STATE of MINNESOTA



TIM PAWLENTY GOVERNOR NOTICE OF APPOINTMENT

BONNIE ENGEN

RECEIVED

44052 Maplewood Road Clearbrook, Minnesota 56634 County of Clearwater Congressional District Seven

KIN 23 12.1

President of the Senate

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 A LOCAL BOARD OF HEALTH EMERGENCY MEDICAL SERVICES REGULATORY BOARD

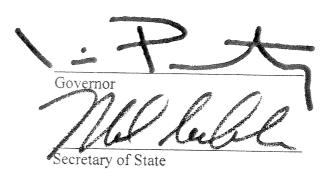
Effective: May 1, 2007 Term Expires: January 3, 2011

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, April 26, 2007.



Replacing: Donald Otte



OA App revision 3/08

STATE OF MINNESOTA OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY 2007

		n request.	Received a
Agency Jame: *Emergency Medical Services Regul	larory Boerd ouncil, commission or task force to which	Non are authors	Secretary of State A
Position A member of a Local Board of Healt	th		300 30 10
Applicant Name: * Bonnie	t or enter "member" if no specific requirer		igm.)
(First Name) Applicant Address:*212 Main Ave. No	(Last Na Bagley	MN(State)	56621
(Street) Vork Phone: * (_218)_6946581	(Cky) Home Phone: (_218)		(Zlp)
E-MAIL: *bonnie.engen@co.clearwater.mn.us	Ctr. 218-76	6-4557	
County: Clearwater MN F Indicates information that will appear on the Office of the S			rict:7
dave you ever been convicted of a felony:	Yes NoX		Committee of the Commit
old the Appointing Authority suggest you submit	your application? YE\$	NOX_	-
would be helpful to the Appointing Auti			
he following information is optional and voluntary. In	AL STATISTICAL INFORMATION information is collected for, and companies the state of	oiled in, the annual rep	ort on the open
The following information is optional and voluntary. It is pointments process pursuant to Minnesota Statute. Sex:Female	nformation is collected for, and com-	African Americar American Indian Asian Hispanic	/ Black / Alaska Native
The following information is optional and voluntary. It is appointments process pursuant to Minnesota Statute. Sex: Female	nformation is collected for, and comps §15.0597. Race*: emogratic-Farmer-Labor reen	African Americar American Indian Asian Hispanic	/ Black / Alaska Native / Pacific Islander
The following information is optional and voluntary. It is appointments process pursuant to Minnesota Statute. Sex: Female	nformation is collected for, and comps §15.0597. Race*: emocratic-Farmer-Labor reen dependence epublican ther party preference	African American American Indian Asian Hispanic Native Hawaiian White	/ Black / Alaska Native / Pacific Islander
The following information is optional and voluntary. It appointments process pursuant to Minnesota Statute. Sex: Female Political Demonstration Male Party: Graphia Inc. Disability: Yes Remove No On No	nformation is collected for, and comps \$15.0597. Race*: emocratic-Farmer-Labor reen dependence epublican ther to party preference a Tribe) information is correct and that I satisf (Date)	African American American Indian Asian Hispanic Native Hawaiian White Other Race (* Select as many as	/ Black / Alaska Native / Pacific Islander apply)
The following information is optional and voluntary. It appointments process pursuant to Minnesota Statute. Sex: Female Political De Male Party: Gr. Male Party: Gr. Disability: Yes Re No Ot No. No No No No. National Origin: (Country of Origin or Principle) I swear that, to the best of my knowledge, the above in the position sought. Signature of Applicant)* If another person or group is nominating the applicant, the MAIL, FAX, OR SUBMIT Office of the Secretary APPLICATION IN 180 State Office Building	nformation is collected for, and comps \$15.0597. Rece*: emocratic-Farmer-Labor reen dependence epublican ther to party preference a Tribe) information is correct and that I satisf (Date) applicant's signature indicates consent in the party preference of State, Open Appointments of State, Open Appointments of State, Jr., Blvd	African American American Indian Asian Hispanic Native Hawaiian White Other Race (* Select as many as	President of the
The following information is optional and voluntary. It appointments process pursuant to Minnesota Statute. Sex: Female Political De Male Party: Gr. Male Party: Gr. Disability: Yes Re No Ot No. No N	nformation is collected for, and comps \$15.0597. Race*: emocratic-Farmer-Labor reen dependence epublican ther	African American American Indian Asian Hispanic Native Hawaiian White Other Race (* Select as many as ety all legally prescribed no nomination. AX: (651) 296-9073 hone: (651) 297-5845	President of the state white the matter attentive format

BONNIE ENGEN

EDUCATION	
QUALIFICATIONS	1973-1977 University of Minnesota Minneapolis, MN Received a Bachelor of Science in Nursing Degree Registered Nurse Public Health Nurse Certificate Graduated with distinction, Sigma Theta Tau Honor Society member
EXPERIENCE	30 years of Nursing experience as a staff nurse and supervisor in the areas of Acute Care, Public Health, Home Care and Hospice.
	5/2003-present Clearwater County Nursing Service Bagley, MN RN/PHN, Director, CHB Administrator Administrate Program areas of Public Health, Home Care and Hospice Supervise personnel, prepare budgets, evaluate program areas 2006 appointed North Country Community Health Services Agency Administrator
	(4 county CHB for Beltrami, Hubbard, Lake of the Woods & Clearwater Counties) Committee Member of NW Emergency Preparedness Multi-Agency Coordinating Comm.
	1979-present Clearwater County Nursing Service Bagley, MN
	RN/PHN, Home Care and Hospice Coordinator, Senior Public Health Nurse
RECEIVED AND DOCEMENT OF the Senate	 Supervise care of all Home Care clients of all ages, including the provision of services by RN's, LPN's and Home Health Aides. Supervise care of the terminally ill patients served by our agency. This includes coordinating services of the Hospice Team members and direct supervision of the RN's working with this program. Supervise the RN's working in the numerous Public Health Program areas and coordinate public meetings/planning for the Community Health Services Plan. Committee Member providing a Public Health/Home Care/Hospice perspective: Chair of the CHS Fund Advisory Counsel Chair of Region 1 MN Home Care Association
	- Secretary of Clearwater County Children's Mental Health Collaborative 1978–1979 North Country Hospital Bemidji, MN RN/Charge Nurse
INTERESTS	 ICCU staff nurse and charge nurse
REFERENCES	 Local Government Officer since 1986, serving as Clerk of Holst Township and Sec/Tress. Of Clearwater County Township Association. Past School Board Member 4 consecutive terms Clearbrook/Gonvick School #2311 Past Church-Council member of Good Shepherd Lutheran Church 2 consecutive terms, Sunday School/Confirmation Teacher, Sunday School Superintendent, Vacation Bible School Leader/Teacher. Member of Good Shepherd Lutheran Church Bell Choir Member of the Northwest Community College Community Band
	Available Upon Request