STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARTIN DENNIS RUDDOCK, M.D.
Professional License No.: 43-01-104089; Complaint No. 53-14-134288
Controlled Substance License Nos.:53-15-062599,
53-15-062892, 53-15-062891, 53-15-063322, 53-15-063319,
53-15-062600, 53-15-062889, 53-15-062890, 53-15-062993,
53-15-063321, 53-15-063320
_____/

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Bridget K. Smith, on behalf of the Department of Licensing & Regulatory Affairs, Bureau of Health Care Services (Complainant), files this complaint against Martin Dennis Ruddick, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Pharmacy, an administrative agency established by the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee.

2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code. At all times relevant to this complaint Respondent practiced medicine at Scotsdale Women's Center, located at 19305 W 7 Mile Road, Detroit,

Michigan. He also holds a controlled substance license issued by the Board of Pharmacy pursuant to article 7 of the Code.

3. Section 17768(1) of the Code gives the DSC authority to take disciplinary action against a licensee for a violation of Part 177 of the Code or a rule promulgated under that part.

4. Section 17745(1) of the Code provides that a "prescriber who wishes to dispense prescription drugs shall obtain a drug control license for each location in which the storage and dispensing of prescription drugs occurs."

5. Pursuant to section 17703(2) of the Code, "dispense" means to issue one or more doses of a drug for subsequent administration to, or use by, a patient.

6. 2007 AACS R 338.3132(1) provides that activities, including dispensing a controlled substance, shall be conducted under separate licenses. 2007 AACS R 338.3132(2) further provides that a separate license is required for each professional practice.

FACTUAL ALLEGATIONS

7. Respondent practiced at Scotsdale Women's Center, located at 19305 West 7 Mile Road, Detroit, Michigan, on eight different days from September 24, 2013, until October 16, 2013.

8. On each occasion that Respondent worked at Scotsdale, he administered low-dose sedation to patients using midazolam and fentanyl, both of which are controlled substances. Respondent did not have a valid drug control license for the Scotsdale facility at that time.

9. Subsequently, on October 24, 2013, Respondent obtained a drug control license for 19305 West 7 Mile Road, Detroit, Michigan, which is reflected as license number 53-15-062993. That license is currently lapsed, however, Respondent no longer works at that facility.

COUNT I

10. Respondent's conduct as described constitutes dispensing a prescription at a location without a drug control license for that location contrary to section 17445(1) of the Code in violation of section 17768(1) of the Code.

COUNT II

11. Respondent's conduct as described constitutes dispensing a controlled substance at a location without a separate license for that location contrary to 2007 AACS R 338.3132 in violation of section 17768(1) of the Code.

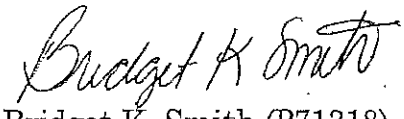
THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced

pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*; MSA 3.560(101) *et seq*.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from the receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in the transmittal of the compliant directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

Attorney General



Bridget K. Smith (P71318)
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30758
Lansing, Michigan 48909
(517) 373-1146

Dated: December 1, 2014

LF/Ruddock, Martin Dennis, M.D., 134288/2014-0094188-B/ Adm Complaint

December 30, 2014

Bureau of Health Care Services
Department of Licensing and Regulatory Affairs
P.O. Box 30670
Lansing, MI 48909

Bridget K. Smith, Esq.
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30758
Lansing, MI 48909

RE: Martin Dennis Ruddock, M.D.
Complaint No. 53-14-134288

Dear Sir/Madam,

Enclosed please find our Appearance of Counsel, Answer to the Administrative Complaint and Notice of Opportunity for Compliance Conference.

Please forward any scheduled dates on this matter to my attention.

Thank you for your anticipated cooperation.

Very truly yours,

Jeffrey K. Thomas

JKT/bg
enclosures

2550 TELEGRAPH RD.
SUITE 110
BLOOMFIELD HILLS, MI 48302
1-877-242-8300
ADV-LLC.COM

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of **Complaint No. 53-14-134288**

MARTIN DENNIS RUDDOCK, M.D.
Professional License No.:43-01-104089
Controlled Substance License Nos.:53-15-062599
53-15-062892, 53-15-062891, 53-15-063322,
53-15-062600, 53-15-062889, 53-15-062890, 53-15-062993
53-15-063321, 53-15-063320
_____/

APPEARANCE OF COUNSEL

Please take notice that the undersigned enters his appearance on behalf of the respondent Martin Dennis Ruddock, MD.

December 30, 2014

Jeffrey K. Thomas (P35032)
Attorney for Respondent
2550 Telegraph, Suite 110
Bloomfield Hills, MI 48302
877-242-8300

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of **Complaint No. 53-14-134288**

MARTIN DENNIS RUDDOCK, M.D.
Professional License No.:43-01-104089
Controlled Substance License Nos.:53-15-062599
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53-15-063321, 53-15-063320
_____/

ANSWER TO ADMINISTRATIVE COMPLAINT

NOW COMES Martin Dennis Ruddock M.D. by and through his attorney, Jeffrey K. Thomas and for their Answer to the Administrative Complaint states as follows:

1. Admit

2. Admit that Respondent is licensed to practice medicine pursuant to the Public Health Code. Respondent neither admits nor denies the remaining allegations for lack of sufficient information upon which to formulate an answer and leaves the State to their proofs.

3. Admit, the statute speaks for itself.

4. Admit, the statute speaks for itself.

5. Admit the statute speaks for itself.

6. The statute speaks for itself.

FACTUAL ALLEGATIONS

7. Respondent neither admits nor denies the remaining allegations for lack of sufficient information upon which to formulate an answer and leaves the State to their proofs.

8. Denied for the reason that the allegation is untrue.

9. Respondent neither admits nor denies the remaining allegations for lack of sufficient information upon which to formulate an answer and leaves the State to their proofs.

COUNT I

10. Respondent neither admits nor denies the remaining allegations for lack of sufficient information upon which to formulate an answer and leaves the State to their proofs.

COUNT II

11. Respondent neither admits nor denies the remaining allegations for lack of sufficient information upon which to formulate an answer and leaves the State to their proofs.

December 30, 2014

Jeffrey K. Thomas (P35032)
Attorney for Respondent
2550 Telegraph, Suite 110
Bloomfield Hills, MI 48302
877-242-8300

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARTIN DENNIS RUDDOCK, M.D.
License No. 43-01-104089 Complaint No. 43-14-131559

_____/

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Bridget K. Smith, on behalf of the Department of Licensing & Regulatory Affairs, Bureau of Health Care Services (Complainant), files this complaint against Martin D. Ruddock, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine, an administrative agency established by the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee.

2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code. At all times relevant to this complaint, Respondent practiced medicine at Scotsdale Women's Center, located at 19305 W 7 Mile Road, Detroit,

Michigan. He also holds a controlled substance license issued by the Board of Pharmacy pursuant to article 7 of the Code.

3. Section 17745(1) of the Code provides that a prescriber who wishes to dispense prescription drugs shall obtain a drug control license for each location in which the storage and dispensing of prescription drugs occurs.

4. Pursuant to section 17703(2) of the Code "dispense" means to issue one or more doses of a drug for subsequent administration to, or use by, a patient.

5. 2007 AACS R 338.3132(1) provides that activities, including dispensing a controlled substance, shall be conducted under separate licenses. 2007 AACS R 338.3132(2) further provides that a separate license is required for each professional practice.

6. Section 16221(a) of the Code authorizes the DSC to take disciplinary action against a licensee for a violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to or supervision of employees or other individuals, whether or not injury results, or any conduct, practice or condition that impairs, or may impair, Respondent's ability to safely and skillfully practice as a physician.

