

### General Information

Board/Commission and seat you are seeking:  
Pharmacy Board, 7

Additional Boards/Commissions of interest:  
None

State Boards/Commissions on which you have served:  
Soldotna City Council

First Name	Middle Name	Last Name
Justin		Ruffridge
Military Service		

### 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.  
No

Please explain the potential financial benefit

### Employment History

Employment work history including paid, unpaid, or voluntary.  
Soldotna Professional Pharmacy  
University of Alaska Anchorage

### Education, Training, Experience & Qualifications

List both formal and informal education and training experiences:  
Doctorate in Pharmacy from Washington State Univerisity  
Immunizing Pharmacist  
Asthma Educator

List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:  
Licensed Pharmacist in Alaska since 2008

List any community service, municipal government, and state positions held, and any awards received.  
City Council (Soldotna) 2018 to present  
Planning and Zoning Commission (Soldotna) 2017-2018  
Member Kenai Performers (Kenai) 2012 to present  
Rho Chi 2005 to present

### 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:

