

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SHES 124

Poster Abstracts:

1. Stinson LW, Murray MJ, Lennon RL: Microcomputer controlled closed-loop infusion of Atracurium for thoracoabdominal aortic aneurysmectomy with intraoperative motor evoked potential monitoring. *Anesthesiology* 77:A950, 1992. Presented at the American Society of Anesthesiologists Annual Meeting, New Orleans, LA, October 17-21, 1992.

Book Chapters:

1. Stinson LW: Myocardial oxygen requirements and preservation. In: Faust RJ ed. *Anesthesiology Review* 2nd Ed. New York. Churchill Livingstone; 1994: 362-364.
2. Lennon RL, Stinson LW: Continuous axillary brachial plexus catheters. In: Morrey BF ed. *The elbow and its disorders*. 3rd Ed. Philadelphia. W.B. Sanders; 2000: 135-140.

Scientific Exhibits:

1. Stinson LW, Bluestein LS, Brown DL, Lennon RL: Ankle Block – Two Skin Puncture Technique. Presented at the 67th Congress of the International Anesthesia Research Society, March 1993.

Presentations:

1. Comparison of Doxacurium, Pancuronium, and Pipecuronium train-of-four recovery after pharmacologic antagonism. Presented at the American Society of Anesthesiologists Annual Meeting, New Orleans, LA, October 19, 1992.
2. Continuous axillary analgesia following distraction elbow arthroplasty. Presented at the American Society of Anesthesiologists Annual Meeting, New Orleans, LA, October 20, 1992.
3. New airway management techniques. Presented at the Fairbanks Memorial Hospital Grand Rounds, General Staff Meeting, June 5, 1998.

John Stewart Cullen, MD
 PO Box 2504
 Valdez, Alaska 99686
 (907) 835-4811

Employment

General partner Valdez Medical Clinic LLC A four physician private practice in a medically remote area at the terminus of the Alaskan pipeline 1994 - present

Activities

National

American Academy of Family Physicians (AAFP) Task force Task Force on Rural medicine 2007
 American Academy of Family Physicians (AAFP) Task force on emergency medicine 2006
 Co-Author AAFP position statement on Emergency Medicine
 Member AAFP Member Services Committee 2006 - 2008
 Chairman AAFP Chapter Affairs Committee 2004
 AAFP Chapter Affairs Committee 2001 - 2003

State

President of the Alaskan Academy of Family Physicians 1998 - 2000
 President Elect of the Alaskan Academy of Family Physicians 1997
 Chairman of CME for the Alaskan Academy of Family Physicians 1995-1996
 Delegate to the AAFP Congress of delegates 1998-2004, 2006-2007
 Physician reviewer for the Providence Alaska Rural Network 2000 - present
 Member of the Alaska Rural Medical Congress 1998 - present
 Exemplary preceptor for WAMI (University of Washington College of Medicine)

Local

Chief of Staff Valdez Community Hospital 1995 - present
 Valdez Long Term Care Facility Director 2004 to present
 Physician Sponsor Valdez Emergency Medical Services 1999 - present
 Physician for the World Extreme Ski Championship 1995 - 2001
 Physician for the World Free Ski Championship 2002
 Physician for the King of the Hill Snowboard Championship 1998
 Physician Sponsor Valdez Heli Camps 2001
 Physician Sponsor H2O adventures 2001 - 2004

Procedures

Obstetrics including Cesarean sections. Natural to operative childbirth
 Colonoscopy with polypectomy
 Colposcopy
 Ultrasound - abdominal, pelvic including trans-vaginal, Doppler, small parts, and urologic.
 Appendectomies
 Spinal anesthesia
 Umbilical hernia repair.
 Slit lamp exams
 Fish hook removal (I get to do a lot of these)

Original Presentations for medical groups or general public

Recruitment and retention of rural physicians
 Extreme Ski Injuries
 Family medicine.
 Maintaining Ideal Body Weight
 The Costs of snow machine injuries.
 Preventing heart Disease
 Hepatitis A,B,C
 Smoking Cessation
 Adult Manifestations of Child abuse
 Osteoarthritis
 Seasonal Rhinitis
 Early detection of breast cancer

Family physicians in rural emergency medicine

Professional interests

Rural health
Wilderness and Sports Medicine
Emergency Medicine
Obstetrics
Breastfeeding Support
Death and dying issues
Dermatology
Ultrasonography as performed by Family physicians
Medical Education
Rural anesthesia

Recreational interests

Sailing We have a Corsair 31
Downhill and cross country skiing
Guitar Bluegrass, Gospel, Country and Southern Rock and Roll
(Especially playing any kind of music with my daughter)

Post Graduate
Education

University of California, Davis affiliated residency in Family Medicine
Stanislaus Medical Center, Modesto California
Internship and Residency from 6/91 - 6/94
California Medical License obtained 8/92

Activities

Residency Education Committee
Coordinator of Mortality and Morbidity conferences

Medical
Education

University of Arizona, College of Medicine
MD completed May 1991

Activities

Secretary for Medical Student Council
Officer on the Board for Scholastic Conduct
Coordinator for Commitment to Underserved People
Tucson AIDS Project
Rural AIDS Education Project

Undergraduate
Education

University of California, San Diego, graduating in 1985
BS in Molecular & Cell Biology

Honors

Provost's Honors list,
Presidential Undergraduate Research Fellowship

Activities

American Cancer Society Youth Group Leader

PAULA PENCE EASLEYpeasley@gci.net

2134 Crataegus Avenue Anchorage Alaska 99508

907-274-6800, email

◆ Public Policy Consultant, Writer, Speaker, 1996 to present

Easley Associates. Maintain grassroots lobbying networks in other states for Alaska resource development issues. For Arctic Power, coordinated outside grassroots local government campaign, gave speeches, lobbied in targeted states, drafted editorials and letters for Congress members and outside ANWR supporters to publish; published national energy report for local governments; upgraded ANWR website content. Periodic outreach assignments involve public presentations and debates; and meeting with organizations, the media and congressional staffs in targeted states.

Currently advocate access to private, state and federal land by property owners and resource providers as president, Alaska Land Rights Coalition; work on grassroots ANWR campaign; publish media commentaries for the Resource Development Council (RDC); serve as vice chair, Nationwide Public Projects Coalition, addressing federal wetlands and endangered species policy; maintain an electronic policy information network. Columnist, Anchorage Daily News, Petroleum News, Eco-Logic. Fulfill periodic article assignments for natural resource and land-use publications.

EXPERIENCE PROFILE, 1975 - 1995

◆ **Management: Government/Association:** Director, Government Affairs, Mayor's Office, Municipality of Anchorage (5.5 years), responsible for federal regulatory and policy issues affecting municipal agencies and private industry; undertook municipal study of federal environmental mandates, distributed to members of Congress and 2200 cities and counties, mostly by request. Director, Municipal Economic Development and Planning Department (2.5 years), implemented mayor's pro-business directives and crafted an administration economic development strategy. Conducted business retention and expansion survey of 10,000 companies and initiated a volunteer business-counseling network during the state's lengthy recession, receiving SBA award for the program. Due to budget cuts, downsized department from 50 to 30 employees. Negotiated federal health, safety and environmental policies with state agencies.

Executive Director, Resource Development Council for Alaska (12 years). Focused on expanding mining, transportation, petroleum, tourism, timber, agriculture, and fisheries industries. Handled fundraising and coordination of staff and 78-member state board. Mobilized activists throughout Alaska to cooperatively advance the state's economic development. Produced promotional and educational conferences in and outside Alaska, attracting international speakers and audiences.

◆ **Grassroots Lobbying:** As RDC's lobbyist and during municipal tenure, formed national networks of policy leaders within think tanks, grassroots organizations and community governments to influence legislation and regulations. The *New York Times* credited one such network of 450 government officials with passing legislation restricting unfunded federal mandates. Advocacy work was also instrumental in causing the EPA to withdraw its punitive 30% wastewater treatment rule, thus granting Anchorage and other affected communities

waivers from unnecessary treatment plant modifications. A similar effort resulted in the State of Alaska withdrawing a costly, redundant asbestos regulation.

Assisted Alaska delegation on policy issues, identifying suitable witnesses and regulatory examples for committee hearings. Accessed key congressional staff by providing research and grassroots support within their districts. Was a leader in the successful campaign for an Alaska wetlands exemption from 404 Clean Water Act requirements (later nullified by President Clinton). Served on congressional regulatory task forces chaired by David McIntosh, Tom Delay and John Mica.

◆ **Public Relations:** Coordinated national media campaigns on Alaska congressional issues, trade missions (Canada, Korea, Japan, ROC), international press tours to Southcentral Alaska and North Slope, Washington, D.C. and California press conferences and, through public speaking engagements outside the state, promoted Alaska investment opportunities and tourism. For the Alaska Business Council, with former mayor George Sullivan, produced travel and trade Fairs in California, Washington and Oregon involving hundreds of Alaskan exhibitors and events (2 years). Coordinated public education, consensus-building strategies and research on issues affecting small business and local governments. Researched and published policy papers, articles, studies and two "how-to" books.

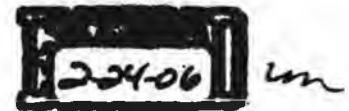
◆ **Entrepreneur:** Provided business services as owner, partner or contractor for 15 years in Anchorage, Juneau and Stony River, Alaska. Owned a secretarial service and employment agency, providing consultant services to boards and commissions such as Alaska State Council on the Arts, Governor's Commission on the Administration of Justice, Alaska Historical Society, Greater Anchorage, Inc., Alaska and Anchorage Centennial Commissions and Governor's Economic Development Policy Council.

◆ **Business Leader:** Appointed by President Clinton in 1997 to the Regulatory Fairness Advisory Board; served eight years, National Public Lands Advisory Council, appointed by President Reagan, reappointed by President G.H.W. Bush. Served on the National Council of Women Advisors to Congress, National Policy Forum's Environment Task Force, Clean Water Industry Coalition, National Wetlands Coalition, National Grassroots ESA Coalition executive committee, Environmental Conservation Organization, and chaired the National Grassroots Campaign to Stop Unfunded Mandates. Currently serve as vice-chair of the Nationwide Public Projects Coalition, member of the Arctic Power executive committee, and the Resource Development Council's statewide board. Listed in Heritage Foundation's Annual Guide to Public Policy Experts since 1995.

◆ **Other:** Policy-related publications include *Alaska's Role in National Energy Policy: Policy Guidance for Cities and Counties*; *Wetlands of the United States: A Report to the U.S. Congress*; *Paying for Federal Environmental Mandates: A Looming Crisis for Cities and Counties* (used by the Kennedy School of Government and Heritage Foundation for briefing new Congress members); *American Values: An Environmental Vision* (Chapter on Local Government's Role). Featured as one of fifty-three "real environmentalists" in William Perry Pendley's book, *It Takes a Hero*.

- ◆ **References:** Carl Portman, Resource Development Council, 907-276-0700
Kathleen Benedetto, U.S. House Resources Committee, 202-226-0242
Henry Lamb, Environmental Conservation Organization, 731-986-0099
Roger Herrera, Arctic Power, 907-562-5572, 202-454-5229
James S. Burling, Pacific Legal Foundation, 916-419-7111





Subject: [Fwd: [Fwd: Alaska Mental Health Trust Advisory Board]]
From: Susan Fischetti <susan_fischetti@gov.state.ak.us>
Date: Fri, 24 Feb 2006 10:28:10 -0900
To: Linda K Manns <linda_manns@gov.state.ak.us>

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Susan Fischetti, Director
Boards and Commissions
Phone: 907-269-7451
Fax: 907-269-7461
susan_fischetti@gov.state.ak.us

Subject: [Fwd: Alaska Mental Health Trust Advisory Board]
From: Pat Heller <pat_heller@gov.state.ak.us>
Date: Wed, 22 Feb 2006 15:45:59 -0900
To: Susan W Fischetti <susan_fischetti@gov.state.ak.us>

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Patricia B. Heller
Director
Office of the Governor, Anchorage
555 West 7th, Suite 1700
Anchorage, Alaska 99501
(907) 269-7450
pat_heller@gov.state.ak.us

Subject: Alaska Mental Health Trust Advisory Board
From: Paula Easley <peasley@gci.net>
Date: Wed, 22 Feb 2006 14:49:38 -0900
To: pat_heller@gov.state.ak.us

Enclosed is my resume for consideration as a member of the Trust Authority's board of trustees. I believe my experience in resource development issues and dedication toward improving the quality of life for all Alaskans would benefit the organization. Please let me know if you need additional information.

Paula Easley, Principal
Easley Associates
907-274-6800
peasley@gci.net

[Fwd: Alaska Mental Health Trust Advisory Board]	Content-Type: message/rfc822
	Content-Encoding: 7bit

RECEIVED
11-27-07



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

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: Mental Health Trust Authority
(For example, Board of Agriculture, public seat)

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

Name: Larry G. Norene
Mailing Address: 10938 Sunagle Cr., Eagle River, AK 99577
Residence Address: _____
City, State and Zip Code: _____
Home or Message Telephone: 907 696 8642 Business Telephone: 272 1227
Fax Number: 277 9852 Cell Phone: 229 1737
Email address: NORENE@alaska.net

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): 00162822

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, recency, 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 39.50.010. 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:

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

License #2178 State of Alaska R.E. Broker

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

Bachelor of Economics, U. of Oregon, 1964

Numerous MAI appraisal courses

Numerous CCIM investment courses

- 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.

Three time Pres. Alaska MLS

Anchorage Planning Board, 4 yrs, Pres.

Anchorage Board of Equalization, 5 yrs, Pres. 3 yrs

Various mayoral task force

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

Anchorage Assessing office 1964-1970 - Supervisor

Commercial & Land appraisal, Wakelind & RICHMOND - 1970-1978

Broker, Norene Realty, 1970 - Present

Developed subdivisions, Anch. & Mat-Su 1975-1985

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 7/27/41 SEX FEMALE MALE

ETHNICITY
Alaska Native American Indian Asian or Pacific Islander Black Hispanic White

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): [Signature] Date: 11/12/07

Please attach a current resume with your application.

If appointed, a press release will be issued announcing your appointment pending the completion of the appointment process with the Governor's office. Please supply our office with the following information that will be included in the press release.

(Name): Larry Noroye (Age) 66 of (Hometown): Fagle River
is (Job title/Place of employment): Broker, Morene Valley
(Name) holds (Listing of earned degrees like bachelor's, master's,
ect.): Bachelors - Economics
(Or list relevant experience to the position you are being appointed to)

Examples:

John A. Doe, 38 of Soldotna, is Director of T-Shirts & Co. Doe holds a bachelor's degree in business administration from X University and a master's degree in communications from X University

John A. Doe, 38 of Palmer, is the owner and operator of Doe and Associates, Inc. Doe previously served as division manager at X, Inc. Doe is a certified personnel consultant.

ALASKA PUBLIC OFFICES COMMISSION
2221 E. NORTHERN LIGHTS, #128
ANCHORAGE, AK 99508-4149
907/276-4176 - FAX 276-7018

ALASKA PUBLIC OFFICES COMMISSION
2007 PUBLIC OFFICIAL FINANCIAL DISCLOSURE STATEMENT
GENERAL INFORMATION

1. This report is required of State and Municipal Public Officials, State Board and Commission Members, Candidates for governor and lieutenant governor, for the legislature (UNLESS YOU ARE AN INCUMBENT LEGISLATOR) and for Municipal Office.

2. This report discloses financial activities for the preceding calendar year; you must include any information about your financial interests held between January 1, 2006 and December 31, 2006.

3. The law requires you to disclose your financial interests and those held by your spouse, domestic partner, or dependent children during the preceding calendar year.

NOTES: Board & Commission members and Municipal officers are not required to disclose close economic associations;

Municipal officers are not required to disclose information about their domestic partner.

4. If you need help, call APOC at 276-4176.

THIS REPORT IS A SWORN STATEMENT.
YOU MUST CERTIFY IT WITH YOUR SIGNATURE ON THE LAST PAGE.

NAME: Larry Norena Phone 272 1227 Fax Number 277 9852
MAILING ADDRESS: 10938 Sunnyside Ln E-Mail Address larry@alaska.net
(Current Street Address or Post Office Box)
Eagle River AK 99577
(City/Town and Zip Code)

NAME OF SPOUSE OR DOMESTIC PARTNER: Larry L. Norena

NAME(S) OF YOUR DEPENDENT CHILDREN:

ARE YOU A CANDIDATE? (CHECK ONE): State Municipal

WHAT OFFICE DO YOU SEEK? _____

IF YOU ARE NOT A CANDIDATE IS THIS YOUR (CHECK ONE):

- INITIAL STATEMENT? You are a recently appointed state or municipal official.
 ANNUAL STATEMENT? You are an incumbent Public Official. (Due by March 15)
 FINAL STATEMENT? You have left office. (Due 90 days after leaving office)
A Final Statement covers a reporting period beginning January 1, 2007 through the date you leave office.

WHAT POSITION REQUIRES YOU TO FILE THIS STATEMENT? Mental Health
Trust Authority

SCHEDULE A
SOURCES OF INCOME OVER \$1,000
I. SALARIED EMPLOYMENT

Salaried Employment

If NONE reportable, check box →

Report the name of each employer who paid you, your spouse, domestic partner or dependent children more than \$1,000 during calendar year 2006

Name of filer, spouse, domestic partner, or child _____

Employer's Name: _____

Employer's Address: _____

Description of Services Provided: _____

Total Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Name of filer, spouse, domestic partner, or child _____

Employer's Name: _____

Employer's Address: _____

Description of Services Provided: _____

Total Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Name of filer, spouse, domestic partner, or child _____

Employer's Name: _____

Employer's Address: _____

Description of Services Provided: _____

Total Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

SCHEDULE A
SOURCES OF INCOME OVER \$1,000

2. SELF EMPLOYMENT
Non-Retail Business

Self-Employment - Non Retail Business If NONE reportable, check box →

For a business that is non-retail, you must list the first and last name and mailing address of each client or customer who paid the business over \$1,000. You must also disclose the amount over \$1,000 paid by each client. Self-employment includes a sole proprietor, partnership, limited liability company, shareholder in a professional corporation, or if you held (individually or with another family member) more than 50% of the stock in a corporation.

Name of filer, spouse, domestic partner, or child: LARRY NORENE
Business Name: NORENE Realty Inc.
Business Address: 400 W BENSON #201, Anch. AK 99503
Description of Services Provided: R.E. brokerage & management

Name and address of client/customer: Center Rentals
Total Amount: \$ 13,600 Paid by (check one) Hour Month Year Commission
Approximate Number of Hours Worked to Earn Income 20 +/- /m

Name and address of client/customer: Klant Properties
Amount: \$ 9,700 Paid by (check one) Hour Month Year Commission
Approximate Number of Hours Worked to Earn Income 15 +/- /m

Name and address of client/customer: Collie Hill Investors
Total Amount: \$ 6,090 Paid by (check one) Hour Month Year Commission
Approximate Number of Hours Worked to Earn Income 10 +/- /m

Name and address of client/customer: Glenn Muldoon LLC
Amount: \$ 21,025 Paid by (check one) Hour Month Year Commission
Approximate Number of Hours Worked to Earn Income 20 +/- /m

Name and address of client/customer: R.L. Stahl
Amount: \$ 42,283 Paid by (check one) Hour Month Year Commission
Approximate Number of Hours Worked to Earn Income _____

Use additional pages for each company or for additional clients/customers.

Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Name and address of client/customer: Robt. & Susan DeLoach

Total Amount: \$ 24,000 Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Name and address of client/customer: _____

Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Name and address of client/customer: _____

Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Approximate Number of Hours Worked to Earn Income _____

Use additional pages for each company or for additional clients/customers.

SCHEDULE A
SOURCES OF INCOME OVER \$1,000

3. SELF EMPLOYMENT
Retail Business

Self-Employment - Retail Business If NONE reportable, check box →

List the name and address of each self-employment business that was a source of income of more than \$1,000 for you, your spouse, domestic partner or dependent child during calendar year 2006.

Self-employment includes: sole proprietor, partnership, limited liability company, shareholder in a professional corporation; or if you held (individually or with another family member) more than 50% of the stock in a corporation.

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Description of Services Provided: _____

Total Amount: \$ _____ Paid by (check one) Hour Month Year Commission

Name of filer, spouse, domestic partner, or child: _____
Business Name: _____
Business Address: _____
Description of Services Provided: _____

Total Amount: \$ _____ Paid by (check one) Hour Month Year Commission

4. Rental Income

Rental Income If NONE reportable, check box →

List the first and last name of each tenant who paid more than \$1,000 in rent during calendar year 2006. If property is located outside Alaska and managed by a person other than you, your spouse, domestic partner or dependent child, you may list the managing agent instead of listing each tenant.

Owner (filer, spouse, domestic partner, or child):	Name(s) of Tenant(s)
<i>See attached</i>	_____
	Amount of Rent Paid: \$ _____
	Amount of Rent Paid: \$ _____

Rental Income

Owner	Tenant	Rent
Orca Properties	MWH America	2,200/M
	South Central Found.	2,000/M
	Wirum Properties	1,800/M
	Kinnetic Laboratories	2,100/M
Norene Properties	Adam Dooley	595/M
	Rence Gartner	595/M
	Ken Frieman	595/M
	Rhonda Adams	595/M
	Ken Darby	595/M
	Jim Chaplin	950/M
	AK Car & Van Rentals	1,100/M
	One More Time	3,000/M
	Anchorage Yamaha	750/M
Puunaa Properties	Inviro Test Technologies	3,750/M
	Total:	20.625/M

Dividends & Interest - L&N & Gony Norene '06

L&N Properties	\$3,187
Northern Skies C.U.	2,202
FNBA	19,658
Suncagle Investors	7,497
Sale of Glenn Muldoon LLC	1,098,280 Capital Gain
Alaska Permanent Fund	2,214

**SCHEDULE A
SOURCES OF INCOME OVER \$1,000**

5. Dividends & Interest

Dividends and Interest

If NONE reportable, check box →

Report the name of the source and amount of all dividends, interest and capital gains over \$1,000 earned during calendar year 2006 such as Dean Witter Money Market Acct. or CD's in ABC Bank.

- List the name(s) and amount of the asset(s) (not in a retirement account) which paid you, your spouse, domestic partner or child dividends, interest or capital gains of more than \$1,000 last year such as IBM stock or Cordova Municipal Bonds.

(Report the assets of a retirement account or trust on Schedule D, page 7)

Recipient (filer, spouse, domestic partner, or child):	Name of Source	Amount of Income
--	----------------	------------------

See attached

6. Other Income

Other Income

If NONE reportable, check box →

List each source and amount of income over \$1,000 not listed elsewhere on this statement, including income from public assistance, workman's compensation, unemployment, the name of the buyer of real property; social security; retirement; the name of the person who paid alimony or child support; government entitlements; honoraria and shared living expenses.

Recipient (filer, spouse, domestic partner, or child):	Name of Source	Amount of Income
--	----------------	------------------

Gerry L. Narove

Filas. Retirement

retirement

8707

7. Gifts

Gifts

If NONE reportable, check box →

List the source and value of gifts which have a value of, or cumulative value of, more than \$250 except gifts from a spouse, domestic partner, parent, child, sibling, grandparent, aunt, uncle, niece or nephew. Some examples of gifts include: cash, a debt that is forgiven, scholarships, and discounts not extended to the general public.

Recipient (filer, spouse, domestic partner or child)

Name of Source

Value of Gift

SCHEDULE B

BUSINESS INTERESTS

Business Interests

If NONE reportable, check box →

Report all business interests even if they were NOT a source of income to you, your spouse, domestic partner, or dependent child during calendar year 2006.

- List ownership interests or options to buy more than \$1000 as a shareholder in publicly traded stocks that are not listed elsewhere on this form. (A list of the names of publicly traded stocks such as IBM or Intel may be listed by name only on a separate page.)
- List ownership interests or options to buy non-publicly traded companies such as a sole proprietor, shareholder, owner, partner, officer, or director including ownership interests in native corporations.
- List interests in limited liability companies.
- List director or officer position in profit and non-profit organizations.

Describe the business activity with sufficient detail to tell a reader what the organization actually does.

Name of filer, spouse, domestic partner, or child: Larry Noirene
 Business Name: Noirene Properties LLC
 Business Address: 400 W Benson #201 Anch. AK 99503
 Nature of Interest: 50% interest
 Description of Business's Activity: Commercial Rent - 1 bldg. 3934 Spen. Rd

Name of filer, spouse, domestic partner, or child: Larry & Gerry Noirene
 Business Name: Orca - Partnerships
 Business Address: 400 W Benson
 Nature of Interest: 50% interest
 Description of Business's Activity: Warehouse rental Prop. 1444 E 95

Name of filer, spouse, domestic partner, or child: Larry Noirene
 Business Name: Puunoo Properties LLC
 Business Address: 400 W Benson
 Nature of Interest: 33 1/3 interest
 Description of Business's Activity: Warehouse rental 1 bldg 5740 B St.

Name of filer, spouse, domestic partner, or child: Larry & Gerry Noirene
 Business Name: Suncagle Investors LLC
 Business Address: 400 W Benson
 Nature of Interest: 50% interest
 Description of Business's Activity: Funds held for investments

shareholder, owner, partner, officer, or director including ownership interests in native corporations.

- List interests in limited liability companies.
- List director or officer position in profit and non-profit organizations.