7. Section 16226 of the Code authorizes the DSC to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the DSC

determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

FACTUAL ALLEGATIONS

8. Respondent practiced at Scotsdale Women's Center, located at 19305 West 7 Mile Road, Detroit Michigan, on eight different days from September 24, 2013 until October 16, 2013.

9. On each occasion that Respondent worked at Scotsdale, he administered low-dose sedation to patients using midazolam and fentanyl, both of which are controlled substances. Respondent did not have a valid drug control license for the Scotsdale facility at that time.

10. Subsequently, on October 24, 2013, Respondent obtained a drug control license for 19305 West 7 Mile Road, Detroit, Michigan, which is reflected as license number 53-15-062993. That license is currently lapsed, however, Respondent no longer works at that facility.

COUNT I

11. Respondent's conduct as described above constitutes a violation of general duty in violation of section 16221(a) of the Code.

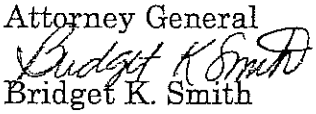
THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with

all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*; MSA 3.560(101) *et seq*.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from the receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an admission of the allegations contained in the complaint and shall result in the transmittal of the compliant directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

Attorney General



Bridget K. Smith
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30758
Lansing, Michigan 48909
(517) 373-1146

Dated: December 1, 2014

LF: Ruddock, Martin Dennis, M.D., 131559/ 2014-0081547-B/ Adm Complaint

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

BUREAU OF HEALTH CARE SERVICES
INVESTIGATION SECTION

INVESTIGATION REPORT

43-131559	
File No.	
Martin D. Ruddock, M.D.	
Case Name	
Robert Regan	6/6/14
Investigator/Initial	Date
	6/9/2014
Manager Approval	Date
	6-11-2014
Investigation Director Approval	Date

RECOMMENDATION

☑ Enforcement Unit ☐ Expert Review

☐ Returned Without Investigation ☐ Add'l Investigation Completed ☐ Supplemental Report

ALLEGATION INFORMATION

The licensee had a Drug Control license, but not a controlled substance license for 19305 W 7 Mile Rd, Detroit (Scotsdale Women's Center). Complainant alleged that the licensee failed to obtain a controlled substance license for practicing in Detroit.

It was also alleged that the licensee checked "YES" for the question of being found guilty of misdemeanor or felony on his Ohio medical license renewal form, dated March 15, 2000. On his Michigan medical license application form, dated June 18, 2013, Dr. Ruddick answered "NO".

INVESTIGATOR ASSESSMENT

Complainant [redacted] was interviewed on March 31, 2014. [redacted], the office manager at Scotsdale Women's Center at 19305 W. 7 Mile Rd, Detroit, was interviewed on April 7, 2014. The licensee, Dr. Martin D. Ruddock, M.D., was interviewed on April 22, 2014.

Dr. Ruddock admitted to administering controlled substances at Scottsdale on 8 different dates during September and October, 2013. Dr. Ruddock provided a list of the dates. He was a "temporary, fill-in" physician at Scotsdale for about 4 weeks, but then he resigned. Dr. Ruddock stated that he did not dispense any take-home medications at Scotsdale, but administered low dose sedation using fentanyl and midazolam. Fentanyl is a schedule-2 controlled substance and midazolam is a schedule-4 controlled substance.

Dr. Ruddock's criminal history record was clear of any convictions. Dr. explained that he had a misdemeanor assault charge on his record when he answered "yes" on his Ohio medical license renewal form, dated March 15, 2000. This was expunged from his record after about a year, and his attorney instructed him the he could then answer "no" when asked about his history of any convictions.

Based on the allegation information, it is suggested that this case be forwarded to the enforcement section.

POSSIBLE VIOLATIONS

Michigan Public Health Code

333.7303(5) A separate license is required at each principal place of business or professional practice where the applicant manufactures, distributes, prescribes, or dispenses controlled substances.
Clarification: 333.7105(3) "Dispense" means to deliver or issue a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, or compounding necessary to prepare the substance for the delivery or issuance.

Board of Pharmacy Administrative Rules
338.3132(3) If a principal place of business or professional practice consists of multiple locations, then each location shall obtain a separate controlled substance license if controlled substances are received, stored, administered, or dispensed at that location.
Clarification: 338.3132(4) A separate controlled substance license is not required for each physical location of the principal place of business or professional practice if the prescriber or practitioner only prescribed at the location.

INTERVIEWS CONDUCTED

1. [redacted]r, complainant.
2. [redacted], witness, office manager, Scotsdale Center, 19305 W. 7 Mile Rd, Detroit.
3. Dr. Martin D. Ruddock, M.D., licensee.

ATTACHMENTS

1. Allegation information, 11 pages.
2. List of dates when Dr. Ruddock worked at Scotsdale, 1 page.
3. Additional allegation information, 29 pages.
4. Ohio medical license renewal form dated March 15, 2000, 1 page.
5. Information from Ohio medical board, 8 pages.
6. Michigan medical license application dated June 18, 2013, 2 pages.
7. Internet Criminal History Access Tool date, 1 pages.

RR/skb
Draft Date: 05/28/2014
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COMPLAINANT INTERVIEW – [redacted]

Address: [redacted]

Telephone #: [redacted]

Professional #: 4301-104089

Identified By: Knowledge of case number

Interview Date: March 31, 2014

Location of Interview: Telephone

BACKGROUND

Complainant alleged that licensee Martin D. Ruddock, MD, failed to obtain a controlled substance (CS-3) license in Detroit. The complainant alleged that the licensee had a drug control license, but not a CS-3 license.

It was also alleged that the licensee checked "YES" for the question of being found guilty of misdemeanor or felony on his Ohio medical license renewal form, dated March 15, 2000. On his Michigan medical license application form, dated June 18, 2013, Dr. Ruddick answered "NO".

STATEMENT

[redacted] stated that she heard from a friend that Dr. Ruddock was working in Saginaw at a location where the previous physician had retired. She did not know any specific days, patients, procedures or medications dispensed or administered.

[redacted]. [redacted] said she did not know any specific days that Dr. Ruddock worked at 19305 W 7 Mile in Detroit or any location in Michigan. She did not know any patients that were treated by Dr. Ruddock in Michigan.

[redacted] said she did not know anything about Dr. Ruddock's hours for any Michigan location. [redacted] did not know of any specific medications dispensed or administered in Michigan.

[redacted] said she might know some specific patients in Ohio, but we would not have jurisdiction over his practice in Ohio.

[redacted] provided information obtained from the Ohio medical board that Dr. Ruddock check "YES" on his renewal application (dated March 15, 2000) that he had been convicted of a misdemeanor or felony. On his Michigan application for a medical license in 2013 he checked "NO." This suggested that he falsified his application.

[redacted] requested an email address to forward more information when it became available. She would try to find out the answers to some of the questions.

RR/skb
Draft Date: 04/02/2014
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WITNESS INTERVIEW – [redacted]

Address: [redacted]

Telephone #: [redacted]

Identified By: Previously known to inspector

Interview Date: April 7, 2014

Location of Interview: Telephone

BACKGROUND

It was alleged that the licensee failed to obtain a CS-3 (controlled substance) license for practicing in Detroit. The licensee had a Drug Control License, but not a CS-3 license for that location.

STATEMENT

[redacted] stated that she was the office manager of Scotsdale Women's Center at 19305 W. 7 Mile Rd, Detroit.

[redacted] stated that she applied for licensing for Dr. Martin Ruddock, M.D. to work at Scotsdale in 2013.

