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



ATTORNEY GENERAL LICENSING AND RESULATION DIVISION

JAN 15 2015

RECEIVED

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

leffrey 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
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

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

COUNTI

Respondent neither admits nor denies the remaining allegations for 10. 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., 181559/ 2014-0081547-B/ Adm Complaint



STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

BUREAU OF HEALTH CARE SERVICES INVESTIGATION SECTION

INVESTIGATION REPORT

4 3-131559	
File No.	
Martin D. Ruddock, M.D.	
Case Name	
Robert Regan A 6/	6/14
Investigator/Initial	Date
Temos Sheet 6/4	1/2014
Manager Approval	Date
The Alar - 6-11-20,	14
Investigation Director Approval	Date

RECOMMENDATION

₩ Enforcement Unit

F Expert Review

Returned Without Investigation

F 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 was interviewed on March 31, 2014. 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.

Case Name: Martin D. Ruddock, M.D. File #43-131.559

Page 2 of 2

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

- 2. Signature, 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.
- 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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Case: Martin Dennis Ruddock, MD

File #43-131559

COMPLAINANT INTERVIEW -

Address:

COLUMN TO THE CO

Telephone #:

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

Saginaw at a location where the previous physician had retired. She did not know any specific days, patients, procedures or medications dispensed or administered.

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.

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

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

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.

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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Case: Martin D. Ruddock, M.D.

File #43-131559

WITNESS INTERVIEW -

Address:

Telephone #:

THE PERSON NAMED IN

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

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

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. Stated the letter of resignation from Dr. Ruddock was not dated. She could only send the last page of his resignation letter.

Witness Interview – Shelly Miller File #43-131559 Page 2 of 2

Prior to working at Scotsdale, 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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.docx

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Case: Martin D. Ruddock, M.D.

File #43-131559

LICENSEE INTERVIEW

Address:

Telephone #:

4301-104089

Identified By:

Professional #:

Ohio Driver's License (RD 130910)

Interview Date: April 22, 2014

Location of Interview: HID, Detroit Office

Also Present:

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 Dr. Ruddock said they completed both applications together and he immediately. 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 3-31/2 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 # ____/S/559

ATTACHMENT #_____/

NUMBER OF PAGES ____//

Travis, Linda (LARA)

From:

Johnson, Sherri (LARA)

Sent:

Monday, January 27, 2014 12:33 PM

To:

Travis, Linda (LARA)

Subject: Attachments: FW: Martin Ruddock allegation/complaint part 1

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:

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



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, 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."

response to the Ohio Board of Nursing was as follows (via her email address

"Please extend my prescriptive authority. I OVERLOOKED the very important issue of when it explred!!! 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!! will take care of this first thing Monday morning!!!"

On April 2, 2003, the Ohio Board of Nursing sent another memorandum to

"...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, faxed a form to the Board: "Here is a faxed copy. The Original and signature will follow in the mail."

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 light was externable 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

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. Martin Ruddock, defendant Civil suit, disposition by jury trial, 11-21-1988. vs. Ruddock - Judgment Lien, filed 2-25-1991. vs. Ruddock - civil case sues Martin Ruddock and Center for Choice II. Filed 3-31-1997. Malpractice lawsuit from botched abortion on Jan. 5, 1996. R sues Martin Ruddock and "Center for Choice II" after sustaining injuries from a bolched abortion Ruddock performed. vs. Martin Ruddock - Judgment Lien, Ruddock owes \$2535.00 - filed 7-28-1999. s. 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. vs. Center for Women's Health - medical malpractice suit - Dismissed without prejudice 12-11-1998. vs._Center for Women's Health and Martin Ruddock - Medical maipractice suit - dismissed with prejudice - Court costs assessed to defendants including Center for Women's Health and Martin Ruddock. Prayer amount \$1,000,000. Disposition 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. ! . . . 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. vs. Center for Women's Health Inc. and defendant Martin Ruddock - Medical malpractice suit - Prayer amount: \$25,000 - Dismissed without prejudice 4-25-2005. vs. Center for Women's Health and defendant Martin Ruddock - Case No.: CV-05-580079 7-3-2006. Medical malpractice suit - Dismissed with prejudice 9-25-2008.

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.

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.

Atlegation #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 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,

Travis, Linda (LARA)

From: Sent:

Johnson, Sherri (LARA)

To:

Monday, January 27, 2014 12:33 PM

Subject Attachments:

Travis, Linda (LARA)
FW: Martin Ruddock allegation/complaint part 2
RUDDOCK_ILLINOIS_APPS_best.pdf; RUDDOCK_MI_APPS2.pdf;
ruddock_ohlo_apps_page_9.pdf; RUDDOCK_OHIO_APPS_TOTAL.pdf

Part 2

From: 🖚 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.

Travis, Linda (LARA)

From:

Sent: To:

Johnson, Sherri (LARA) Monday, January 27, 2014 12:34 PM

Subject: Attachments: Travis, Linda (LARA) FW: Martin Ruddock allegation/complaint part 3

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 Chio Closes Down Thanks to Late-term Abortion Ban _ LifeNews.pdf; Article-Toledo, Ohio Abortion Clinic Closes After Breaking Health, Safety Laws _ LifeNews.pdf; Article- Toledo, Ohio Abortion Clinic Closes After Breaking Health, Safety Laws _ LifeNews.pdf;

pertin_case_total.pdf; Pertin-vs.-Center-for-Womens-Health-Jul-3-20061.pdf

Part 3

From:

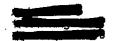
Sent: Monday, January 20, 2014 11:00 PM

To: Johnson, Sherri (LARA)

Subject: Martin Ruddock allegation/complaint part 3

Additional stipporting documents are attached.

Thank you for your time.



1 :

Travis, Linda (LARA)

1 :

From:

Sent:

To:

Subject: Attachments:

Johnson, Sherri (LARA)
Monday, January 27, 2014 12:34 PM
Travis, Linda (LARA)
FW: Martin Ruddock allegation/complaint part 4 LAST
911 Call- Bloody Botched Aborton 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

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.



