ✓

Issued 2/3/71

Application for Endorsement of a
Medical License by State Medical
Board, State of Ohio

149-10 M.O. 152nd

BEZAEF, Mohammad Hassan M.D.

Filed 3/8, 1971

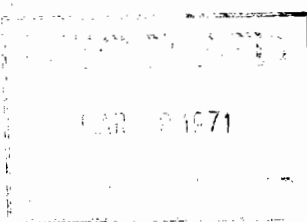
Fee \$100.00

Presented to Board

Approved }
Rejected }
Withdrawn }

Anna de

(Appr. by Bd. 2/3/71)



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.

1 M. H. Rezaee
Signature of Applicant
2 M. H. Rezaee
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 REZAEI

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

2/12/71 1
Date
Thermon J. Farnell M.D.
Signature of First Endorser.

2-12-71
Date
William H. Hinchey, M.D.
Signature of Second Endorser.



Please sign the receipt below and return at once to:

Secretary of the State Medical Board
21 W. Broad Street
Columbus, Ohio 43215

M. H. Rezaee O., July 19- 1971

Received of The State Medical Board, Certificate No. 33012
bearing my name M. H. REZAEI

P. O. Address 2532 Greenway Rd

CLEVELAND 445, Ohio
ZIP: 44118

I filled this out before realizing that you requested it to be typewritten. I'm sorry this happened. If you wish it to be typewritten please send me another form.

SUMMARY OF CREDENTIALS SUBMITTED
(MUST BE TYPEWRITTEN)

born: 3/11/35 - Dava

Appr. by Bd. 2/3/81

NAME MOHAMMAD HASSAN REZAEI
ADDRESS 2532 QUEENSTON RD. CLEVELAND OHIO
CITIZENSHIP _____
(Number) (Date Issued) (Location of Court)

DECLARATION OF INTENTION 121178 25th day of May 1970 CLEVELAND OHIO
(Number) (Date Issued) (Location of Court)

MEDICAL SCHOOL PAHLAVI UNIVERSITY SHIRAZ IRAN 1961
(Name) (Location) (Graduation Date)

HAS BOTH DIPLOMA IN PERSIAN AND IN ENGLISH

INTERNSHIP IN THE UNITED STATES OR CANADA TRUMBULL MEMORIAL HOSPITAL WARREN OHIO NOV. 1, 1961 - OCT. 30, 1962
(Name of Hospital) (Location) (Dates of Service)

RESIDENCIES IN THE UNITED STATES OR CANADA (List Fellowships last, if applicable)

ST. VINCENT CHARITY HOS. CLEVELAND OHIO NOV. 1, 1962 - JUN 30, 1963 First year Surgical Res.
(Name of Hospital) (Location) (Dates of Service)

(OB-GYN) BELLEVUE HOSPITAL CENTER N.Y.C. 1964-1967

Pathology Fellowship: FAIRVIEW PARK HOSP. CLEVELAND OHIO July 1963
Dec 31 - 1963

E.C.F.M.G. 21421 CLEVELAND OHIO 1963
(Number) (Testing Location) (Year of Certification)

STATE IN WHICH LICENSED NEW JERSEY NOV. 10, 1970 24420
(Name) (Year of Licensure) (Number, if any)

PLANS OF PRACTICE IN OHIO YES ST. ALEXIS HOS. CLEVELAND OHIO

SUMMARY OF PROFESSIONAL ACTIVITIES SINCE MEDICAL SCHOOL GRADUATION (Account for each year since graduation):

- ① NOV. 1, 1961 - OCT 30, 1962 - Rotating Internship - Trumbull Memorial Hosp. WARREN, OHIO
- ② NOV. 1, 1962 - June 30, 1963 - 1st YR. SURGICAL RESIDENT - ST. VINCENT CHARITY HOSP. CLEVELAND, OHIO
- ③ July 1, 1963 - DEC 31, 1963 - Pathology Fellowship - FAIRVIEW PARK HOSP. - CLEVELAND, OHIO
- ④ 4 YEARS OB-GYN RESIDENCY - NEW YORK UNIVERSITY - BELLEVUE MEDICAL CENTER - N.Y. N.Y. 1964-1967
- ⑤ Ward + Emergency Rm Physician - South Nassau Communities Hosp. Oceanside, N.Y. 1968 - 1969
- ⑥ OB-GYN Ward Physician - ST. ALEXIS HOSPITAL - CLEVELAND, OHIO July 1st 1969 - Present

