

General Information

Board/Commission and seat you are seeking:
Midwives

Additional Boards/Commissions of interest:

Preference Order Board

3) Medical Board

State Boards/Commissions on which you have served:
none

First Name	Middle Name	Last Name
Bruck	Ann	Clift
Mailing Address		
Military Service		
none		

Conflict of Interest

Certain boards and commissions require full disclosure of personal financial data under AS39.50.010. 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 you family be affected financially by decisions to be made by the board or commission for which you are applying?

Yes

Please explain the potential financial benefit

No |

Employment History

Employment work history including paid, unpaid, or voluntary.

solstice family care -physician 1/2014-current

Providence AK family medicine residency- physician 7/2010-7/2013

University of Arkansas for Medical Sciences- Student 8/2006-5/2010

Providence AK medical Center- Radiology assistant 2005-2006

Hope community resourses- individual support specialist 2005-2006

University of AK anchorage- student 2000-2005

Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:

residency family medicine completed 2013

MD-2010

BS X2 in biology and chemistry 2005

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

AK state Medical License # 7621

American board of family medicine cert # 1041180245

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

scholarship from Arkansas Gastroenterology 2006

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

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

Submitted: 9/11/2014 3:04:52 AM