Michigan Department of Licensing and Regulatory Alia Board of Pharmacy	
P.O. Box 30670	
Lensing, MI 48909	
	Tran Info:430538 18855934-1 08/19/13
(517) 335-0818	Childre 1046 Austr \$45,00.
	ID: 4301104089
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Michigan Department of Licensing and Regulatory Affairs LARALPHORD (07/11) Board of Pharmacy P.O. Box 30670 Lansing, MI 48909 Iran Info:430137 18861129-1 08/12/43 (517) 335-0918 way michigan gov/nealthiloense Chilli 1045 · Anti \$65.00 · Id: 4301104089 CONTROLLED SUBSTANCE LICENSE APPLICATION Amountly, Profile Act 3550 of 1978, so approximate from the processor and the profile of the pro A composed substance icense is required for every posson who manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigae as described in Article 7 of Public Act 388 of 1978, as amended. Tran Info:430157 18861129-2 09/12/43 Chief: 1045 Art: \$20.00 ID: 4301104089 A separate communicat substance (conseleraquirad for each business location from which you presurfacture, distribute, or dispense compiled substances. If you only prescribe controlled substances of more than one location, you only need one controlled substance license. Information on outsiming efficient controlled substance is a new be obtained by contenting the Regional Ereach, Doug Enterement Administration 431 Howard Street, Debrid, Michigae 48228 (tolophone: 800-862-8599). The Michigae Eleval of Pharmacy is unable to answer conscious about the federal lossesing process. Type or Print Only INSTRUCTIONS . 1. CONTROLLED SUBSTANCE FEE: Initial (Inst line) professional Rueins of Full censure of your professional Rueins - \$85,000. If you stready hold a professional floorise and your professional floorise expires in: 13-24 mondies the fee is \$160.00 (23767) 26-36 mondies the fee is \$246.00 (33767) 17-12 months the fee b \$25.00 (13/67) 2. M.D.D.O. Applicants: This application may not be used for physician methodone programs. Please request an application for line Physician Maliadone Program. ~ 3. Allow up to an weeks for your paper license to anive. Year thack of money and a fraver on a U.S financial institution and made payable to the STATEOF HICH GAN must accompany this application.
DIG NOT SEND CASH. Financia deposited upon receipt and can only be refunded under refund miss premaingular by the Department. 7IP Code TYPE OF PROFESSIONAL LICENSE STATUS: 1. Have you overhaid any health professional license Please Check Onel: Volumen Frier 1 mi. Regular limited, suspended, revoked, depled, or surendered? ロ 29- H D.D.S. 71-5315 AC NO п ωť ☐ 59-01 D.P.M. 71-5315 П ll'Yes, pieces explain on esperate chest. ☐ 69-01 D.V.M. 71-5315 2. Is your current professional license limited as a result 43-01 M.D. 71-5315 of Board disciplinary action? D 51-01 D.D. 71-6316 Œ . 묘 13 49-01 O.D. 75-5320 pan Pormanent L.D. Number (es shown on your pocket card) 53 - or Pherapecy Slore 71-5301 ij. 口 53-02 R.Ph. 71-5302 디 타는 DE Marad Minchesaler 71-5305 디 om applying for a controlled substance George is Michigan and cuilly had the statements and information above are true; 08-05-2013 The Decement of Liceraty and Regulatory Afferswift and escilatoras against any individual or group bacauss of race, sac, religion, age, national origin, critic, mental status, deathly or political beliefs. If you need essistance with reacting, writing, bearing, atc., under the American's With Dischtlibes Act., you may make your mosts known to sink agency.

State Medical Board of Ohio

30 E. Broszi Street, 3rd Piour * Columbus, OH 43215-6127 * (614) 466-3934 * Websile: 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



Date of Birth: Place of Birth:

School of Graduation: Date of Graduation:

Washington University School of Medicine

License Information

Type of License:

License Number:

How Issued:

Original Licensure Date: Expiration Date:

Status:

Doctor of Medicine

35, 042867 NBME ·

05/20/77

11/13/1978 04/01/2014

ACTIVE

Formal Disciplinary Action: No

Interim Executive Director

File #131559 Attachment #1 9 of 11

TECENTEL ARA

B

COMMORWEALTH OF PENNEYLVANIA

DEPARTMENT OF STATE

BUREAU OF PROPESSIONAL AND OCCUPATIONAL AFFAIRE

P. O. Box 2649

Harrisburg, PA 17105-2849

www.dos.state.ds.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: MDD51881L
ORIGINAL LICENSURE DATE: 01/11/1994

EXPIRATION DATE: 12/31/1894

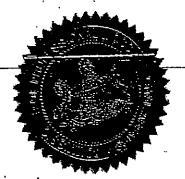
STATUS: inactive

The ficense is in $\underline{\text{good sizuding}}$ and the records indicate $\underline{\text{no}}$ denogatory information.

Kate Twe

Commissioner

Bureau of Professional and Occupational Affairs



DETACH HERE AND RENIT THE STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, DHIO 43285 - U315 CERTIFICATION I CERTIFY, UNDER PENALTY OF USES OF WIT RAPIT TO PRACTICE IN THE STATE OF OHIO, THAT I MAYE COMPLETED ON FURSE OF CONTINUING MEDICAL ASSOCIATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE REPORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT. **Maximal Plus AND CONTINUING MEDICAL ASSOCIATION (SIGNATURE OF APPLICANT) (DATE)	
AMOUNT DUE 35042867-R \$305.00 01/01/00 MARTIN DENNIS RUDDOCK, M. D.	COUNTY PRODUCT OF STATE
ADDRESS MUST BE ENTERED AT EACH RENBWAL Street Cult THE SINCE SHOWN ON FRONT. THIS ADDRESS MUST BE ENTERED AT EACH RENBWAL Street Cult THE SINCE SHOWN OF LACH RENBWAL ANY TIME SINCE SHOWING YOUR LAST APPLICATION FOR BENEWAL OF YOUR CERTIFICATE HAVE YOU! YES NO 1.) Been found guilly of, or pled guilty or no of confest to a federal or state law regulating the possession, distribution or use of any of drug? X 2.) Been saidcred to or dependent upon the possession, distribution or use of any or abuse? You may answer 'no" to this our abuse? You may answer 'no" to this question if you have successfully completed the board and have abusequently adhered to all statutory requirements as onlained in sections 4731.224 and 4731.22 O.R.C., and reliated provisions, or you are currently all statutory requirements as onlained in sections 4731.224 and 4731.22 O.R.C., and reliated provisions, or you are currently reliated provisions, or you are currently annited in a hour any conserver.	YES NO WES NO Tringfacted to the board exproved program. Any questions concerning approval can be directed to the board offices. A. I Had malpractice insurance cancelled premiums? A. I Had malpractice insurance cancelled premiums? A. Been notified by any board, bureau, despartment, agency, or other body including those in Ohlo, other than this board, of any invasigation concerning you, or any charges, allegations or completing those in Ohlo, other than this board, of any invasigation concerning you, or any charges, allegations or completing filed against you? WES NO In any jurisdiction: a) A license to practice madicine, Ohl D, Stefe or federal privileges or other authority to practice supparaded, restricted or revoked for reasons other than failure to maintain records or effect a steff maetings?

