STATE OF OHIO STATE MEDICA  65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHI  1 CEXTUY, MINES PRINCIP OF WE LIME OF MY MOST TO PRACTICE. MED I CLI NE  AND DEBMEST OF THE EXAME OF MAIN I MAKE COMPLETED PRINCIPL THE LIST RESIDENT THE RESPONSE HOUR  CONTINUES IN THE EXAME OF MAIN AND RESIDEN SWEET ANY LEXTHAN FOR RESIDENCE.  MAIN AL SUPRED BY THE EXAME PRINCIPLE PRINCIPLE MAIN AND RESIDENT SWEET ANY LEXTHAN FOR RESIDENCE.	1. DO NOT FOLD OR STAPLE THIS CARD. 2. REVERSE SIDE MUST BE COMPLETED. 2. MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO
DOCTOR OF MEDICINE  MARTIN DENNIS RUDDOCK  17420 NORTON  LAKE WOOD OH 44107	REPORT ANY CHANGE OF ADDRESS OF RECORD  REPORT AND ADDRESS OF RECORD  REPORT A
F RESIDENT TO COMMENT, SHITE  ALL SPECIALTY COM MARKES -> 39-26  SEE LIST ON SHILLOSSO CARCO SLINET OF TH	Bod ford OHIO 44146 OO . OO 11/15/84 OTY HATE DE COOR  CUVALIOGA  COUNTY  31ST, RETURN THIS APPLICATION AND FEE BY DUE DATE.
THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE PRINCIPAL PRACTICE ADDRESS — IF DIFFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT)	E MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD, SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.
LAST NAME PRIST MAME INTIAL	SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN CONVICTED OF OR PLEAD NOLO CONTEN- DERE TO:
CITY STATE EPP COOK	∑ (NO Za.) a Delon()
SOCIAL SECURITY NUMBER Redacted  AT ANY TIME SINCE THE LAST REN	c.) a federal or state law regulating the possession, distribution or use of any drug?  EWAL OF YOUR CERTIFICATE HAVE YOU:
YES NO  1). Been addicted to or dependent upon alcohol or any chemical substance?  2). Had any disciplinary action taken or initiated against you by a state licensing agency?	YES NO  3). Surrendered or consented to limitation
against her all a state montain about.	revoked?

	STATE MEDICAL BOARD				1	VISTRUCTION	S
IND SURGERY CONTINUING N	65 SOUTH FRONT ST., SUITE 510 COLUME ER PERALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICIN IN THE STATE OF ONIO, THAT I HAVE COMPLETED OURING THE LAST BIERKIUM TO FEDICAL EDUCATION CERTIFIED BY THE OHIO STATE M LET THE STATE MEDICAL BOARD AND HERESY MAKE APPLICATION FOR REI  ST THE STATE MEDICAL BOARD AND HERESY MAKE APPLICATION FOR REI	EDICA	HOURS OF	N	2. REVERSE SE 3. MAKE CHECK TREASE 4. PUT IDENTIF 5. MARK CORRE 8. SEND PAYME	D OR STAPLE THIS ( DE MUST BE COMPLE OR MONEY CRIDER URER, STATE OF ( ICATION NUMBER ON ECT SPECIALTY COD ENT (DO NOT SEND	PAYABLE TO: DHIO CHECK. E(S) BELOW.
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-	(SIGNATURE (	DE APPLIC		SATE)	REPORT ANY	CHANGE OF ADDR	ESS OF RECORD
	APPLICATION FOR SITURNIAL LICENSE RENEVAL TO PRACTICE AS DOCTOR OF MEDICINE	<b>A</b> .	3500	NUMBER 4-2867	including flat	(PLEASE PRINT)	
1	MARTIN DENNIS RUDDOCK				LAST NAME	FIRST NAME	INITIAL
	BEDFORD OH 44146				STREET ADDR	IESS	
	MD & DO SPECIALTY CODES				1		
	ENTER ALL SPECIALTY CODES 39	\$100	OQ 1	DATE DUE 1/15/86	CITY	STATE	ZIP CODE
	ISEE LIST ON ENCLOSED CAND) (LINIT OF 3).					- 0	OUNTY
7	O RECEIVE YOUR RENEWAL CARD BY DECEMBE	ER 31ST	RETURN	HIS APPLICA	TION AND FEE	BY NOVEMBER	15
	AL PRACTICE ADDRESS - IF DIFFERENT FROM THE ON FRONT (FRONT)	HAT	MARK TH	E BE GIVEN T	O THE FOLLO	OMERICAL L	N. PLEASE
						PLEAD GUILTY	IOLINOL,
LAST NAM	ME FIRST NAME	INITIAL	OR NO C	ONTEST TO:			
ST PEET A	DDRESS			a.) a felony.			
CITY	STATE Z	P CODE		b.) a misden practice, or	neanor commit	ted in the cours	e of your
1	Redacted			c.) a federa	l or state law	regulating the po	essession,
SOCIAL	SECURITY NUMBER			distribution	or use of any	drug?	
	AT ANY TIME SINCE THE LAST	T RENEW	AL OF YO	JR CERTIFICAT	TE HAVE YOU:		
YES N	9		YES NO	1	1		
Ц, р	1.) Been addicted to or dependent upon alcor any chemical substance?	cohol	UM	The second secon	The state of the s	ented to limitation otice medicine,	
-				or fede	eral privileges	to prescribe con	
	2.) Had any disciplinary action taken or initi			or fede substa	eral privileges : nces?		trolled

