

# STATE of MINNESOTA

EXECUTIVE



DEPARTMENT

TIM PAWLENTY  
GOVERNOR

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APR 7 2009

NOTICE OF APPOINTMENT President of the Senate

**MATTHEW SIMPSON**

St. Paul Fire Department, 100 East 11<sup>th</sup> Street  
Saint Paul, Minnesota 55102  
County of Dakota  
Congressional District Two

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**

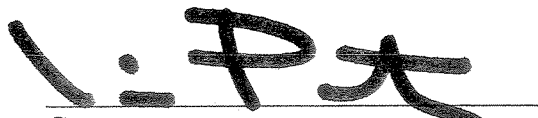

**EMERGENCY MEDICAL SERVICES REGULATORY BOARD**

Effective: April 13, 2009  
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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 6, 2009.

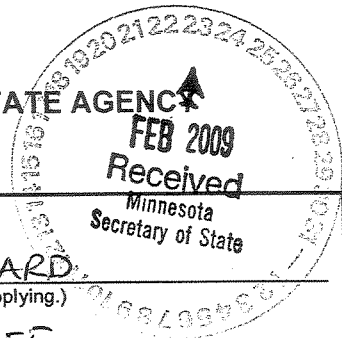


  
Governor  
  
Secretary of State

Replacing: Susan Jacobson

**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:** VACANT BOARD MEMBER POSITION / FIRE CHIEF  
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

**Applicant Name:** \* MATTHEW SIMPSON  
(First Name) (Last Name)

**Preferred Mailing Address:** \* 100 E. 11TH STREET SAINT PAUL MN 55102  
(Street) (City) (State) (Zip)

**Work Phone:** \* (651) 298-4136 **Home Phone:** ( ) -

**E-MAIL:** \* MATTHEW.SIMPSON@CI.STPAUL.MN.US

**County:** RAMSEY **MN House of Rep District:** 65 **U.S. House of Rep District:** 4  
\* 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)

**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

**Political Party:**  Democratic-Farmer-Labor  Independence  Republican  Other \_\_\_\_\_

**Disability:**  Yes  No

**National Origin:** U.S.A.  
(Country of Origin or Principle Tribe)

**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.

M. F. S. 2-17-09  
(Signature of Applicant)\* (Date)

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

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**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)

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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 formats (for example, braille, large print, audio tape, or computer disk)

**FOR OFFICE USE:** Sub by AA: \_\_\_\_\_ AA: \_\_\_\_\_ Governor \_\_\_\_\_  
02/17/09 \_\_\_\_\_  
1 Board

Matthew F. Simpson  
100 E. 11<sup>th</sup> Street  
Saint Paul, MN 55102  
[matthew.simpson@ci.stpaul.mn.us](mailto:matthew.simpson@ci.stpaul.mn.us)

### Objective

Seeking appointment to the vacant Fire Chief Representative Board member position for the Emergency Medical Services Regulatory Board

### Summary of Qualifications

- Deputy Fire Chief / EMS Division, Saint Paul Fire Department
- Minnesota State Fire Chief's Association EMS Committee member
- Metro Region EMS Provider Advisory Committee member
- NREMT-P
- Experienced EMS provider since 1986

### Experience

<i>Saint Paul Fire Department</i>	<i>Saint Paul, MN</i>
Deputy Fire Chief / EMS Division	2008 - present
Fire Captain/Paramedic	2001-2008
Fire Equipment Operator/Paramedic	1999-2001
Firefighter/Paramedic	1994-1999
<i>Tolleson Fire Department</i>	<i>Tolleson, AZ</i>
Fire Engineer/Paramedic	1993-1994
Firefighter/EMT	1988-1993
<i>Glendale Fire Department</i>	<i>Glendale, CO</i>
High School Firefighter apprentice	1985-1986

### Education

- Saint Mary's University, Winona, MN , completing Bachelor's Degree
- Inver Hills Community College, Inver Grove Heights, MN; Associate in Science Degree; Fire and Emergency Medical Service Specialist.
- Phoenix Community College, Phoenix, AZ; Earned 44 credits toward Fire Science Degree. 1987-1994
- Glendale Community College, Glendale, AZ; Earned 52 credits toward Paramedic and Fire Science Degree. 1992-1993
- Mayors Leadership Academy; Saint Paul, MN 2003
- First Line Supervisor Training Academy 2002

### Awards

*Star of Life*, Minnesota Ambulance Association and Regions Hospital EMS 2006

*Award for Heroism*, Rotary Club of Saint Paul 2002

*Meritorious Service Award*, City of Tolleson 1994

*Firefighter of the Year*, City of Tolleson 1992

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