Describe the business activity with sufficient detail to tell a reader what the organization actually does.

Name of filer, spouse, domestic partner, or child: Larry Norene

Business Name: Norene Realty Inc.

Business Address: 400 W Benson

Nature of Interest: 100% stock

Description of Business's Activity: R.E. brokerage

Name of filer, spouse, domestic partner, or child: Larry Norene

Business Name: Alaska Humus LLC

Business Address: 604 W 2nd Ave 99501

Nature of Interest: 16% interest

Description of Business's Activity: Sales of Humus Soil

Name of filer, spouse, domestic partner, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

Name of filer, spouse, domestic partner, or child: _____

Business Name: _____

Business Address: _____

Nature of Interest: _____

Description of Business's Activity: _____

SCHEDULE C

REAL PROPERTY INTERESTS/RENT TO OWN

Real Property Interests

If NONE reportable, check box →

Report all property interests such as your home, neighboring lots, rent to own home, rental property, vacant, recreational, business property or limited partnerships including real estate interests held in an LLC; or held through a trust or sold during calendar year 2006.

Include a street address, city and state or complete legal description for each piece of property listed. Do not use mile post markers or post office boxes.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, domestic partner, or child: Larry & Gerry Norene
Street Address or Legal Description: 10938 Suncoast Cr
City or Borough and State: Eagle River, AK
Nature of Interest: Residence (Current Use (Optional))

Name of filer, spouse, domestic partner, or child: Larry & Gerry Norene
Street Address or Legal Description: 16711 Highblvd, Lots 2B 2C Finch
City or Borough and State: Eagle River
Nature of Interest: Storage (Current Use (Optional))

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: 3934 Spenard Rd, Litter Subd.
City or Borough and State: Anchorage
Nature of Interest: 50% LLC (Current Use (Optional): Commercial rentals)

Name of filer, spouse, domestic partner, or child: Larry & Gerry Norene
Street Address or Legal Description: 1444-1450 F 99, Lot 1A, B1, 2B Third
City or Borough and State: Anchorage
Nature of Interest: 50% Partner (Current Use (Optional): Warehouse Leases)

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: Lots 3 & 4 Bl. 3 Fishhook A- #1
City or Borough and State: Wasilla
Nature of Interest: 50% Partner (Current Use (Optional): Vac. Land)

SCHEDULE C

REAL PROPERTY INTERESTS/RENT TO OWN

Real Property Interests

If NONE reportable, check box →

Report all property interests such as your home, neighboring lots, rent to own home, rental property, vacant, recreational, business property or limited partnerships including real estate interests held in an LLC, or held through a trust or sold during calendar year 2006.

Include a street address, city and state or complete legal description for each piece of property listed. Do not use mile post markers or post office boxes.

Use copies of this page if you need additional space to complete this section.

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: N 1/2 Lot 1 B1.37 East Addn
City or Borough and State: Anchorage
Nature of Interest: vac. land (Current Use (Optional))

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: Lot 7 B. St. Industrial
City or Borough and State: Anchorage
Nature of Interest: 33.3% LLC (Current Use (Optional)) Warehouse Lease

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: 3609, 3611 Boniface B1.21 Burlwood
City or Borough and State: Anchorage
Nature of Interest: available for rent (Current Use (Optional))

Name of filer, spouse, domestic partner, or child: Larry Norene
Street Address or Legal Description: Lot 20 B1.2 Kime Lane
City or Borough and State: 8860 N. Erica Willow AK
Nature of Interest: Rec. Cabin (Current Use (Optional))

Name of filer, spouse, domestic partner, or child:
Street Address or Legal Description:
City or Borough and State:
Nature of Interest: (Option to Buy, Ownership, Leasehold) Current Use (Optional)

SCHEDULE D

BENEFICIAL INTEREST IN TRUSTS & RETIREMENT ACCOUNTS
Exceeding \$1,000

Trusts & Retirement Accounts

IF NONE reportable, check box →

Report each beneficial interest in a trust or retirement account held by you, your spouse, domestic partner or dependent children that exceeded \$1,000 during calendar year 2006. Retirement accounts include employee benefit accounts (pension and profit-sharing accounts), deferred compensation plans, and retirement accounts (IRA, 401K, SEP or Keogh). Assets of a trust or retirement account include stocks, bonds, mutual funds, cash accounts, CDs, real property.

- Name the trustor (the person or employer who provided the funds or assets for the trust or retirement account).
- If a trust or retirement account is self directed, also list the assets by name such as IBM stock or Templeton Growth Fund.

Name of filer, spouse or domestic partner, or child:

Extent of Interest (Percent)

Name of the person, employer or entity that provided the funds or assets (Trustor)

Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Name of filer, spouse or domestic partner, or child:

Extent of Interest (Percent)

Name of the person, employer or entity who provided the funds or assets (Trustor)

Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Name of filer, spouse or domestic partner, or child:

Extent of Interest (Percent)

Name of the person, employer or entity who provided the funds or assets (Trustor)

Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

Name of filer, spouse or domestic partner, or child:

Extent of Interest (Percent)

Name of the person, employer or entity who provided the funds or assets (Trustor)

Name(s) of the stocks, bonds, mutual funds or other assets contained in the retirement account or trust

**SCHEDULE E
LOANS, LOAN GUARANTEES, AND DEBTS
OF \$1,000 OR MORE**

Loans, Loan Guarantees, and Debts

If NONE reportable, check box →

Report the name of each creditor or lender to whom more than \$1,000 was owed during calendar year 2006 by you, your spouse, domestic partner, or dependent children.

List financial obligations including mortgages on property sold during calendar year 2006; loans that have been guaranteed, delinquent taxes, alimony, child support payments; medical bills, mortgage, boat and auto loans; business and personal loans; escrow's; student loans; signature loans; and promissory notes. Loans include secured, unsecured and contingent loans. Do not report credit card obligations or revolving charge accounts.

Circle whether the entity is a lender, creditor or guarantor. See page 23 of the manual for more help with this section.

Larry Norgne
Name of Debtor (filer, spouse, domestic partner or child)

Culhane Family Trust
Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

Name of Debtor (filer, spouse, domestic partner or child)

Name of Lender/Creditor/Guarantor

NATURAL RESOURCE LEASES

Natural Resource Leases

If NONE reportable, check box →

List all natural resource leases, including mineral, timber, or oil leases bid held or offered during calendar year 2006. Report this information for yourself, your spouse, domestic partner or dependent child who was a sole proprietor, a partnership or professional corporation, a limited liability company, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and Description

Leaseholder

Nature of Lease

Indicate: Bid, held or offer made

Identity of Lease and Description

**SCHEDULE F
GOVERNMENT CONTRACTS AND LEASES**

Contracts and Offers to Contract

If NONE reportable, check box →

List all contracts and offers to contract with the state or instrumentality of the state or a municipality during calendar year 2006 held, bid or offered. Report this information for yourself, your spouse, domestic partner or dependent child who was a sole proprietor, a partnership or professional corporation, a limited liability company, or a corporation in which you or your family members listed above (or a combination of them) held a controlling interest.

Name(s) of Contractor

Contracting Agency/Department

Indicate: Bid, held or offer made

Contract number and description

Name(s) of Contractor

Contracting Agency/Department

Indicate: Bid, held or offer made

Contract number and description

**SCHEDULE G
CLOSE ECONOMIC ASSOCIATIONS**

Close Economic Associations

If NONE reportable, check box →

Municipal Officials and Board & Commission members are NOT required to disclose close economic associations.

State Public Officials must disclose close economic associations with a legislator, another state public official, a lobbyist, or a Public Officer if the filer is the governor or the lieutenant governor

A "close economic association" is a financial relationship that exists between a public official required to disclose a close economic association and some other person or entity, including a relationship where the public official serves as a consultant or advisor to, is a member or representative of, or has a financial interest in an association, partnership, limited liability company, business or corporation.

Name of Filer:

Please Print

Position and Department of Filer:

Name of Person with whom association exists:

Person's Status: (public official, legislator, lobbyist etc.)

Description of economic association:

CLOSE ECONOMIC ASSOCIATIONS (CONTINUED)

For those with a lobbyist spouse or domestic partner, report the name and address of each employer of the lobbyist and the total monetary value received from each of the lobbyist's employers:

Name & Address of Employer of Lobbyist: _____

Amount of monetary value received: _____

Name & Address of Employer of Lobbyist: _____

Amount of monetary value received: _____

Name & Address of Employer of Lobbyist: _____

Amount of monetary value received: _____

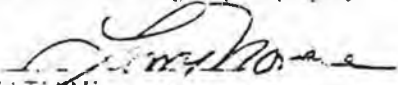
You may attach a listing of the Names & Addresses of the Employers of the Lobbyist along with the total amount of monetary value received from each employer.

