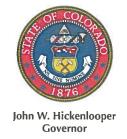
STATE OF COLORADO

OFFICE OF THE GOVERNOR

136 State Capitol Denver, Colorado 80203 Phone (303) 866-2471 Fax (303) 866-2003



A 2015 068

EXECUTIVE ORDER

MEMBER

COLORADO PODIATRY BOARD

ORDERED:

That the following named person be and she is hereby appointed to the:

COLORADO PODIATRY BOARD

for a term expiring March 17, 2019:

Terri S. Schmitt, DPM of Glade Park, Colorado, to serve as a representative of podiatrists, appointed.



GIVEN under my hand and the Executive Seal of the State of Colorado, this thirtieth day of March, 2015.

John W. Hickenlooper Governor



STATE OF COLORADO

APPLICATION - 2014
BOARDS AND COMMISSIONS
OFFICE OF GOVERNOR JOHN W. HICKENLOOPER

	FOR OFFICE USE ONLY
DB	
SLOT	

Please attach a resume and fill ALL fields.

Please be advised that applications will not be processed if unsigned or resume is not attached and a board or commission is not specified.

BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING: (Only one per application, your application will not be processed if left blank.)

BOARD OR COM	***************************************	WINCH TOO AKE				BOARD, COLORA		ation will n	iot be t	0000000	su II leit t	Jaik.)	
Name (Last, First Middle): Schmitt, Terri Sue							Cong. District:		Se 7	Senate District:		House District: 54	
Home Address: 2531 Red Sandstone Rd.						City: Glade Park			1	State Colorado		Zip Code 81523	
Mailing Address: PO Box 23245						City: Glade Park				State Colorado		Zip Code 81523	
Date of Birth:	Driver's Licen	se#	Gender Female	Reg	gistered Voter? Yes E					Ethnicity: Caucasian			
	SSN#			Party					98				
Present Employer/Title Rocky Mountain Orthopaedic Associates/ Doctor of Podiatric					Business Phone # 970-242-3535				1	Home Phone # 970-242-3763			
Medicine				Cell Phone # 970-270-3903					E-mail tschmitt@rmodocs.com				
Business Address 627 25 1/2 Road					City Grand Junction					State Colorado		Zip Code	
EDUCATION AND	O GENERAL Q	UALIFICATIONS	S				- 44			,			
LEVEL		NAME OF SCHOOL				LOCATION		No. Years Attended		Did You Graduate?		Major Course of Study	
High School		Zionsville Community High School				Zionsville, IN	4		1	1984		college prep	
College		Miami University				Oxford, OH 4			1	1988		Zoology	
Graduate Studies -or- Trade/Business/Correspondence		Scholl College of Podiatric Medicin			e	Chicago, IL	4		1	1992		Podiatric medicine	
Memberships in Organizations And Offices Held (Indicate if Past or Present) Colorado Foot and Ankle Society American Podiatric Medical Association													
REFERENCES (I	List three perso	ns, not related to	you, who y	ou ha	ve kr	nown for at least on	e year	.)					
NAME				ADDRESS						PHONE #			
Yvonne Weber, DPM 3000 Cent			er Gre	Green Dr.						303-443-9800			
Heather Kaufman, DPM 1000 E D			1000 E Di	mond I	ond Blvd.						907-344-2155		
Troy Griffiths, DPM 5				551 Kokopelli Blvd.							970-858-2530		
Have you ever be	en a party to or	the subject of or		volved	in aı	ny legal proceeding	that mi	ght advers	ely aff	ect your	qualifica	ations to serve on this boa	

Have you ever been a party to or the subject of or otherwise involved in any legal proceeding that might adversely affect your qualifications to serve on this board or commission? Is there anything in your background that might be an embarrassment to the Governor or you if it were to become public? (On Pg. 2 if applicable) Response: No

If appointed, you are expected to attend fully to the duties of the position. How much time are you capable of committing?: The full amount of time required.

Please explain why you wish to serve on a board or commission_(On Next Page)

1 certify that the facts contained in this application are true and correct to the best of my knowledge, I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal and otherwise, I further authorize the Office of the Governor to conduct a criminal background check, including requesting a criminal history from the Colorado Bureau of (Investigation, I release all parties for all liability for any damage that may result from furnishing such information.

1 understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

RETURN COMPLETED FORM TO:
Romaine Pacheco, Director
Governor's Office of Boards and Commissions
136 State Capitol Bldg.
Denver, CO 80203
Fax: 303.866.6368
boards@state.co.us

SIGNATURE: Terri Sue Schmitt DATE: 1-12-2015

Serving on the Colorado Podiatry Board provides a way for me to give back to my profession. I feel that I have the clinical and life experience to evaluate each case fairly.

TERRI S. SCHMITT, DPM

EDUCATION

St. Mary's Medical Center, Hobart, IN MHC Surgical Center, Merrillville, IN

Podiatric Surgical Residency

June 1992 - May 1993

Scholl College of Podiatric Medicine, Chicago, IL

Doctor of Podiatric Medicine August 1988 - May 1992

Miami University, Oxford, OH Bachelor of Arts, Zoology Major

August 1984 - May 1988

LICENSURE

State of Colorado

PROFESSIONAL BOARD STATUS

Diplomate, American Board of Foot and Ankle Surgery,

Certified in Foot Surgery

PROFESSIONAL ASSOCIATIONS

American Podiatric Medical Association

Colorado Foot and Ankle Society

HOSPITAL & ASC AFFILIATIONS

Community Hospital - active staff, surgery

Grand Junction, CO 1994 - present

Colorado Canyons Medical Center - active staff, surgery

Fruita, CO 2011- present

Grand Valley Surgical Center - provisional staff, surgery

Grand Junction, CO 2014 - present

WORK EXPERIENCE **Private Practice**

Terri S. Schmitt, DPM, PC

Grand Junction, CO

1993 - 2003

Group Practice Grand Valley Foot and Ankle Center Grand Junction, CO 2003 - 2014

Multi-Disciplinary Practice Rocky Mountain Orthopaedic Associates 2014 - present

PROFESSIONAL INTERESTS

bunions, hammertoes, neuromas, bone spurs, heel pain, diabetic foot care

PERSONAL INTERESTS

downhill skiing, mountain biking, hiking, reading