

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

LARA/LPH-070 (04/11)

Tran Info: 430138 18855934-1 08/09/13
 Chk#: 1046 Amt: \$45.00
 ID: 4301104089

DRUG CONTROL LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

Type or Print Only

Date of Licensure: 5-31-06-2600
 License Number: 8-23-13

INSTRUCTIONS

- DO NOT SUBMIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your license address has changed since you applied for professional licensure, contact your board immediately for an address change form. This drug control license will be issued to the address on file with the Board.
- Your Drug Control license will expire with your current professional license. If your professional license expires in:
 0-12 months the fee is \$45.00 13-24 months the fee is \$65.00 25-36 months the fee is \$85.00
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

- 43 - 01 M.D. 71-4301-38
- 51 - 01 D.O. 71-5101-38
- 29 - 01 D.D.S. 71-2901-38
- 59 - 01 D.P.M. 71-5901-38

STATUS:

- Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
 Yes No
 If Yes, please explain on separate sheet.
- Is your current professional license limited as a result of Board disciplinary action?
 Yes No

Michigan Permanent I.D. Number: 4301104089 Expiration Date of License: 4/31/2014 Social Security Number: [REDACTED]

First Name: Martin Middle Name: Dennis Last Name: Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.
 Signature: Martin D. Ruddock MD Date: 08-05-2013

Street: [REDACTED] Telephone Number: [REDACTED]
 City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

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LARALPH-090 (07/11)

Tran Info: 430137 18861129-1 08/12/13
 Chk#: 1045 Amt: \$65.00
 ID: 4301104089

Tran Info: 430157 18861129-2 08/12/13
 Chk#: 1045 Amt: \$20.00
 ID: 4301104089

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

License Number: 5315-062599
 Date of Licensure: 8-23-13

Type or Print Only

INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial (first time) professional license or relicensure of your professional license - \$85.00.
 If you already hold a professional license and your professional license expires in:
 0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name Martin	Middle Name Dennis	Last Name Ruddock
Street [REDACTED]	Telephone Number [REDACTED]	
City [REDACTED]	State [REDACTED]	ZIP Code [REDACTED]

TYPE OF PROFESSIONAL LICENSE (Please Check One):	Regular	Educ. Lmt.	Volunteer	STATUS:
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>		1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	If Yes, please explain on separate sheet.
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	2. Is your current professional license limited as a result of Board disciplinary action? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>			
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>			Michigan Permanent I.D. Number (as shown on your pocket card) 4301104089
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>			Expiration Date of License 1/31/2014
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>			Social Security Number [REDACTED]

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature Martin Ruddock MD	Date 08-05-2013
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 ONLINE APPLICATION FOR A MEDICAL DOCTOR
 OBTAINED BY WEB ENDORSEMENT >= 10 YEARS

Amount Paid - \$150.00
 Date Paid - 06/15/2012

License #	104089
License #	
Issue Date	7/18/13

FIRST NAME: Martin MIDDLE NAME: Dennis LAST NAME: Ruddock SUFFIX:

SSN: [REDACTED] DATE OF BIRTH: [REDACTED] DAYTIME TELEPHONE NUMBER: [REDACTED]

License Address - [REDACTED] Email Address - [REDACTED]

APPLICATION QUESTIONS

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you been treated for substance abuse in the past 2 years?	N
Have you had 3 or more malpractice settlements, awards or judgments in any consecutive 5 year period?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more in any consecutive 5 year period?	N
Have you had a federal or state health professional or registration revoked, suspended or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	N
Have you been denied the privilege of taking an examination by any state medical board?	N
If you have held a permanent license in another state, list the state's in which you hold or have held a medicine license.	Ohio; Pennsylvania inactive
If you ever held a health professional license in Michigan, please provide the Permanent ID Number (License Number) and Expiration date	never held license in MI
List all previous names used.	Martin Dennis Ruddock

EDUCATION

School Name	DATE FROM	DATE TO
Washington University School of Medicine St. Louis, MO	05/01/1973	05/01/1977



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

RECEIVED
JUN 21 2013
LARA

SIGNATURE CERTIFICATION

First Name <i>MARTIN</i>	Middle Name <i>DENNIS</i>	Last Name <i>RUDDOCK</i>
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Daytime Phone Number [REDACTED]
Profession <i>M.D. (OB-GYN)</i>	License Type <i>MEDICAL LICENSE</i>	<i>DOCTOR OF MEDICINE</i>
<p>I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organizations. I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the united States military, of the federal government, or of another country. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.</p>		
Signature of Applicant <i>W Martin Ruddock MD</i>		Date <i>06-18-2013</i>
<p>Sign in the signature block and mail this page to:</p> <p>Michigan Department of Community Health Bureau of Health Professions P.O. Box 30670 Lansing MI 48909</p>		

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State Medical Board of Ohio

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 06/26/2013:

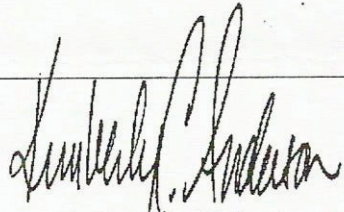
Identification Information

Name and Address: Dr. MARTIN DENNIS RUDDOCK
[REDACTED]
Date of Birth: [REDACTED]
Place of Birth: [REDACTED]
School of Graduation: Washington University School of Medicine
Date of Graduation: 05/20/77

License Information

Type of License: Doctor of Medicine
License Number: 35. 042867
How Issued: NBME
Original Licensure Date: 11/13/1978
Expiration Date: 04/01/2014
Status: ACTIVE
Formal Disciplinary Action: No

RECEIVED
JUL 05 2013
LARA



Kimberly C. Anderson
Interim Executive Director

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

July 10, 2013

CERTIFICATION OF LICENSE

RECEIVED
JUL 15 2013
LARA

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	MARTIN DENNIS RUDDOCK
LICENSE TYPE:	Medical Physician and Surgeon
LICENSE NUMBER:	MD051881L
ORIGINAL LICENSURE DATE:	01/11/1994
EXPIRATION DATE:	12/31/1994
STATUS:	Inactive

The license is in good standing and the records indicate no derogatory information.



Katie True

Commissioner
Bureau of Professional and Occupational Affairs