I CERTIFY, UNDER PENALT AND SURGERY IN THE STA CONTRI IND MEDICAL EDU	TE MEDICAL  Y OF THE LOSS OF MY RIGHT TO PRA TE OF OHIO, THAT I HAVE QUAPLETS CATION CERTIFIED BY THE TATE MEDICAL BOARD AND HEREBY M	MEDICINE CHOSE DISSIPATIVE LEST REPUBLICATION FOR RESIGNAL	doch m	SWE		2. REVERSE 3. MARE CHE TIRES 4. PLIT EDENT 5. UPDATE S 6. SEND PATE APPLICATE TI	OLD OR STAP SIDE MUST E CK OR MONE SURER, ST TRICATION IN	SE COMPLE EY OFIDER I ATE OF C MISSER ON NEEDED. OT SEND C SED ENVE STATE O	FID.  PAYABLE TO:  HHO  CHECK  LISH) AND THIS  LOPE TO:  F OHIO
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1 M/	ARTIN DENNIS R					12955 STREET ADD	Acuil	a Roa	d
[ FIE	MD & DO SPECIALTY ALTY CODES CURRENTLY ON RESORD SEAMY TO CORRECT, SHIER PECIALTY CODE MARKETS  JPE ON SHOLDED CARD	COUES	.00		/O 1 /68	CHARLM	STA	TE SEAU	44034 29 000 SM DUNTY
THE ADDRESS	RECEIVE YOUR RENEWAL O	OF THIS CARD WILL BE	MAINTAIN	NED /	AS YOUR A	DORESS OF	RECORD 1	<b>W</b> ПН ТН	
THE ADDRESS	SHOWN ON THE FRONT	OF THIS CARD WILL BE	SECTION RESPON MARK TO SINCE Y HAVE YO	NED A		DDRESS OF D REVISED O THE FOLLOX. WED YOUR	RECORD I	WITH THE	HAT A PLEASE
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STATE MEDICAL  77 SOUTH HIGH STREET, 17TH FLO  CERTIFY I CERTIFY, UNDER PENALTY OF LOSS OF MI STATE OF OHIO, THAT I HAVE COMPLETED I THE REQUISITE HOURS OF CONTINUING ME OH 10 STATE MEDICAL, I AND APPROVED BY THE STATE MEDICAL, II PROVIDED OBTITIS APRICATION. FOR REVIEW EVERY RESPECT.	BOARD OF OR, COLUMBUS, OF CATION RIGHT TO PRACTICE	HO 43266 - 0315	MD & DO SPEC 21 GYNECOLOGI 39 OBSTETRIC	Y S & GYNECU GIALTY COD	E(S) CORRECT AS	LISTED
X//autmos/	OF APPLICANT)	(DATE)			F ADDRESS	
		DATE DUE 11/01/90	STREET CONTY	504286	لللا	XXX
SHOWN ON FRONT: SHOWN ON FRONT: State Zp Code  UND GUILTY OF, OR  NO CONTEST TO:	AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF	spendent upon ubstance? You ted treatment this board and	have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board concerning approval can be directed to the board offices.	Incensing board?  NO  Surrendered, or consented to limitation	VES NO  A.) Had any clinical privileges to prescribe controlled substances?  YES NO  The controlled substances?  A.) Had any clinical privileges suspended or revoked for reasons other than failure to maintain records or attend staff meetings?	Reda

STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315  CERTIFICATION  I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO. THAT I HAVE COMPLETED DURING THE LAST BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE 11 OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWALLS TRUE AND CORRECT IN EVERY RESPECT.  (SIGNATURE OF APPLICANT)  (DATE)	39 OBSTETRICS & GYNECOLOGY  SPECIALTY CODE(S) CORRECT AS LISTED  IF THE SPECIALTY CODE(S) ARE IN EAROR, CODE CODE CODE CODE CODE CODE CODE CODE	
IDENTIFICATION NUMBER AMOUNT DUE DATE DUE  35-04-2867 \$160.00 07/01/92  MARTIN DENNIS RUDDOCK, M.D.  12955 AQUILLA RD  CHARDON OH 44024  I:96969696	STREET  STREET  STATE ZIP CODE  COUNTY  D935042867" "000000 &60000	
PRINCIPAL PRACTICE ADDRESS - IF DIFFEHENT FROM THE ADDRESS SHOWN ON FRONT: Street -	Section 4731,224, O.R.C., and related by section 4731,224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approved program. Any questions concerning approved program. Any questions of the board offices.  2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board of Ohio?  3.) Surrendered, or consented to limitation upon: a) A license to practice medicine. OR b) State or federal privileges to prescribe controlled substances?  4.) Had any clinical privileges suspended, limited or revoked for reasons other than failure to maintain records or attend staff meetings?	

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315 GYN GYNECOLOGY OBG OBSTETRICS & GYNECOLOGY CERTIFICATION CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY E & DE SPECIAL PY DODE'S CORRECT AS TUSTED! IF CORRECTIONS ARE NECESSAR ENTER ALL SPECIALTY CODES. cODE3 RESPECT. REPORT ANY CHANGE OF ADDRESS (DATE) ( SIGNATURE OF AMOUNT DUE DATE DUE **IDENTIFICATION NUMBER** \$250.00 05/01/94 35-04-2867 MARTIN DENNIS RUDDOCK, M.D 12955 AQUILLA RD ZIP CODE CHARDON OH 44024 "00000 5 5000° ::5 3 9 3 9 3 9 3 9 3 9 3 1 0935042867# AT THE SINCE SIGNING YOUR LAST APPLICATION FOR THE NEWS YOU! 1.) Been found guilty of, or pled guilty or no suffering frem, drug or alcohol dependency question if you have successfully completed 2.) Been found guilty of, or pled guilty or no sections 4731,224 and 4731,25 O.R.C. and Surrendered, or consented to limitation contest to a federal or state law regulating initiated against you by any state licensing board other than the State Medical board and base subsequently adhered to you or a member of your immediate family has an ownership or investment interest, or any the possession, distribution or use of any all statutory paquirements as contained in 4.) Had malpractice insurance cancelled 7.) Had any ofinical privileges suspended than failure to maintain records or attend services to a person or facility in which either Been addicted to or dependent upon participated in an arrangement or scheme for reatment at a program approved by this 8.) After January 14. 1993. referred a patient. been treated for, or been diagnosed as upon: a) A license to practice medicine, or abuse? You may answer "no" to this enrolled in g.board approved program. restricted or revoked for reasons other 5.) Had any disciplinary action taken or questions concerning approval can be related provisions, or you are currently alcohol or any chemical substance; or Zip Code referral of a patient, for clinical laboratory or limited for other than failure to pay contest to a felony or misdemeanor. OR b) State or federal privileges to SOCIAL SECONT T NOMBER
(Optional for purposes of dentification) prescribe controlled substances? FROM THE ADDRESS SHOWN ON FRONT directed to the board offices. 13:13 71 meetings? Board of Ohio? premiums? drugs Staff BE TIME S CH AD 9 Š 935042867 ACCOUNT # YES res

