

GREG FISCHER
MAYOR

November 3, 2014

Mr. Jim King, President Metro Council 601 West Jefferson Street Louisville, KY 40202

Dear President King:

In accordance with the Medical Center Commission Ordinance, I am appointing the following to the Medical Center Commission.

NameTermEmmett RamserNew AppointmentJanuary 12, 2016

Metro Council approval of this appointment is not required.

cc: Councilman Robin Engel

Application Form

Submit Date: Oct 20, 2014 Status: Eligible

Profile

Emmett
Prefix
First Name

Last Name

State

Suffix

Suffix

Suite or Apt

State

Fostal Code

Norton Healthcare

Healthcare Administrator

Employer

Occupation

District 16

What district do you live in?





Primary Phone

Alternate Phone

Interests *

- ⋈ Economic Development

Volunteer Activities

Team Leader - Habitat for Humanity Youth Coach - St. Matthews Little League Youth Coach - St. Albert the Great

Which Boards would you like to apply for? Medical Center Commission of Jefferson County

Past Service on City and County boards and Commissions?

If Yes, Please List

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.
Are you employed by Louisville Metro Government? ○ Yes No
Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government? O Yes No
Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties? O Yes No
Do you have any contract or matter pending before any Louisville Metro Government agency? ○ Yes No
Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government? ○ Yes ○ No
Additional Notes
Resume 10-15-14 docx

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes ○ No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

1	J	
Eth	nic	itv

Republican

Political Party

Male

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov