#### ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday.">Monday</a>.

\*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

						,		Date of Re	equest: April 6, 2016	
Please mark one:		k one:	☐ Bill Request	or	XX	Resolution	Request			
1.	Has your agency submitted this request in the last 12 months?									
		Yes	X No							
	If	yes, please e	xplain:							
2.	2. <b>Title:</b> (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contractor</u> an									
	Tra		ayoral appointments of layoral appointments of layoral (RETAC) for terms eff							
3.	Reques	Requesting Agency: Mayor's Office								
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.)  Name: Anthony Aragon Phone: 720-865-9032 Email: Anthony.aragon@denvergov.org									
5.	<ul> <li>Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)</li> <li>Name: Anthony Aragon</li> <li>Phone: 720-865-9032</li> <li>Email: Anthony.aragon@denvergov.org</li> </ul>									
6.	Genera	l description	of proposed ordinance	ce including	g contra	ict scope of v	vork if applicable	:		
	[In:	sert general c	lescription here.]							
			ollowing fields: (Incomp please do not leave bla		nay resi	ılt in a delay	in processing. If c	a field is not ap	plicable, please	
	a.	Contract C	Control Number:							
	b.	<b>Duration:</b>	Terms effective imme	ediately and	expire l	December 31	, 2017			
	c.	Location:								
	d.		ouncil District:							
	e. f.	Benefits: Costs:								
7.		any contro	versy surrounding this	ordinance'	? (Grou	ps or individi	uals who may have	e concerns abo	ut it?) Please	
	[Sta	art typing her	e.]							
		<del> </del>	To be	e completed	by Man	or's Legislat	ive Team:			
CID	F Track	na Number		-	,		Date Entered:			
JII	L Hacki	ing rannoct.				,	Date Efficien		<del></del>	

# Kevin E. McVaney, M.D.

Denver Health Paramedic Division Mail code 0172 660 Bannock Street Denver, Colorado 80204 (303) 602-2566

#### **Education:**

Denver Health and Hospital

EMS fellowship

2002

Hennepin County Medical Center

**Emergency Medicine Residency** 

1995 - 1998

Chief Resident

1997 - 1998

Georgetown University School of Medicine

1991 - 1995

University of Colorado at Boulder

B.A. in Molecular, Cellular and Developmental Biology

1987 - 1991

## **Employment:**

Denver Health and Hospitals

2010 - Present

Medical Director, Denver Paramedic Division Medical Director, Denver Fire Department Medical Director, Adams County Fire Rescue

Rose Medical Center

2008 – 2010 ED physician

Denver Health and Hospitals

2008 – 2010, Part time ED physician

2002 – 2008, Attending Faculty, Denver Health Residency in Emergency

Medicine:

Associate Medical Director, Denver Health Paramedic Division

Medical Director, North Washington Fire District

Medical Director, Denver Health Paramedic School

2002 - EMS Fellowship

Denver Metro

2001 Part time ED physician in various locations

USAF - Nellis AFB, Las Vegas, Nevada

1998 – 2001, ED physician

1999 – 2001, Service Chief (Medical Director), Emergency Medicine

June – September 2000, Emergency Medical Chief, 363 Expeditionary Medical Group, Prince Sultan Air Base, Saudi Arabia

#### Licensure

Colorado 2000 - present Nevada 1998- 2001 Minnesota 1996- 1999

#### **Certifications:**

ABEM Board Certified (Expires December, 2019) ATLS,

#### Awards:

2007 Vincent J Markovchick Resident Directors Award.

2006 John A. Marx Clinical Excellence Award Awarded by the graduating EM residents to the faculty for clinical excellence.

2002 Robert C Jordan Master Teacher Award Awarded by the graduating EM residents to the faculty for outstanding teaching.

#### **Publications**

#### Peer Reviewed

"Multiple cluster analysis for the identification of high-risk census tracts for outof-hospital cardiac arrest (OHCA) in Denver, Colorado" Ariann F. Nassel, Elisabeth D. Root, Jason S. Haukoos, Kevin McVaney, Christopher Colwell, James Robinson, Brian Eigel, David J. Magid, Comilla Sasson. Resuscitation 2014 85 (1667-1673)

"Comparison of Droperidol and Haloperidol for Use by Paramedics: Assessment of Safety and Effectiveness." Macht M, Mull AC, McVaney KE, Caruso EH, Johnston JB, Gaither JB, Shupp AM, Marquez KD, Haukoos JS, Colwell CB. <a href="Perhosp Emerg Care">Prehosp Emerg Care</a>. 2014 Jan 24.

"Medical Preparation for the 2008 Democratic National Convention, Denver, Colorado." Colwell CB, Bookman S, Johnston J, Roodberg K, Eberhardt AM, McVaney KE, Kashuk J, Moore EE. J Trauma Acute Care Surg. 2012 Dec;73(6):1622-1626. No abstract available.

# **BOARDS AND COMMISSIONS APPLICATION**



Please complete the following information in full and return with your current resume or biography to the address below.

### Type or print in blue or black ink.

Board or Commission you are applying	for: RETAC							
Last Name: Mueller	First Name: Matthew							
Occupation/Employer: Office of Emergency Management and Homeland Security								
Work Address: 1437 Bannock St. Rm	City: Denver Zip: 80205							
Work E-mail Address: matthew.mueller@denvergov.org								
Work Phone: 720-865-7603	Work/Home Fax:							
Home Address: 2353 High St.	City: Denver Zip: 80205							
Home Phone: Cell Phone/ Pager: 303-378-3069								
Home E-mail Address:								
Are you a registered voter? Yes No If so, what county? Denver								
Colorado ID or Driver's License Number: CO 07-190-0732								
Denver City Council District No.: 9 Ethnicity: White/Non-Hispanic								
Highest Level of Education or Degree Earned: M.B.A Year Completed: 2006								
Memberships/ Organizations/ Volunteer Activities (include past or present):								
Colorado Emergency Management Association								
<ul> <li>International Association of Em</li> </ul>	ergency Managers							
<ul> <li>Returned Peace Corps Voluntee</li> </ul>	r (Mali 97-99)							
References (List three persons, not related to you, whom you have known at least one year):  Name  Address  Phone Number								
	igh St. Denver 720-545-5168							
Bill Benerman 200 W	14 <sup>th</sup> Ave, Denver 720-865-5436							
Lin Bonesteel 1437 B	annock St. Rm 3, Denver 720-865-7659							
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper.								
	A-MM							
3c	Signature Date							
Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350								
Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787 anthony.aragon@denvergov.org								