

Optometry, Board of Examiners in		Stephen Stralka
General Information		
Board/Commission and seat you are seeking: Optometry, Board of Examiners in, public seat		
Additional Boards/Commissions of interest: 1) Optometry, Board of Examiners in		
State Boards/Commissions on which you have served none		
First Stephen	Middlename	Last Name Stralka
Mailing Address [REDACTED]	City Anchorage	State & ZIP [REDACTED]
Home/Message Phone [REDACTED]	Business Phone	Cell Phone
Email Address [REDACTED]	Are you a registered voter? Yes	
Date of Birth 1955-09-29 Gender Male Military Service U.S. Army active duty 1981-1989	Ethnicity White	
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? No		
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. military service 1974-1989, private practicing optometrist in Anchorage 1990-present.		
Education, Training, Experience & Qualifications		
List both formal and informal education and training experiences: Doctor of Optometry 1981, Fellow of Academy of Optometry, past vice president and third		

party chairman Alaska Optometric Association

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

Doctor of Optometry license 1987

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

none

## Conviction Record

*Have you ever been convicted of a misdemeanor within the past five years or a felony within the past ten 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

{Your Name}, {age} of {hometown}, is {job title/place of employment} holds {education level, school, or relevant experiences}.

*Submitted: 01/30/13 at 10:46 am from 24.237.110.254*