PRACTICE ADDRESS - IF DIFFERENT

DETACH HERE AND REMIT THIS	S PORTION WITH FEE		
LATER MANAGEMENT THUS TARK AND REPORT WHILE ONLY THE STATE	MD & DO SPECIALTY CODES CURRENTLY ON RECORD		
STATE MEDICAL BOARD OF OHIO  77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315  CERTIFICATION  I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1994-1996 BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERNIFED BY THE OHIO STATE MEDICAL BOARD, AND THAT THE INFORMATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.  (SIGNATURE OF APPLICANT)  (DATE)	GYN GYNECOLOGY  OBG OBSTETRICS & GYNECOLOGY  SPECIALTY CODE(S) CORRECT AS LISTED  F CORRECTIONS ARE NECESSARY, PLEASE  ENTER ALL SPECIALTY CODES.  CODE: COD		
IDENTIFICATION NUMBER AMOUNT DUE DATE DUE  35-04-2867 \$250.00 05/01/96  MARTIN DENNIS RUDDOCK, M.D.  12955 AQUILLA RD  CHARDON OH 44024	STREET  STREET  STATE ZIP CODE  COUNTY  OP 3 50 4 2 B 6 7 II* II* OD 000 2 5000 II*		
	directed to the board offices.  A.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  Initiated against you by any state licensing board other than the State Medical Board of Ohio?  S.) Had any disciplinary action taken or initiated against you by any state licensing board of Ohio?  OR b) State or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  YES NO  7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  R. Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation		

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO OOR, COLUMBUS, OHIO 43266 - 0315 GYN GYNECOLOGY OBG OBSTETRICS & GYNECOLOGY OH IO SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE REPORT ANY CHANGE OF ADDRESS SIGNATURE OF APPLICANT ) (DATE) DATE DUE **IDENTIFICATION NUMBER** AMOUNT DUE \$211.00 05/01/98 35-04-2867-R MARTIN DENNIS RUDDOCK, M.D. 12955 AQUILLA RD STATE ZIP CODE CHARDON OH 44024 0935042867# \*,00000 5 7 700% question if you have successfully completed treatment at a program approved by this AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: 2.) Been found guilty of, or pled guilty or no contest to a federalest state law regulating 1.) Been found guility of, or pled guilty or no suffering from, drug or alcohol dependency enrolled in a board approved program. Any sections 4731.224 and 4731.25 O.R.C., and the possession, distribution or use of any 6.) Surrendered, or consented to limitation board and have subsequently adhered to all statutory requirements as contained in inibated against you by any state licensing arrangement or scheme for referral of a pattern 3.) Been addicted for er dependent upon 4.) Had malpractice insurance cancelled 7.) Had any clinical privileges suspended then failure to maintain records or attend been treated for, or been diagnosed as upon: a) A license to practice medicine, or facility in which either you or a member of or abuse? You may abswer "no" to this restricted or revoked for reasons other alcohol or any chemical substance; or You are currently questions concerning approval can be 5.) Had amy disciplinary action taken or 8.) Referred a patient, or participated in an rour immediate family has an ownership or for clinical laboratory services to a person or limited for other than failure to pay premiums? Ple west to de worth PRINCIPAL PRACTICE ADDRESS. IF DIFFERENT FROM THE ADDRESS SHOWN BY FRONT. contest to a felony or misdemeanor. nvestment intenst, or any compensation OR b) State or federal privileges to board other than the State Medical prescribe controlled substances? SOCIAL SECURITY NUMBER 12 ( Optional for purposes of identification) directed to the board offices. related provisions, Board of Ohio? staff meetings? premiums Q VESE.

STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315  CERTIFICATION	I wish to apply for Emeritus status:  MD & DO SPECIALTY CODES CURRENTLY ON RECORD  GYN GYNECOLOGY  OBG OBSTETRICS & GYNECOLOGY
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO; THAT I HAVE COMPLETED ON WILL HAVE COMPLETED DURING THE 1888-2000 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.	SPECIALTY CODE(S) CORRECT AS LISTED  IF CORRECTIONS ARE NECESSARY, PLEASE CODE: CODE2 CODE3
(SIGNATURE OF APPLICANT) (DATE)	REPORT ANY CHANGE OF ADDRESS
IDENTIFICATION NUMBER AMOUNT DUE  35042867-R \$305.00 01/01/00  MARTIN DENNIS RUDDOCK, M.D.  12955 AQUILLA RD  CHARDON OH 44024	STREET STREET STATE ZIP CODE COUNTY  0935042867#* ***0000030500**
ADDRESS WUST BE ENTERED AT EACH RENEWAL.  Street  County  AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU;  YES NO  Conviction of, a fellow or misdemeanor?  YES NO  2.) Been found guilty of, or pled guilty or no contest to, or received treatment in lieu of conviction of, a fellow or misdemeanor?  YES NO  2.) Been found guilty of, or pled guilty or no contest to, or received treatment in lieu of conviction of, a fellow or misdemeanor?  YES NO  3.) Been found guilty of, or pled guilty or no drug?  ALES NO  3.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?  YES NO  Suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C, and related provisions, or you are currently	enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  YES NO  4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  S.) 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?  (b.) Surrendered, or consented to limitation in any jurisdiction: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges or other authority to practice suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?

MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127 GYN GYNECOLOGY OBG OBSTETRICS & GYNECOLOGY CERTIFICATION I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO. THAT I HAVE COMPLETED OR WILL HAVE COMPLETED BURING THE 1999-2001 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EYERT RESPECT. SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE2 CODES 4-01-02 RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL (DATE) AMOUNT DUE DATE DUE \$50 Late Fee Due After IDENTIFICATION NUMBER 04/02/02 \$305.00 01/01/02 35042867-R MARTIN DENNIS RUDDOCK, M.D. 12955 AQUILLA RD ALLDON CHARDON OH 44024 0935042867 30500 AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR! CERTIFICATE: to all statutory requirements during and subsequent to treatment. You must enswer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices. been treated for, or been enrolled in, a program approved 4.) Has any board, bureau, department, agency, or other body, including those in Ohio, <u>other then this board</u>, filed any charges, allegations or or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings? guilty of, or pled guilty or no confest to, or received treatment or intervention in 2.) Have you been addicted to or dependent upon alcohol or prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent any chemical substance; or diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer NO to this question if you found have successfully completed Have any malpractice ewards been paid by you or on your behalf for acts occurring in any limitation of, or to reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to 6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted Inealment at, or are currently lieu of conviction of, misdemeanor or felony? consented 44/20 PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS peen Check this Box if you have NO principal Practice address. Redacted surrendered, or SOCIAL SECURITY NUMBER MUST BE ENTERED AT EACH RENEWAL State DECLIIDED complaints against you? こしにいたいろんろ yes given to this board WY44.064 state other than Ohio? pereupa SHAKER 5.) Heve you Board and have 71 05 011711 Ş 8 9 ES.

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	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127	GYN GYNECOLOGY
CERTIFICATION	OBG OBSTETRICS & GYNECOLOGY
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED ON WILL HAVE COMPLETED DURING THE 2002 - 2004 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUBAND CORRECT IN EVERY RESPECT.  (SIGNATURE OF APPLICANT) (DATE)  IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Listo Foo Duo After 35-04-2867-R \$305.00 01/01/04 04/01/04 MARTIN DENNIS RUDDOCK, M.D.  12955 AQUILLA RD CHARDON OH 44024	SPECIALTY CODE(S) CORRECT AS LISTED  IF CORRECTIONS ARE NECESSARY, PLEASE CODE: CODE
	Principation of, or to reprimend or probation concerning, a license to precise any healthcare profession or state or federal privileges to profession or state or federal privileges to profession or state or federal privileges to profession or state or substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.  S.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons ether than fallure to maintain records on a timely basis or to attend staff meetings?  PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS  MUST BE ENTERED AT EACH RENEWAL.  Check this Box if you have NO principal staff meetings?  Street  CLELICELIAND  Street  CLELICELIAND  Street  CLELICELIAND  Street  CLELICELIAND  Street  CLELICELIAND  Street  Street  STOCIAL SECURITY NUMBER PRESERVED  SOCIAL SECURITY NUMBER PRESERVED  COUNTY

## Date Posted: 2/28/2006 9:06:40 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

	•	T	, •
Li	icense	Inform	ation

License Number 35.042867
License Name MARTIN RUDDOCK
Email Address

**Fees** 

Relicensure Fee \$305.00

Total Fees \$305.00

# **Specialty Codes**

- 1. Please select one specialty from the field below ..... OBSTETRICS & GYNECOLOGY
- 2. Please select one specialty from the field below, if applicable.

