Pharmacy Board			Leif Joseph Holm
General Information			
Board/Commission and seat you are seeking: Pharmacy Board, Pharmacist Seat			
Additional Boards/Commissions of interest:			
State Boards/Commissions on which you have served N/A			
First Leif		<i>Middlename</i> Joseph	Last Name Holm
Mailing Address		City	State & ZIP
Home/Message Phone		Business Phone	Cell Phone
Email Address		Are you a registered voter? Yes	
Date of Birth Gender Military Service	Ethnicity		

### **Conflict of Interest**

Certain boards and commissions require full disclosure of personal financial data under AS 39.50.010. If required for the board or commission for which you are applying, are you willing to do so?
Yes

Could you or any member of your family be affected financially by decisions to be made by the board or commission for which you are applying?

No

Please explain the potential financial benefit

# **Employment History**

Employment work history including paid, unpaid or voluntary.

**Blockbuster Video** 

Pacific Movers moving company

Wellness Pharmacy (virginia)(student)

North Pole Prescription Lab. Inc. (Vice Pres.)

**Prescription Center LLC (owner)** 

**Professional Pharmacy LLC (owner)** 

**Education, Training, Experience & Qualifications** 

List both formal and informal education and training experiences:

Pre Pharmacy studies UAF 1999-2001

Pharmacy School Shenandoah University 2001-2005

List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:

**Doctor of Pharmacy 2005** 

List any community service, municipal government, and state positions held, and any awards received.

Alaska Pharmacist Association board member 2006-2009

Eagle Scout 1999 (various community service projects throughout)

#### **Conviction Record**

Have you ever been convicted of a misdemeanor within the past <u>five</u> years or a felony within the past <u>ten</u> years?

No

**Conviction Circumstances** 

### **Certification of Accuracy & Completeness**

By submitting this online application, I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates, or I may be removed from the position. I agree that the Office of the Governor may contact present or former employees or other persons who know me to obtain an additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Type "I certify" "I certify"

Resumé Addendum

# **Press Release Wording**

Leif J. Holm, 32 of North Pole, is a pharmacist and holds a PharmD. Degree from Shenandoah University in Winchester, Virginia.

Submitted: 12/04/13 at 2:26 pm from 66.230.107.136