STATE OF NEW YORK

1970

RECEIVED
DEC 11 1970
STATE OF NEW YORK

STATE OF NEW YORK
Department of Hospitals



Belleue Hospital Center

Awards this certificate to **Mohammad Hasan Rezaee, M.D.** for
satisfactory performance of duties at this hospital
as **Resident in Obstetrics and Gynecology**
from **January 1, 1964 to December 31, 1967**

In Witness Whereof, the undersigned have affixed their signatures and the seal
of the Department this **31st** day of **December, 1967**



COMMISSIONER

Richard A. Wynn
Commissioner

Certified Copy

The State Board of Medical Examiners
OF NEW JERSEY



Certifies that Mohammad Hassan Rezaee M. D.
has passed a satisfactory examination before this Board and is
hereby licensed to practice Medicine and Surgery in the State of
New Jersey.

No. 24420

Trenton, New Jersey.

November 11, 1970

Jerome G. Kaufman, M.D.
President.

State
Board
of
Medical
Examiners

John F. Kustrup, M.D.
Secretary.

Trenton, New Jersey November 16, 1970

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

John F. Kustrup, M.D. *Secretary.*
John F. Kustrup, M.D.

THIS LICENSE IS VOID AFTER May 25, 1976



وزارت فرهنگ

دانشگاه

دانشگاه

نظر مبادۀ هجدهم قانون اساسی معارف منصوب نهم جزا هزار و دویست

نظر بقانون تأسیس دانشگاه ملی شهرتاشها منصوب سوم خرداد هزار و صد

چون آقای محمد حسن رضا متولد ۱۳۱۳ دارای شناسنامه شماره

امتحانات مقررۀ برآمده است این دانشنامۀ دکتری در پریشکی با و داده

شماره

۲۴۲

رأی دانشمند پریشکی
رأی دانشمند

رأی دانشمند



دانشگاه شیراز

دانشکده پزشکی

معارف منصوب نهم جزا هزار و دویست و نود

هشتاد و نه منصوب سوم خرداد هزار و سیصد و بیست و هشت

که ۱۳۱۳ دارای شناسنامه شماره ۲۰۲۶ صادره از کارزون در تاریخ شهریور ماه ۴۰ مطابق ک

دانشنامه دکتری در پزشکی با و داده میشود که از مزایای قانونی آن بهره مند گردد

شیراز - تبارخ شهریور ماه

رئیس دانشگاه شیراز
رئیس کل عیقات عالی
ادفوت وزیر فرهنگ
چهار

دکتر پزشکی
ساز

کتابخانه شیراز

مکتبی

توانود



و هیئت و هیئت

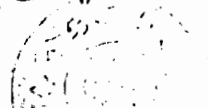
صادره از کارزون در تاریخ شهر نو ۴ مطابق گواهی هیئت منتخبه از عمده

از مزایای قانونی آن بهره مند گردد

شیراز - تاریخ شهریور ۱۳۴۰

رئیس هیئت اعیان

وزیر فرهنگ



REZAEEM. H.

M. N. Rezae, M.D.

2532 Queenston Rd.
Cleveland, Hts. 44118

✓ Foreign grad. form
letter

11/25/70. SD. |

✓
per telephone: 11/23/70.
SD.

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	75%	Obstetrics & Gynecology	75%
Diagnosis	81%	Surgery	82%
Anatomy	82%	Physiology	80%
Chemistry	79%	Pathology & Bacteriology	80%
Hygiene & Medical Jurisprudence	76%	Total Average	78.8%

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

Very truly yours,

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

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

FK:tp

cc: 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

DEC 21 1970

STATE MEDICAL BOARD

REZAEI, MOHAMMAD, H.

Mohammed Hassan Rezaee, M.D.
2532 Queenston Rd.
Cleveland Heights, Ohio 44118

Dear Doctor Rezaee:

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

The next Board meeting will be held on Feb. 2 and 3. All credentials to be presented to the Board must be in our office and complete by the 22nd of January.

Very Truly Yours,

Miss Sherry Diehr
Endorsement Clerk

per phone call. Dec. 14, 1970
This issued
as diploma when
coming to U.S.
gave choice

sd

1 letter/recomm.
in 12/14/70. SD

1 letter needed
12/16/70 SD
1 letter Rec'd
12/23/70

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.

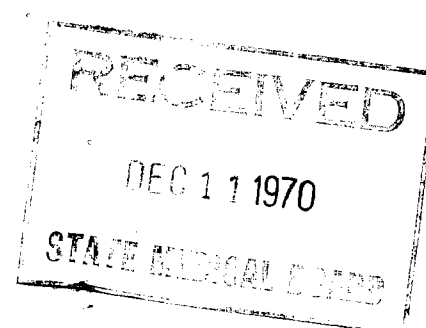
I have a New Jersey license by written examination and I passed the first part of the OB-GYN Specialty Boards. I wish to receive endorsement licensure from your medical board to practice in the state of Ohio, as an obstetrician and gynecologists.

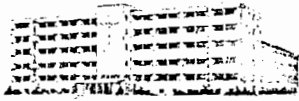
Thank you for your consideration in this matter.

Respectfully yours,



Mohammad H. Rezaee, M.D.





TRUMBULL MEMORIAL HOSPITAL 1350 EAST MARKET STREET WARREN, OHIO

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

October 5, 1962

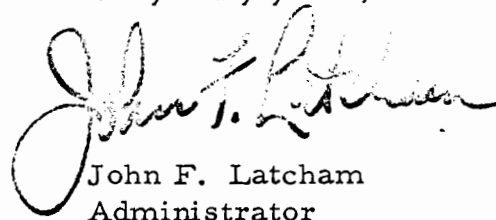
To Whom It May Concern:

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

RECEIVED

DEC 11 1970

CHIEF OF POLICE



TRUMBULL MEMORIAL HOSPITAL 1350 EAST MARKET STREET WARREN, OHIO

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

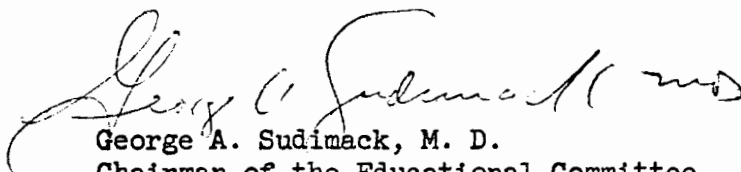
October 30, 1962

To whom it may concern:

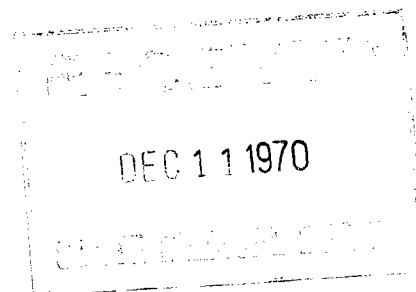
At the request of Dr. Mohammed Hassan Rezaee, this letter is to certify that Dr. Rezaee served the twelve month rotating Internship at Trumbull Memorial Hospital from November 1, 1961 to October 30, 1962.

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



ST. VINCENT CHARITY HOSPITAL

FOUNDED 1852

SISTERS OF CHARITY OF SAINT AUGUSTINE

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

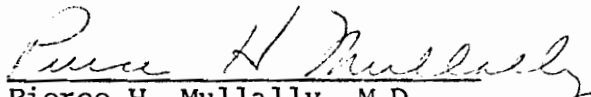
August 27, 1968

TO WHOM IT MAY CONCERN:

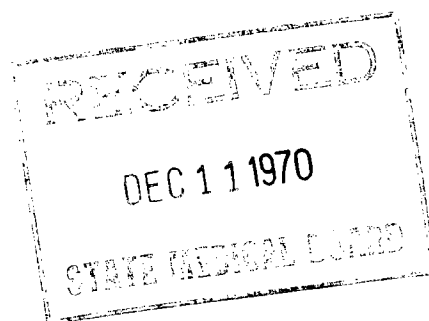
This is to certify that Mohammad H. Rezaee, M.D. served as First Year Resident in Surgery at St. Vincent Charity Hospital from November 1, 1962 to June 30, 1963.