Dr.. Ruddock resigned after only about 3 weeks working 1-2 days per week. He performed abortion procedures on the days he worked. She applied for a Drug Control and Controlled substance license for Dr. Ruddock when she knew he would be working there.

She obtained the Drug Control License and had completed the paperwork for the Controlled Substance License, but Dr. Ruddock resigned prior to October 22, 2013. She had the Drug Control License in an unopened, sealed envelope because it came after he resigned.

She knew he resigned prior to October 22, 2013 because that was day she issued his final paycheck and she could forward a copy of the correspondence that she sent with it. [redacted] stated the letter of resignation from Dr. Ruddock was not dated. She could only send the last page of his resignation letter.

Prior to working at Scotsdale, [redacted] was aware that Dr. Ruddock worked in Ohio and at a Clinic in Southfield (24550 Evergreen, Ste 220, Southfield, MI).

RR/skb
Draft Date: 04/08/2014
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LICENSEE INTERVIEW

Address: [redacted]

Telephone #: [redacted]

Professional #: 4301-104089

Identified By: Ohio Driver's License (RD 130910)

Interview Date: April 22, 2014

Location of Interview: HID, Detroit Office

Also Present: [redacted], [redacted].

BACKGROUND

The licensee had a Drug Control license, but not a controlled substance license for 19305 W 7 Mile Rd, Detroit (Scotsdale Women's Center). Complainant alleged that the licensee failed to obtain a controlled substance license for practicing in Detroit.

It was also alleged that the licensee checked "YES" for the question of being found guilty of misdemeanor or felony on his Ohio medical license renewal form, dated March 15, 2000. On his Michigan medical license application form, dated June 18, 2013, Dr. Ruddick answered "NO".

STATEMENT

Dr. Martin D. Ruddock stated that he began working at the 19305 W 7 Mile Rd, Detroit location on a temporary, trial basis on September 24, 2013. The office secretary at Scotsdale applied for the controlled substance and drug control licenses for that location immediately. Dr. Ruddock said they completed both applications together and he signed them.

He had a controlled substance license in Michigan. They were informed by someone from the state that as long as he had a medical and controlled substance license in Michigan he could work on a temporary basis. After about 3-3½ weeks, he notified Ms. Miller at Scotsdale in writing that he could no longer work there. Dr. Ruddock provided a list of 8 dates when he worked there. Dr. Ruddock stated that on the days he worked, he administered low-dose sedation with midazolam and fentanyl.

Dr. Ruddock stated that he did not dispense any take-home medications at Scotsdale. He only wrote prescriptions.

The drug control license for Scotsdale was recieved, but the controlled substance license for the Scotsdale location was apparently delayed. Ms. Miller, the Scotsdale office manager may have cancelled the processing of the controlled substance license application for the Detroit location after Dr. Ruddock resigned.

Dr. Ruddock was asked why he answered "yes" to the question of being convicted of a misdemeanor or felony on his Ohio license renewal on March 15, 2000 but then answered "no" on his Michigan license applications. Dr. Ruddock explained that he was charged with assault after an incident where a rock was thrown through his car window, then he was spat upon, and he threw the rock back. The conviction record from this incident was expunged from his record after a year, so he was subsequently told by his attorney to answer "no" to the past conviction question.

(Dr. Ruddock's criminal history did not list any convictions.)

RR/skb
Draft Date: 05/28/2014
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ALLEGATION # 131559

ATTACHMENT # 1

NUMBER OF PAGES 11

Travis, Linda (LARA)

From: Johnson, Sherri (LARA)
Sent: Monday, January 27, 2014 12:33 PM
To: Travis, Linda (LARA)
Subject: FW: Martin Ruddock allegation/complaint part 1
Attachments: Martin Ruddock Health License_Registration Results.pdf; Martin Ruddock Detroit DCL Health License_Registration.pdf; MCGARY_OHIO_NURSE_APPS_RUDDOCKS_OLD_NURSE9.pdf

Part 1 allegation

From: [redacted]
Sent: Monday, January 20, 2014 10:52 PM
To: Johnson, Sherri (LARA)
Subject: Martin Ruddock allegation/complaint part 1

MICHIGAN DEPT OF LICENSING AND REG. AFFAIRS
BUREAU OF HEALTH CARE SERVICES
HEALTH PROFESSIONS DIVISION
P.O. BOX 30454
LANSING, MI 48909-9897
JohnsonS71@michigan.gov

January 20, 2014

[redacted]

Dear Allegation Division,

I am lodging a complaint against Martin Ruddock, M.D. He has recently begun practicing in the State of Michigan again. His history includes improper licensing, malpractice lawsuits, and inconsistency in his various state medical license applications. Supporting documents are attached and will also be sent in a second email.

Allegation #1:
On March 26, 2003, [redacted], Martin Ruddock's previous nurse practitioner, received a letter from the Ohio Board of Nursing stating that she had a "LAPSE IN PRESCRIPTIVE AUTHORITY" and that "This is to notify you that your CTP-E expired as of March 19, 2003."

[redacted] response to the Ohio Board of Nursing was as follows (via her email address [redacted]:

"Please extend my prescriptive authority. I OVERLOOKED the very important issue of when it expired!!! Today is Saturday March 29th. I will fill out the appropriate paperwork on Monday when I return to work. I need to apply for permanent prescriptive privileges. I just have not taken the time to do it! ....I will take care of this first thing Monday morning!!!"

On April 2, 2003, the Ohio Board of Nursing sent another memorandum to [redacted]. The letter stated:

"...Thus you had a lapse in your prescriptive authority beginning March 20, 2003 through March 28, 2003 and you should not have prescribed on those days. You may be subject to Board Discipline." Then on a Fax Cover Sheet from Center for Choice, 328 22nd St, Toledo, OH, [redacted] faxed a form to the Board: "Here is a faxed copy. The Original and signature will follow in the mail."

[redacted] listed Martin Ruddock as her direct supervisor from June 2002 on Form E, which was dated March 31, 2003. He was her collaborating physician when she wrote prescriptions without a prescription license. On another Form E, Martin Ruddock verified that the dates of [redacted] externship were from 2001 to December 2003.

Allegation #2:
Martin Ruddock, M.D. has failed to obtain a CS-3 controlled substance license while practicing in Detroit. While he has a Drug Control Location license for the Detroit location, he has no controlled substance license. A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as

File #131559
Attachment #1 1 of 11

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 the physician manufactures, distributes, or dispenses controlled substances. A CS-3 license is needed when a physician uses an IV sedation and other sedation medications during surgery.

Allegation #3:
Martin Ruddock, M.D. has been the defendant in several court cases. He has many medical malpractice lawsuits against him.

[redacted] vs. [redacted] - Martin Ruddock, defendant
Civil suit, disposition by jury trial, 11-21-1988.

[redacted] vs. Ruddock - Judgment Lien, filed 2-25-1991.

[redacted] vs. Ruddock - civil case - [redacted] sues Martin Ruddock and Center for Choice II. Filed 3-31-1997. Malpractice lawsuit from botched abortion on Jan. 5, 1996. [redacted] sues Martin Ruddock and "Center for Choice II" after sustaining injuries from a botched abortion Ruddock performed.

[redacted] vs. Martin Ruddock - Judgment Lien, Ruddock owes $2535.00 - filed 7-28-1999.

[redacted] vs. Martin D. Ruddock - civil case - Martin Ruddock, defendant. Settled and dismissed with prejudice at defendant's costs. Prayer amount: $25,000. Dismissed with prejudice 8-27-1999.

[redacted] vs. Center for Women's Health - medical malpractice suit - Dismissed without prejudice 12-11-1998.