You must report changes in the lobbyist's employers within 48 hours of the change.

You must disclose the formation of a new close economic association within 60 days.

CERTIFICATION

I certify under penalty of perjury that the information in this Statement is, to the best of my knowledge, true, correct and complete. A person who makes a false sworn certification which he or she does not believe to be true is guilty of perjury.


SIGNATURE
Larry Morene
Printed Name of Filer

11/12/07
DATE
Anchorage, AK
Place

Where to file this Statement

MUNICIPAL OFFICIALS AND CANDIDATES - File Statements with the local City or Borough Clerk in the jurisdiction where you hold or seek office

STATE CANDIDATES: - File Candidate Statements with the Division of Elections along with your Declaration of Candidacy

State officials: - File initial and annual Statements with the Alaska Public Offices Commission at:

2221 E. Northern Lights #128
Anchorage, AK 99508-4149
Telephone 907/276-4176
FAX 907/276-7018

OR PO Box 110222
Juneau, AK 99811-0222
240 Main, Rm. 201
Telephone 907/465-4864
FAX 907/465-4832

Timothy Alan Schuerch

3313 Newcomb Drive

Anchorage, Alaska 99508

E-mail: timschuerch@msn.com

Cell: (907) 230-8634

Home: (907) 333-4740

PROFESSIONAL EXPERIENCE**PRESIDENT/CEO, Kikiktagruk Inupiat Corporation, Kotzebue, AK April 2006 - Oct 2007****DUTIES:** Complete management and oversight of the corporation and all its subsidiaries.**ACCOMPLISHMENTS:** Grew revenues to over \$20 million. Increased shareholder equity by \$7 million. Assembled and led a competent team of shareholder managers.**EXECUTIVE VICE-PRESIDENT/GENERAL COUNSEL, Kikiktagruk Inupiat Corporation Anchorage, AK, December 2005 - March 2006****DUTIES:** Supervised all legal, compliance and administrative matters.**ACCOMPLISHMENTS:** Drafted new Employee Handbook. Ensured 8(a) compliance.**GENERAL COUNSEL, Alaska Native Tribal Health Consortium Anchorage, AK, June 1999-July 2005****DUTIES/ACCOMPLISHMENTS:** Oversaw all legal matters for a large organization, including significant government relations and advocacy functions. Supervised a team of two in-house attorneys and nine contract attorneys. Provided reports and recommendations directly to senior managers, the CEO and Board on a range of legal and business matters. Participated as a member of the senior leadership team in all corporate functions, including planning, budgeting, operations and internal and external communications. Worked with managers at all levels to solve tough finance- and reputation-impacting challenges. Played a key role in growing revenues from \$125 to over \$300 million. Designed and implemented major components of an efficient infrastructure that maximized services, ensured compliance while protecting and enhancing the company's reputation. Represented the company in numerous public and governmental forums in Alaska and nationally, the end result of which was ANTHC building a positive reputation as a one of the nation's best rural health service systems.**SPECIAL ASSISTANT TO THE PRESIDENT, Maniilaq Association**

Kotzebue, AK, July 1997 - June 1999

DUTIES/ACCOMPLISHMENTS: Helped build cash reserves to over \$30 million.

Helped turn around the company's prior reputation as having poor financial performance.

EDUCATION**JURIS DOCTOR, Southern Methodist University School of Law**

Dallas, TX, 1998

ACADEMIC DISTINCTIONS: Standards of Commercial Conduct; Health Law**BACHELOR OF ARTS, Political Science, University of New Mexico**

Albuquerque, New Mexico, 1994

ACADEMIC DISTINCTIONS: Golden Key Honor Society (top 15% of class)**MAJOR/MINOR:** Political Science; Communications

Fax Received

JAN 29 2008

Office of the Governor

DIPLOMA, West Valley H.S.
Fairbanks, Alaska, 1982

ACADEMIC DISTINCTIONS: Graduated "with honors" in top 5% of class

PROFESSIONAL LICENSURE

Member in good standing, Alaska Bar Association, No. 9811054.

PERSONAL

NANA shareholder. Kiana tribal member. Credit rating 765.

REFERENCES

University of New Mexico: Heather Wilson, Member, U.S. House of Representatives

SMU School of Law: Thomas Mayo, Assistant Professor

Maniilaq Association: Paul Hansen, Maniilaq Health Center Administrator
Tim Gilbert, ANTHC Senior Director, Community Health

ANTHC: Don Kashevaroff, President and Chairman

Kikiktagruk Inupiat Corp: Grant Hildreth, Acting President

Legal: Tim McKeever, Holmes, Weddle & Barcott
Jon Dawson, Davis, Wright, Tremaine
John Havelock

Legislative: Nathan Bergerbest, Office of Sen. Lisa Murkowski
Cynthia Ahwinona, Office of Congressman Don Young

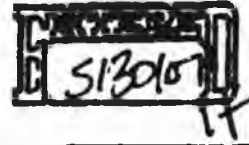
WRITING SAMPLES

Available upon request.

Center for
**Women's
Health
Care**



Center for Women's Health Care
3223 E. Palmer-Wasilla Hwy.
Suite 1
Wasilla, AK 99654
907-357-4963
Fax: 907-357-1894



Peggy A. Downing, M.D.

3223 E. Palmer-Wasilla Hwy.
Suite 1
Wasilla, AK 99654
907-357-4963
Fax: 907-357-1894

Education

OB/GYN Residency, University of Texas Medical School, 7-84 to 7-87
Internship, University of Texas Medical School, 7-87 to 7-84
Medical School, University of Texas Medical School, 9-79 to 5-83
BS Chemistry Magna Cum Laude, Southwestern University, 9-75 to 5-79

Employment

1987 - 1988 Employed as Physician, Susan Lemagic, M.D. (private practice)
1988 - Current Physician/Practice Owner, Center For Women's Health Care (private practice)

Licenses

Texas, G4999 1983 - current
Alaska 2234 1987- current

Board Certification

ACOG: 12-7-90 to 4-30-2008
FACOG: 9-30-91

Current Affiliations

Mat-Su Regional Medical Center/Valley Hospital, Palmer, AK - Active Staff since 1987
Providence Hospital Anchorage, AK - Courtesy Staff since 1988
Alaska Regional Hospital Anchorage, AK - Courtesy Staff since 1994
University of Washington Seattle, WA - Clinical Instructor since 1992

Advanced Coursework, Conferences and Seminars

American Board of Gynecology Recertification Exam, Medical Ethics and Professionalism, Neonatal Resuscitation, Clinical Quality Improvement, Maternal Fetal Medicine and Nursing, New Treatment for Type II Diabetics, Special Needs of Women Over 40, Conference on Women's Health Care, Premature Labor and Preeclampsia Management.
Medical Staff Directory 12/03-12/04
Maternal Child Health Section Chair 05/06-9/16

Peggy Downing, MD,
FACOG

Board-Certified: American Board of Obstetrics and Gynecology
Fellow: American College of Obstetricians and Gynecologists
MD: University of Texas Medical Branch, Galveston TX

Ellen Faucett, DO,
FACOG

Board-Certified: American Osteopathic Board of Obstetrics and Gynecology
Fellow: American College of Obstetricians and Gynecologists
DO: College of Osteopathic Medicine and Surgery, Des Moines, IA

Complete well-woman care:

- Annual exams & Pap smears
- Colposcopy
- Contraception
- 3D & 4D ultrasound
- Core body weight training
- HCG testing
- Menopausal care
- Diagnosis & treatment of endometriosis

Dedicated obstetric care:

- Prenatal care
- Induced and natural births
- Caring at Mat-Su Regional Medical Center
- Low & high-risk pregnancy care
- Postnatal pregnancy care
- Amniocentesis
- In-office stress testing
- Cesarean sections
- Vaginal birth after C-section
- Certified midwife care
- Infertility solutions

Surgical solutions:

- Tumor resection
- Fibroid removal
- Incontinence correction, bladder repair
- Laparoscopy
- Repair of uterine prolapse (cervical)
- Hysterectomy - vaginal, abdominal & laparoscopic
- Laser surgery with CO₂ laser

Comforts & conveniences:

- Summer & winter gowns in various sizes
- Warmest instruments
- Bedside rest stations
- Hot/cold water, candy & snacks
- Immediate appointments
- Insurance accepted & filed
- Family stay available
- Kids kept in reception
- Educational books & tapes

FAX COVER SHEET

CENTER FOR WOMEN'S HEALTH CARE
3223 E Palmer-Wasilla Hwy, Suite 1
Wasilla AK 99654

Phone: (907) 357-4963
Fax: (907) 357-1894

SEND TO Company name	From Peggy Downing
Attention IVK	Date 5/30/07
Telephone Number	Regarding
Fax number 465-8110	Telephone number 907-357-4963

Urgent Reply ASAP Please comment Please review For your information

Total pages, including cover _____

COMMENTS

**** CONFIDENTIAL ****

The information contained in this facsimile is **PRIVILEGED AND CONFIDENTIAL** information intended for the use of the recipient listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of action in reliance on the contents of this transmitted information is strictly prohibited.

If you have received this transmittal in error, please notify us at once at the telephone number given above to arrange for return of the documents to us.

Peggy Downing, MD Ellen Faucett, DO Ellen Palmer, CNM Amy Elder, ANP

pp 160 / midw / 11/16

Holly Marie Steiner
2201 Porcupine Trail
Wasilla, Alaska 99654
907-373-4748
psteine@gci.net

November 15, 2004

Honorable Governor Murkowski
Boards and Commissions
P.O. Box 110001
Juneau, Alaska 99811

Dear Sir,

I am writing this letter to convey to you my interest in taking the open position on the Licensing Board of Certified Direct-Entry Midwives (CDM). It is my desire to serve in this manor and would consider it an honor to sit on this board. I bring strong communication skills and would continue to work toward the advancement of midwifery in Alaska and ensuring consumer safety. Thank you for taking the time to consider my appointment to this Board.

Sincerely,



Holly M. Steiner RN, CDM

Enclosure: Resume

BOARDS & COMMISSIONS

NOV 16 2004

Holly Marie Steiner

2201 Porcupine Trail

Wasilla, AK 99654

(907) 373-4748

Education and Training

Abilene Intercollegiate School of Nursing (AISN)

Hardin-Simmons University

2200 Hickory

Abilene, Texas 79601

325-670-1000

Bachelors of Science in Nursing Degree.....May 1995

Abilene Regional Medical Center

6250 Hwy 83-84 at Antilley Rd.

Abilene, Texas 79606

325-695-9900

Karen Rockwell, RN

Labor and Delivery Internship (aprox. 100 hrs.).....January 1995-May 1995

Via Vita Health Project Midwifery Curriculum

Midwifery Education Foundation

753 Gaffney

Fairbanks, Alaska 99701

907-456-3719

Midwife academic program (completed in 18 months).....December 2000

Mat-Su Midwifery

2650 Broadview Ave.

Wasilla, Alaska 99654

Apprenticeship

Preceptors: Pam Weaver and Judi Davidson.....June 1999-December 2000

Employment

Hendrick Medical Center

1242 N. 19th Street

Abilene, Texas 79601

325-670-2000

Patient Care Technician, Postpartum Unit.....May 1994-May 1995

Abilene Regional Medical Center

6250 Hwy 83-84 at Antilley Rd.

Abilene, Texas 79606

325-695-9900

Staff Nurse, Labor and Delivery.....May 1995-December 1997

Valley Hospital

515 E. Dahlia Ave.

Palmer, Alaska 99645

907-746-8600

Pool Nurse, Labor and Delivery.....February 1998-February 1999

Mat-Su Midwifery

2650 Broadview Ave.

Wasilla, Alaska 99654

907-373-3420

Staff Midwife.....March 2001-February 2004

New Life Midwifery (My own Practice)

2201 Porcupine Trail

Wasilla, Alaska 99654

907-232-1664

Certified Direct Entry Midwife.....February 2004-Present

References

Judi Davidson, CDM
President, Midwife's Association of Alaska
2650 Broadview Ave.
Wasilla, Alaska 99654
907-373-3420

Pamela Weaver, CDM
Morningstar Midwifery, Former CDM board member
907-232-7435

Dana Brown, CDM
Chair, Direct Entry Midwife Licensing Board, Alaska
Alaska Family Health
728 Gaffney Road STE 100
Fairbanks, Alaska 99701
907-456-3719

Licenses

Current Certified Direct-Entry Midwife License in the state of Alaska
Number AA32 Exp: 12/31/2004 (to be renewed)

Current Registered Nurse License in the state of Alaska
Number 18435 Exp: 11/30/2006

**Appointment to the Board of Certified Direct-Entry Midwives
Alaska**

OFFICE OF THE GOVERNOR
MAILROOM

JAN 11 2008

Cheryl Corrick
728 Gaffney Rd., Suite 100
Fairbanks, AK 99701

January 8, 2008

State of Alaska
Office of Governor Sarah Palin
Attention: Frank Bailey, Director of Boards & Commissions
P.O. Box 110001
Juneau, AK 99811-0001

January 8, 2008

Dear Governor Palin,

I am a Certified Direct-entry Midwife (CDM) in the State of Alaska. I am also a Certified Professional Midwife (CPM), which is a national certification. I have resided in Fairbanks for the past 35 years. I received my midwifery certification in April 1996 and have been privileged to attend the births of over 600 Alaskan babies. I have served on the Midwives Association of Alaska's peer review committee for the past 8 years. I understand that I have been recommended for a position on the State of Alaska's Board of Certified Direct-entry Midwives. If I am offered this appointment I will gladly accept this position and serve with integrity and reliability. Thank you for your consideration.

Sincerely,



Cheryl Corrick, CDM, CPM



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

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: Board of Certified Direct-entry Midwives
 (For example, Board of Agriculture, public seat)

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

Name: Cheryl Corrick
 Mailing Address: 728 Gaffney Rd., Suite 100
 Residence Address: 4095 Teal Ave, Fairbanks, AK 99709
 City, State and Zip Code: Fairbanks, AK 99701
 Home or Message Telephone: 907-452-5071 Business Telephone: 907-456-3719
 Fax Number: 907-456-1511 Cell Phone: 907-378-5930
 Email address: corrick@pci.net

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 39.50.010. 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:

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: Certified Direct-entry Midwife, 4-22-96
Certified Professional Midwife (National Assoc. of Registered Midwives)
1998
- B. List both formal and informal education and training experiences: (Use additional paper if necessary)
1992-1996 Via Vita Health Project, Inc. Midwifery Education Program
and apprenticeship
- 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. N/A
- D. Employment work history - paid, unpaid or voluntary: (Use additional paper if necessary).
Via Vita Health Project Inc. dba Alaska Family Health + Birth Center

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: 8-10-57 SEX: FEMALE MALE

ETHNICITY:

Alaska Native American Indian Asian or Pacific Islander Black Hispanic White

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): Cheryl J. Conrail Date: 1-8-08

Please attach a current resume with your application.



STATE OF ALASKA
OFFICE OF THE GOVERNOR

BOARDS AND COMMISSIONS

Name: Cheryl Cornick

Date: 1-8-08

(Indicate top three boards/commissions of interest by number with #1 as your preference)

Accounting Board
Aerospace Development Corporation
Aging Commission
Agriculture & Conservation
Alaska Juvenile Justice Advisory Committee
Alaska Retirement Management Board
Alaska Statehood Celebration Commission
Alaska-Alberta Bilingual Council
Alcohol/Drug Abuse
Alcoholic Beverage Control
Architects/Engineers/Land Surveyors
Arts Council
Assessment Review Board
Aviation Advisory Board
Bald Eagle Preserve
Bar Association
Barbers & Hairdressers
Bering Sea Fishery Advisory Board
Big Game Commercial Services
Boating Safety Council
Broadcasting Commission
Children's Trust Board
Chiropractic Examiners
Clemency Advisory Committee
Commemorative Coin Commission
Commercial Fisheries Entry
Commercial Fishing/Agriculture Bank
Community Service Commission
Denali Access System Advisory Committee
Dental Examiners
Disabilities/Special Education
Domestic Violence/Sexual Assault
Education & Early Development
Education Commission/States
Emergency Medical Services
Emergency Response Commission
Employment of People with Disabilities
Exxon Valdez Oil Spill Trustee
Faith-Based & Community Initiatives Council
Fire Standards Council
Fisheries

Fisherman's Fund Advisory & Appeals
Forestry
Game
Health Council
Historical Commission
Historical Records Advisory
Homeless Council
Housing Finance Corporation
Human Rights
Humanities Forum
Independent Living Council
Industrial Development/Export Authority
Interstate Oil & Gas Compact
Judicial Conduct
Judicial Council
Knik Arm Bridge
Labor Relations Agency
Libraries Advisory
Local Boundary Commission
Marine Pilots
Marine Transportation Advisory Board
Marital & Family Therapy
Medical Board
Mental Health Board
Mental Health Trust Authority
Midwives
Minerals Commission
Municipal Bond Bank
Natural Gas Authority
Natural Gas Pipeline Corporation
Natural Resources Conservation Dev
North Pacific Anadromous Fish
North Pacific Fisheries Management Council
North Pacific Research Board
Nursing
Occupational Safety
Oil & Gas Conservation Commission
Optometry
Pacific Marine Fisheries Commission
Pacific Salmon Commission-Commissioners
Pacific Salmon Commission- Northern Panel