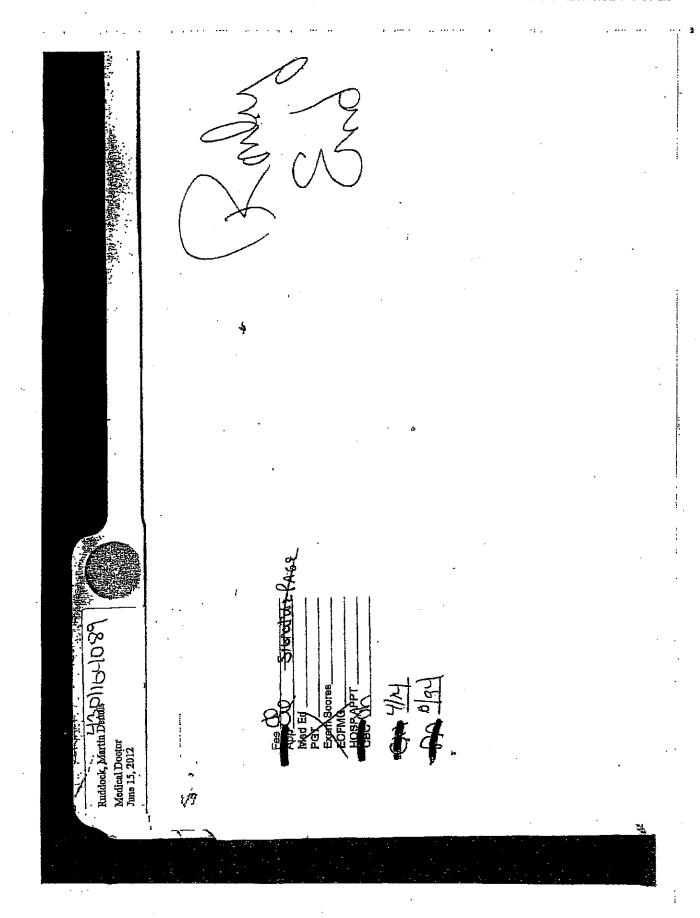
ALLEGATION # 13/559

ATTACHMENT # 2

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NUMBER OF PAGES 29



File #131559 Attachment #3 1 of 29

ONLINE APPLICA	ARTMENT OF LICENSING AND ATION FOR A MEDICAL DOCTO	OR	Amount Paid - \$150.00 Date Paid - 06/15/2012
OBTAINED BY W	/EB ENDORSEMENT >= 10 YEA	RS License#	104089
,		License #	
•		Issue Date	7/18/13
FIRST NAME:	MIDDLE NAME:	LAST NAME:	SUFFIX:
Martin	Dennis .	. Ruddock	
SSN:	DATE OF BIRTH:	DAYTIME TELEPHO	NE NUMBER:
,			
License Address -		Email Address - 1	
	United States	. 16	
APPLICATION QU	ESTIONS		
Have you been convicted	of a felony?		и
Have you been convicted	of a misdemeanor punishable by imprisor	ment for a maximum term of 2 years?	N
	of a misdemeanor involving the illegal de luding motor vehicle violations)?	livery, possession or use of alcohol or	a N
Bave you been censured staff privileges involunta	or requested to withdraw from a health car rily modified?	e facility's staff or had your health care	facility N
Have you been treated for	r substance abuse in the past 2 years?		N
Have you had 3 or more	malpractice settlements, awards or judgme	nts in any consecutive 5 year period?	N
Have you had one or mor consecutive 5 year period	N		
Have you had a federal or been denied a license; or	r state health professional or registration re currently have disciplinary action pending	voked, suspended or otherwise discipl against you?	ined; N
Have you been denied the	privilege of taking an examination by any	state medical board?	И
If you have held a perman license.	nent license in another state, list the state's	in which you hold or have held a media	cine Ohio; Pennsylvania inactive
If you ever held a health p Number) and Expiration (professional license in Michigan, please pr date	ovide the Permanent ID Number (Lice	nse never held license in MI
List all provious names u	ed		Martin Dennis Ruddock
EDUCATION		DATE DATE	
School Name		FROM TO	•
Washington University St. Louis, MO	School of Medicine	05/01/1973 05/01/1977	

Page 1 of 1 6/18/2012

Jennifer M. Granholm Governor

STATE OF MICHGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING
SIGNATURE CERTIFICATION

First Name	Middle Name		Lant Negne			
MARTIN	DENNIS	·	KUDDOCK			
U.S, Social Security Number	Date of Ridh		Daylime Phone Number			
Profession M.D\08-6\1	v)	MEDICAL	LICENSE	DOCTOR OF . MEDICINE		
I understand that it is the policy pre-licensure screening proces application to obtain a crimina the Michigan Department of organizations. I further condisciplinary investigations comboard of this or any other stands another country. The statem information that might affect application, I am aware that a my application or revocation of	ss. I authorize thi I conviction history State Police or o sent to the release ducted by a simila ate, of the united ents in this applic the decision to false statement of	is agency to use file search from the read entire interesting in the search from the search file search from the search from t	ise the information on the Central Recrement or judicial ion to this agency egistration, or special of the federal goand correct. I have this application, swer may be groun	provided in this ords Division of record-keeping regarding any alty certification vernment, or of ve not withheld in signing this dis for denial of		
Signature of Applicant Martin Due	SURRIND	Date 06	-18-2013		X	
Sign in the signature block and	mail this page to:		_			
Michigan Department of Comm Bureau of Health Professions P.O. Box 30670 Lansing MI 48909	nunity Health	·				

Clark, Lucinda (LARA)

Front: Sent: aliasresponse@michigan.gov 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.

W

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

Date of Birth: Place of Birth:

School of Graduation: Date of Graduation:

Washington University School of Medicine

05/20/77

License Information

Type of License:

Doctor of Medicine

License Number:

35. 042867

How Issued:

NBME 11/13/1978

Original Licensure Date:

04/01/2014

Expiration Date:

Status:

ACTIVE

Formal Disciplinary Action: No

Interim Executive Director

ARA SALE REL

N

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Hartisburg, 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:

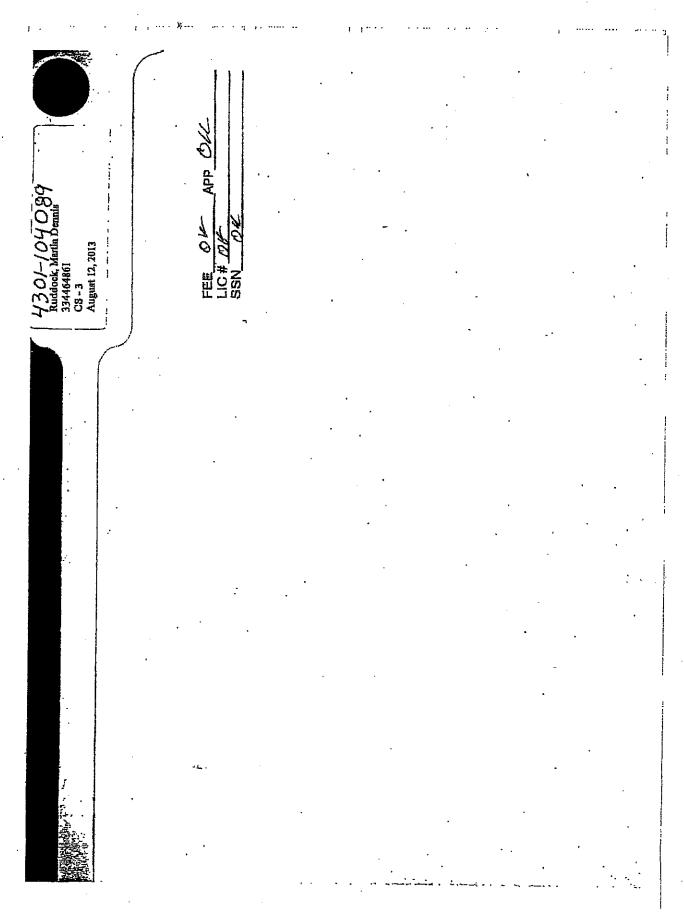
Inactive

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



Commissioner

Bureau of Professional and Occupational Affairs



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Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy
P.O. Box 30670

Lensing, MI 48909 (517) 335-0918 www.michigan.gov/healthlicense

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 268 of 1978, as amended If this form is not completed, a license will not be lessed.

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 386 of 1978, as amended.

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

Information on whishing effects alrombolic Userbalance license may be obtained by contenting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Debott, Michigae 48226 (telephone: 800-882-9539). The Michigae Board of Pharmacy is unable to enswer questions about the faderal financing process.

LARA	PH-090 (07/11)	
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	Tran Info=430157 18961129-2 Chk#: 1045 Ast: \$20.00 ID: 4301104089	08/12/
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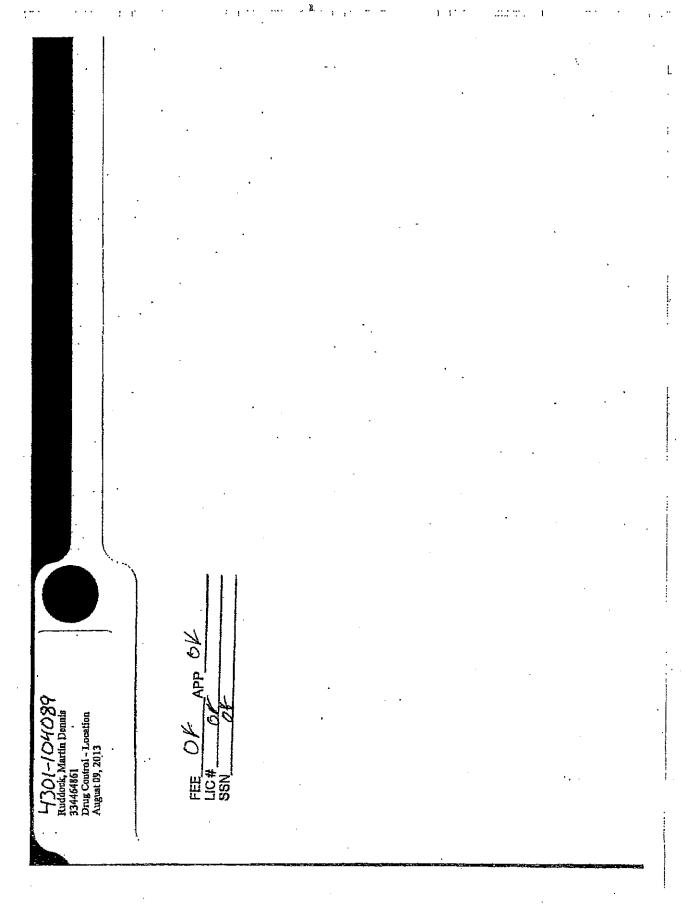
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if you already hold a professional lic	enae and your professional license exper	is in:
<u> </u>	•	
0-12 months the fee is \$85,00 (13/57)	13-24 months the fee is \$160,00 (23757)	25-35 months the fee is \$235.00 (33757)

- M.D./D.O. Applicants: This application may not be used for physician mathedone programs. Please request an application for the Physician Methedone Program.
- 3. Allow up to six weeks for your paper ficense to entire.

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 one deposited upon receipt and can only be refunded under refund rules promotigated by the Department.

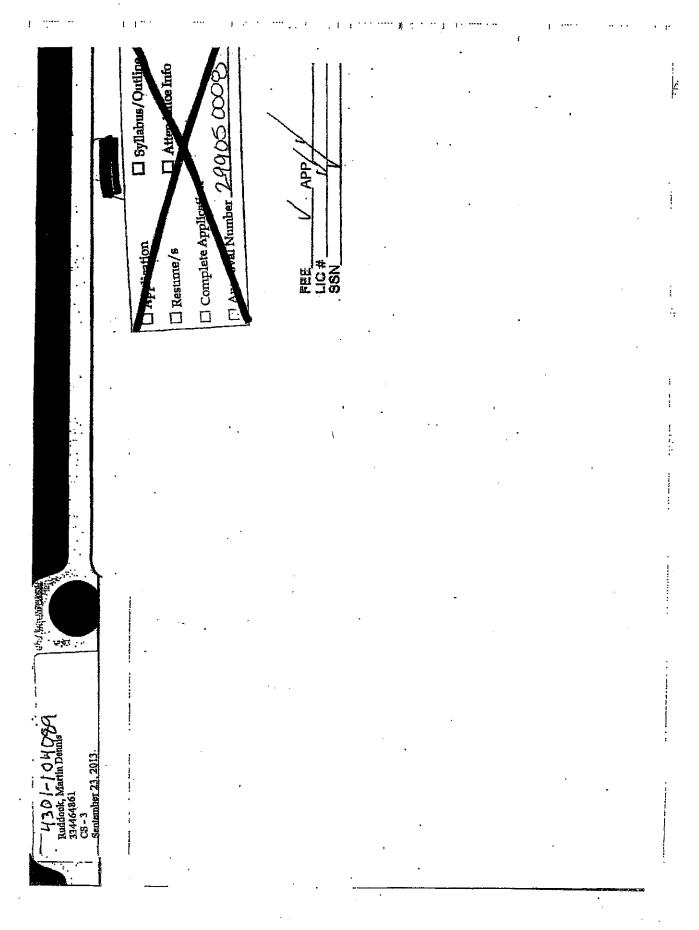
FIRST NEEDS M ACTIN			Michelio	Name	Deni	MIS Lest Name RUDGOCK
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The Department of Licensing and Regulatory Affeirs will not discriminate against any individual or group because of rice, sex, religion, age, nedional origin, color, maited status, disability or political beliefs. If you need assistance with reading, writing, treating, etc., under the American's with Clasbilities Act, you may make your needs known to this agency.



LARA/LPH-070 (04/11) Michigan Department of Licensing and Regulatory Affairs **Board of Pharmacy** P.O. Box 30670 Lansing, Mi 48909 (517) 335-0918 Tran Info:430138 18855934-1 08/69/13 (364; 1046 Amt: \$45.00 ID: 4301104089 DRUG CONTROL LICENSE APPLICATION Authority: Public Act 958 of 1978, an emended if this form is not completed, a license will not be lesued. A drug control license must be obtained by all licensed medical doctors, doctors of esterpublic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug coming license is not necessary if the dispensing involves only the issuance of complimentary states 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 iconse will expire with your current professional iconse. 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 returnd rules promidigated by the Department. TYPE OF PROFESSIONAL LICENSE STATUS: (Please Check One): 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? 43 - 01 M.D. 71-4301-38 No 51 - 01 D.O. 71-5101-38 if Yes, please explain on separate sheet. 29 - 01 D.D.S. 71-2901-38 2. Is your current professional license limited as a result 59 - 01 D.P.M. 71-5901-38 of Board disciplinary action? No properties Date of Liceose First Name Middle Nemu Machigan and submit that the statements and information above are true. 08-05-2013 Date में भक्षतंत्र प्राप्तान्यम् यस्य । जा १००० स्वतः वृत्र वृत्र प्राप्तान्त्र । तस्य Street Telaphona Numbe City State ZIP Code

The Department of Licensing and Requistory Affairs will not discriminate against any individual or group because of tace, sax, religion, age, national origin, culor, manifel status, disability or political ballets. If you need assistance with reading, whiting, hearing, etc., under the American's with Obserbildes Act, you 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/nealth/censo

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority Public Act Sen of 1878, an emanded trick form is not completed, a freeze will not be issued.

A controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispenses any centrolled substance in Michigan as described in Article 7 of Public Act 358 of 1878, as amended.

A separate controlled substance license is required for each business to cation 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, Michigae 48228 (telephone: 800-832-9539). The Michigae Board of Phermacy is unable to answer quasilions about the federal licensing process.

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- 0-12 months the fee is \$85.00 (13757) 13-24 months (he fee is \$160.00 (23757) 25-35 months the fee is \$235.00 (33757)
- M.D./D.O. Appăcanis: This application may not be used for physician mathedone programa. Picase request an application for the Physician Methedone Program.
- Allow up to six weeks for your paper license to entire.

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

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□ 53-02	R.Ph. 71-5302						4301104081
□ 53-06	Mantef./Wholesaler 71-530	16 🛮					U31/10/4
am applying for a controlled substance license in Michigan and certify that the statements and information above are true.							
Signature	action /	an		Car	9	mo	Date 9.23.13

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

Michigan Department of Licensing and Regulatory Affairs
Board of Pharmacy

P.O. Box 30570 Lansing, MI 48909 (517) 335-0918 www.michipan.gov/healthicense

CONTROLLED SUBSTANCE LICENSE APPLICATION

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A controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispanses any controlled substance in Michigan as described in Article 7 of Public Act 358 of 1978, as amended,

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Information corollatining affectarial controlled substance license may be obtained by contenting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Debott, Michigan 48226 (telaphone: 800-882-9539). The Michigan Board of Pharmacy is unable to ensiver questions about the federal licensing process.

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3. Allow up to six weeks for your paper	Regnse	to e	nive.			•		
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57 43 - 01 M.D. 71-5315	'₽'	Œ.	0	GT.	C	2. Is your current professional license limited as a result of Board disciplinary action?		
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□ 53-82 R.Ph. 71-5302						130104084 Explosion Deta of License Social Security Number		
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l am applying for a controlled substance	Hoense	la M	Echigan	क्यार्थ	certify that I	ne statements and information above are true.		
Signature	/	. /	7			Date C. C. C.		

What was a superior of Licensing and Regulatory Affeirs with not discriminate against any individual or group because of race, sax, religion, ego, national origin, color, market status, disability or publical 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

LARA/LPH-070 (04/11) Michigan Department of Licensing and Regulatory Affairs Board of Pharmacy P.O. Box 30670 Lansing, MI 48909 (517) 335-0918 w.nichigen.gov/healthlicense Tran Info:430138 18953725-1 09/23/13 DM: 3551 Mt: \$45.00 ID: 4381104089 DRUG CONTROL LICENSE APPLICATION Authority: Public Act 358 of 1978, as amended if this from is not completed, a Itemse will not be issued. A drug control license must be obtained by all licensed medical doctors, doctors of osteopethic medicine, podenic medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of predice. A daug control ficense is not necessary if the dispunsing knowes only the issuence 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 DETAINED 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 acense will be issued to the address on the 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 25-35 months the fee is \$85.00 3. Allow up to six weeks for your paper ficense 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 STATUS: 貴 22 7 11 二 (Please Check One): 1. Have you over had any health professional license Brilled, suspended, revoked, denied, or surrendered? 43-01 M.D. 71-4301-38 51 - 81 D.O. 71-5101-38 If Yes, please explain on separate sheet. 29 - 01 D.D.S. 71-2901-39 2. Is your current professional license limited as a result 59 - 01 D.P.M. 71-5901-38 of Board disciplinary action? \Box □ Yes No ned LD. Number xpiration Date of License for a pirity control license in Michigap and auturit that the statements and inform Signature Date 'alechane Numbe ΖP

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

File #131559 Attachment #3 16 of 29

LARA/LPH-070 (04/11) Michigan Department of Licensing and Regulatory Affairs **Board of Pharmacy** P.O. Box 30570 Lansing, MI 48909 (517) 335-0918 www.nichipen.gov/neabhicense Tran Info:430138 18966044-1 09/27/13 Chidl: 3172 Aut: 145.00 DRUG CONTROL LICENSE APPLICATION ID: 4301104089 Authority: Public Act 953 of 1978, as amended If D15 form is recomposed, a loanes will not be because A drug control license must be abinized by all Roenzed medical doctors, ductors of exterpolitic medicine, podistric medicine and deptists WHO ROLITINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary I the dispensing involves only the issuance of complimentary states does drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE. Type or Print Only INSTRUCTIONS 1. DO NOT SUBLIT THIS APPLICATION AND FEE UNTIL YOU HAVE OBTAINED YOUR LICENSE NUMBER FROM YOUR PROFESSIONAL BOARD. If your Resides address that changed since you applied for professional Boards, contact your board immediately for an address change form. This drug control license will be issued to the address on the with the Board, Your Drug Control Scense will expire with your current professional Scense. If your professional Scense 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 Above 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 MICHGAN must accompany this application. DO NOT SENIO CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department. TYPE OF PROFESSIONAL LICENSE STATUS: (Please Check One): 1. Have you ever had any health professional iconse Smiled, suspended, revoked, denied, or susrendered? 43-01 M.D. 71-4301-38 51-01 D.O. 71-8101-38 If Yex, please explain on separate sheet. 29-01 D.D.S. 71-2901-38 2. Is your current professional iconse limited as a result 59-01 D.P.M. 71-5901-38 п of Board disciplinary action? Cobretion Dete of License ican Permanent i.D. No Chy ZIP Code

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

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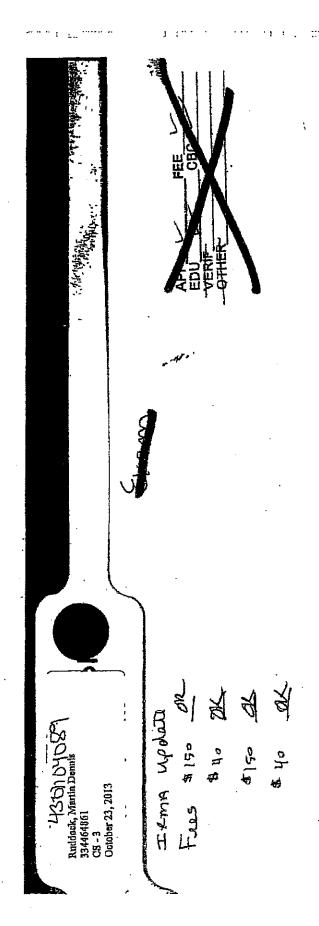
Attachment #3 18 of 29

Ruddook, Martin Dennis 334464861 H2OI 104 089 Drug Control - Location October 94, 2013

> File #131559 Attachment #3 19 of 29

Michigan Department of Licensing and Regulatory Board of Pharmacy P.O. Box 30670 Lansing, MI 48909 (517) 335-0918 www.michigan.gov/heathicense	Affairs LARALPH-070 (04/11)
DRUG CONTROL LICENSE APPLICATION Activity: Public act sells of 1978, as amended if this form is make completed, a license will not be issued.	Tran Info:430138 18984966-1 10/04/1 Chk#: 1024 Aut: \$45.00 ID: 4301104029
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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 pa DO NOT SEND CASH. Fees are deposited upon receipt and can only be re	yable to the STATE OF MICHIGAN must accompany this application. funded under refund rules promulgated by the Department.
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D 59-01 D.P.M. 71-5901-38 PEPT. OF CIS	Is your current professional license limited as a result of Board disciplinary action?
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hereby make application for a congrounded license in Michigan and submit that Multing Miller	the statements and information above are true.
Signature	Date
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State	ZIP Code

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



File #131559 Attachment #3 21 of 29

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Michigan Department of Licensing and Regulatory Affairs Board of Pharmacy P.O. Box 30570 I ansing MI 48909

Lansing, Mi 48809 (517) 335-0918 www.michigan.gov/healthicensa

CONTROLLED SUBSTANCE LICENSE APPLICATION

Adherdy Public Act 368 of 1978, as amended tribus form is out completed, a ficense with not be fissed

A controlled substance beense is required for every person who manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 388 of 1978, as amended

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Information on oblaming effects in culticitied substance in easy 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

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0 59-01 D.P.M. 71-5315 □ 69-01 D.V.M. 71-5315 If Yes, please explain on separate sheet. Ø 43 - 01 M.D. 71-5315 2. Is your current professional license limited as a result of Board disciplinary action? □ 51 - 01 D.O. 71-6315 Yes □ 49 - 01 O.D. 71-5339 Michigan Permanent I D Number (as shown on your pocket card) ☐ 53 - 01 Pharmacy Store 71-5301 □ 53 - 02 R.Ph. 71-6302 ☐ 53 - 86 Memuf.AV/noleseler 71-5306 ☐ am applying for a combolied substance license in Michigan and certify that the statements and information above era inte.

The Department of Licensing and Regulatory Affers will not decuminate egainst any individual or group because of race, ser, religion, age, national or grin, color, manual status, disability or political behilds. If you need assistance with reading, writing, hearing, acc, under the American's with Disabilities Act, you may make your needs known to this agency.

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Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

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CONTROLLED SUBSTANCE LICENSE APPLICATION

Admirty Philipert State 1978, as amended

If this from is microsophetes, a screen with or manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Afficie 7 of Public Act 388 of 1978, as amended

A separate controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispenses any controlled substances in Michigan as described in Afficie 7 of Public Act 388 of 1978, as amended

A separate controlled substance license is required for each business locabonirom 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 incense information or other injusted and controlled substance in the Regional Burach, Drug Enforcement Administration 431 Howard Sized, Detroit, Michigan 48276 (telephorie 800-882-9539). The Michigan Board of Pharmacy is unable to enswer questions about the federal licensing process.

Type or Print Only

INSTRUCTIONS

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ID: 43011040B4

OWES \$150.00

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Signature Meeten SIL	cole	Lo.	A	M	_Δ	10-12-2012		

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

File #131559 Attachment #3 23 of 29 OWES \$40.00

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

P.O. Box 30670 Lansing, Mi 48909 (517) 335-0918

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 acentse must be obtained by all (leansed medical doctors, doctors of esteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRILIGS 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 Schodules 2-5 must repert this prescription date to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3162h,(d).

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Date of Incessine	7-
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- 1. ADDRESS CHANGES: If your name and/or address changes please notify the Board in writing. To change a hame or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/meathlicense and fax it io (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
- Allow up to six weeks for your paper license to anive.

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Frsi Name Wortin Middle Name Den Wortingan Permanent I D. Number 430 104089	Last Name Ruddack Expression Date of License
E-med Address Street Address	Social Security Number Telaphoco Number
City	ZIP Code
I hereby make application for a drug control license in Michigan and submi	of that the statements and information above are true 10-13-2013 Date

The Department of Licensing and Regulatory Affects will not descriminate agrants any individual or group because of race, sext, religion, age, national origin, color, mental status, disethilly or political beliefs. If you need assistance with reading, wating, hearing, etc., under the American's with Disethilles Act, you may make your needs known to this agency

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. Michigan Department of Licensing and Regulatory Affairs

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

DRUG CONTROL ADDITIONAL LOCATION LICENSE APPLICATION

Authority Public Act 568 of 1978, as americal if this form is not completed, a license will not be bested

A drug control ilcense must be obtained by all licensed medical doctors, doctors of esteopathic medicine, podatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their practical place of practica. 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 Schredules 2-5 must report this prescription date to the Michigan Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338.3152b.(d).

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- 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/Dupticate License Request Form from our website www.michigan.gov/healthiltense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30570, Lansing, Mt 48909. Telephone cats are NOT accepted for these changes
- 2. Your Drug Control ficense 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 \$55.00 25-36 months the fee is \$65.00
- 3. Allow up to six weeks for your paper license to enrive.

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

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(Piezse Check One) ### 43 ~ 01 M.D. 71-4301-38	Have you seet had any health professional license limited, suspended, revoked, denied, or surrendered? Yes
□ 51-91 D.O. 71-5101-38	if Yes, please expiain on separate sheet.
CI 29 - 01 D.D.S. 71-2901-38	2. Is your current professional license limited as a result of Board disciplinary action?
□ 59 - 01 D.P.M. 71-5901-38	C Yes AT No
First Name Middle Name Denni	
Michigan Permanent I D. Number 4301104089	Expression Date of License
E-mail Address	Social Security Number
Street Address for Additional Location	Telsphone Number
Cdy	ZIP Code
I hereby make application for a cing period liganee in Michigan and submit the	at the statements end information above are true 10-13-2013 Date
- Signatura	Date

The Department of Licensing and Regulatory Alfairs will not descriminate against any individual or group because of race, sex, religion, e.g., national angue, color, mental status, disability or political helicis. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you make your needs from this agency.

LARA/LPH-070 (04/11)

Michigan Department of Licensing and Regulatory Affairs **Board of Pharmacy** P.O. Box 30670 Lansing, MI 48909

1 400

(517) 335-0918

DRUG CONTROL LICENSE APPLICATION

Authority Public Act 368 of 1978, an emerged if this form to and completed, a scense will not be issued

A drug control license must be obtained by all licensed medical doctors, dortors of asie-apathic medicine, padiatric medicine and dunlists WHO ROLITINELY DISPENSE DRUGS from their principal place of practice. A drug coming! Repaire is not necessary if the dispensing involves only the issuance of complimentary states does drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

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INSTRUCTIONS

- 1. DO NOT SUBMITTHIS 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 menths the fee is \$85.00

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

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

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The Department of Licensing and Regulatory Affairs will not discriminate against any antimobal or group because of race, set, religion, age, national origin, color, mental status, disability or political behalfs. If you need essistance with reacting, witting, hearing, atc, under the American swith Deschittes Act, you may make your needs known to this egency

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LARA/LPH-070 (04/11)

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

P.O. Box 30670 Lansing, MI 48909 (517) 335-0918 www.michigen.gov/health/cense

DRUG CONTROL LICENSE APPLICATION

Authority Public Art 358 of 1978, on amended If this from is not completed, a Scenee will not be issued

A drug control licenze 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.

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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 enter drawn on a U Stimencial 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 promotivated by the Department

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I hereby make emplication for a drug control inchise in Michigan and submit that	the statements and information above are true 10-12-2013 Date
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The Department of Licensing and Regulatory Alfars will not discriminate against any individual or group because of face, sex, religion, age, national origin, color, maintal status, disability or political betiefs. If you need essistance with reading, writing, he ening, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

DWES \$150.00 Michigan Department of Licensing and Regulatory Affairs LARA/LPH-095 (04/11) **Board of Pharmacy** PO Box 30670 Lansing, MI 48909 (517) 335-0918 michigan gov/healthice Tran Info:430137 19024293-1 10/CL/13 Chk8: 13932 CONTROLLED SUBSTANCE ADDITIONAL LOCATION Mt: \$65.00 ID: 4301104089 LICENSE APPLICATION Authority Public Act 968 of 1978, as amended tritus form is not completed, a license will not be usued PLEASE NOTE: If you only prescribe controlled substances at more than one location, Boardtise Only 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 phermecies, practitioners, and vetermenens who dispense controlled substances in Schedules 2-5 must report this prescription date to the Michigan Date of Licensies Automated Prescription System (MAPS) as stated in Board of Pharmacy Rules 338 \$182b.(d) YOUR ADDITIONAL CONTROLLED SUBSTANCE LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL OR PHARMACY FACILITY LICENSE. Chi.B: 13932 Aut; \$20.00 -3011040B7 INSTRUCTIONS Type or Print Only 1. ADDRESS CHANGES FOR PRACTITIONERS: If your name and/or address changes please notify the Board in entiting. To change a name or address, download the Dala Change/Duplicate License Request Form from our website www.michigan.gov/meeithlicense and fax. If to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30570, Lensing, MI 48509. Telephone calls are NOT accepted for these changes 2. FEES: If your professional license expires in: 0-12 months the fee is \$86.00(13757) 13-24 months the fee is \$160.00(23757) 26-36 months the fee is \$236.00 (33757) 3. Allow six to eight weeks for your-license to entire. Your check or money order drawn on a US financial mistarbon 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 relunded under refund rules promalgated by the Department. TYPE OF PROFESSIONAL LICENSE: (Piease Check One) ☐ 29-01 DDS 71-5315 43 - 01 MD 71-5315 **z**Í ☐ 49-01 OD □ 51 - 01 DO 71-6315 59-01 DPM 71-5315 69-01 DVM 71-5315 FOR LICENSED PROFESSIONAL PRACTITIONERS: 1. Have you ever had any health professioned license limited, suspended, revoked, denied, or surrendered? 🖸 Yes 📝 No If Yes, please explain on separate sheet. 2. is your current professional Rooman limited as a result of Board disciplinary action? □ Yes 🗷 No Micide Name Martin Dennis CBY in Fermanent I DJLICORSO Numbe Expliation 4301104089 TYPE OF PHARMACY FACILITY LICENSE: (Please Check One) D 53 - 01 Relail Pharmacy operating automated device in skilled nursing facility 71-6315 □ 53 - 01 Hospital Fharmacy Out-Patient Surgical Facility Only 71-5315 Please list below the infortishon which appears on your PRIMARY FACILITY controlled substance I conse Business Name Worner Michigan Permanent | DiLicense Number Experience Date 2011 04089 State mI 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, Daty 0-12-2013 Busness Name Cty Scalnaw ZIP Code

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

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Department of Licensing and Regulatory Affairs vali not in, color, mantal status, disability or political beliefs. If you you may make your peats brown to this secret.	ශ්යයාගතාන්ල තමග් සෞඛ්ය	against any individual : ince with reading, within	or group			1

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ALLEGATION # 13/559

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).

MD & DO SPECIALTY CODES CURRENTLY ON RECORD CHI GYNECOLOGY

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ON ON STETAL CODES CURRENTLY ON RECORD CHI GYNECOLOGY LHA LATAN LITTITION STAND SHAND LINGUES LINGUES SPECIALTY CÓDE(S) CORRECT AS LISTED CODEZ HEPORT ANY CHANGE OF ADDRESS if corrections are necessary, please enter all specially codes. DETACH HERE AND REMIT THIS PORTION WITH FEE X 77 EOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, DHIO 49266 - 0315 CERTIFICATION OBRITEY, UNDER PENALTY DE LOSS OF MY MERNY TO PRACTICE IN THE STATE OF OHIO, THAT I MAVE COMPLETED ON WILL HAVE COMPLETED DURING THE 1995-2000 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CEPTIFIED BY THE OFFICE OFFICE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS MAPPICATION PROVIDED ON THIS APPLICATION PROVIDED 3-15-00 (DATE) 1146464646 201 and approved by the state medical Board, and that t on this application for Renewal is true and correct 35042067-R \$305.00 MARTIN DENNIS RUDDOCK, M.D DENTIFICATION NUMBER

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File #43-131559 Attachment #5 - 2

PRINCI	PAL PRACTICE ADDRESS - IF DIFFERENT
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FOR RE	VEWAL OF YOUR CERTIFICATE HAVE YOU:
YES NO	see 2 pay letter Editails-attached
	1.) Been found quilty of, or pled quilty or
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	of conviction of, a felony or misdemeanor?
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YES NO	
-1 II≻	2.) Been found guilty of, or pled guilty or no
عرب	Licontest to a federal or state law regulating
	the possession, distribution or use of any
	drug?
YES NO	ا
1 112	3.) Been addicted to or dependent upon
تطراب	A 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 fallure to pay
—,—	premiums?
YES NO	
	75.) 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?
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•	medicine; OR b) State or federal privileges
	to prescribe controlled substances?
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	maintain records or attend staff meetings?
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Martin D. Ruddock, M.D.

