

ALASKA STATE MEDICAL BOARD

Work History

Use this form to supplement your application work history. Provide a chronological listing of your work history to the present date with no more than a 60-day gap in time. Include all work, both medical and non-medical, since graduation from college or medical school.

Please explain any gap in time of more than sixty (60) days' duration.

| | Date (MM/YYYY) | Location (City, State, or Other Country) | Activity |
|----|-------------------|---|----------|
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |
| Fr | | | |
| To | | | |

| | |
|------------------------|--------------|
| Applicant Name: | Date: |
|------------------------|--------------|