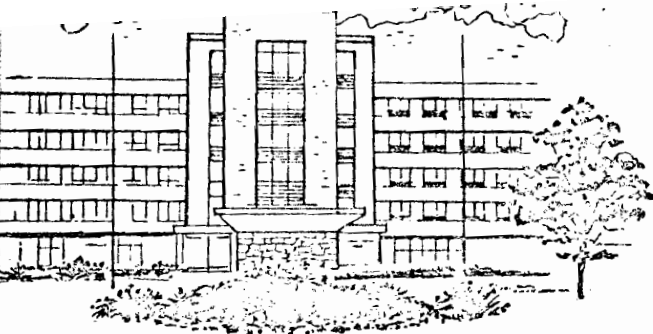
During this period we found him to be conscientious, industrious, and of good moral and ethical character. He got along well with his colleagues and professional and non-professional personnel.

Sincerely,


Pierce H. Mullally, M.D.
Director of Medical Education

PHM:ml





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.
Co-Director,
Department of Pathology

HFM:hl

RECEIVED

DEC 11 1970

STATE MEDICAL BOARD

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

CARL P. HUBER, 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.
LAWRENCE L. HESTER, JR., M.D., Charleston, S. C.
CHARLES E. McLENNAN, M.D., Palo Alto, Cal.
GEORGE MOORE, M.D., New York, N. Y.
ROY T. PARKER, M.D., Durham, N. C.
E. STEWART TAYLOR, M.D., Denver, Col.
W. NORMAN THORNTON, JR., M.D., Charlottesville, Va.
ROBERT 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. Rezaee:

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. Please 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, M.D.
Secretary-Treasurer

CLR:em

Encls: Bulletin
Certificate Slip

THE EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES

SPONSORED BY

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

CERTIFIES THAT

MOHAMAD HASSAN REZAEI

HAS SATISFIED ALL THE REQUIREMENTS OF THE COUNCIL
HAS SUCCESSFULLY PASSED ITS EXAMINATION
AND HAS BEEN AWARDED

CERTIFICATE NO. 21421



Anthony M. Rosen
PRESIDENT

Anthony Hunt
EXECUTIVE DIRECTOR

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

DEC 11 1970

GEORGE F. KUGLER, JR.
ATTORNEY GENERAL
JEROME G. KAUFMAN, M. D.
PRESIDENT
EDWIN T. FERREN, D. O.
TREASURER
JOHN F. KUSTRUP, M. D.
SECRETARY



BOARD MEMBERS

EDWIN H. ALBANO, M. D.	IRVING R. MAYMAN, M. D.
ISADORE R. ASEM, D. S.	EDWIN Y. FERREN, D. O.
ANTHONY J. BALSANO, M. D.	JEROME G. KAUFMAN, M. D.
JOSEPH BARYLICK, D. C.	JOHN F. KUSTRUP, M. D.
CLARENCE BOOKBINDER, D. P. M.	I. EDWARD ORNAF, M. D.
RALPH M. BUCHANAN, M. D.	CARL N. WARE, M. D.
THOMAS C. DECECIO, M. D.	

State of New Jersey

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.

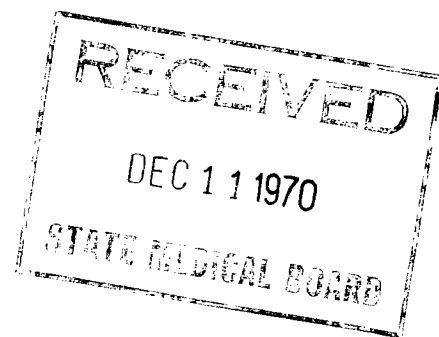
This letter will authorize you to begin practice. You will find enclosed a Certified Copy of your license, which must be filed with the County Clerk of the County in which you reside in New Jersey.

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.
John F. Kustrup, M.D.
Secretary

JFK:tk

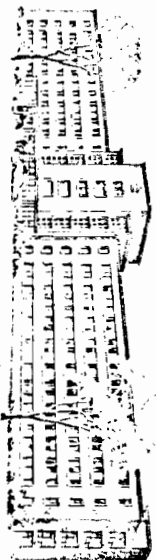


RECEIVED

DEC 11 1970

STATE MEDICAL BOARD

Fairview Park Hospital



This Certifies That
Mohammad H. Rezace, M.D.