Pacific Salmon Commission-Transboundary Panel
Parole Board
Permanent Fund
Pharmacy Board
Physical/Occupational Therapy
Pioneer's Home Advisory
Police Standards Council
Postsecondary Education
Professional Counselors
Professional Teaching Practices
Psychologist/Psychological assoc
Public Offices Commission
PWS Oil Spill Recovery Institute
Railroad Corporation
Real Estate Appraisers
Real Estate Commission
Regents
Regulatory Commission (RCA)
Royalty Oil & Gas Development
Safety Advisory Council
Seafood Marketing Institute
Seismic Hazards Safety Commission
Social Work Examiners
Student Loan Corporation
Subsistence Resource Commissions
Suicide Prevention Council
Telecommunications
Uniform State Laws
Veterans Advisory Council
Veterinary Examiners
Violent Crimes Compensation
Water and Wastewater Works
Western Interstate Comm/Higher Educ
Wood-Tikchik State Park
Worker's compensation
Worker's Compensation Appeals Commission
Workforce Investment Board
Yukon River Panel

If appointed, a press release will be issued announcing your appointment pending the completion of the appointment process with the Governor's office. Please supply our office with the following information that will be included in the press release.

(Name): Cheryl Cervick, (Age): 50 of (Hometown): Fairbanks
is (Job title/Place of employment): Director of Administration of Alaska Family Health + Birth Center
(Name) holds (Listing of earned degrees like bachelor's, master's, ect.): Certified Direct-entry Midwife and Certified Professional midwife certification
(Or list relevant experience to the position you are being appointed to)

Examples:

John A. Doe, 38 of Soldotna, is Director of T-Shirts & Co. Doe holds a bachelor's degree in business administration from X University and a master's degree in communications from X University.

John A. Doe, 23 of Palmer, is the owner and operator of Doe and Associates, Inc. Doe previously served as division manager at X, Inc. Doe is a certified personnel consultant.



ALASKA FAMILY HEALTH & BIRTH CLINIC
728 Gaffney Rd Ste 100
Fairbanks, AK 99701-4610



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State of Alaska
Office of Governor Sarah Palin
Attention: Frank Bailey
PO Box 110001
Juneau AK 99811-0001



Personal Resume'

March 31, 2006

Agnes M. (Lie) Jack
P O Box 19
Kotzebue, Alaska 99752
(907) 442-7595 (W) (907) 442-1999 (H)

PROFESSIONAL BACKGROUND

2002 to Present	EMS/MedFlight Services PO Box 43 Kotzebue, Alaska 99752 EMS/MedFlight Program Manager	Maniilaq Health Center
February 1977 to 2002	EMS/SAR P.O. Box 256 Kotzebue, Alaska 99752 EMS Program Manager	Maniilaq Association
June 1976 to June 1977	Parent Child Care (PCC) Administrator Under Auspices of Rural Cap Anchorage Kotzebue, Alaska 99752 Administrator	
October 1973 to July 1976	Department of Health & Social Services/PHN Kotzebue Health Center Kotzebue, Alaska 99752 Community Health Worker	

EDUCATION

1962 to 1964	Friends High School	Kotzebue, Alaska 99752
1965 to 1966	Covenant High School	Unalkeet, Alaska 99684
1966 to 1968	Haskell Jr. College Lawrence, Kansas Nursing: Licensed Practical Nurse	
October to December 1994	Inupiat Iitqusiat Quality Management Training Maniilaq Association Kotzebue, Alaska 99752	

1982 to Present EMT-I Instructor/ Certifying Officer

*1989 to Present Instructor Trainer American Red Cross

1995 to Present BTLS IP

*1998 to Present EMT-II

University of Fairbanks/ Chukchi College

1997 Eng. 104

1999 Esk. 119

2000 Esk. 193

2000 Esk. 218

1992 to 1995 American College of Prehospital Medicine
7552 Navarre Parkway, Navarre, FL 32566-7312
Associates of Science in Emergency Medical
Services Degree – General Education

2004 to Present Pursuing Baccalaureate Degree at present, need one
course to complete
Andrew Jackson University
10 Old Montgomery Highway
Birmingham, Alabama 35209

PROFESSIONAL AFFILIATION

1977 to Present National Registry of Emergency Medical Technicians

1985 to Present ACEMS Training Committee
Statewide EMS Training issues addressed
Juneau, Alaska 99810

1993 to Present TCS Planning & Development Task
Force-Pre-hospital Trauma Committee
Statewide Trauma in rural/Urban setting addressed

1977 to Present Kotzebue Volunteer Fire Department
P.O. Box 647
Kotzebue, Alaska 99752

1977 to Present Nana Regional Search and Rescue
P.O. Box 49
Kotzebue, Alaska 99752

2000 to present National Native American Emergency Medical Services (NNAEMSA) Board of Director

AWARDS

- 1980 Employee of the Year Maniilaq Association
- 1985 Employee of the Year Maniilaq Association
- 1988 EMS Administrator of the Year State of Alaska
- 1997 National Native American EMS Association
EMS Director of the Year
- 2001 EMS Administrative of the Year State of Alaska
- 2001 National Native American EMS Association
EMS Director of the Year
- 2006 Life Time Achievement Kotzebue Volunteer Fire Dept

NOV 26 2007 1:37PM

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STATE OF ALASKA

Effective 09/15/2006

Expires 09/30/2008

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Occupational Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

Board of Nursing

Certifies that

AGNES M. JACK

Is A Licensed

PRACTICAL NURSE

Commissioner: William C. Noll

Per 12 AAC 02.900, you must maintain a current mailing address on file with this division at all times. Changes in mailing address must include your signature and may be done via fax or U.S. mail.

Per 12 AAC 02.900, you must notify the board of a name change within 30 days after the change. To change your name complete and mail the Affidavit of Name Change form available from the board's website or mail a Certified True Copy of a marriage certificate, divorce decree, or court ruling. \$5.00 is required for a name change.

Verification of your Alaska license to another agency is to be completed through the Nursys on-line verification system. For more information, please visit www.nursys.com

Board Website: www.nursing.alaska.gov

License e-mail: license@commerce.state.ak.us

Wallet Card

No. 2253		
State Of Alaska		
Department of Commerce, Community, and Economic Development		
Division of Occupational Licensing		
This Certifies that		
AGNES M. JACK		
Is A Licensed		
PRACTICAL NURSE		
Effective 09/15/2006	Expiration 09/30/2008	Date of Birth 05/23/1947
Signature: <i>William C. Noll</i>		



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

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: Board of Nursing; Health Policy Council
(For example, Board of Agriculture, public seat)

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

Name: Denise Ekstrom
Mailing Address: 10337 Ridgely Park Dr.
Residence Address: Same
City, State and Zip Code: Anchorage, AK, 99507
Home or Message Telephone: 907 522-0611 Business Telephone: 907 272-2571
Fax Number: Cell Phone: 907-306-1462
Email address: denise_ekstrom@hotmail.com

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 [checked] 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 [checked] 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, recency, 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 39.50.010. If required for the board or commission for which you are applying, are you willing to do so?
YES [checked] 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 [checked]

If "YES", explain.

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:

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

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.

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

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: 03/31/62 SEX: FEMALE [checked] MALE []

ETHNICITY: Alaska Native [] American Indian [] Asian or Pacific Islander [] Black [] Hispanic [] White [checked]

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): [Signature] Date: 1/29/08

Please attach a current resume with your application.



