Midwives Board			Rachel Ann Pugh
	General Inform	ation	
Board/Commission and se Midwives Board, CDM Se			
Additional E None	Boards/Commissions of interest:		
State Boards/Commission None	s on which you have served:		
First Name Rachel	Middle Name Ann	Last Name Pugh	
Military Service N/A			
	Conflict of Inte	erest	

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.

Started, owned and worked at my private Montessori School in Kenai, Alaska (paid), Started, owned and worked as a Certified Doula in hospitals and with midwives (paid), Started and currently own my own Midwifery practice in Eagle River, AK (paid)

## **Education, Training, Experience & Qualifications**

List both formal and informal education and training experiences:

Early Childhood Education (UAA), Certified Montessori Teacher, Certified Doula Training and Education, Doula Trainer, Midwifery School and Apprenticeship, Midwife Training on The Farm with Ina May Gaskin

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

State Licensed Direct Entry Midwife (CDM) 2018, Nationally Licensed Midwife (CPM) 2018

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 <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: