



APPLICATION FOR A CERTIFICATE

UNDER INTERSTATE RECIPROCITY AGREEMENT

Fee paid  
6-15-79

189236

Date 6/4/79 <sup>72nd Dist</sup>

License or Certificate No. ~~8992~~ issued by the South Carolina

Medical Examiners on the 1st day of July, 1978

I hereby make application for a License Certificate to practice Medicine and Surgery in Tennessee and submit the following statement of facts and proof in support of same:

- Name in full John Burton Rada, III Date of birth 4/23/47
- Place of birth Greenville, SC U.S. Citizen. Yes  No   
Present address 6280 Coreswood Rd. Memphis, Tenn 38134
- Intended address in Tennessee Same
- Has your application for examination or license been rejected by any Board of Medical Examiners? No If yes, by what Board and for what reason? \_\_\_\_\_
- Have you failed an examination before any Board of Medical Examiners? No If yes, name the Board and give date of examination \_\_\_\_\_
- Give names of States in which you are now licensed or have ever been licensed and give dates South Carolina. March 1977 - present
- Has any State Medical Board revoked or suspended a license certificate issued to you? No  
If yes, name the Board and state why such action was taken \_\_\_\_\_
- Are you now, or have you ever been directly or indirectly associated with an advertising physician or any advertising medical office? If you have, state when and where No
- Have you been rejected by a Medical Society? No If so, why, and by what Society? \_\_\_\_\_
- Have you ever been addicted to narcotics or intoxicants, charged with, or convicted of violation of any State or Federal Narcotic or Dangerous Drug laws or of any State or Federal Statute? No  
If so, give particulars in a separate letter.
- Have you ever been convicted of a felony? No If so, give particulars in a separate letter.

PRELIMINARY AND PRE-MEDICAL EDUCATION

Name of School or College	Date Attended	Certificate or Degree
1. <u>Univ. of S.C. Columbia, SC</u>	<u>Sept 1965 - June 1969</u>	<u>BS</u>
2. <u>Univ. of S.C. Columbia, S.C.</u>	<u>June 1970 - June 1973</u>	<u>MA</u>
3. _____	_____	_____

MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the institutions below:

Day, Month, Year	Day, Month, Year	OK	Name of School	Location
From <u>1/Sept/73</u>	to <u>25/Feb/77</u>		<u>Med. Univ. of S.C.</u>	<u>Charleston, SC</u>
From _____	to _____		_____	_____
From _____	to _____		_____	_____

I received the degree of M.D. from the Medical Univ. of S.C. located at Charleston S.C. on the 25 day of Feb 1977

I am the person named in the diploma and am the lawful possessor of said diploma. The photograph enclosed with this application is a true likeness of myself and was taken within 120 days prior to the date of this application.

Date \_\_\_\_\_ Signed John Burton Rada, III  
(Name in Full)

Affidavit of applicant JOHN BURTON RADA, III

County of Sully State of Tennessee

On this day JOHN BURTON RADA, III personally appeared before me MARCIA A. KISNER who, being duly sworn, deposes and says that he has read carefully, and truthfully answered the above questions:

Marcia A. Kisner Notary Public

My commission expires 12/31/1982

SEAL

PART II CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that JOHN BURTON RADA, III of Anderson, S.C. matriculated in first year class at Medical University of S.C. Date 9/24/73 attending 3 1/2 courses of lectures of 12 months each, and received a diploma from Medical Univ. of South Carolina conferring the degree of Doctor of Medicine 25 Feb 77 (Date)

E. Glenn Overton  
E. Glenn Overton

University Registrar and Director of Admissions

SEAL

Date June 7, 1979

PART III CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE OR NATIONAL BOARD OF MEDICAL EXAMINERS

~~I, \_\_\_\_\_, Secretary of the \_\_\_\_\_ Board of Medical Examiners, certify that JOHN BURTON RADA, III of \_\_\_\_\_ was granted License Certificate No. 8892 to practice Medicine in the State of South Carolina on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ based on a written examination before ~~this~~ <sup>NATIONAL</sup> Board on \_\_\_\_\_ and prior graduation from Medical University of S.C. on the 25 day of Feb, 1977 and that said license certificate has never been revoked. Enclosed photograph is a true likeness of JOHN BURTON RADA, III. I further certify that the aforesaid JOHN BURTON RADA, III in his written examination before <sup>NATIONAL</sup> ~~this~~ Board obtained a general average of \_\_\_\_\_ per cent, in the following branches:~~

Subject Per Cent Subject Per Cent

National Board Sending Green Slip.



STATE OF TENNESSEE  
**BOARD OF MEDICAL EXAMINERS**  
 DEPARTMENT OF PUBLIC HEALTH STATE OFFICE BUILDING  
 BEN ALLEN ROAD  
 NASHVILLE, TENNESSEE 37216

JUN 19 1979

June 15, 1979

Mr. N. B. Heyward, Executive Director  
 South Carolina State Board of Medical Examiners  
 1315 Blanding Street  
 Columbia, SC 29201

Dear Sir:

The following physician has made application to this board for a license to practice medicine in the State of Tennessee:

Name John Burton Rada, III, M.D. (Lic. No. 8892)

He states on his application that he has a license to practice in your state. We would appreciate the following information. You may be sure that any information given to us will be kept strictly confidential.

Thank you for your assistance.

Very truly yours,

*Marvelene Corcoran*  
 Marvelene Corcoran  
 Administrative Assistant

\*\*\*\*\*

LICENSE NO. 8892 <sup>DK</sup> DATE ISSUED 7.1.78

WRITTEN EXAMINATION  ENDORSEMENT/RECIPROCITY

DEROGATORY INFORMATION:  YES  NO

CURRENTLY REGISTERED:  YES  NO

REMARKS:

*Must re-register annually by July 1. 8:25*

SIGNED: *Marvelene Bryant*  
 Secretary II

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA <b>JOHN BURTON RADA, III, M.D.</b> having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.		
Attest: <b>JOHN S. MILLIS</b> Chairman of the Board		
Philadelphia Pa 07/01/78	SEAL Cert. # 189236	<b>EDITH J. LEVIT</b> President of the Board

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of MED UNIV SOUTH CAROLINA in FEBRUARY 1977, whose birth date is 04/23/1947, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

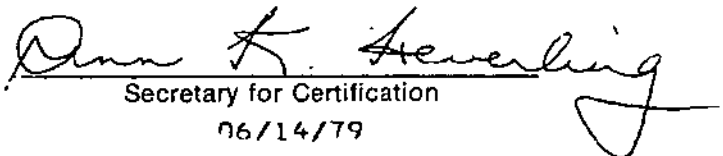
The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 05/75</u>		
Anatomy, incl. histology and embryology	485	80
Physiology	500	91
Biochemistry	315	69
Pathology	330	70
Microbiology, incl. immunology	430	76
Pharmacology and Materia Medica	495	80
Behavioral Sciences	545	83
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>	425	76
<u>Part II passed 09/76</u>		
Internal medicine and the medical specialties	430	79
Surgery and the surgical specialties	505	82
Obstetrics and Gynecology	580	86
Public Health and Preventive Medicine	410	78
Pediatrics	360	75
Psychiatry	510	83
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>	455	80
<u>PART III passed 03/78</u>		
A General Test of Clinical Competence		
<u>(Minimum Passing Grade 290/75)</u>	AVERAGE	460 80.7
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		79.9 (Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

JUN 18 1979

  
 Secretary for Certification  
 06/14/79

SEAL

Date

TENNESSEE DEPARTMENT OF HEALTH

BOARD OF MEDICAL EXAMINERS

MEDICAL DOCTORS  
RENEWAL APPLICATION

6410  
#003

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM

Online Renewal Now Available At <https://apps.tn.gov/hlrs/>

DO NOT SEPARATE ANY PART OF THIS FORM

PLEASE ALLOW 10-14 BUSINESS DAYS FOR YOUR LICENSE TO BE RENEWED

Lic./Cert. No: MD0000011983 Lic./Cert. Status: ACTIVE

Expiration Date: 04/30/2011

File ID: 00013244

NPI/UPIN#: B59472

Transaction No: 000189347

JOHN B RADA III MD  
6570 STAGE RD #160  
MEMPHIS TN 38134-2862



ENTERED MAR 11 2011

Birth Date: 04/23/1947

[Empty box for birth date]

Home Phone: (901) 382-3973

[Empty box for home phone]

Work Phone: (901) 372-4418

[Empty box for work phone]

Name and/or Mailing Address Change  
[Empty box]

E-mail:

[Empty box for e-mail]

Specialty:

OB / Gyn

Activity Status: FULL TIME

- 1 Full Time
- 2 Part Time
- 3 Not Working

Work Address:  
6570 STAGE RD  
SUITE 160  
MEMPHIS TN 38134

Work Address Change  
[Empty box]

STATE REG FEE \$ 10.00

RENEWAL 225.00

TOTAL \$ 235.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

*John B Rada III*  
SIGNATURE M.D. 3/17/11  
DATE

## CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

- I have been convicted of a crime and I have not previously notified the Board in writing of that action, ..... YES
- My license has been disciplined in another state and I have not previously notified the Board in writing of that action. .... YES
- My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry)..... YES
- I am currently in poor physical and / or mental health. .... YES
- Have you ever been denied a license to practice your profession in another jurisdiction. .... YES
- I currently do Level II Office Based Surgery Which Is Integral to a planned treatment regimen and not performed on an urgent or emergent basis. .... YES

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

Emergency Phone: 9013834857

Emergency Fax: \_\_\_\_\_

### INSTRUCTIONS

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://health.state.tn.us/Boards/index.htm>. Please check this website periodically for updates.

Read all instructions before completing this renewal application. You can also renew your license online at <https://www.tennesseeanytime.org/hhrs/begin.jsp> up to 120 days prior to your expiration date.

- Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided. Name changes require a copy of the relevant official document (i.e. marriage certificate, divorce decree, etc.) be attached to this application. Some professions also require an additional fee for name changes. Failure to submit the required document and additional fee, if required, will result in the renewal certificate being issued in the previous name. Name changes cannot be submitted online.
- Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
- Sign and date the application and return it to the Board office at the address on the front of the form. If you do not sign and date the application, it WILL be returned to you. DO NOT SEPARATE any part of this form. Failure to sign and date the application or separating the form will delay your renewal being processed and can result in your license falling into a failed to renew status.
- Make your check or money order payable to the Department of Health. DO NOT SEND CASH.



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243  
[tennessee.gov/health](http://tennessee.gov/health)

615-532-2520

**JUNE 17, 2013**

**1606            11983**  
**JOHN B RADA III MD**  
**603 HOUSTON LEVEE**  
**CORDOVA, TN 38018**

**APRIL 2013 AUDIT**

*Re: Notice of Compliance Letter*

*This letter serves as confirmation of compliance with the continuing education requirements.*

*Thank you for participating in the recent audit conducted by the TN Department of Health, Division of Health Related Boards.*

*If you have any questions, please contact me at 1-800-778-4123 ext. 532-2520.*

*Sincerely,*

*Karen Robinson, Administrator*  
[karen.robinson@tn.gov](mailto:karen.robinson@tn.gov)

*Division of Health Related Boards*  
*Continuing Education Audit Unit*

RECEIVED  
MAY 16 2013

MAY 3, 2013

HEALTH RELATED BOARD COMPLIANCE UNIT TRACKING FORM

APRIL 2013 AUDIT

1606 11983  
JOHN B RADA III MD  
603 HOUSTON LEVEE  
CORDOVA TN 38018

Profession Code: 1606  
Profession: Medical Doctors

YOUR DOCUMENTS MUST BE MAILED OR FAXED WITH THIS FORM.

**Rule: 0880-2-.19 Continuing Medical Education.** All licensees must complete forty (40) hours of continuing medical education courses during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year. At least one (1) of the forty (40) required hours shall be a course designed specifically to address prescribing practices. The Board approves a course for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a calendar year toward the required hourly total regardless of the number of times the course is attended or completed by any individual. To assist you with the required one (1) hour prescribing practices visit the following website at <http://www.tnrxsafety.org>.

If your renewal date is 2013	Your audit period is 2011-2012
If your renewal date is 2014	Your audit period is 2012-2013
If your renewal date is 2015	Your audit period is 2013-2014

Acceptable Documentation:

1. Original certificates or photocopies of original certificates from course providers verifying the licensee's attendance and/or completion of hours.
2. Original letters or photocopies of original letters from course providers verifying the licensee's attendance and/or completion of hours.
3. Documentation from the American Academy of Family Physicians (hereafter AAFP) indicating acquired continuing medical education hours.

Acceptable Continuing Education

1. They must be sponsored by an organization accredited as a sponsor of continuing medical education by either the Accrediting Council for Continuing Medical Education (ACCME) or by a state medical association recognized by the ACCME as an intrastate accreditor of sponsors of continuing medical education, and
2. They must be designated or certified by the accrediting sponsor as meeting the criteria for Category 1 continuing medical education credit of the American Medical Association's Physician's Recognition Program; or be designated by the AAFP as meeting the criteria of the AAFP's prescribed credit; or
3. If a licensee provides disciplinary case review at the request of the Department, and submits a written report of his or her conclusions regarding such disciplinary case review, the reviewing licensee shall receive one (1) hour of continuing medical education credit for each hour spent reviewing the materials and preparing the report. A maximum of ten (10) hours credit shall be awarded for reviewing disciplinary case materials during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year.

Please attach proof of compliance consistent with the above criteria and return them to the Audit Compliance Unit via facsimile to: to 615-532-3705 or 615-401-7683 or to the address on the attached letter. Please remember to attach this tracking form to any documents submitted to this office whether by mail or facsimile.

Thank you in advance for your prompt attention to this matter.

CE Compliance Unit Staff

Karen Robinson

1-800-778-4123 ext. 532-2520 or (615) 532-2520

The compliance unit staff cannot answer questions regarding the requirements or penalties for non-compliance.

For questions on the continuing education requirements or penalties for non-compliance, please contact the Board of Medical Examiners administrator LaTonya Shelton by email at [latonya.shelton@tn.gov](mailto:latonya.shelton@tn.gov).

FOR OFFICE USE ONLY	
<input type="checkbox"/> Non-compliant	<input checked="" type="checkbox"/> Compliant
Hours _____	Hours <u>40</u>
Administrator Signature <u>LaTonya Shelton</u>	Date <u>6/14/13</u>





# TRANSCRIPT

Name: Rada, MD, John

Date	Class	Credits
01/06/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
01/13/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
01/20/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
01/27/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
02/17/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
02/24/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
03/10/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
03/31/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
04/07/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
04/29/2011	2011 Spring Quality Symposium	6.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
05/05/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
06/30/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
07/07/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
07/21/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
08/04/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>

CONTINUING  
MEDICAL  
EDUCATION

BAPTIST | MEMORIAL HEALTH CARE

Emergency  
Chest/Stroke  
Care

330 North Humphreys Boulevard, Fourth Floor • Memphis, Tennessee 38120-2177  
Phone 901.227.2544 • Fax 901.227.0629



# TRANSCRIPT

**Name: Rada, MD, John**

Date	Class	Credits
08/11/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
09/01/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
09/29/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
10/06/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
10/20/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
12/01/2011	2011 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
03/01/2012	2012 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
03/29/2012	2012 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
04/18/2012	2012 OB/GYN Clinical Case Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
06/07/2012	2012 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
07/12/2012	2012 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>
10/25/2012	2012 Breast Multidisciplinary Cancer Management Conference	1.00: AMA PRA Category 1 Credit(s) <sup>TM</sup>

AMA PRA Category 1 Credit(s)<sup>TM</sup>: 32.00



350 North Humphreys Boulevard, Fourth Floor • Memphis, Tennessee 38120-2177  
Phone 901.227.2344 • Fax 901.227.0659

THE UNIVERSITY of  
**TENNESSEE**  
 HEALTH SCIENCE CENTER

COLLEGE of MEDICINE

Office of Continuing Medical Education  
 960 East Third Street  
 Suite 104  
 Chattanooga, Tennessee 37403  
 Tel: (423) 778-6884  
 Fax: (423) 778-3673

Printed June 29, 2011

John B. Rada, MD  
 6570 Stage Road, Suite 160  
 Bartlett, TN 38134

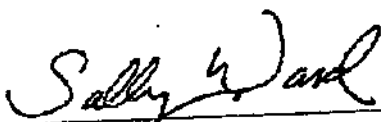
Start Date/Location	Program Description	Credits Earned
6/16/11 Memphis, TN	2011 Risk Issues Related to Office Midlevel Providers <i>This live activity was joint sponsored with the State Volunteer Mutual Insurance Company.</i>	2 AMA PRA Category I Credits <sup>TM</sup>

*The University of Tennessee College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.*

The University of Tennessee College of Medicine certifies the above physician participated in the listed live activity and is awarded *Category I Credits<sup>TM</sup>* toward the AMA Physician's Recognition Award.

This certificate documents participation by non-physicians in this live activity. The University of Tennessee designates CEUs using the national standard that 1 live hour of educational instruction is awarded .1 CEU.

*This is your original certificate. Replacements may be obtained for a fee of \$15.00.*



Sally Ward, MBA  
 Director of Continuing Medical Education  
 The University of Tennessee College of Medicine Chattanooga

Please call 423-778-6884 if you have any questions regarding this transcript. Thank You!

THE UNIVERSITY OF  
**TENNESSEE**  
HEALTH SCIENCE CENTER

COLLEGE of MEDICINE  
Office of Continuing Medical Education  
960 East Third Street  
Suite 1194  
Chattanooga, Tennessee 37403  
Tel: (423) 778-6444  
Fax: (423) 778-3673

Created June 28, 2012

**John Rada, MD**  
603 Houston Levee  
Cordova, TN 38018

6/20/2012 **Taking the Headache out of Prescribing** 2 AMA PRA Category 1 Credits™  
Memphis, TN – Live Activity

**AMA Credit:** The University of Tennessee College of Medicine designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The University of Tennessee College of Medicine and SVMIC. The University of Tennessee College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

*Bill Reynolds*

Bill Reynolds, MBA  
Director of Continuing Medical Education  
The University of Tennessee College of Medicine Chattanooga

The University of Tennessee College of Medicine certifies the above physician participated in this live activity and is awarded *Category 1 Credits™* toward the AMA Physician's Recognition Award.



# Certificate of Completion

This Certifies that

**JOHN RADA, MD**

has participated in the following *live activity*

***2011 Spring Quality Symposium***

**04/29/2011**

presented by

***Baptist Memorial Health Care Corporation***

And has been awarded the following:

***AMA PRA Category 1 Credit(s)<sup>TM</sup>: 6.00***

Baptist Memorial Health Care Corporation is accredited by the Mississippi State Medical Association, Inc. to provide continuing medical education for physicians. The Mississippi State Medical Association, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

*John Stamborg*  
 Program Director



750 North Humphreys Boulevard, Fourth Floor • Memphis, Tennessee 38130-2177  
Phone 901.227.2344 • Fax 901.227.0639



# Certificate of Completion

This Certifies that

**JOHN RADA, MD**

has successfully completed

*Putting the Pieces Together: Advancing Multidisciplinary Breast Care*

**04/09/2010**

presented by

*Baptist Memorial Health Care Corporation*

And has earned the following:

*AMA PRA Category 1 Credit(s): 6.00*

Baptist Memorial Health Care Corporation is accredited by the Mississippi State Medical Association, Inc. to provide continuing medical education for physicians.  
 The Mississippi State Medical Association, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

*Patricia Idolay*

Program Chair



550 North Humphreys Boulevard, Fourth Floor - Memphis, Tennessee 38120-2177  
 Phone: 901.227.2542 • Fax 901.227.0559

# CONTINUING MEDICAL EDUCATION STATEMENT OF CREDIT

Purdue University confirms that  
**John Rada, MD**


has participated in the educational activity titled:  
**Contemporary Management of Lower Urinary Tract Symptoms: Addressing Overactive Bladder**  
and earned **0.75 AMA PRA Category 1 Credit™** completed as an  
Internet-based activity on January 13, 2011.

**PURDUE**  
UNIVERSITY

College of Pharmacy  
Division of Continuing Education  
801 Stadium Mall Dr., PUSM 339, West Lafayette, IN 47907-2052  
Telephone: 765/494-5457 Fax: 765/494-0802

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Purdue University College of Pharmacy and PVI, PeerView Institute for Medical Education. Purdue University College of Pharmacy, an equal access/equal opportunity institution, is accredited by the ACCME to provide continuing medical education for physicians.

Please consult your professional licensing board for information on the applicability of continuing education credit for this activity. Physicians should only claim credit commensurate with the extent of their participation in the activity.

  
Robert W. Bennett  
Director, CME Program  
Purdue University

PVI, PeerView Institute for Medical Education  
315 Bleeker Street, Suite 182, New York, NY 10014  
The activity can be found online at:  
[www.overactivebladder.com/145](http://www.overactivebladder.com/145)  
PVI/NE08997-(207)85211 143-1)

TENNESSEE DEPARTMENT OF HEALTH  
BOARD OF MEDICAL EXAMINERS  
MEDICAL DOCTORS  
RENEWAL APPLICATION

APR :

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM  
DO NOT SEPARATE ANY PART OF THIS FORM

Lic./Cert. No: MD0000011983 Lic./Cert. Status: ACTIVE

Expiration Date: 04/30/2001

File ID: 00013244

NPI/UPIN#: B59472

Social Sec. No:

JOHN B RADA III MD  
6570 STAGE RD #160  
MEMPHIS TN 38134-2862

Birth Date: 04/23/1947

|||||

Home Phone: (901) 382-3973

Work Phone: (901) 372-4418

Name and/or Mailing Address Change

Activity Status: FULL TIME

Specialty:

2001

- 1 Full Time  3 Not Working  
 2 Part Time

Work Address:  
6570 STAGE RD  
SUITE 160  
MEMPHIS TN 38134

Work Address Change

STATE REGULATORY FEE \$ 10.00

In making this application, I certify that the statements given in this application are true and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education requirements set forth in the Tennessee Code Annotated and the Rules, Orders, and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee.

RENEWAL 150.00

TOTAL \$ 160.00

SIGNATURE

DATE

*John B Rada III* 3/7/01

DE 100



## CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action.

YES

My license has been disciplined in another state and I have not previously notified the Board in writing of that action.

YES

I am currently in poor physical and / or mental health.

YES

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

### INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.  
If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.
4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.

