

Attendance Sheet

	Date: Click here to enter a date. <u>5/16/18</u>	Time: <u>3:00 pm - 5:00 pm</u>	Location:			
	Coordinated/Facilitated by: <u>Judy Dillworth</u>		Conducted by: <u>Mary Mc Dermott</u> Chairperson			
	Council/Meeting/Topic: <u>CNO Advisory Council</u>					
	Print Full Name I.e.: Susan Jones	Clearly list your Credentials	Position/Title Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.	Unit	Signature	On/ Off Duty
1	<u>Kathleen Calabro</u>		<u>Data Analyst</u>	<u>Nurse. Adm.</u>	<u>[Signature]</u>	☒ Yes ☐ No
2	<u>Eden Simms</u>	<u>BSN RN</u>	<u>Clinical Nurse</u>	<u>PACU</u>	<u>[Signature]</u>	☒ Yes ☐ No
3	<u>Steven Giannatelli</u>	<u>AASN PA</u>	<u>Clinical PA</u>	<u>IS</u>	<u>[Signature]</u>	☒ Yes ☐ No
4	<u>Katherine Ugiles</u>	<u>RN, BSN</u>	<u>RN</u>	<u>2 North</u>	<u>[Signature]</u>	☐ Yes ☒ No
5	<u>MICHAEL PALAZZO</u>	<u>RN BSN</u>	<u>RN</u>	<u>2C</u>	<u>[Signature]</u>	☐ Yes ☒ No
6	<u>Rose Marie Rose</u>	<u>RN BSN</u>	<u>RN</u>	<u>2C</u>	<u>[Signature]</u>	☒ Yes ☐ No
7	<u>DOREEN G. WALL</u>	<u>MS, RN-BC</u>	<u>Cl. Ed.</u>	<u>Behavioral Health</u>	<u>[Signature]</u>	☒ Yes ☐ No
8	<u>Tammy Wilson</u>	<u>RN</u>	<u>RN Coordinator</u>	<u>5-South</u>	<u>[Signature]</u>	☐ Yes ☒ No
9	<u>Kelly Perison</u>	<u>RN BSN</u>	<u>RN</u>	<u>MCH</u>	<u>[Signature]</u>	☐ Yes ☒ No
10	<u>Lilly Mei</u>	<u>RN</u>	<u>RN</u>	<u>WHI</u>	<u>[Signature]</u>	☐ Yes ☐ No
11	<u>Judy Dillworth</u>	<u>PhD, RN, CCRN-K, NEA-BC</u>	<u>Director</u>	<u>Nsg Admin</u>	<u>[Signature]</u>	☒ Yes ☐ No
12	<u>Jacqueline Pissino</u>	<u>BS-RN</u>	<u>RN</u>	<u>Endoscopy</u>	<u>[Signature]</u>	☒ Yes ☐ No
13	<u>RITA Tertulien</u>	<u>RN/MSN</u>	<u>RN</u>	<u>Infusion</u>	<u>[Signature]</u>	☐ Yes ☐ No 1/2 on 1/2 off
14	<u>Helen Renan</u>	<u>RN MSN</u>	<u>VP IPSO</u>	<u>Admin</u>	<u>[Signature]</u>	☒ Yes ☐ No
15	<u>M McDermott</u>	<u>MSRN</u>	<u>SR VP PCS/ CNO</u>	<u>Admin</u>	<u>[Signature]</u>	☒ Yes ☐ No
16						☐ Yes ☐ No

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17						☐ Yes ☐ No
18						☐ Yes ☐ No
19						☐ Yes ☐ No
20						☐ Yes ☐ No