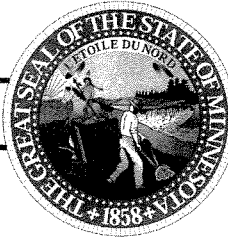


# STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY  
GOVERNOR

## NOTICE OF APPOINTMENT

# BRIAN MOORE, M.D.

200 First Street Southwest  
Rochester, Minnesota 55906  
County of Olmsted  
Congressional District One

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the said office of:

**MEMBER REPRESENTING PEDIATRICIANS**

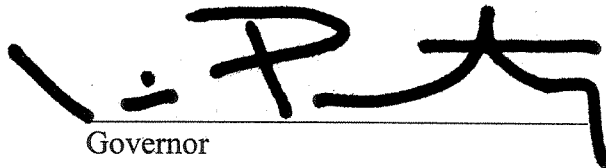
**EMERGENCY MEDICAL SERVICES REGULATORY BOARD**

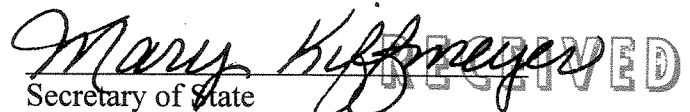
Effective: March 9, 2004  
Term Expires: January 7, 2008

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, March 4, 2004.



  
Governor

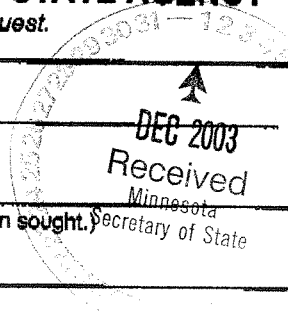
  
Secretary of State

Replacing: Dr. Jeffrey Schiff

MAR 09 2004

**STATE OF MINNESOTA**  
**OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY**

*All information on this form is available to the public upon request.*



**Agency Name:** \* Emergency Medical Services Regulatory Board  
 (Name of board, council, commission or task force to which you are applying.)

**Position Sought:** Pediatrician, Emergency Department  
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

**Applicant Name:** \* Brian Moore  
 (First Name) (Last Name)

**Applicant Address:** \* 200 First St SW Rochester MN 55906  
 (Street) (City) (State) (Zip)

**Day Phone:** \* (507) 255-5388 **Evening Phone:** (507) 282-8448

**E-MAIL:** \* moore.brian@mayo.edu

**County:** Olmsted **MN House of Rep District:** 30b **U.S. House of Rep District:** 30

\* Indicates information that will appear on the Office of the Secretary of State web site: [www.sos.state.mn.us](http://www.sos.state.mn.us)

**Did the Appointing Authority suggest you submit your application?** YES  NO  ?

**Any other information the Nominating Person feels would be helpful to the Appointing Authority:**  
 I am seeking a position on the Emergency Medical Services Regulatory Board as the Pediatric Emergency Physician. After medical school, I trained in Pediatrics in Phoenix and have completed a three-year Pediatric Emergency Medicine Fellowship in Denver. I am board certified by the ABP in Pediatrics and in Pediatric Emergency Medicine. I am currently employed in the Pediatric Emergency Department at the Mayo Clinic in Rochester as a Pediatric Emergency physician. I have a strong desire and commitment to pre-hospital medicine. My interest in pre-hospital medicine comes from my experiences in the field. I was an EMT/EMT-I for Albuquerque Ambulance Service for 6 years and can bring my first hand field experience to this position. I am currently the Pediatric Medical Director for Gold Cross Ambulance in Minnesota. Also, I am a course coordinator and Medical Director for the Pediatric Education for Pre-hospital Professionals program and have spoke to EMS providers at many regional and state conferences. I hope to bring my field and pediatric expertise to the EMSRB if I were appointed to this position.

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

Brian R. Moore MD 11/25/03  
 (Signature of Applicant)\* (Date)

\* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

**OPTIONAL STATISTICAL INFORMATION**

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

<b>Sex:</b> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<b>Political Party:</b> <input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Green <input type="checkbox"/> Independence <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other _____ <input type="checkbox"/> No party preference	<b>Race*:</b> <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian / Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Race _____
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**National Origin:** \_\_\_\_\_ (\* Select as many as apply)  
 (Country of Origin or Principle Tribe)

**MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:** Office of the Secretary of State, Open Appointments  
 180 State Office Building  
 100 Rev. Dr. Martin Luther King, Jr., Blvd  
 St. Paul, MN 55155-1299  
**FAX:** (651) 296-9073  
**Phone:** (651) 297-5845  
**Email:** [open.appointments@state.mn.us](mailto:open.appointments@state.mn.us)



Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired. *By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)*

**FOR OFFICE USE:** Sub by AA: \_\_\_\_\_ AA: GOVERNOR Trans Date: 12-3-03

Jec. EMSRB

President of the Senate

## Public Official Information

### Emergency Medical Services Regulatory Board

Name: Moore, Brian  
 Occupation: Physician  
 Business Address: 200 First St SW  
 Address: Rochester, MN 55905  
 Employer Name: Mayo Clinic  
 Appointment Date: 03/09/04

### Sources of Compensation

None Reported

### Securities

None Reported

### Real Property

None Reported

### Pari-Mutuel Horse Racing Interests

None Reported

**LINKS**	
<a href="#">Current Agency</a>	<a href="#">Agency Index</a>
<a href="#">Current Public Official</a>	<a href="#">Public Official Index</a>
<a href="#">Campaign Finance Home Page</a>	

RECEIVED

DEC 15 2004

President of the Senate