State Medical Board of Ohio 77 South High Street, 17th Floor Columbus, OH 43266-0315 WHIO STATE MEDICAL BOARD.

MAR 2 0 2000

To Whom It May Concern,

The following coacise 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:

(I)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 anash 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. Bye 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 assent 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 unknown reasons. The driver and the front seat passenger blurted numerous explaines 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 readiway.

The was continued to parase 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 lacurated 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 fold cd. I was assaulted by the white male in the fi (He spit not only in my face but directly into my mouth. This art 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 Lyndmust and Beachwood were on the scene within seconds.

I was arrested and charged with assault. I promptly sought legal advice in this matter, with fire firm of ; Zipkin, Fink, & Whiting Co., L.P.A. Two Commence 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 printent 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 minur 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: 1974年1

Mr. Miguel A Quinunes Marion Building, 6th floor, 1276 West Third Street

N. S. B. M. S. B. S. S. S. S. S. Cleveland, OH 44113 (216)-443-5537 Fax(216)-443-5390

Transfer to the second 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 incharacteristic 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 expanged. I am not elegible to apply for expangament 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 expangement 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 easily 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 carear. 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 unblemblied medical record. Other than trafficrelated 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 sale provider of financial support to my wife, my daughter, and the 15 employees who

THIO STATE MEDICAL BO MAR 2 0 2000

work with me to provide state and sear medical services at our outpatient facility look forward to my continued unblemished medical license provided by the State Medical Board of Chio.

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 fur your understanding in this matter.

i)HIO STATE MEDICAL BI MAR 2 0 2000

Sincerely yours, Martin & Rudderly Mis

Martin D. Ruddick, MD

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 pied 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 Schrawben, 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

CONFIDENTIALITY NOTICE: The information contained in this email message from the Michigan Department of Licensing & Regulatory Affairs is intended solely for the use of the above named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you have received this email in error, please notify me immediately and destroy the message.

LICENSEE: Ruddock, Mertin

"DUMMY FILE" CONTACT LOG

DATE	ACTION
3-19-14	Per Sg, contact the Ohio Board to obtain
	a copy of the attachment referred to on
	application. Yes V'd re. Quest. #1.
	u/ notation: Please see 2pg letter à défait
•	attacked.
3-20-14	(614) 466-3934 This Board of Medicine
	Spoke if Kay Supermon over
	applications. She advised she would
	pull the application aural + have
	Dave Kathe return my call. Ste
	easit sure whether that info is public
	record.
3-20-14	David Katto reta my call + asked me
	to pend an email requesting a Public
	Record Request for Dr. Ruddack's 2000
	Renewal Clard + attachments. E
	Email cent on 3-20-14 to david-katkol
	med state of us. His direct dock & is
•	(614) 466-9255

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MICHIGAN DEPARTM	MENT OF LICENSING AND R IN FOR A MEDICAL DOCTOR	EGULATORY	affairs	Amount Paid - \$150,00 Date Paid - 06/15/2012
	ENDORSEMENT >= 10 YEAR		License#	104029
	•	. ,	License#	
	•		Issue Date .	7/18/13
FIRST NAME:	MIDDLE NAME:	LASTN	AME:	SUFFIX:
Martin	Dennis .	Ruddoc	k	• •
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License Address		Emeil A	ddress -	
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APPLICATION QUESTI	ONS		•	٠.
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Have you been convicted of a n	nisdemeanor punishable by imprisorum	ent for a maximum	tenen of 2 years?	. N
· controlled substance (including	rested to withdraw from a health care			N citiy N
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Have you had a federal or state been denied a license; or curren	tha para queciplicar, action benging at the professional or registration terms.	oked, suspended or gainst you?	otherwise discipling	ď; N
Have you been denied the privil	ege of taking an examination by any s	rate medical board	7	И
if you have held a permanent lic license.	ense in another state, its the state's in	which you hold or	have held a medicial	e Okło, Pennsylvania inactiye
If you ever held a health profess Number) and Expiration date	sional license in Michigan, please prov	ride the Permanent	ID Number (Licensi	never held license in MI
List all previous names used				Martin Dennis Ruddôck
EDUCATION		DATE	DATE	
School Name		FROM	TO .	• • •
Washington University State St. Louis, MO	ol of Medicine	05/01/1973	05/01/1977	<u> </u>

Fage 1 of 1 5/12/2012

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, 42 LANSING

SIGNATURE CERTIFICATION.

	,, *	
Foot Name MARTIN	Middle Name DENNIS	Lend Name KUDDOCK
U.S. Special Security Number	Date of Fi	Daylima Plane Number
Profession M.DOB-6YA) Medic	CAL LICENSE MESICUE
I understand that it is the policy pre-licensure screening process application to obtain a criminal the Michigan Department of corganizations. I further consideriplinary investigations concluded this or any other statement of this or any other statement of the country. The statement of the country information that might affect the country in the cou	of this agency to secure a cr s. I authorize this agency to conviction history file search State Police or other law e- tent to the release of infor- flucted by a similar licensure tie, of the united States mili- ants in this application are to the decision to be made- false statement or dishonesis	Infinel conviction history as part of the to use the information provided in this in from the Central Records Division of inforcement or judicial record-keeping mation to this agency regarding any a registration, or specially certification itary, of the federal government, or of the and correct. I have not withheld on this application. In signing this tanswer may be grounds for denial of prepresentation is punishable by law.

Date

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

X

ALLEGATION #	
ATTACHMENT #	
NUMBER OF PAGES	
	:

CHAT: Search Results





Search Results - Detail

Data Searched on:

Last Name: RUDDOCK

First Name: MARTIN Middle Initial; D DOB:

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 multigrated a criminal record meeting dissemination criteria that exactly matches the information you think growined. No record has been found that matches on first name, last name, sex, and year of the life line are set; than it think or criminal record deletions may occur at any time, distribute the life in action for fulfore dearence.