..... UNSPECIFIED

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

..... UNSPECIFIED

# **CME-Physicians**

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

.... YES

Di	scipline
	Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
	NO
2.	Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
	NO
5.	Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
	NO
6.	Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
	NO
So	cial Security Number
1.	
	Redacted

## **Nurse Collaboration Info**

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

. . . . . . YES

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

..... Leah Pfahlert McGary, CNP

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

# Date Posted: 12/31/2007 10:03:11 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License	e Inf	ormation	
т •	3 T	1	

License Number 35.042867
License Name MARTIN RUDDOCK
Email Address doeshad@altel.net

**Fees** 

Relicensure Fee \$305.00

\_\_\_\_\_

Total Fees **\$305.00** 

# **Specialty Codes**

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

..... {not Answered}

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

....... {not Answered}

# **CME-Physicians**

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

. . . . . . YES

Di	scipline
	Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
	NO
2.	Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?
	NO
5.	Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?
	NO
6.	Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
	NO
So	cial Security Number
1.	
	Redacted

## **Nurse Collaboration Info**

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

. . . . . . NO

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

..... {not Answered}

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

# Date Posted: 3/8/2010 8:00:55 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

# **License Information**

License Number 35.042867 License Name MARTIN RUDDOCK

## **Fees**

Relicensure Fee \$305.00

Total Fees **\$305.00** 

# **Specialty Codes**

- 1. Please select one specialty from the field below ..... GYNECOLOGY
- **2.** Please select one specialty from the field below, if applicable.

..... GYNECOLOGY

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

..... {not Answered}

# **CME-Physicians**

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

. . . . . . YES

Di	scipline
	Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
	NO
2.	Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio other than this board, filed any charges, allegations or complaints against you?
	NO
5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked placed on probation for reasons other than failure maintain records on a timely basis or to attend a meetings?	
	NO
6.	Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
	NO
	0.505 mmg-2-244-0 t. C
So	cial Security Number

https://ohelicense.das.state.oh.us/actOnlineRenewalAgreement.... 01/03/2012

Redacted

## **Nurse Collaboration Info**

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

. . . . . . NO

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

....... {not Answered}

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

## Date Posted: 3/19/2012 10:54:51 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

registration.	
License Information	
License Number	35.042867
License Name	MARTIN RUDDOCK
Fees	<b>***</b>
Relicensure Fee	\$305.00
	Total Fees \$305.00
Medical Board Correspondence Email	
1. Did you provide a Credential email address? Please a public record.	note this information is
•	YES
Specialty Codes	
1. Please select one specialty from the field below	
	GYNECOLOGY
2. Please select one specialty from the field below, if applie	cable.
	{not Answered}
3. Please select one specialty from the field below, if applie	cable.
- ,	{not Answered}
CME-Physicians	
1. Have you met the above CME requirements for your lice	ense?
	YES
Discipline	
1. Have you been found guilty of, or pled guilty or no cont treatment or intervention in lieu of conviction of, a misd	
	NO
<b>2.</b> Have you surrendered, consented to limitation of, or to s probation concerning, a license to practice any healthcar federal privileges to prescribe controlled substances in a than Ohio?	re profession or state or
	NO