Having faithfully and satisfactorily performed the duties of
Pathology Fellow

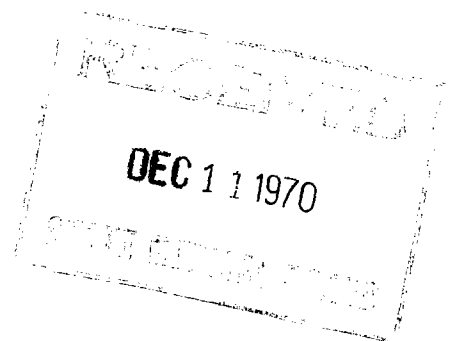
in this Hospital from **July 1, 1963** *to* **December 31, 1963** *is awarded this*
Certificate
to which has been affixed the corporate seal



Walter F. McCordle, M.D.
DIRECTOR OF PATHOLOGY

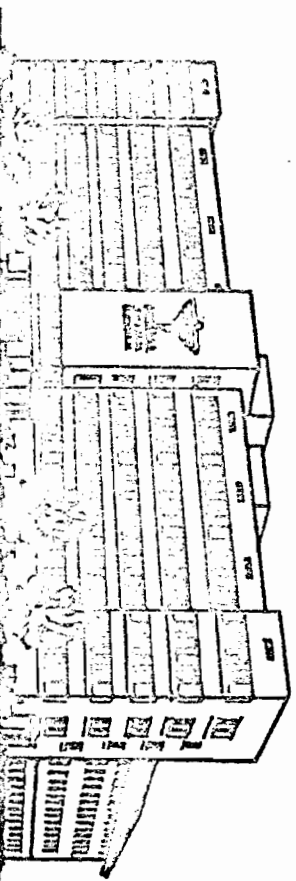
George H. Deane
PRESIDENT BOARD OF TRUSTEES
Wm. H. Deane
ADMINISTRATOR

RECEIVED
DEC 11 1970
STATE MEDICAL BOARD



TRUMBULL MEMORIAL HOSPITAL

WARREN



OHIO

This is to certify that

Muhammad Hasan Rezaee, M. D.

has satisfactorily completed a Rotating Internship

in this hospital from November 1, 19 61 to October 31, 19 62

In witness whereof the said Hospital has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed.

Albert A. Williams MD
Resident Medical Staff

John F. Lathlean
Administrator

Date Issued June 30 1962



RECEIVED

DEC 11 1970

STATE MEDICAL BOARD

PAPLAVI UNIVERSITY

Assadollah Alam, Chancellor

SHIRAZ, 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

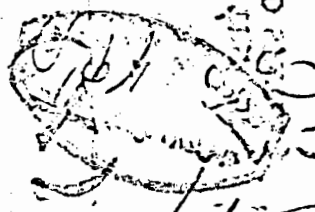
For the Minister of Education.

Registrar - Pahlavi University

A. Foroton

A - Faraton

OF VENERABLE
MINISTER OF EDUCATION
DISTRICT OF SHIRAZ
OFFICE OF THE
DEAN OF FACULTY OF MEDICINE



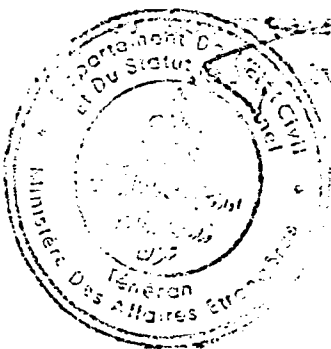
RECEIVED
DEC 11 1970
STATE MEDICAL BOARD

304 1017, 1967

MINISTRY OF EDUCATION

SHIRAZ UNIVERSITY
UNIVERSITY OF MEDICINE

According to the Article 18 of the Constitution of Education
 Approved on June 2nd, 1960
 According to the law of foundation of Universities of provinces
 approved on March 2nd, 1963
 Since Mr. Lloyd D. Dewitt has been (1965)
 holder of identity card and passport and has
 successfully passed the examination of the Ministry of
 Education (1960) (1963) (1965) of the Board
 of Examiners, this is to certify that he is a legal
 citizen, as that he has been admitted to the University of
 Shiraz, Iran.



