



Northwell Health

Council/Meeting Attendance Sheet

Date: January 17 th 2018		Time: 11:00 – 12:30		Location: WWCR		
Coordinated/Facilitated by : Carolynn Young, RN-BC, MS, ONC				Conducted by: Cheryl Burke, RN-BC, MSN, WCCN		
Council/Meeting/Topic: Professional Practice & Development Council PROVISION OF CARE—NURSING STANDARDS OF CARE						
	Print Full Name Susan Jones	Clearly list your Credentials BSN, RN, CCRN	Position/Title Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.	Unit	Signature	On Duty or Off Duty
1	MARIA TARROSA	RN, BSN	RN	Endo	<i>[Signature]</i>	☒ On ☐ Off
2	Soy BHATTAGAR	RN MSN	NURSE NAV	Endo	<i>[Signature]</i>	☐ On ☐ Off
3	BETHANY BROWN	RN, BSN	RN	WHI	<i>[Signature]</i>	☒ On ☐ Off
4	Gabriella Zappa	RN, BSN	RN	2C	<i>[Signature]</i>	☐ On ☒ Off
5	Helen Renck	RN, MSN	V Pop	Admin	<i>[Signature]</i>	☒ On ☐ Off
6	Judy Dillworth	PhD RN, NEA-BC, CRRN, MEd		ADM	<i>[Signature]</i>	☒ On ☐ Off
7	DREEN G. WALL	MS, RN-BC	Cl. Ed.	IS	<i>[Signature]</i>	☒ On ☐ Off
8	CELESTE DUNCAN	RN, BSN, CCRN	RN	ICU	<i>[Signature]</i>	☒ On ☐ Off
9	RACHEL ANSALDO	RN, BSN	RN III	ICU → Infusion	<i>[Signature]</i>	☐ On ☒ Off
10	IRMA TERTULIEN	RN/BSN/MEN	RN III	Infusion	<i>[Signature]</i>	☐ On ☐ Off
11	CITIZEN A. BUNKI	RN-BC, MS, MHA, NCC, RN		2C/SM	<i>[Signature]</i>	☒ On ☐ Off
12	LORRIE PRESKY	RN BA CNO, CRRN, CRRST, RN		OR	<i>[Signature]</i>	☒ On ☐ Off
13	Carolynn Young	MS RN-BC	CNS	2C	<i>[Signature]</i>	☒ On ☐ Off
14	WILLIAMS	RN, BSN	RN III	2C	<i>[Signature]</i>	☐ On ☒ Off
15	ERICA Tierney	RN	RN	ED/PMA		☐ On ☒ Off



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1	Lisa Papacharisis	RN, BSN	RN	ICU		☒ On ☒ Off
2	Brenda Rodriquez	RN BSN	RN	PACU	Brenda Rodriquez	☐ On ☒ Off
3	Shirley Beaudin	RN MSNccn	ADN	Endo/pain/SPD	Shirley Beaudin	☒ On ☐ Off
4	Teva Posner	BSN, RN, IBCLC	RN Coord.	MCH	Teva Posner	☒ On ☐ Off
5	Alicia Muivens	BS-L, MSN-L, RN-BC	Ed Specialist	ED	Alicia Muivens	☒ On ☐ Off
6						☐ On ☐ Off
7						☐ On ☐ Off
8						☐ On ☐ Off
9						☐ On ☐ Off
10						☐ On ☐ Off
11						☐ On ☐ Off
12						☐ On ☐ Off
13						☐ On ☐ Off
14						☐ On ☐ Off
15						☐ On ☐ Off