



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

October 8, 1997

Mark K. Roders, M.D.
P. O. Box 608
Hudson, OH 44236

Dear Doctor Roders:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on October 8, 1997.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Thomas E. Gretter, M.D.
Secretary

TEG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 395 587 657
RETURN RECEIPT REQUESTED

Mailed 10/9/97

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on October 8, 1997, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Mark K. Roders, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

(SEAL)



Thomas E. Gretter, M.D.
Secretary

10/8/97

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

MARK KEVIN RODERS, M.D.

*

FINDINGS, ORDER AND JOURNAL ENTRY

This matter came on for consideration after a citation letter was mailed to Mark K. Roders, M.D. by the State Medical Board of Ohio on June 12, 1997, and again on August 13, 1997.

By letter dated June 11, 1997, notice was given to Mark K. Roders, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known address of Mark K. Roders, M.D., that being P.O. Box 608, Hudson, Ohio 44236. The second mailing of the notice was duly served.

No hearing request has been received from Mark K. Roders, M.D., and more than thirty (30) days have now elapsed since the second mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the June 11, 1997, letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that:

1. The license of Mark K. Roders, M.D., to practice medicine and surgery in the State of Ohio be SUSPENDED for an indefinite period of time;
2. The BOARD shall not consider reinstatement of Dr. Roder's certificate to practice medicine and surgery unless and until all of the following conditions are met:

- a. **Mark K. Roders, M.D., shall submit an application for reinstatement, accompanied by appropriate fees, if any;**
- b. **Mark K. Roders, M.D., shall demonstrate to the satisfaction of the BOARD that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:**
 - i. **Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Mark K. Roders, M.D., has successfully completed any required inpatient treatment;**
 - ii. **Evidence of continuing full compliance with an aftercare contract or consent agreement;**
 - iii. **Two written reports indicating that the ability of Mark K. Roders, M.D., to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the BOARD for making such assessments and shall describe the basis for this determination. The expenses associated with such assessments shall be borne by Dr. Roders.**
- c. **Mark K. Roders, M.D., shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the BOARD or, if the BOARD and Mark K. Roders, M.D., are unable to agree on the terms of a written CONSENT AGREEMENT, then Mark K. Roders, M.D., shall abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code.**

Further, upon reinstatement of the certificate of Mark K. Roders, M.D., to practice medicine and surgery in this state, the BOARD shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before

reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code and, upon termination of the consent agreement or Board Order, submission to the BOARD for at least two years of annual progress reports made under penalty of BOARD disciplinary action or criminal prosecution stating whether Mark K. Roders, M.D., has maintained sobriety.

3. In the event that Mark K. Roders, M.D., has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement, the BOARD may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Roders' fitness to resume practice.

This Order shall become effective immediately upon mailing of notice of approval by the State Medical Board of Ohio.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8th day of October, 1997, and the original thereof shall be kept with said Journal.



Thomas E. Gretter, M.D.

Secretary

10/8/97

Date

(SEAL)

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Mark K. Roders, M.D.;
- 5) That based on such examination, I have found the last known address of record of Mark K. Roders, M.D. to be:

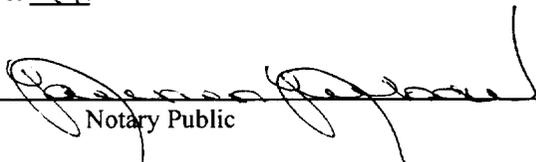
P.O. Box 608
Hudson, OH 44236

- 6) Further, Affiant Sayeth Naught.



Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Lauren Lubow, Notary Public, this 25th
day of September, 1997.



Notary Public

LAUREN LUBOW, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

JAM

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARK K. RODERS, M.D.
P.O. Box 608
HUDSON, OH 44236

4a. Article Number

Z 395 587 594

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

AUG 22 1997

5. Received By: (Print Name)

M RODERS

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

CITE-2nd mailing

Thank you for using Return Receipt Service.



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3911

June 11, 1997

Mark K. Roders, M.D.
PO Box 608
Hudson, OH 44236

Dear Doctor Roders:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1)(a) On or about April 8, 1992, in the Cuyahoga Falls Municipal Court, you pleaded guilty and were found guilty of one misdemeanor count of Driving with a Blood Alcohol Content in Excess of .10, in violation of Section 333.01A3, Ordinance of Cuyahoga Falls.
- (b) Further, on or about June 5, 1992, you submitted your application for renewal of your license to practice medicine and surgery in the State of Ohio for the 1992-1994 biennium.

In the application, you answered "No" to question number one that asks, "Have you been found guilty of, or pled guilty or no contest to a felony or misdemeanor."

In fact, when you submitted your application for renewal, you had been convicted of the aforementioned misdemeanor.

- (2) Further, on or about April 17, 1995, in the Cuyahoga Falls Municipal Court, you pleaded guilty and were found guilty of one misdemeanor count of Driving Under the Influence in violation of Section 4511.19, Ohio Revised Code. The acts underlying this conviction occurred on February 3, 1995, while you were maintaining an on call status for your practice.
- (3) Further, on or about February 3, 1995, your clinical privileges at Summa Health System, St. Thomas Campus, Akron, Ohio, were suspended for medical reasons, based upon the events that occurred as detailed in the above paragraph two.

mailed 6/12/97

- (4) Further, on or about September 26, 1996, you submitted your application for renewal of your license to practice medicine and surgery in the State of Ohio for the 1996-1998 biennium.

In the application, you answered "Yes" to question number three that asks, "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; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?"

- (5) Further, as of December 1996, you had failed to complete the DUI program that was required as a result of your 1995 conviction for Driving Under the Influence.

Your acts, conduct, and/or omissions as alleged in paragraph (1)(b) above, individually and/or collectively, constitute "fraud, misrepresentation, or deception in applying for or securing any license or certificate issued by the board," as that clause is used in Section 4731.22(A), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1)(a), (2), (3), (4) and (5) above, individually and/or collectively, constitute "(i)mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

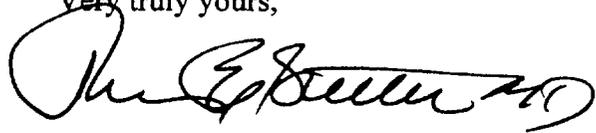
You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

MARK RODERS, M.D.
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In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Thomas E. Gretter, M.D.
Secretary

TEG/bjs

Enclosures

CERTIFIED MAIL #P 152 984 707
RETURN RECEIPT REQUESTED

duplicate mailing to:
1681 Walnut Lane
Rocky River, OH 44116
CERTIFIED MAIL #P 152 984 708
RETURN RECEIPT REQUESTED