No. 345
 Shiraz, Iran, dated: 10/10/1347 (1967)
 Dean of Faculty of Medicine
 Chancellor of Shiraz University
 Director General of Shiraz University
 For the Minister of Education



EMPIRE OF IRAN
 DISTRICT AND CITY OF TEHRAN
 EMBASSY OF THE UNITED STATES
 OF AMERICA

I, Lloyd D. Dewitt Vice Consul
 of the United States of America in and for the
 Consular district of Tehran, Iran, duly commissioned
 and qualified, do hereby certify that Mr. Ardashir
 Nur-Azar whose true signature and official seal
 are subscribed and affixed to the foregoing document
 was, on the 1st day of Aug. 1967
 the day of the date thereof, Assistant Chief of the
 Division of Chancellery and Personal Status of the
 Imperial Ministry of Foreign Affairs, duly commissioned
 and qualified, to whose official acts faith and credit
 are due;

In witness whereof I hereunto set my hand and
 the seal of the Consular Section of the Embassy at
 Tehran, Iran, this 7th day of Aug. 1967.
 Lloyd D. Dewitt
 Vice Consul of the United States
 of America

DEC 11 1970

STATE ARCHIVES

MANSOOR NOTASH, M.D.

9710 GARFIELD BOULEVARD
GARFIELD HEIGHTS, OHIO 44125
441-4111

GENERAL SURGERY

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.

MN/Bmj

RECEIVED

DEC 22 1970

STATE MEDICAL BOARD

Mohammad Hassan Resaee, M.D.
Citizenship: Iranian
Married with two children
Permanent resident of the U.S.A.
Declaration of Intention #121178

Birthdate: March 11, 1935
Birthplace: Davan-Parsee, Iran

Primary Education:

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

Medical Education:

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

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

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

July 1, 1963...Dec. 31, 1963
Six month Pathology Fellowship at Fairview 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.....1969 House and Emergency Room Physician at South Nassau
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 license by written examination in the State of New Jersey
Date obtained: Nov. 11, 1970

*fact sheet
pulled*

BEZAE, MOHAMMAD HASSAN
R

RECEIVED

DEC 11 1970

STATE MEDICAL BOARD

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

December 20, 1970

Re: Mohammad Hassan Rezaee, M.D.

St. Alexis Hospital

Cleveland, Ohio

Medical Board

State of Ohio

Columbus, Ohio 9325

Dear Sirs:

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

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

Sincerely yours,

Nicholas Mischia, M.D.
Nicholas Mischia, M.D.

Chief, Department of Obstetrics

St. Alexis Hospital

Cleveland, Ohio

State License # 11501

RECEIVED

DEC 23 1970

STATE MEDICAL BOARD

VINCENT T. KAVAL, M.D.
9333 MILES AVENUE
CLEVELAND, OHIO 44105

Dec. 1, 1970

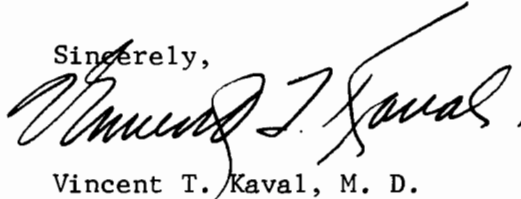
Mervin F. Steves, M. D.
Executive Secretary
State of Ohio Medical Executive Board
21 West Broad St.
Columbus, Ohio 43215

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

Dear Dr. Steves,

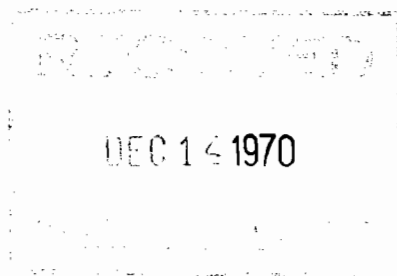
The above mentioned doctor has been a House Physician at St. Alexis Hospital, Cleveland, Ohio for the past year. In that period of time I have observed him professionally and socially and I can attest to the fact that in both he has exhibited excellent professional ability and his character has been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

Sincerely,

A handwritten signature in dark ink, appearing to read "Vincent T. Kaval", written in a cursive style.

Vincent T. Kaval, M. D.

VTK:pay



STATE OF OHIO STATE MEDICAL BOARD

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

INSTRUCTIONS

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

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

(SIGNATURE OF APPLICANT)

(DATE)

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

IDENTIFICATION
NUMBER

35-03-3012

REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD → 39

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS →

(SEE LIST ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE

\$100.00

DATE DUE

11/15/84

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

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

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

Redacted

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

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN CONVICTED OF OR PLEADED NOLO CONTENDERE TO:

YES NO

☐ ☒

a.) a felony,

☐ ☒

b.) a misdemeanor committed in the course of your practice, or

☐ ☒

c.) a federal or state law regulating the possession, distribution or use of any drug?

