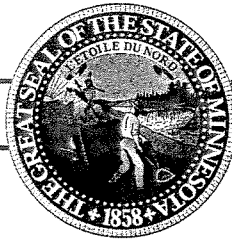


STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

PAUL SATTERLEE, MD

4803 Fremont Avenue South
Minneapolis, Minnesota 55419
County of Hennepin
Congressional District Five

RECEIVED

MAY 16 2008

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 EMERGENCY PHYSICIANS EMERGENCY MEDICAL SERVICES REGULATORY BOARD

Effective: May 21, 2008
Term Expires: January 2, 2012

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, May 16, 2008.




Governor


Secretary of State

Secretary of State

Replacing: Dr. Kory Kaye

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: **Emergency Physician**
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * **Paul Satterlee**
(First Name) (Last Name)

Preferred Mailing Address: * **4803 Fremont Avenue South Minneapolis MN 55419**
(Street) (City) (State) (Zip)

Work Phone: * (612) 228-8421 **Cell Phone:** (612) 202-9366

E-MAIL: * paul.satterlee@allina.com

County: Hennepin **MN House of Rep District:** 63A **U.S. House of Rep District:** 5

** 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 X_____

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

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
X _____ Male

Disability: _____ Yes
X _____ No

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

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

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

(* 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.

 (Signature of Applicant)*

2/27/08
 (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 }

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: _____ Trans Date: _____

Paul Satterlee MD

4803 Fremont Ave. South
Minneapolis, MN 55419
612-202-9366
psatterlee@gmail.com

QUALIFICATIONS

- Board Certified Emergency Medicine Physician at Abbott Northwestern Hospital.
- Associate Medical Director for Allina Medical Transportation
- Medical Director, Century College Paramedic Education Program
- Chief Medical Officer, Minnesota – 1 Disaster Medical Assistance Team

EMPLOYMENT

January 2008 – Present Associate Medical Director, Allina Medical Transportation

January 2008 – Present Staff Physician, Abbott Northwestern Emergency Department

2001 – Present

Medical Director, Century College Paramedic Education Program
Education and assessment of students in paramedic training. Oversight of medical content during lectures and skill assessments.

2003 – Present

Chief Medical Officer, Minnesota -1 Disaster Medical Assistance Team (DMAT)
Provide medical care to victims of a natural disaster or terrorist act as requested by the Department of Homeland Security

2000 – 2007

Emergency Physician, North Memorial Medical Center
Provide care to emergently and urgently ill patients in the Emergency Department.
Provide on-line medical control to metro and rural EMS providers. Supervise residents' care of patients in the Emergency Department.

2001– 2007

Associate Medical Director, North Memorial Medical Transportation
Establish protocols and procedures for EMS providers as well as provide direct medical control. Respond to scenes to assist personnel, observe skills, and provide feedback.

2001– 2007

Medical Director, EMS Education, North Memorial Medical Center
Establish education content and guidelines. Directly interact with professionals by lecturing, reviewing cases, and evaluating skills.

EDUCATION

1997-2000 Residency in Emergency Medicine, Regions Hospital, St. Paul, MN
1993-1997 Doctor of Medicine, University of South Dakota School of Medicine
1989-1993 Bachelor of Science in Zoology, South Dakota State University

References available upon request

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MAY 10 2008

President of the Senate



ALLINA
MEDICAL
TRANSPORTATION
Allina Hospitals & Clinics

167 Grand Avenue
Internal Mail Route 54101
St. Paul, MN 55102
www.allina.com

February 27, 2008

The Honorable Governor Tim Pawlenty
Office of the Governor
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Governor Pawlenty:


I am writing to nominate Paul Satterlee, M.D., for appointment to fill the vacancy for an emergency physician on the Emergency Medical Services Regulatory Board.

Dr. Satterlee's attached resume documents his extensive background in emergency medical services and commitment to residents of Minnesota as well as participating in national efforts to provide emergency medical care during disasters. In summary, Dr. Satterlee is a Board Certified Emergency Medicine physician who completed his training in emergency medicine in Minnesota and practices emergency medicine at local Twin Cities hospitals. He is active in providing physician oversight to Minnesota ambulance services and Minnesota paramedic training programs as well as serving as the Chief Medical Officer of Minnesota's Disaster Medical Assistance Team.

Dr. Satterlee will bring a high level of professionalism, clinical expertise, and personal dedication in the emergency physician role on the Emergency Medical Service Regulatory Board. As an associate medical director with ambulance service of Allina Hospitals & Clinics, Dr. Satterlee is part of the largest provider of emergency medical services in Minnesota. Combined with his personal commitment and dedication, the support of his employer for his service on the Emergency Medical Services Regulatory Board will ensure his active participation.

I respectfully request your consideration to nominate Dr. Satterlee for this vacancy. Please feel free to contact me at 651.228.8401 with any questions regard this nomination.

Sincerely,


William P. Snoko
Director, External Affairs

RECEIVED

MAY 10 2008

President of the Senate

Enclosures: Open Appointments Application for Service on State Agency
Resume