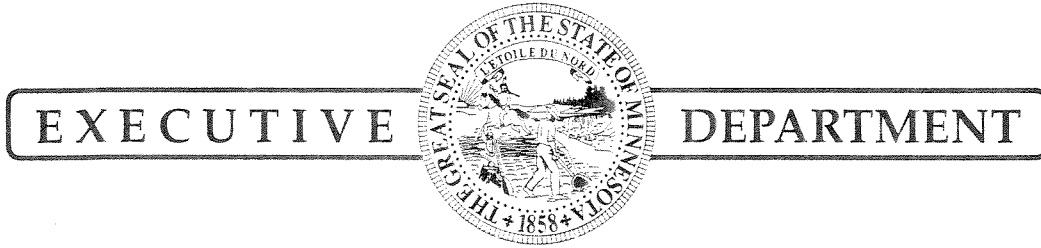


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

SUSAN JACOBSON

2150 James Avenue
Saint Paul, Minnesota 55105
County of Ramsey
Congressional District Four

RECEIVED

APR 26 2007

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 FIRE CHIEFS

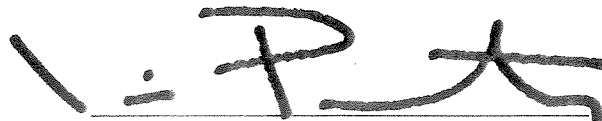

EMERGENCY MEDICAL SERVICES REGULATORY BOARD

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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

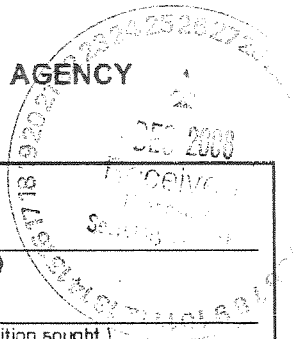



Governor

Secretary of State

Replacing: James Aagenes

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: * EMSRB
(Name of board, council, commission or task force to which you are applying.)

Position Sought: Fire Chief REPRESENTATIVE
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * SUSAN JACOBSON
(First Name) (Last Name)

Applicant Address: * 100 E 11TH ST ST PAUL MN 55101
(Street) (City) (State) (Zip)

Work Phone: * (651) 228-6307 Home Phone: (651) 699-~~6507~~ 6348

E-MAIL: * susan.jacobson@ci.stpaul.mn.us

County: Ramsey MN House of Rep District: 65B U.S. House of Rep District: 4TH

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Have you ever been convicted of a felony: Yes No

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

Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.

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.

Sex: Female Male

Disability: Yes No

National Origin: _____
(Country of Origin or Principle Tribe)

Political Party: Democratic-Farmer-Labor
 Green
 Independence
 Republican
 Other _____
 No party preference

Race*: African American / Black
 American Indian / Alaska Native
 Asian
 Hispanic
 Native Hawaiian / Pacific Islander
 White
 Other Race _____

(* Select as many as apply)

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.

Susan D Jacobson 12/22/06
(Signature of Applicant)* (Date)

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

RECEIVED

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

President of the Senate

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: governance Board Trans Date: 12-27-06

Susan D. Jacobson

2150 James Avenue
Saint Paul, Minnesota 55105

Home: 651-699-6348

Work: 651-228-6260

susan.jacobson@ci.stpaul.mn.us

Career summary

Have fifteen years experience in Fire Service Suppression/Emergency Medical Services with the Saint Paul Fire Department, including five years in a supervisory role as Captain of a fire/paramedic company and three years upper level management experience leading the Emergency Medical Services Division, with my current title of Deputy Chief of Emergency Medical Services. Have fourteen years as Nationally Registered Paramedic. Skills include strong interpersonal communication abilities, clear and efficient writing, and strong leadership qualities. Have experience with classroom teaching as well as practical skills training. Am certified as Personal Trainer. Am fluent in speaking, reading, and writing Spanish. Have worked with many diverse populations in a variety of roles.

Education

Bachelor of Arts, University of Minnesota, 1991

Major: Psychology

Certification, Emergency Medical Technician-Paramedic, National Registry and State of Minnesota, 1993-present

Certification, Personal Trainer, National Strength and Conditioning Association, 2001-present

Professional recognition

2005 Official promotion to Deputy Chief of EMS

2004 Selected as EMS Division head

2003 Graduate of Mayor's Leadership Academy

1999 Promotion to Fire Captain

1998, 1995 & 1993 Attended Women in the Fire Service Conference

1998 Promotion to Fire Equipment Operator

1995 Promotion to 2nd Class Petty Officer, Naval Reserve

1994 Promotion to 3rd Class Petty Officer, Naval Reserve

1993 Promotion to Paramedic

1993 Certified as Paramedic, National Registry and Regions Hospital

Professional skills**Leadership**

2006 Accepted to attend the Advanced Managers Academy, 2007

2005 Organized effort to conduct EMS training to firefighters in Manzanillo, Mexico

2004 Selected to attend Executive Fire Officer Program at the National Fire Academy

RECEIVED

APR 23 2007

President of the Sonata