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

YES NO

☐ ☒

1. Been addicted to or dependent upon alcohol or any chemical substance?

YES NO

☐ ☒

3. Surrendered or consented to limitation of license to practice medicine, or state or federal privileges to prescribe controlled substances?

☐ ☒

2. Had any disciplinary action taken or initiated against you by a state licensing agency?

☐ ☒

4. Had any hospital privileges suspended or revoked?

STATE MEDICAL BOARD OF OHIO

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

(SIGNATURE OF APPLICANT)

(DATE)

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

IDENTIFICATION

NUMBER
35-03-3012

MOHAMMAD HASSAN REZAEI
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS

(SEE LIFE ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE

DATE DUE

\$100.00

11/01/89

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 RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

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

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

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

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

SOCIAL SECURITY NUMBER

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

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

YES NO

☐ ☒

a.) a felony

☐ ☒

b.) a federal or state law regulating the possession,
distribution or use of any drug?

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

YES NO

☐ ☒

- 1.) Been addicted to or dependent upon alcohol or any chemical
substance? You may answer no to this question if you have suc-
cessfully completed treatment at a program approved by this
Board and have subsequently adhered to all statutory re-
quirements as contained in Section 4731.224, O.R.C., and
related provisions; or are currently enrolled in a Board approved
program.

☐ ☒

- 2.) Had any disciplinary action taken or initiated against you by a
state licensing agency?

YES NO

☐ ☒

- 3.) Surrendered or consented to limitation upon a license to practice
medical state or federal privileges to prescribe controlled
substances.

☐ ☒

- 4.) Had any clinical privileges suspended or revoked for other than
failure to maintain records or attend staff meetings.

QT-00224-08

DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO

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

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIIUM 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:

35-03-3012

AMOUNT DUE

\$160.00

DATE DUE

11/01/90

MOHAMMAD HASSAN REZAEI, M.D.

38429 LAKESHORE BLVD

WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

39 OBSTETRICS & GYNECOLOGY

39

SPECIALTY CODE(S) CORRECT AS LISTED

IF THE SPECIALTY CODE(S) ARE IN ERROR
ENTER ALL SPECIALTY CODE NUMBERS:

CODE1

CODE2

CODE3

CHANGE OF ADDRESS

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

9696969621

0935033012 0000016000

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

Street
Street
City
County
State
Zip Code

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

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

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

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

YES NO
2.) Had any disciplinary action taken
or initiated against you by any state
licensing board?

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

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

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

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

(X) [Signature] 6.8.92
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-3012
AMOUNT DUE \$160.00
DATE DUE 07/01/92
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

39 OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

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

CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

14646464621

09350330121 00000160001

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

STREET
STREET
CITY STATE ZIP CODE
COUNTY

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

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

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

YES NO
1.) Been addicted to or dependent upon alcohol or any chemical substance; 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 section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. ☒ YES ☐ NO

YES NO
2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? ☒ YES ☐ NO
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? ☒ YES ☐ NO

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

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

(X) *M. Hassan Rezaee* 4/25/94
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE
35-03-3012 \$250.00 05/01/94
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

1:96969696 21:

09350330 1 21 00000025000

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

Street
Street
City State Zip Code
County

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

- YES NO
- 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor. YES NO
- 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug? YES NO
- 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. YES NO
- 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? YES NO
- 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? YES NO
- 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? YES NO
- 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? YES NO
- 8.) After January 14, 1993, referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement? YES NO

SOCIAL SECURITY NUMBER

DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1994-1996 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE **OHIO STATE MEDICAL ASSOCIATION** AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *M. Hassan Rezaee* 3-2-96
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-3012 AMOUNT DUE \$250.00 DATE DUE 05/01/96
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

49696969621

0935033012 0000025000

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

Street
Street
City State Zip Code
County

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

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

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

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

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

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

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

SOCIAL SECURITY NUMBER



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

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 YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: (only those questions marked with a ✓ apply to you)		YES	NO
<input type="checkbox"/>	1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	4.) Had malpractice insurance canceled or limited for other than failure to pay premiums?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	6.) Surrendered, or consented to limitation upon: a) a license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	YOU DID NOT ANSWER ANY OF THE QUESTIONS. ANSWER EACH QUESTION (1 - 8) ABOVE.		