[redacted] vs. Center for Women's Health and Martin Ruddock - Medical malpractice suit - dismissed with prejudice - Court costs assessed to defendants including Center for Women's Health and Martin Ruddock. Prayer amount $1,000,000. Disposition date 4-16-2002.

[redacted] vs. Martin D. Ruddock - civil case - Martin Ruddock, defendant. Settled and dismissed with prejudice costs to defendant. Prayer amount: $50,000. Dismissed with prejudice 7-23-1999.

A partial transcript of a 911 call from Center for Women's Health, 2003:

"She's stable, she's fine. She's an obese young lady, 30 years old. I did a second trimester abortion. She has a laceration on the cervix, at 3:00 on the cervix. I . . . stitched [it] and she has vaginal packing. She's stable. I just can't stop the bleeding. I can't see what I'm doing and I want her out of here." - Martin Ruddock, M.D.

[redacted] vs. Center for Women's Health Inc. and defendant Martin Ruddock - Medical malpractice suit - Prayer amount: $25,000 - Dismissed without prejudice 4-25-2005.

[redacted] vs. Center for Women's Health and defendant Martin Ruddock - Case No.: CV-05-580079 7-3-2006. Medical malpractice suit - Dismissed with prejudice 9-25-2006.

[redacted] vs. Center for Women's Health Inc.(his business)- Judgment Lien - Debtor: Center for Women's Health Inc. - Judgment amount: $141.37 - Filed 6-19-2006.

[redacted] vs. Center for Women's Health Inc. - Judgment Lien - Debtor: Center for Women's Health Inc. - Judgment Amount: $3921.98 - Filed 5-19-2011.

A documented injury or even perhaps death might have happened in Ohio in the business named Abortion Access where Ruddock was previously working during this time period. The 911 transcript regarding this injury, if not death, happened on Nov 1, 2012 and is enclosed.

Allegation #4:
Martin Ruddock has a criminal history according to page 9 of his Ohio medical license application page. This contains evidence and/or admission of a criminal conviction. The question was if he has been found guilty of, or plead guilty or no contest to, or received treatment in lieu of conviction of, a felony or misdemeanor? Martin Ruddock answered YES.

Did Martin Ruddock fully inform the Michigan Bureau of Health on his license applications with this? On page 5 of his Michigan license applications his response does not coincide with his Ohio application regarding his criminal background. A more thorough criminal background check is warranted.

Allegation #5:
On Martin Ruddock's Illinois medical license application, he answered 'NO' to a conviction of a felony or criminal offense in any state or federal court. This again conflicts with his Ohio medical license application when he answered the question that asked

File #131559
Attachment #1 2 of 11

if has been found guilty of, or plead guilty or no contest to, or received treatment in lieu of conviction of, a felony or misdemeanor? His answer was YES.

Allegation #6:
On his Illinois medical license application, Martin Ruddock, M.D. stated that he was the sole practitioner at the Center for Choice II in Toledo, OH. In fact, Martin Ruddock, M.D. was the medical director. While in a position of leadership, according to Ohio Department of Health documents, he operated this clinic "WITHOUT A TRANSFER AGREEMENT resulting in a recommended closure and a $25,000 fine. The transfer agreement is needed so abortion practitioners can quickly admit a woman who was injured in a botched abortion, so a local hospital or medical center could provide her with emergency medical treatment." (LifeNews) Martin Ruddock, M.D. chose to break this Ohio law.

In summary, the public's health and safety are at stake unless Martin Ruddock's medical license is pulled or he is reprimanded. Should you need further assistance, please feel free to contact me.

Sincerely,

[redacted]

File #131559
Attachment #1 3 of 11

Travis, Linda (LARA)

From: Johnson, Sherri (LARA)
Sent: Monday, January 27, 2014 12:33 PM
To: Travis, Linda (LARA)
Subject: FW: Martin Ruddock allegation/complaint part 2
Attachments: RUDDOCK_ILLINOIS_APPS_best.pdf; RUDDOCK_MI_APPS2.pdf; ruddock_ohio_apps_page_9.pdf; RUDDOCK_OHIO_APPS_TOTAL.pdf

Part 2

From: [redacted]
Sent: Monday, January 20, 2014 10:58 PM
To: Johnson, Sherri (LARA)
Subject: Martin Ruddock allegation/complaint part 2

Additional supporting documents are attached.

Thank you for your time.

[redacted]

Travis, Linda (LARA)

From: Johnson, Sherri (LARA)
Sent: Monday, January 27, 2014 12:34 PM
To: Travis, Linda (LARA)
Subject: FW: Martin Ruddock allegation/complaint part 3
Attachments: 911-Event-Chronology-Abortion-Access-Nov-1-2012.pdf; Article- 44 Abortion Clinics Closed in 2013 as Two More Close in Cleveland, Montana _ LifeNews.pdf; Article- Abortion Clinic in Ohio Closes Down Thanks to Late-term Abortion Ban _ LifeNews.pdf; Article-Toledo, Ohio Abortion Clinic Closes After Breaking Health, Safety Laws _ LifeNews.pdf; perrin_case_total.pdf; Perrin-vs.-Center-for-Womens-Health-Jul-3-20061.pdf

Part 3

From: [redacted]
Sent: Monday, January 20, 2014 11:00 PM
To: Johnson, Sherri (LARA)
Subject: Martin Ruddock allegation/complaint part 3

Additional supporting documents are attached.

Thank you for your time.

[redacted]

File #131559
Attachment #1 5 of 11

Travis, Linda (LARA)

From: Johnson, Sherri (LARA)
Sent: Monday, January 27, 2014 12:34 PM
To: Travis, Linda (LARA)
Subject: FW: Martin Ruddock allegation/complaint part 4 LAST
Attachments: 911 Call- Bloody Botched Abortion at 22 Weeks-Real Bad Bleeding - YouTube_l6p1.360p.mp4; 911 Call- Rude Abortionist Calls 911 for 2nd Trimester Abortion Complication - YouTube_av4n.360p.mp4

Part 4

From: [redacted]
Sent: Monday, January 20, 2014 11:00 PM
To: Johnson, Sherri (LARA)
Subject: Martin Ruddock allegation/complaint part 4 LAST

Additional supporting documents are attached.

Thank you for your time.

[redacted]

File #131559
Attachment #1 6 of 11

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/PH-070 (04/11)

Tran Info:430538 18855934-1 08/09/13
ChkB: 1046 Amt: $45.00
ID: 4301104089

[redacted]

Date of Licensure: 5/31/2002

License Number: 8 2 1 13

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

INSTRUCTIONS

1. 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.
2. 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

3. 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:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1/31/2014	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD — Signature

08-05-2013 — Date

[redacted]

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[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.

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

LARALPH-090 (07/11)

Tran Info:430157 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

License Number: [redacted]
Date of Issuance: [redacted]

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.

Type or Print Only

INSTRUCTIONS

1. 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 (13767) 13-24 months the fee is $160.00 (23767) 25-36 months the fee is $235.00 (33767)

2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.

3. 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	Middle Name	Last Name
Martin	Dennis	Ruddock

Street		Telephone Number
[redacted]	[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One):	Regular		Educ. Lmt.		Volunteer
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 69 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐		
☑ 43 - 01 M.D. 71-5315	☑	or	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5320	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R.Ph. 71-5302	☐				
☐ 53 - 05 Manuf./Wholesaler 71-5305	☐				

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   ☐ Yes ☒ No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   ☐ Yes ☒ No

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 1/31/2014

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 D Ruddock MD

Date: 08-05-2013

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 Americans With Disabilities Act, you may make your needs known to this agency.

90

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:	
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

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

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.

