Mental Health Trust Authority			John Morris	
	General Inform	ation		
Board/Commission and Mental Health Trust Aut				
Additiona None	l Boards/Commissions of interest:			
State Boards/Commission	ons on which you have served:			
First Name John	Middle Name	Last Name Morris		
	City Anchorage	State & Zip AK 99504		

Conflict of Interest

Full disclosure of personal financial data under AS 39.50.010 is required for certain boards and commissions. Are you willing to provide this information if required for the board or commission which you are applying?

Yes

Service in a public office is a public trust. The Ethics Act (AS 39.52.110) prohibits substantial and material conflicts of interest. Is it possible that you or any member of your family will benefit financially by decisions to be made by the board or commission for which you are applying? If you answer 'yes' to this question you MUST explain the potential financial benefit.

Please explain the potential financial benefit

Employment History

Employment work history including paid, unpaid, or voluntary.

Please see attached CV. In reverse chronological order: President, Denali Anesthesia; Homeless Coordinator, Municipality of Anchorage; Anesthesiologist, various including Walter Reed Medical Center, West Virginia University, and Colorado; previous work as a research assistant, construction laborer, fast food sandwich maker, and male 'fit' model

Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:

In addition to formal psychiatric training during medical school and residency, mental health has been a research and education interest of mine since college. My personal experiences with a range of family members, strangers, and others I have cared for struggling with various forms have mental illness has prompted me to study extensively on multiple topics including PTSD, dementia, depression, and substance misuse. This study has included significant reading, shadowing of mental health professionals, and clinical practice.

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

Alaska Medical License since 2010. MD 2002.

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

WV Canine Search and Rescue Dog Handler and Team Leader

American Red Cross

Rotary

Salvation Army Advisory Board

Anchorage Municipal Homeless Coordinator

Awards:

United States Presidential Scholar United States Senate Youth Scholar

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"

Resume Addendum:

Press Release Wording

Submitted: 10/17/2022 11:05:26 AM