OVER →

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

DLJ
Signature of Applicant

4.10.96
Date

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

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

DLJ:jdc

DETACH HERE AND REMIT THIS PORTION WITH FEE



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

CERTIFICATION

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

X *M. Hassan Rezaee* 3-3-98
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-03-3012-R AMOUNT DUE \$211.00 DATE DUE 05/01/98
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

1496969696 21

093503301211 000002110011

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

Street
Street
City State Zip Code
County

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

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

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

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

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

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

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

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

Redacted
SOCIAL SECURITY NUMBER
(Optional for nurses of identical-alphabet)

DETACH HERE AND REMIT THIS PORTION TO THE



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

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 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.

X *M. Hassan Rezaee*
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE
35-03-3012-R \$305.00 01/01/00
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

I wish to apply for Emeritus status: ☐

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

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

REPORT ANY CHANGE OF ADDRESS

STREET
STREET
CITY STATE ZIP CODE
COUNTY

196969696 21

09350330 1 21 00000030500

FROM THE ADDRESS SHOWN ON FRONT: THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL.

Street
Street
City State Zip Code
County

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

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

Redacted
SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 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 1999-2001 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE
OHIO STATE MEDICAL ASSOCIATION
AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *M. Hassan* 10-10-01
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After
35-03-3012-R \$305.00 01/01/02 04/01/02
MOHAMMAD HASSAN REZAEI, M.D.
38429 LAKESHORE BLVD
WILLOUGHBY OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

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

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

4620 METCALF ROAD
STREET
WHITE HILL OH 44094
CITY STATE ZIP CODE
LAKESIDE
COUNTY

0935033012

30500

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

YES NO

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

YES NO

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

YES NO

3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

YES NO

4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?

YES NO

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

YES NO

6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?

YES NO

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

☐ Check this Box if you have NO principal Practice address.

38429 LAKESHORE BLVD
STREET
WILLOUGHBY OH 44094
CITY STATE ZIP CODE
LAKESIDE
COUNTY

REQUIRED:

Redacted

SOCIAL SECURITY NUMBER

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 Mohammad Hassan Rezaee 10-22-03
(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
MOHAMMAD HASSAN REZAEI, M.D.
9670 METCALF ROAD
WAITE HILL OH 44094

MD & DO SPECIALTY CODES CURRENTLY ON RECORD
OBG OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

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

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

9670 METCALF ROAD
STREET
WAITE HILL OH 44094
CITY STATE ZIP CODE
CLARK COUNTY

0935033012 30500

APPLICATION FOR RENEWAL OF YOUR CERTIFICATE

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

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

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

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

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

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

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

☐ Check this Box if you have NO principal practice address.

3535 LEE ROAD
STREET
SHAKER HTS OH 44122
CITY STATE ZIP CODE
Cuyahoga County

REQUIRED

Redacted

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 REZAEI
Email Address	

Fees

Relicensure Fee	\$305.00
<hr/>	
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 any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

1.

..... Redacted

Nurse Collaboration Info

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

..... NO

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

..... {not Answered}

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

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
<hr/>	
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 any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

- 1.

..... Redacted

Nurse Collaboration Info

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

..... NO

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

..... {not Answered}

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

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: 10/15/2009 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 REZAEI

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 any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

- 1.

..... Redacted

Nurse Collaboration Info

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

Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

.....NO

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

.....{not Answered}

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 REZAEI

Fees

Relicensure Fee	\$305.00
	=====
Total Fees	\$305.00

Medical Board Correspondence Email

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

..... YES

Specialty Codes

1. Please select one specialty from the field below

..... OBSTETRICS & GYNECOLOGY

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

..... GYNECOLOGY

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

..... GYNECOLOGY

CME-Physicians

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

..... YES

Discipline

1. Have you been found guilty of, or pled guilty or no contest to, or

received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

..... NO

2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

- 1.

..... Redacted

Nurse Collaboration Info

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

..... NO

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

..... {not Answered}

Ohio Employment

1. Do you practice in Ohio?

..... YES

Ohio Workforce Questions

1. "Clinical" - direct patient care

..... 35-39

2. "Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose

..... 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

Clinical - Practice setting

1. 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)".

..... 0

3. Enter the number of hours per week spent in "Emergency Room".

..... 0

4. Enter the number of hours per week spent in "Urgent Care".
..... 0
5. Enter the number of hours per week spent in "Other".
..... 0

Workforce Counties

1. Enter the first zip code:
..... 44109
2. Enter the first county:
..... Cuyahoga
3. 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

Practice 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.