Kate True
Commissioner
Bureau of Professional and Occupational Affairs

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 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 Martin D Ruddock MD 3-15-00
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER	AMOUNT DUE	DATE DUE
35042867-R	$303.00 ~~$325~~	01/01/00

MARTIN DENNIS RUDDOCK,M.D.

[redacted]

33-32-8
#2548
#303.1
3/30/00

I wish to apply for Emeritus status: ☐

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

GYN GYNECOLOGY
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: 093504286 7⑈ ⑈0000030500⑈

PERSONAL PRACTICE ADDRESS - IF DIFFERENT 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? (see 2 pgs letter & attachd)

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?

Redacted
(Optional for purposes of identification)

ALLEGATION # 131559

ATTACHMENT # 2

NUMBER OF PAGES 1

Scottsdale

Mr Ludlow filled extensively

9-24-13
9-25-13
10-1-13
10-2-13
10-8-13
10-9-13
10-15-13
10-16-13

ALLEGATION # 131559

ATTACHMENT # 3

NUMBER OF PAGES 29

Ruddock, Martin Dennis 43D1164089

Medical Doctor
June 15, 2012

Fee
App
Med Ed
PGT
Exam Scores
ECFMG
HOSP APPT
CBC

4/14

8/94

Rmly
End

File #131559
Attachment #3 1 of 29

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	7/18/73

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

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

License Address - [redacted]
United States

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

File #131559
Attachment #3 2 of 29

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

SIGNATURE CERTIFICATION

First Name	Middle Name	Last Name
MARTIN	DENNIS	RUDDOCK
U.S. Social Security Number	Date of Birth	Daytime Phone Number
[redacted]	[redacted]	[redacted]

Profession	License Type
M.D. (OB-GYN)	MEDICAL LICENSE DOCTOR OF MEDICINE

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.

Signature of Applicant	Date
Martin D Ruddock MD	06-18-2013

Sign in the signature block and mail this page to:

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing MI 48909

Clark, Lucinda (LARA)

From: aliasresponse@michigan.gov
Sent: Saturday, June 29, 2013 9:54 AM
To: DCH-BHP-CBC
Subject: Administrative Hit/No Hit Notification

STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
CRIMINAL JUSTICE INFORMATION CENTER
PO BOX 30634, LANSING MI 48909

DATE: 06/29/2013

TCN: AD13980199J01

Requester: MI DEPT OF LARA-MEDICINE
Reason Printed: LHP - Licensed Health Care Professional (MCL 333.16174) Subject Printed: RUDDOCK, MARTIN DENNIS
DOB: 02/14/1951

The following e-mail response(s) is computer generated and is based on the criminal history information on file as of the date noted above.

Since entry of new arrests, court dispositions for prior arrests or other database changes occur daily, a future record search for this person could be different.

STATE RESPONSE:
A Michigan record has not been found that meets the dissemination criteria.

FBI RESPONSE:
An FBI record has not been found that meets the dissemination criteria.

MD

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:
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

Kimberly C. Anderson
Interim Executive Director

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

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.

Commissioner
Bureau of Professional and Occupational Affairs

4301-104089
Ruddock, Martin Dennis
334464861
CS - 3
August 12, 2013

FEE OK APP OK
LIC # OK
SSN OK

File #131559
Attachment #3 7 of 29

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

LARALPH-090 (07/11)

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

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

[redacted]

License Number: 531026254

Date of Licensure: [illegible]

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.

Type or Print Only

INSTRUCTIONS

1. 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)

2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.

3. 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	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

	Regular		Educ. Lmt.		Volunteer
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐		
☑ 43 - 01 M.D. 71-5315	☑	or	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R.Ph. 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   ☐ Yes ☒ No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   ☐ Yes ☒ No

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 1/31/2014

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

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 Americans with Disabilities Act, you may make your needs known to this agency.

4301-104089
Ruddock, Martin Dennis
334464861
Drug Control - Location
August 09, 2013

FEE OK APP OK
LIC # OK
SSN OK

File #131559
Attachment #3 9 of 29

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

[redacted]

Date of Licensure: 03-15-2013
License Number: 8 23 14

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

INSTRUCTIONS

1. 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.
2. 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 26-36 months the fee is $85.00

3. 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:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1/31/2014	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD — Signature
08-05-2013 — Date

[redacted]

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[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.

4301-104089
Ruddock, Martin Dennis
334464861
CS - 3
September 23, 2013

[redacted]

☐ Application ☐ Syllabus/Outline
☐ Resume/s ☐ Attendance Info
☐ Complete Application
☐ Approval Number 29905 00083

FEE ✓ APP ✓
LIC # ✓
SSN ✓

File #131559
Attachment #3 11 of 29

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

LARALPH-080 (07/11)

Tran Info:430137 18966051-1 09/27/13
Chk#: 3171 Amt: $65.00
ID: 4301104089

Tran Info:430157 18966051-2 09/27/13
Chk#: 3171 Amt: $20.00
ID: 4301104089

Board Use Only
License Number: 531-062371
Date of Licensure: 12-11-13

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.

Type or Print Only

INSTRUCTIONS

1. 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 $225.00 (33757)

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**
3. **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	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One):	Regular		Educ. Lmt.		Volunteer
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 59 - 01 D.P.M. 71-5316	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5316	☐	or	☐		
☒ 43 - 01 M.D. 71-5315	☒	or	☐	or	☐
☐ 61 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R.Ph. 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

STATUS:

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

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 1/31/2014 [redacted]

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

Signature: Martin D. Ruddock Jr. Date: 9-23-13

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
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

LARALPH-090 (07/11)

Tran Info=430137 18952343-1 09/23/13
Chk#: 3550 Amt: $20.00
ID: 4301104089

Tran Info=430137 18952343-2 09/23/13
Chk#: 3550 Amt: $65.00
ID: 4301104089

[redacted]
License Number: 5315-062812
Date of Issuance: 10-11-13

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.

Type or Print Only

INSTRUCTIONS

1. **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)

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**

3. **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	Middle Name	Last Name
MARTIN	Dennis	Ruddock

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One):	Regular		Educ. Lmt.		Volunteer
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐		
☑ 43 - 01 M.D. 71-5315	☑	or	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R.Ph. 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   ☐ Yes ☑ No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   ☐ Yes ☑ No

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 01/31/2014

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	Date
Martin D Ruddock MD	09-09-13

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.

File #131559
Attachment #3 14 of 29

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 18953723-1 09/23/13
Chk#: 3551 Amt: $45.00
ID: 4381104089

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: 12-11-13
Licensure Number: 4301104089

INSTRUCTIONS

1. 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.
2. 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

3. 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
- ☐ 61 - 01 D.O. 71-5101-38
- ☐ 29 - 01 D.D.S. 71-2901-38
- ☐ 59 - 01 D.P.M. 71-5901-38

STATUS:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	01/31/2014	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD — Signature
09-09-13 — Date

Please provide the address at which you want your license mailed. If you are an out-of-state or out-of-country applicant, please provide your current address.

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[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.

File #131559
Attachment #3 16 of 29

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 18966044-1 09/27/13
Chk#: 3172 Amt: $45.00
ID: 4301104089

[redacted]

Date of Licensure: 10-11-13

License Number: 5305 [illegible]

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

INSTRUCTIONS

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2. 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

3. 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):

- [X] 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:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1/31/2014	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD — Signature

9-23-13 — Date

[redacted]

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

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File #131559
Attachment #3 18 of 29

Ruddock, Martin Dennis
334464861
Drug Control - Location
October 04, 2013

no-update

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 18984966-1 10/04/13
Chk#: 1024 Amt: 145.00
ID: 4301104089

Date of Licensure: 10/2/13
License Number: 069393

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

INSTRUCTIONS

1. **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.**
2. **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

3. **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):

- [x] 43 - 01 M.D. 71-4301-38
- [ ] 61 - 01 D.O. 71-6101-38
- [ ] 29 - 01 D.D.S. 71-2901-38
- [ ] 59 - 01 D.P.M. 71-5901-38

RECEIVED
OCT 04 2013
DEPT. OF CIS

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   - [ ] Yes
   - [x] No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   - [ ] Yes
   - [x] No

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1/31/2014	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin Ruddock MD — Signature
10-01-2013 — Date

Please call the Board if any address and/or telephone number changes can be expected during this application.

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[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.

4301104089
Ruddock, Martin Dennis
334464861
CS - 3
October 23, 2013

Irma update
Fees $150 OK
$40 OK
$150 OK
$40 OK

~~APP ✓ FEE ✓~~
~~EDU ✓ CBC ✓~~
~~VERIF~~
~~OTHER~~

File #131559
Attachment #3 21 of 29

OWAS $150.00

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

LARALPH-090 (07/11)

Tran Info:430137 19024294-1 10/23/13
Chk#: 13933 Amt: $65.00
ID: 4301104089

Tran Info:430137 19024294-2 10/23/13
Chk#: 13933 Amt: $20.00
ID: 4301104089

Board Use Only
License Number 043319
Date of Licensure 1/31/14

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 manufacturers, 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

Type or Print Only

INSTRUCTIONS

1. CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - $65.00.
   If you already hold a professional license and your professional license expires in:

   0-12 months the fee is $65.00 (13757) 13-24 months the fee is $160.00 (23757) 25-36 months the fee is $235.00 (33757)

2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.

3. 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	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

	Regular		Educ Lmt		Volunteer
☐ 28 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 69 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐		
☑ 43 - 01 M.D. 71-5315	☑	or	☐	or	☐
☐ 51 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 53 - 02 R.Ph. 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   ☐ Yes ☑ No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   ☐ Yes ☑ No

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 1-31-14

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 D Ruddock MD

Date: 10-12-2013

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

File Exists Owes $150.00

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

LARALPH-090 (07/11)

Tran Info#-30137 19081951-1 11/26/13
Chk#: 13995 Amt: $85.00
ID: 4301104089

Tran Info#430157 19081951-3 11/26/13
Chk#: 13997 Amt: $20.00
ID: 4301104089

Board Use Only
License Number
Date of Licensure

Tran Info#430157 19081951-2 11/26/13
Chk#: 13996 Amt: $40.00
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

Type or Print Only

INSTRUCTIONS

1. 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)

2. M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.

3. Allow up to six weeks for your paper license to arrive.

Tran Info#430137 19081951-1 11/26/13
Chk#: 13995 Amt: $110.00
ID: 4301104089

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	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

TYPE OF PROFESSIONAL LICENSE

(Please Check One)	Regular		Educ Lmt		Volunteer
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐		
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐		
☑ 43 - 01 M.D. 71-5315	☑	or	☐	or	☐
☐ 61 - 01 D.O. 71-5315	☐	or	☐	or	☐
☐ 49 - 01 O.D. 71-5330	☐				
☐ 53 - 01 Pharmacy Store 71-5301	☐				
☐ 63 - 02 R.Ph. 71-5302	☐				
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐				

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
   ☐ Yes ☑ No

   If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?
   ☐ Yes ☑ No

Michigan Permanent I.D. Number (as shown on your pocket card): 4301104089

Expiration Date of License: 1-31-14

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 D Ruddock MD Date: 10-12-2013

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

owes $40.00

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-075 (04/11)

Tran Info:430138 19024237-1 10/23/13
Chk#: 13936 Amt: $45.00
ID: 4301104089

Board Use Only
Date of Licensure 1/3/14
License Number 063520

DRUG CONTROL ADDITIONAL LOCATION 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. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b,(d).

Type or Print Only

INSTRUCTIONS

1. ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
2. 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
3. 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:

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

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

Michigan Permanent I.D. Number	Expiration Date of License
4301104089	1-31-14

E-mail Address	Social Security Number
[redacted]	[redacted]

Street Address	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true

Martin D Ruddock MD — Signature

10-12-2013 — Date

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

File Exists owe $40.00

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-075 (04/11)

Chk#: 13996 Amt: $40.00
ID: 334464861

Board Use Only
Date of Licensure
License Number

DRUG CONTROL ADDITIONAL LOCATION 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. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR ADDITIONAL DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. All practitioners who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b,(d).

Type or Print Only

INSTRUCTIONS

1. ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
2. 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
3. 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:

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

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

Michigan Permanent I D Number	Expiration Date of License
4301104089	1-31-14

E-mail Address	Social Security Number
[redacted]	[redacted]

Street Address for Additional Location	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true

Martin D Ruddock MD 10-12-2013
Signature Date

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

owes 40.00

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 19024299-1 10/23/13
Chk#: 13937 Amt: $45.00
ID: 4301104089

Board Use Only
Date of Licensure 1/3/14
License Number 0 4332

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

INSTRUCTIONS

1. **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.**
2. **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

3. **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:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1-31-14	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD — Signature

10-12-2013 — Date

Please include below an address and telephone number where you can be reached concerning this application:

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP
[redacted]	[redacted]	[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 Americans with Disabilities Act, you may make your needs known to this agency.

File Exists Owes $40.00

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 19881966-1 11/1 /13
Chk#: 13997 Amt: $40.00
ID: 4301104089
Tran Info:430138 19884577-1 10 /1 /
Chk#: 13937 Amt: $45.00
ID: 4301104089

Board Use Only
Date of Licensure
License Number

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

INSTRUCTIONS

1. 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.
2. 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

3. 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:

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

Michigan Permanent I.D. Number	Expiration Date of License	Social Security Number
4301104089	1-31-14	[redacted]

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Martin D Ruddock MD 10-12-2013
Signature Date

Please indicate below an address and telephone number where you can be reached concerning this application

Street	Telephone Number
[redacted]	[redacted]

City	State	ZIP Code
[redacted]	[redacted]	[redacted]

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OWES $150.00

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

LARA/LPH-095 (04/11)

Tran Info:430137 19024295-1 10/23/13
Chk#: 13932 Amt: $65.00
ID: 4301104089

Board Use Only
License Number: 063302
Date of Licensure: 1/31/14

Tran Info:430137 19024295-2 10/23/13
Chk#: 13932 Amt: $20.00
ID: 4301104089

CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

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

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b.(d) YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL OR PHARMACY FACILITY LICENSE.

INSTRUCTIONS Type or Print Only

1. ADDRESS CHANGES FOR PRACTITIONERS: If your name and/or address changes please notify the Board in writing. To change a name or address, download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
2. FEES: If 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)
3. Allow six to eight weeks for your license to arrive.