3. Have any malpractice awards been paid by you or on your behalf for acts

**4.** "Education" - preceptor, mentor, etc.

	1-4
5.	"Volunteering" - providing medical and medical-related services at no cost
	1-4
6.	"Other" - medical professional activities not included in above categories
	$\dots \dots 0$
Cli	inical - Practice setting
1.	Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).
	(out-patient eare).
2	Enter the number of hours per week spent in "Hospital (in-patient care)".
4.	0
3	Enter the number of hours per week spent in "Emergency Room".
٠.	0
4.	Enter the number of hours per week spent in "Urgent Care".
	0
5.	Enter the number of hours per week spent in "Other".
	0
W	orkforce Counties
1.	Enter the first zip code:
	44120
2.	Enter the first county:
	Cuyahoga
3.	Enter the second zip code:
	43604
4.	Enter the second county:
_	Lucas
5.	Enter the third zip code:
_	{not Answered}
0.	Enter the third county:  {not Answered}
7	Do you have more than one practice location?
٠.	YES
W	orkforce Practice Address
	Please list all practice locations. Include street address, city, state and zip.
	Example "123 E Main St, Suite 2, Anywhere, OH 55555;" Separate multiply addresses with a semicolon.
	11710 Shaker Blvd. Cleveland, OH 44120; 328 22ND Street - Toledo,
	OH 43604

Pr	actice Arrangement (size)
1.	Solo practitioner
	YES
2.	Single-specialty Group
	N/A
3	Multi-specialty Group
<i>J</i> .	N/A
4.	Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)
	NO
W	orkforce Language Question
1.	Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?
	YES
La	nguages
	Select a language from the drop down list.
	Spanish
2	Select a language from the drop down list.
	[not Answered]
2	
3.	Select a language from the drop down list {not Answered}
	{not Answerea}
	BMS Certified
1.	Are you certified by an ABMS Board?
	NO

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

## Date Posted: 4/1/2014 9:35:11 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

registration.	result in demai of
License Information	
License Number	35.042867
License Name	MARTIN RUDDOCK
Fees	
Relicensure Fee	\$305.00
	======
	Total Fees <b>\$305.00</b>
Medical Board Correspondence Email	
1. Did you provide a Credential email address? Please a public record.	note this information is
a public record.	YES
	125
Specialty Codes	
1. Please select one specialty from the field below	
	GYNECOLOGY
2. Please select one specialty from the field below, if appli	cable.
	{not Answered}
3. Please select one specialty from the field below, if appli	cable.
	{not Answered}
CME-Physicians	
1. Have you met the above CME requirements for your lic	
	YES
Discipline	
1. Have you been found guilty of, or pled guilty or no cont treatment or intervention in lieu of conviction of, a misd	lemeanor or felony?
	NO
<b>2.</b> Have you surrendered, consented to limitation of, or to sprobation concerning, a license to practice any healthcar federal privileges to prescribe controlled substances in a than Ohio?	re profession or state or
	NO

3. Have any malpractice awards been paid by you or on your behalf for acts

**4.** "Education" - preceptor, mentor, etc.

	1-4
5.	"Volunteering" - providing medical and medical-related services at no cost
	5-9
6.	"Other" - medical professional activities not included in above categories
	1-4
Cli	inical - Practice setting
1.	Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).
	15-19
2.	Enter the number of hours per week spent in "Hospital (in-patient care)".
	$\dots \dots 0$
3.	Enter the number of hours per week spent in "Emergency Room".
	0
4.	Enter the number of hours per week spent in "Urgent Care".
	$\dots \dots 0$
5.	Enter the number of hours per week spent in "Other".
	1-4
	orkforce Counties
1.	Enter the first zip code:44120
2	Enter the first county:
4.	Cuyahoga
3	Enter the second zip code:
<i>J</i> .	{not Answered}
4	Enter the second county:
•	{not Answered}
5.	Enter the third zip code:
	{not Answered}
6.	Enter the third county:
	{not Answered}
7.	Do you have more than one practice location?
	NO
Pr	actice Arrangement (size)
1.	Solo practitioner
	YES
2.	Single-specialty Group
	$\dots N/A$

3.	Multi-specialty Group		
4.	$\dots N/A$ Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity) $\dots NO$		
	orkforce Language Question  Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English? NO		
	BMS Certified  Are you certified by an ABMS Board? NO		
	Please enter your current NPI number 1285811976		
	EA number  Please enter your DEA number. Only enter one, or the primary DEA number.		
I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.			
Un	Under penalty of law, I hereby swear or affirm that the information I have		

