

General Information

Board/Commission and seat you are seeking:
Medical Board

State Boards/Commissions on which you have served:

First Name David	Middle Name	Last Name Paulson
[REDACTED]	City Anchorage	State & Zip AK 99516
Home/Message Phone	Business Phone 907.243.0339	Cell Phone 907.231.3121
Email Address david@innovativeneurosurgery.com	Are you a registered voter? No	
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		

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?

No

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.

No

Please explain the potential financial benefit

Employment History

Employment work history including paid, unpaid, or voluntary.

Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:

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

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

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"

Resume Addendum:

Press Release Wording

[REDACTED]