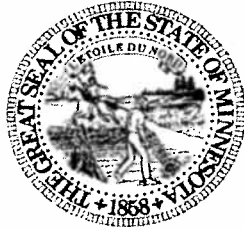


STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

NOTICE OF APPOINTMENT

**Mari Thomas**

**RECEIVED**

45 North Main Street  
Sauk Centre, MN 56378  
County of Stearns  
Congressional District 7

MAY 4 2011

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 office of:

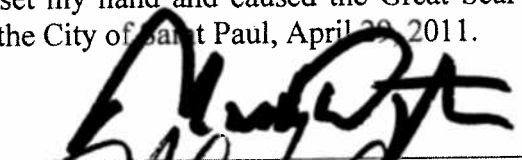
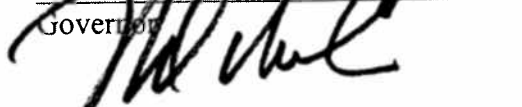
**FAMILY PRACTICE PHYSICIAN REPRESENTATIVE**  
**EMERGENCY MEDICAL SERVICES REGULATORY BOARD**

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

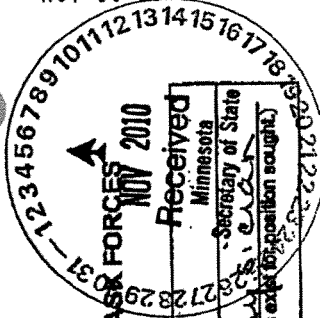
This appointment carries with it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

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

Reappointment



**STATE OF MINNESOTA**  
**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).  
 Position Sought: Family Practice Physician  
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Agency Name: EMSRB  
 (Please write the Name of board, council, commission or task force to which you are applying.)

Part II: Tell us about Yourself  
 \* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Applicant Name: Mari Thomas (Last Name)  
 (First Name)  
 E-MAIL: metthomas@mainstreet.com.com  
 County: Stearns U.S. House of Rep District: \_\_\_\_\_  
 Preferred Mailing Address: 450 Main St. Sank Centre (City) MN 56378 (State) (Zip)  
 Work Phone: (320) 352-6591  
 Home Phone: (320) 249-2459  
 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 and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

**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 §16.0597

Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>51</u>	Disability: Yes ___ No <u>X</u>	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input checked="" type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other	Hispanic, Latino, or Spanish origin? Yes ___ No <u>X</u>
Race: (As listed on United States Census 2010) (Pick as many as apply)	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Chinese	Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race	

**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.  
 (Signature of Applicant) Mari Thomas (Date) 11-5-10  
 President of the Senate

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) 568-0643 Email: <a href="mailto:open.appointments@state.mn.us">open.appointments@state.mn.us</a>	Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.	FOI Sub AA Tina L. Evans
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RECEIVED

November 5, 2010

To Whom It May Concern,

I am applying for the EMSRB Family Practice Physician opening. I have been in that position since 2007 and have enjoyed serving in that capacity. I have also been chairing the EMSRB Medical Direction Standing Advisory Committee since 2008. I have been very active in my community EMS system as well, as the Ambulance Medical Director and St Michael's Hospital Trauma Program Medical Director. Our hospital was designated a Level 4 Trauma hospital in 2008. I am a FT Family Practice Physician in Sauk Centre and practice the full range of medicine; pediatrics, adult, and obstetrical services.

I would like to continue in this capacity. Minnesota has a very good EMS and Trauma system and in many ways we stand as a national model. I would like to continue to participate on a State level. Thank you.

Sincerely,



Dr Mari Thomas, MD  
Lakeview Medical Clinic, PA  
433 Elm St N  
Sauk Centre, Mn 56378  
320-352-6475 (office)  
320-249-2459 (cell)

RECEIVED

MAY 4 2011

President of the Senate

11/5/10

**RECEIVED**

Dr. Mari Thomas, MD  
 Lakeview Medical Clinic, Pa  
 433 Elm St N  
 Sauk Centre, Mn. 56378  
 Phone: (320) 352-6475  
 Email: mdthomas@mainstreetcom.com

MAY 4 2011

President of the Senate

**QUALIFICATIONS:**

I am a family Practice Physician, in Sauk Centre since 1991. I have been the Medical Director for Sauk Centre Ambulance for 18 years. I have been a member of the Medical Advisory Committee for the State EMS Regulatory Board for 11 years, currently Chairing that committee since 2008, and the Central Minnesota EMS Region Medical Director for 8 years. I also served as the Stearns County Red Cross Medical Director for 3 years. I am St. Michael's Hospital Trauma Program's Medical Director since 2007.

**EDUCATION:**

1977-1983	BS in Microbiology, University of Minnesota
1983-1988	Medical Degree, University of Minnesota.
1988-1991	Family Practice Residency, University of Minnesota. St. Joseph's Hospital, St. Paul Minn.

**EMPLOYMENT:**

1991-present	Lakeview Medical Clinic, PA - Owner, Family Physician
1991-present	St. Michael's Hospital - Staff and ER Physician.
1992-present	Sauk Centre Ambulance Medical Director.
1999-present	Member of the Medical Director's Standing Advisory Committee of the Minnesota Emergency Medical Services Regulatory Board
1999-2002	Stearns County Red Cross Medical Director
2002-present	Central Minnesota EMS Region Medical Director
2007-present	St. Michael's Hospital Trauma Program Medical Director
2007-present	FP Member Minnesota Emergency Medical Services Regulatory Board
2008-present	Chair of Medical Direction Standing Advisory Committee for EMSRB

I am a Board certified Family Practice Physician. My current Medical Practice consists of Family Practice (inpatient and outpatient), ER coverage, Obstetrics, Pediatrics, Geriatrics. I am a very hands on Medical Director for the Ambulance Service in Sauk Centre.

**ASSOCIATIONS:** American Academy of Family Physicians  
 Minnesota Academy of Family Physicians  
 American College of Emergency Physicians  
 Minnesota College of Emergency Physicians