## Date Posted: 5/20/2016 8:52:53 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

		-	n		
Αd	dre	ss In	tor	mati	nn

**BUSINESS ADDRESS** 

12955 Aquilla Rd Chardon, OH 44024 Geauga County United States (440) 313-5126 Mdrmd51@gmail.com

#### **License Information**

License Number 35.042867

License Name MARTIN RUDDOCK

**Fees** 

Relicensure Fee \$305.00 Late Fee \$100.00

Total Fees **\$405.00** 

## **Medical Board Correspondence Email**

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

..... YES

## **Specialty Codes**

1. Please select one specialty from the field below

..... GYNECOLOGY

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

..... GYNECOLOGY

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

..... GYNECOLOGY

## **CME-Physicians**

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

..... YES

## **Discipline**

1.	At any time since signing your last application for renewal of your certificate have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
	NO
2.	At any time since signing your last application for renewal of your certificate have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
	$\dots$ YES
3.	At any time since signing your last application for renewal of your certificate have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
	NO
4.	At any time since signing your last application for renewal of your certificate has any board, bureau, department, agency, or any other body, including those in Ohio other than this board, filed any charges, allegations or complaints against you?
	NO
	At any time since signing your last application for renewal of your certificate have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons other than failure to maintain records on a timely basis or to attend staff meetings?  NO
6.	At any time since signing your last application for renewal of your certificate have you been addicted to or dependent upon alcohol or any chemical substance; relapsed, been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
	NO
	cial Security Number
1.	
Nn	rse Collaboration Info
	Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?
	NO
2.	List the name/names and type of licensure for each nurse with whom you are collaborating. For example: Jane Doe, CNP; Mary Smith, CNS.
	{not Answered}

# **Ohio Employment**

Omo Employment
1. Do you practice in Ohio?
NO
NPI number
1. Please enter your current NPI number
1285811976
DEA number
1. Please enter your DEA number. Only enter one, or the primary DEA number.
AR8535443
OARRS Registration
1. Since signing your last renewal have you prescribed or personally furnished opioid analgesics or benzondiazepines while practicing in Ohio?
NO
2. Are you registered with the Ohio Automated Rx Reporting System (OARRS)?
NO

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

# State Medical Board of Ohio

30 E. Broad Street, 3<sup>rd</sup> 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 06/13/2013:

## **Identification Information**

Name and Address: Dr. MARTIN DENNIS RUDDOCK

12955 AQUILLA ROAD CHARDON, OH 44024

Date of Birth: 02/14/1951 Place of Birth: TOLEDO, OH

School of Graduation: Washington University School of Medicine

Date of Graduation: 05/20/77

#### **License Information**

Type of License: Doctor of Medicine

License Number: 35. 042867 How Issued: NBME Original Licensure Date: 11/13/1978 Expiration Date: 04/01/2014 Status: ACTIVE

Formal Disciplinary Action: No

Kimberly C. Anderson Interim Executive Director

# State Medical Board of Ohio

30 E. Broad Street, 3<sup>rd</sup> 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

12955 AQUILLA ROAD CHARDON, OH 44024

Date of Birth: 02/14/1951
Place of Birth: TOLEDO, OH

School of Graduation: Washington University School of Medicine

Date of Graduation: 05/20/77

## **License Information**

Type of License: Doctor of Medicine

License Number: 35. 042867 How Issued: NBME Original Licensure Date: 11/13/1978 Expiration Date: 04/01/2014 Status: ACTIVE

Formal Disciplinary Action: No

Kimberly C. Anderson Interim Executive Director

Contact Audit Trail for RUDDOCK MARTIN						
Date	User	Table	Field	New	Old	
5/23/2016 7:23:43 AM	Hawk, L	CONTACTADDRESS	COUNTYID	Geauga	Cuyahoga	
5/23/2016 7:23:43 AM	Hawk, L	CONTACTADDRESS	COUNTRYIDNT	United States		
5/23/2016 7:23:42 AM	Hawk, L	CONTACTADDRESS	PHONE	4403135126		
5/23/2016 7:23:42 AM	Hawk, L	CONTACTADDRESS	ZIPCODE	44024	44120	
5/23/2016 7:23:42 AM	Hawk, L	CONTACTADDRESS	CITY	Chardon	CLEVELAND	
5/23/2016 7:23:42 AM	Hawk, L	CONTACTADDRESS	ADDRESS1	12955 Aquilla Rd	11710 SHAKER BLVD	