## Practitioner Profile Data

**Practitioner Profile Data**

*This information is provided by the licensee as required by law.  
Print Date. 10/1/2014*

While searching for information on a particular health care professional, consumers should be aware that there are several locations available to aid them with their research. ([Licensure Verification \(index.htm\)](#)), ([Abuse Registry \(/AbuseRegistry/index.html\)](#)), ([Monthly Disciplinary Actions. \(/Boards/disciplinary.htm\)](#)) and ([Recently Suspended Licenses Due to Failure to Pay Child Support \(/Downloads/SuspendedLicenses.pdf\)](#)) Links to various Internet sites are available from the Department of Health Website [home page \(http://state.tn.us/health/\)](http://state.tn.us/health/) and from the [Health Related Boards Website \(/Boards/index.htm\)](#)

**RADA, JOHN B****PRACTICE ADDRESS:**

OB/GYN PHYSICIANS OF MEMPHIS  
6570 STAGE RD #160  
BARTLETT, TN 38134

**LANGUAGES: (Other than English)**

None Reported

**SUPERVISING PHYSICIAN:**

None Reported

**GRADUATE/POSTGRADUATE MEDICAL/PROFESSIONAL EDUCATION AND TRAINING**

<b>PROGRAM/ INSTITUTION</b>	<b>CITY STATE/ COUNTRY</b>	<b>DATE OF GRADUATION</b>	<b>TYPE OF DEGREE</b>
MED UNIV OF SOUTH CAROLINA		01/01/1977	MD

**OTHER EDUCATION AND TRAINING**

<b>PROGRAM/ INSTITUTION</b>	<b>CITY STATE/ COUNTRY</b>	<b>FROM</b>	<b>TO</b>
UNIV OF TN	MEMPHIS TN	01/01/1978	01/01/1981
MED COLL OF GA	AUGUSTA GA	01/01/1977	01/01/1978

**SPECIALTY BOARD CERTIFICATIONS**

<b>CERTIFYING BODY/ BOARD/ INSTITUTION</b>	<b>CERTIFICATION/ SPECIALTY/ SUBSPECIALTY</b>
AMER COLLEGE OF OB/GYN	OB/GYN 12-13-85

**FACULTY APPOINTMENTS**

<b>TITLE</b>	<b>INSTITUTION</b>	<b>CITY/STATE</b>
CLINICAL INSTRUCTOR	UTCHS	MEMPHIS TN

**STAFF PRIVILEGES**

**This practitioner currently holds staff privileges at the following hospitals**

<b>HOSPITAL</b>	<b>CITY/STATE</b>
BAPTIST HOSPITALS OF MEMPHIS	MEMPHIS TN

None Reported

**FINAL DISCIPLINARY ACTION**

**ACTIONS BY STATE REGULATORY BOARD**

<b>AGENCY</b>	<b>VIOLATION</b>	<b>ACTION</b>
None Reported	None Reported	None Reported

**RESIGNATIONS IN LIEU OF TERMINATION**

<b>HOSPITAL</b>	<b>ACTION</b>
None Reported	None Reported

**ACTIONS BY HOSPITAL**

<b>HOSPITAL</b>	<b>VIOLATION</b>	<b>ACTION</b>
None Reported	None Reported	None Reported

**CRIMINAL OFFENSES**

<b>OFFENSE</b>	<b>JURISDICTION</b>
None Reported	None Reported

**LIABILITY CLAIMS**

**Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Legislature believes that consumers should have access to malpractice information. In these profiles, the Department has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Legislature has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.**

**When considering malpractice data, please keep in mind:**

- **Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make individual doctor's history more meaningful.**
- **The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.**
- **Some doctors work primarily with high risk patients. These doctors may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.**
- **Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the provider. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.**

**You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Department can refer you to other articles on this subject.**

**The Health Department started getting reports for claims paid after May, 1998.**

**Settlements valued below \$75,000 are not included here.**

<b>DATE</b>	<b>Settlement amount was:</b>
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None Reported	None Reported
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**OPTIONAL INFORMATION**

**COMMUNITY SERVICE / AWARD / HONOR**

<b>DESCRIPTION</b>	<b>ORGANIZATION</b>
None Reported	None Reported

**PUBLICATIONS**

<b>TITLE</b>	<b>PUBLICATION</b>	<b>DATE</b>
None Reported	None Reported	None Reported