Your check or money order drawn on a US 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)

☐ 29 - 01 DDS 71-5315 ☑ 43 - 01 MD 71-5315 ☐ 49 - 01 OD 71-5315
☐ 51 - 01 DO 71-5315 ☐ 59 - 01 DPM 71-5315 ☐ 69 - 01 DVM 71-5315

FOR LICENSED PROFESSIONAL PRACTITIONERS:

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

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	City	State	Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

Michigan Permanent ID/License Number	Expiration Date of License	Social Security Number
4301104089	1-31-14	[redacted]

TYPE OF PHARMACY FACILITY LICENSE: (Please Check One)

☐ 53 - 01 Retail Pharmacy operating automated device in skilled nursing facility 71-5315
☐ 53 - 01 Hospital Pharmacy Out-Patient Surgical Facility Only 71-5315

Please list below the information which appears on your PRIMARY FACILITY controlled substance license

Business Name	Michigan Permanent ID/License Number	Expiration Date of License
Women's Center of Flint	4301104089	1-31-14

Primary Street Address: G-3422 Flushing Road

City	State	Zip Code
Flint	MI	48504

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature: Martin D Ruddock MD Date: 10-12-2013

Please list below the address for the ADDITIONAL PHARMACY FACILITY controlled substance license

Business Name	Street Address
Women's Center of Saginaw	3141 Cabaret Trail

City	State	ZIP Code
Saginaw	MI	48603

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File Exists owes $150.00

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

LARA/LPH-095 (04/11)

Board Use Only
License Number
Date of Licensure

CONTROLLED SUBSTANCE ADDITIONAL LOCATION LICENSE APPLICATION

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

PLEASE NOTE: If you only prescribe controlled substances at more than one location, you only need one controlled substance license. A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. All pharmacies, practitioners, and veterinarians who dispense controlled substances in Schedules 2-5 must report this prescription data to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162b.(d) YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL OR PHARMACY FACILITY LICENSE.

INSTRUCTIONS Type or Print Only

1. ADDRESS CHANGES FOR PRACTITIONERS: If your name and/or address changes please notify the Board in writing. To change a name or address, download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes
2. FEES: If 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)
3. Allow six to eight weeks for your license to arrive.

Chk#: 13994 Amt: $110.00
ID: 4301104089

Your check or money order drawn on a US 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)

- ☐ 29 - 01 DDS 71-5315
- ☒ 43 - 01 MD 71-5315
- ☐ 49 - 01 OD 71-5315
- ☐ 51 - 01 DO 71-5315
- ☐ 59 - 01 DPM 71-5315
- ☐ 69 - 01 DVM 71-5315

FOR LICENSED PROFESSIONAL PRACTITIONERS:

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

First Name	Middle Name	Last Name
Martin	Dennis	Ruddock

Street	City	State	Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

Michigan Permanent I.D./License Number	Expiration Date of License	Social Security Number
4301104089	1-31-14	[redacted]

TYPE OF PHARMACY FACILITY LICENSE: (Please Check One)

- ☐ 53 - 01 Retail Pharmacy operating automated device in skilled nursing facility 71-5316
- ☐ 53 - 01 Hospital Pharmacy Out-Patient Surgical Facility Only 71-5316

Chk#: 13994 Amt: $40.00
ID: 4301104089

Please list below the information which appears on your PRIMARY FACILITY controlled substance license

Business Name	Michigan Permanent I.D./License Number	Expiration Date of License
Women's Center of Flint	4301104089	1-31-14

Primary Street Address	City	State	Zip Code
G-3422 Flushing Road	Flint	MI	48504

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature	Date
Martin D Ruddock MD	10-12-2013

Please list below the address for the ADDITIONAL PHARMACY FACILITY controlled substance license

Business Name	Street Address
Women's Center of Saginaw	3141 Cabaret Trail

City	State	ZIP Code
Saginaw	MI	48603

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ALLEGATION # 131559

ATTACHMENT # 4

NUMBER OF PAGES 1

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 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 Martin D Ruddock MD 3-15-00
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER	AMOUNT DUE	DATE DUE
35042867-R	$305.00 ~~$325~~	01/01/00

MARTIN DENNIS RUDDOCK,M.D.
[redacted]

33-32-8
#2548
$305
3/30/00

I wish to apply for Emeritus status: ☐

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

GYN GYNECOLOGY
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

:96969696 2: 093504286 7: :0000030500:

PRINTED ADDRESS IS DIFFERENT 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:
please see 2 pgs letter & attached

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?

Redacted
(Optional for purposes of identification)

ALLEGATION # 131559

ATTACHMENT # 5

NUMBER OF PAGES 8

Schrauben, Terri (LARA)

From:	Rodriguez, Judith <Judith.Rodriguez@med.state.oh.us>
Sent:	Friday, April 04, 2014 12:28 PM
To:	Schrauben, Terri (LARA)
Subject:	ruddock card.pdf
Attachments:	ruddock card.pdf

This message was sent securely using ZixCorp.

Ms. Schrauben:
This email is in response to your request for public information records of the State Medical Board of Ohio [Medical Board] seeking a copy of Dr. Martin Ruddock's 2000 renewal card and attached letter. The identifiable public records responsive to your request are attached. Should you have questions concerning this response, please contact me by mail at the address above or by phone at 614-466-4999.

Judy Rodriguez
Legal Secretary
State Medical Board of Ohio

This message was secured by ZixCorp(R).

File #43-131559
Attachment #5 - 1

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 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 Martin D Ruddock MD 3-15-00
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER	AMOUNT DUE	DATE DUE
35042867-R	~~$305.00~~ ~~$325~~	01/01/00

MARTIN DENNIS RUDDOCK,M.D.

[redacted]

33 32 $ 28 $ 305 3/30/00

I wish to apply for Emeritus status: ☐

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

GYN GYNECOLOGY
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

:9696969621: 0935042867 :0000030500:

File #43-131559
Attachment #5 - 2

File #43-131559
Attachment #5 - 2

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT 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:

Please see 2 page letter & details-attached

YES [X] 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 [X] 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 [X] 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 [X] 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?

YES [ ] NO [X] 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 [X] 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 [X] 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?

SOCIAL SECURITY NUMBER
(Optional for purposes of identification)

Martin D. Ruddock, M.D.
[redacted]

State Medical Board of Ohio
77 South High Street, 17th Floor
Columbus, OH 43266-0315

To Whom It May Concern,

The following concise but complete summary serves as my personal explanation for the YES answer to question number-1 on the reverse side of my Biennial License Renewal Application:

My identification number is 35042867-R. I have been privileged to hold a medical license in good standing in the State of Ohio since July, 1977.

In the summer of 1998, I was involved in a most unfortunate chain of events, summarized as follows:

(1)By profession, I am an obstetrician/gynecologist.

(2)During the month of July, 1998, a young male was observed smashing the right front passenger window from my late model automobile with a rock 3 inches in diameter. The assailant proceeded to take the rock and smash the electronics and dashboard, doing extensive damage to the interior of the car.

In addition, it was later noted that the individual stole my video camera and case, including the priceless and irreplaceable documentation of my 4-day visit to Disney World with my 3-1/2 year old daughter and wife.

The total cost of damages incurred exceeded $7,000.00

This incident occurred in broad day light, at about 2:30 p.m., with my car parked at the rear entrance of my medical/surgical facility on Shaker Blvd in Cleveland. Eye witnesses reported the young male performing the above acts, climbing the chain-link fence with the black camera bag, falling to the road and running from the scene into the surrounding neighborhood.

A police report was promptly filed with the Cleveland Police. Detectives searched the auto for prints, took photographs and filed a report.

No individual was ever apprehended for this crime.

NOTE: This is the 5th time my personal automobile has been damaged over the course of the past 15 years while parked at clinic facilities, with damages totalling nearly $20,000.00

This assault against my personal property and theft of something important, irreplaceable, priceless and dear to me made me exceedingly angry.

(3)With the window of my automobile smashed, glass everywhere and my car destroyed, I decided to drive the car to the dealership for immediate assessment and repair. My wife sat in the seat directly behind me.

(4)Approximately 5 miles from the clinic, we became involved in a most unfortunate incident with a full-size work van with dark smoked windows.

The van and a small pickup truck were involved in some sort of disagreement at a red light. I promptly passed the van, which aggressively pursued me for as yet unkown reasons. The driver and the front seat passenger blurted numerous expletives at myself and my wife, spat through the broken window into my car and threatened to kill me. The driver attempted to run me off the road over the curb and into a telephone pole. I simply maintained my position in the center lane of a five-lane roadway.

The van continued tp pursue me aggressively committing numerous traffic violations. I attempted to plug my cell phone into the electrical dash outlet to contact the police but was unsuccessful due to damage to the dash. In the process I lacerated my hand on the shattered glass fragments.

At the next intersection, the individual came within inches of my drivers side, again threatening me with bodily harm. He was positioned in a "non-existent lane" clearly marked with double yellow lines and cross hatched yellow lines as they continued to threaten me.

I continued to drive forward amidst the rather heavy traffic. The van driver proceeded through the oncoming turn lane and attempted to block my forward movement at the red light. The door on the passanger side began to open. Fearing an imminent attack I exited the car to insure the safety of

my wife. A brief altercation followed. I was assaulted by the white male in the front seat of the van. (He spit not only in my face but directly into my mouth. This act was unprovoked on my part.) I broke a window on the passenger side of the van, the dark smoked window behind the passenger door. The records indicate there were 4 aggressive, young males in this van, apparently three with criminal records including assault and battery.
The Police departments of Lyndhurst and Beachwood were on the scene within seconds.

I was arrested and charged with assault.
I promptly sought legal advice in this matter, with the firm of:
Zipkin, Fink, & Whiting Co., L.P.A.
Two Commerce Park Square, Suite 106
23220 Chagrin Blvd.
Beachwood, OH 44122 (216)-514-6400; Fax (216)-514-6406
I was represented in the legal proceedings by Lewis Zipkin and William P. Campbell.

On the advice of my attorneys, I decided to plead guilty to misdemeanor assault, 5th degree. I chose this course of action to avoid any adverse publicity which a trial may have created. This seemed to be the prudent course to follow to minimize any negative impact on my practice. The facts in this case clearly substantiate the following findings:
(a)There were no injuries to any individuals involved in this incident, except a few minor superficial laceration.
(b)No medical care was sought by any of the individuals involved in this altercation.
(c)No individual suffered any short-term or long-term sequelae from this incident.
(d)Restitution on my part was prompt and complete.
(e)No jail time was ordered by the Judge. One year probation was ordered by the judge.

The probation period extended from October, 1998 through October, 1999.
My probation officer in the Probation Department of the Court of Common Pleas was:
Mr. Miguel A Quinones
Marion Building, 6th floor,
1276 West Third Street
Cleveland, OH 44113 (216)-443-5537 Fax(216)-443-5390
Probation attendance and completion of all required tasks was perfect. I was released from probation in October, 1999.

Following this incident, I sought professional evaluation to understand my uncharacteristic response under these very trying circumstances. I spoke professionally with a psychiatrist over the next 6 weeks to further explore this incident and to insure that nothing like this would ever happen again. After this series of discussion and counseling it was decided that no further professional advice was needed.

My attorney recently notified me that with no prior record this minor offense should unquestionably be expunged. I am not elegible to apply for expungement until one year after my final discharge from probation. My attorney expect this will occur in October/November, 2000. I will send to the Medical Board the letter documenting this expected expungement upon receipt from the Court.

I deeply regret my involvement in this unfortunate chain of events. As I stand back from the event I wish I would have responded to being assaulted in a more reserved manner. However, I did respond to defend myself. I am glad no one was injured. My wife and I are glad this incident is behind us. This event, other than being rather costly and very stressful to my family and myself, had no influence whatsoever on my medical surgical specialized gynecological practice. It had no impact whatosever on my medical career. No staff member or patient is aware of this event. No individual outside the involved parties, the law enforcement officers, the court officials, the professional counselors and my family are aware that this incident took place.
I certainly hope this minor offense has no bearing on my medical licensure. I have held this license in good standing for nearly 23 years. I have an unblemished medical record. Other than traffic related matters, I have never been involved with the legal justice system for any matter whatsoever.

I am the sole provider and owner in a well-established and important medical/surgical facility in Cleveland. I have the full support of medical professionals in the community in which I practice. I am the sole provider of financial support to my wife, my daughter, and the 15 employees who

work with me to provide state-of-the-art medical services at our outpatient facility. I look forward to my continued unblemished medical license provided by the State Medical Board of Ohio.

This letter provides you with my written authorization to speak to either William Campbell and/or Miguel Quinones about this unfortunate matter. I am glad this matter is behind me so that I can focus on my important responsibilities as father, husband, physician and medical researcher. Thank you for your understanding in this matter.

Sincerely yours,

Martin D. Ruddock, MD

Martin D. Ruddock, MD
March 15th, 2000
[redacted]

Schrauben, Terri (LARA)

From:	Schrauben, Terri (LARA)
Sent:	Thursday, March 20, 2014 4:14 PM
To:	'david.katko@med.state.oh.us'
Subject:	Ruddock, Martin, DDS

Mr. David Katko:

Please consider this a Public Record Request for a copy of the above-mentioned Licensee's 2000 Renewal Card (signed by Dr. Ruddock on 3/15/00) and the 2 page letter with details attached in which the Licensee answered "Yes" to the question asked: 1.) 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?

Your assistance is greatly appreciated.
Thank you.

Terri Schrauben, Dept. Analyst
Allegation Section, Enforcement Division
Bureau of Health Care Services
Department of Licensing & Regulatory Affairs
(517) 335-4334 – phone
(517) 241-2389 – fax
schraubent@michigan.gov

File #43-131559
Attachment #5 - 7

LICENSEE: Ruddock, Martin

"DUMMY FILE" CONTACT LOG

DATE	ACTION
3-19-14	Per SJ, contact the Ohio Board to obtain
	a copy of the attachment referred to on
	application. Yes V'd re. Quest. #1.
	w/ notation: Please see 2pg letter & details
	attached.
3-20-14	(614) 466-3934 Ohio Board of Medicine.
	Spoke w/ Kay Supervisor over
	applications. She advised she would
	pull the application card + have
	Dave Katko return my call. She
	isn't sure whether that info is public
	record.
3-20-14	David Katko ret'd my call + asked me
	to send an email requesting a Public
	Record Request for Dr. Ruddock's 2000
	Renewal Card + attachments. E
	Email sent on 3-20-14 to david.katko@
	med.state.oh.us. this direct dial # is
	(614) 466-9255

ALLEGATION # 131559

ATTACHMENT # 6

NUMBER OF PAGES 2

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

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

File #43-131559
Attachment #6 - 1

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

SIGNATURE CERTIFICATION

First Name	Middle Name	Last Name
MARTIN	DENNIS	RUDDOCK
U.S. Social Security Number	Date of Birth	Daytime Phone Number
[redacted]	[redacted]	[redacted]
Profession	License Type	
M.D. (OB-GYN)	MEDICAL LICENSE DOCTOR OF MEDICINE	

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.

Signature of Applicant	Date
Martin D Ruddock MD	06-18-2013

Sign in the signature block and mail this page to:

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing MI 48909

ALLEGATION # 131559

ATTACHMENT # 7

NUMBER OF PAGES 1

CHAT : Search Results

Search Results - Detail

Data Searched on:
Last Name: RUDDOCK **First Name: MARTIN** **Middle Initial: D** **DOB:** [redacted] **Race: Unknown/Other** **Sex: Male**

More Criteria: **Warrant Found:**

Based on the information provided, the following is a certified result of the search as of 2/13/2014 9:33 AM

A search of Michigan's Criminal History File has not located a criminal record meeting dissemination criteria that exactly matches the information you have provided. No record has been found that matches on first name, last name, sex, and year of birth. Since arrests, convictions or criminal record deletions may occur at any time, do not use this information for future clearances.