

Sep-26-05 04:50P Dr Regina S Chennault

Chennault, Regina
Violent Crimes Compensation Board

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STATE OF ALASKA
OFFICE OF THE GOVERNOR
P.O. Box 110001, Juneau, AK 99811-0001
Phone: (907) 465-3500 Fax: (907) 465-3532

BOARDS AND COMMISSIONS APPLICATION FORM

App/Phys/occ up/
therapy/c
ENTERED
9-26-05
dc

INSTRUCTIONS

A separate application is required for each position for which you apply. Complete and specific answers will aid in rapid and accurate processing of your resume. Please type or print legibly in ink. Forward to the above address. Be sure your answers are true. A willfully false answer may result in your disqualification or removal from office if you are appointed.

Board or Commission and seat for which I am applying: Medical/Physio/Occupational Ther.
(For example, Board of Agriculture, public seat)

Please list any other State Boards or Commissions on which you currently or previously have served:

Name: Regina Christine Sutton Chennault, M.D.

Mailing Address: _____

Residence Address: Soldotna, Alaska 99669

City, State and Zip Code: _____

Home or Message Telephone: _____ Business Telephone: _____

Fax Number: _____

Cell Phone: _____

Email address: _____

AS 39-05-100 requires that a person appointed to a state board or commission be a registered voter prior to the last general election:

Are you a registered voter: YES ☒ NO ☐ Voter Registration Number (Optional): _____

Social Security Number (Optional, required if appointed for travel reimbursement etc.): _____

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

YES ☐ NO ☒ If "YES", explain the circumstances on a separate sheet of paper and attach it to this application. A conviction is ~~not~~ necessarily grounds for disqualification. The number of convictions, nature, recentness, and relationship to the board position applied for, will be evaluated and a determination will be made after a review of all relevant facts.

CONFLICTS OF INTEREST: Certain boards and commissions require full disclosure of personal financial data under AS 39.30.010. If required for the board or commission for which you are applying, are you willing to do so?
YES ☒ 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 have applied? YES ☐ NO ☒

If "YES", explain: _____

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TRAINING AND EXPERIENCE: (If resume attached, it is not necessary to complete items A-D)

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

M.D. Degree 1993

- B. List both formal and informal education and training experiences: (Use additional paper if necessary).

General Surgery residency 5 years

- C. List any community service, municipal government, and state positions held, and any awards received. Include both compensated and uncompensated positions (such as president of a service organization or a mayor). Include length of time serviced.

Vice Chairman, State of Alaska, Federal Committee on Trauma

- D. Employment work history - paid, unpaid or voluntary: (Use additional paper if necessary).

Private practice surgeon Soldotna, Alaska

The Office of the Governor and the State of Alaska have an Affirmative Action Equal Employment Opportunity Program. To assist in the program, you are asked to voluntarily answer the following questions to provide the information necessary for reporting purposes. Under State and Federal law, the information you provide will not be used to illegally discriminate against you.

DATE OF BIRTH: _____ SEX: ☒ MALE ☐ FEMALE

ETHNICITY:
Alaska Native _____ American Indian _____ Asian or Pacific Islander _____ Black _____ Hispanic _____

MILITARY SERVICE (if applicable, give dates): _____

CERTIFICATION: 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.

Signature (in ink): Dr. Regina S. Chennault Date: 9-26-05

Please attach a current resume with your application.