

STATE OF MINNESOTA



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MAY 4 2011

MARK DAYTON
GOVERNOR

President of the Senate

NOTICE OF APPOINTMENT

Jill Ryan Schultz

3179 Lake Street NW
Rochester, MN 55901
County of Olmsted
Congressional District 1

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 office of:

EMT/PARAMEDIC REPRESENTATIVE

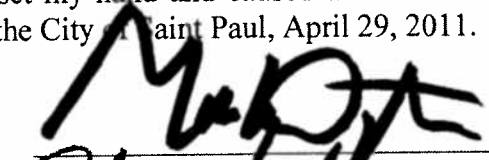
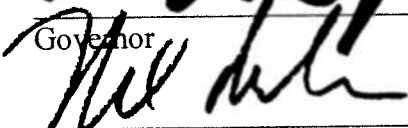
EMERGENCY MEDICAL SERVICES REGULATORY BOARD

Effective: May 1, 2011
Term Expires: January 5, 2015

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 29, 2011.




Governor

Secretary of State

Replacing: Dawn Bidwell

OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES

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

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part I : Tell us about the Position to which you are applying

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

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

Position Sought: EMT/Paramedic
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * Jill Ryan Schultz
(First Name) (Last Name)



Preferred Mailing Address: * 3179 Lake St. NW Rochester MN 55901
(Street) (City) (State) (Zip)

E-MAIL: * Ryanschultz.jill@mayo.edu

Work Phone: * (507) 536 - 9333

Home Phone: (507) 250 - 0121

County: Olmsted

MN House of Rep District: 30 A **U.S. House of Rep District:** 01

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 and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

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11/10/2010

Part III: 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 MN Stat §15.0597

Sex: Female
 Male
Age: 55
Disability: Yes
 No
Political Party: Democratic-Farmer-Labor
 Independence
 Republican
 No Party Preference
 Other _____

Hispanic, Latino, or Spanish origin?
 Yes
 No

Race:
(As listed on United State Census 2010)
(Pick as many as apply)

White
 American Indian or Alaska Native
 Asian Indian
 Black, African Am., or Negro
 Chinese

 Guamanian or Chamorro
 Filipino
 Korean
 Japanese
 Native Hawaiian

 Samoan
 Vietnamese
 Other Asian _____
 Other Pacific Islander _____
 Other Race _____

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Part IV: Signature and Submittal Instructions

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.

Jill A. Ryan
Schultz
11/04/2010

(Signature of Applicant) (* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)
(Date)

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) 556-0643

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.

FOR OFFICE USE:

Sub by AA: _____

AA: _____

Trans Date: _____

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Jill A. Ryan Schultz

3179 Lake St. NW
Rochester, Mn 55901
Work: (507) 266-4100
Cell: (507) 250-0121
Email: ryanschultz.jill@mayo.edu

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OBJECTIVE: EMSRB: EMT/Paramedic Board Position

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QUALIFICATIONS:

I am an experienced instructor/paramedic, having been in the EMS field for 21 years. I am very goal orientated and easy to work with. I have had three years experience as a fixed wing paramedic. I have 10 years experience as a Paramedic. I have been a full-time paramedic for Mayo Clinic Medical Transport, Mayo Campus. We respond to any emergency within the Mayo Complex, we also teach BLS, ACLS, ACLS-EP and PALS classes on a regular basis. I believe in the team effort to achieve ones objectives and would be able to see projects to their completion.

EDUCATION:

1969-1973 High School Diploma, Incarnate Word Academy
1973-1974 Commercial Arts Major, Meramac Community College
2000-2001 Intensive Care Paramedic, Rochester Community and Technical College
2006 Critical Care Paramedic Course Completion, Rochester
2008 – Present Enrolled at MSB in the Associated of Business Management Program

EMPLOYMENT:

2007- Present EMS Specialist for the Southeast MN. EMS Regional office.
2001-Present Paramedic, Gold Cross Ambulance, ERT Full-time BLS & ACLS PALS Instructor, D.O.T. Instructor. Coordinator AHA ACLS-EP Course, Netjet Instructor – (Having taught in all locations and assisted with new instructor orientation) May 01 – present. Current Fixed Wing Paramedic, for Mayo Clinic Medical Transport

1999-2002	Safety Training Instructor, McNeilus Truck and Manufacturing Working with the Loss Prevention staff, I coordinate first aid training, documentation, extrication, CPR certification, as well as any other issues that they need to be addressed.
1998-Present	Instructor, SEEMS Consortium Hayfield Ambulance Service Oronoco First Responders Blooming Prairie Ambulance Service,
1996-2000	Training Officer/Assistant Director, Dodge Center Area Ambulance
1991-1996	Director, Claremont Ambulance Service
1993-2001	Board Member, SEMEMS, Joint Powers, Conference Planning, Education
1989 – Present	EMT-Basic, EMT- Intermediate, Present EMT-P

Certification:

NREMT-P	Exp. 03-2010
ACLS-Instructor	Exp. 10-2012
ACLS-Provider	Exp. 08-2012
PALS	Exp. 05-2011
PALS-Instructor	Exp. 02-2011
ITLS	Exp. 10-2010
BCLS-Provider	Exp. 01-2010
BCLS-Instructor	Exp. 01-2010
ACLS-EP	Exp. 09-2007
ACLS-EP Instructor	Exp. 09-2007
NRP	Exp. 04-2010
PEPP	Exp. 05-2007
Critical Care Course	Exp. 12-2012

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