STATE OF ALASKA
OFFICE OF THE GOVERNOR

BOARDS AND COMMISSIONS

Name: Denise Ekstrom

Date: 1/29/02

(Indicate top three boards/commissions of interest by number with #1 as your preference)

Accounting Board
Aerospace Development Corporation
Ageing Commission
Agriculture & Conservation
Alaska Juvenile Justice Advisory Committee
Alaska Retirement Management Board
Alaska Semelhood Celebration Commission
Alaska-Alberta Bilateral Council
Alcohol/Drug Abuse
Alcoholic Beverage Control
Architects/Engineers/Land Surveyors
Arts Council
Assessment Review Board
Aviation Advisory Board
Bald Eagle Preserve
Bar Association
Barbers & Hairdressers
Bering Sea Fishery Advisory Board
Big Game Commercial Services
Boating Safety Council
Broadcasting Commission
Children's Trust Board
Chiropractic Examiners
Clemency Advisory Committee
Commemorative Coin Commission
Commercial Fisheries Entry
Commercial Fishing/Agriculture Bank
Community Service Commission
Denali Access System Advisory Committee
Dental Examiners
Disabilities/Special Education
Domestic Violence/Sexual Assault
Education & Early Development
Education Commission/States
Emergency Medical Services
Emergency Response Commission
Employment of People with Disabilities
Exxon Valdez Oil Spill Trustee
Faith-Based & Community Initiatives Council
Fire Standards Council
Fisheries

Fisherman's Fund Advisory & Appeals
Forestry
Game
<input checked="" type="checkbox"/> Health Council
Historical Commission
Historical Records Advisory
Homeless Council
Housing Finance Corporation
Human Rights
Humanities Forum
Independent Living Council
Industrial Development/Export Authority
Intrastate Oil & Gas Compact
Judicial Conduct
Judicial Council
Kluk Arm Bridge
Labor Relations Agency
Libraries Advisory
Local Boundary Commission
Marine Pilots
Marine Transportation Advisory Board
Mental & Family Therapy
Medical Board
Mental Health Board
Mental Health Trust Authority
Midwives
Minerals Commission
Municipal Bond Bank
Natural Gas Authority
Natural Gas Pipeline Corporation
Natural Resources Conservation Dev
North Pacific Anadromous Fish
North Pacific Fisheries Management Council
North Pacific Research Board
<input checked="" type="checkbox"/> Nursing
Occupational Safety
Oil & Gas Conservation Commission
Optometry
Pacific Marine Fisheries Commission
Pacific Salmon Commission-Commissioners
Pacific Salmon Commission- Northern Panel

Pacific Salmon Commission-Transboundary Panel
Parole Board
Permanent Fund
Pharmacy Board
Physical/Occupational Therapy
Pioneer's Home Advisory
Police Standards Council
Postsecondary Education
Professional Counselors
Professional Teaching Practitioners
Psychologist/Psychological Assoc
Public Offices Commission
PWS Oil Spill Recovery Institute
Railroad Corporation
Real Estate Appraisers
Real Estate Commission
Regents
Regulatory Commission (RCA)
Royalty Oil & Gas Development
Safety Advisory Council
Seafood Marketing Institute
Seismic Hazards Safety Commission
Social Work Examiners
Student Loan Corporation
Substance Resource Commissions
Suicide Prevention Council
Telecommunications
Uniform State Laws
Veterans Advisory Council
Veterinary Examiners
Violent Crimes Compensation
Water and Wastewater Works
Western Interstate Comm/Higher Educ
Wood-Tilikchik State Park
Worker's compensation
Worker's Compensation Appeals Commission
Workforce Investment Board
Yukon River Panel

Denise Ekstrom, MSN, FNP, NP-C
10337 Ridge Park Dr
Anchorage, AK 99507
907-522-0611
email: denise_ekstrom@hotmail.com

Education	1984	Bachelor's of Science, Nursing. University of Northern Colorado.
	2005	Master's of Science, Nursing Science. Option: Family Nurse Practitioner tract, University of Alaska, Anchorage. Course work included nursing research, biostatistics, nursing theory, curriculum development, teaching and learning in nursing, and clinical hours spent in urban and rural health care settings. Completed a quantitative thesis on a women's health issue. Family Nurse Practitioner certification obtained in June 2005 through American Academy of Nurse Practitioners.
Professional Credentials And Memberships		Current licensure as an RN and ANP in Alaska and North Carolina. DEA number assignment. Current CPR certification for the health professionals Member, American Academy of Nurse Practitioners.
Volunteer:	2006- Present	Children's ministry at Changepoint Church, Anchorage AK BWork with 2 year olds 4 hours/month.
Professional Employment	1984-85	LDS hospital (500-600 beds), Salt Lake City, Utah. Full time employment. Nurse on the orthopedic wing.
	1985-86	Community home health agency, Salt Lake City, Utah. Responsibilities included home health nursing care throughout Salt Lake County.
	1985-87	Salt Lake County Health Department, Salt Lake City, Utah. Full time employment. Administered immunizations, WIC education and certification. Managed a county health care clinic staffed by a family nurse practitioner and registered nurse.
	1988-89	Primary Children's Hospital, Salt Lake City, Utah. Part time employment. Discharge Planner for the rehabilitation team. Set up rehabilitation therapies for

- patient home care, arranged for proper durable medical equipment and managed the pediatric arthritis clinic.
- 1989-99** Raised my three children in rural Alaska.
- 2000 to Oct 2005** Reinstated RN License in Alaska. Whitestone Training Center, Delta Junction, Alaska. General school nursing for a private Christian school in a remote rural environment. Provide general nursing and immunizations and documenting student's status.
- Whitestone Care Services, Delta Junction, Alaska. Co-owner. Manage respite care and care coordination services. Provide nursing care and evaluation in the community of Whitestone, AK.
- Covenant Life College Whitestone, AK. Taught general health and nursing courses. Physiology and Health sciences. Taught medical terminology and Certified Nursing Assistant classes.
- 2002 to June 2005** Family Medical Center, Delta Junction, Alaska. Part time employment. A rural family practice clinic serving 6,000 residents. Office RN. Responsibilities included obtaining vital signs, managing patient flow, assisting DO and PA-C's with patient care and treatment as needed.
- July 2005 To Oct 2005** Family Medical Center, Delta Junction, Alaska. Family Nurse Practitioner. Part time employment. Take medical histories and perform physical examinations. Order and interpret laboratory tests and x-rays. Diagnose, treat, and monitor acute and chronic illnesses. Prescribe medications and other treatments. Provide patient and family education. Provide appropriate referral to other health care providers.
- 2003 to Oct 2005** Whitestone Community Association, Whitestone, Alaska. Vice-President, Community Health. Volunteer work providing nursing evaluation and patient care to 180 residents. Responsible for providing strategic planning and long-term health care assessment and analysis for the association in preparing for health care funding.
- Nov 2005 To Aug 2006** Family Nurse Practitioner at Dayspring Medical Center Pain Management Clinic, Mocksville, NC. Part time employment. Evaluate effectiveness of treatment of

patients receiving care for chronic pain and multiple sclerosis. Duties include administering IV medications, writing prescriptions, assessments, education.

Oct 2006 to Present Anchorage Medical and Surgical Clinic. Full time employment. Provide medical care for adults ages 16-90+. Evaluate, diagnose and treat longterm illnesses such as diabetes, heart diseases. Other responsibilities include managing Coumadin levels, ordering and interpreting x-rays and laboratory tests. Clinic uses electronic medical records for documentation.

2004 11:50am From: OFFICE C GOVERNOR

0074893522

1-610 P.001



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

4-2104

Optometrist Seat

BOARDS AND COMMISSIONS APPLICATION/RESUME FORM

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 for which I am applying: Optometry

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

N/A

Name Jill Greening Matheson

Mailing Address 800 Glacier Ave Juneau AK 99801

Residence Address 1733 2nd St Douglas AK 99824

City, State and Zip Code: _____

Home Telephone 907 364-3218 Business or Message Telephone: 907 586-9864

Fax Number 907 463-2679 Cell Phone: 907 321-4012

Email address vision@ptialaska.net

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): _____

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, recidivism, and relationship to the board position applied for will be evaluated and a determination will be made after a review of all relevant facts.

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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

JILL L. GEERING MATHESON, O.D.**Education and Degrees**

- 1981 to 1985 Wilton High School, Wilton, Iowa
Graduated
- 1985 to 1988 University of Northern Iowa, Cedar Falls, Iowa
B.A. in Science, May 1989
- Summer 1987 University of Iowa, Iowa City, Iowa
Summer 1988
- 1988 to 1992 Illinois College of Optometry, Chicago, Illinois
Doctor of Optometry, May 1992

Professional Employment

- 1992 to present Private practice in Juneau, Alaska

Professional Licensure

- 1992 to present State of Alaska Doctor of Optometry License
with Therapeutic Endorsement

Community Involvement

- 1992-present Alaska Optometric Association
Secretary 1995-1997
- 1997-1999 Board of Directors-Gold Creek Child Care, Juneau, Alaska
Secretary 1998, President 1999
- 1998-2001 Vestry Member-Holy Trinity Episcopal Church, Juneau, Alaska
- 2002-2004 Member, Commission on Mission and Ministry-Episcopal Diocese
of Alaska