

### Council/Meeting Attendance Sheet

|                                                                           |                                                        |                                                                    |                                                                                                      |                                                                 |                            |                                                                     |
|---------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|---------------------------------------------------------------------|
| <b>Date: October 16, 2019</b>                                             |                                                        | <b>Time: 9 am – 11 am</b>                                          |                                                                                                      | <b>Location: Atrium</b>                                         |                            |                                                                     |
| <b>Coordinated/Facilitated by : Judy Kennedy</b>                          |                                                        |                                                                    |                                                                                                      | <b>Conducted by: Judy Kennedy</b><br><small>Chairperson</small> |                            |                                                                     |
| <b>Council/Meeting/Topic: Phelps New Knowledge and Innovation Council</b> |                                                        |                                                                    |                                                                                                      |                                                                 |                            |                                                                     |
|                                                                           | <b>Print Full Name</b><br><br><b>I.e.: Susan Jones</b> | <b>Clearly list your Credentials</b><br><b>I.e.: BSN, RN, CCRN</b> | <b>Position/Title</b><br><small>Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.</small> | <b>Unit</b>                                                     | <b>Signature</b>           | <b>On Duty</b>                                                      |
| 1.                                                                        | Calabro, Kathleen                                      | BS                                                                 | Data Analyst                                                                                         | Nursing Admin                                                   | <i>Kathleen Calabro</i>    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.                                                                        | Dillworth, Judy                                        | PhD, RN, NEA-BC, CCRN-K                                            | MPD                                                                                                  | Nsg Admin                                                       | <i>Judy Dillworth</i>      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.                                                                        | Farrell, Catherine                                     | BSN, RN                                                            | Clinical Nurse                                                                                       | Pain Center                                                     |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4.                                                                        | Fox, Nancy                                             | MS-C, BS, NEA, CNML, NPD, RN-BC                                    | Director                                                                                             | Org Develop                                                     | <i>Nancy Fox</i>           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 5.                                                                        | Gopinadh, Neethu                                       | MSN, RN, OCN, VA-BC                                                | Clinical Educator                                                                                    | Infusion Therapy                                                | <i>N Neethu</i>            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.                                                                        | Gonzalez, Maria Kierra Jaca                            | MSN, BSN, RN-BC                                                    | Clinical Nurse                                                                                       | 2 N                                                             | <i>MKGonzalez</i>          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7.                                                                        | James, Topsy                                           | BSN, RN                                                            | Clinical Nurse                                                                                       | Endoscopy                                                       |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 8.                                                                        | Johnson, Candice                                       | BSN, RN                                                            | Clinical Nurse                                                                                       | 5 N                                                             | <i>Candice Johnson</i>     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9.                                                                        | Kennedy, Judy                                          | BSN, RN-BC                                                         | Clinical Nurse IV                                                                                    | MCH                                                             | <i>Judy Kennedy</i>        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 10.                                                                       | Maloney, Mona                                          | MSN, BSN, CNS, RNC-OB, C-EFM                                       | Clinical Nurse IV                                                                                    | MCH                                                             | <i>Mona Maloney RNC-OB</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 11.                                                                       | McCarthy, Catherine                                    | BSN, RN                                                            | Clinical Nurse                                                                                       | OR                                                              | <i>C McCarthy</i>          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 12.                                                                       | Mulvena, Alicia                                        | MA-C, RN-BC                                                        | Education Specialist                                                                                 | Org Develop                                                     | <i>Alicia Mulvena</i>      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13.                                                                       | Neary, Lynda                                           | BSN, CAPA, RN                                                      | RN Coordinator                                                                                       | Surgi - Center ASU                                              |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 14.                                                                       | Poyaoan, Paulo                                         | BSN, RN                                                            | Clinical Nurse III                                                                                   | WCI                                                             |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

|                                                                           |                                                    |                                                                    |                                                                                             |                                                  |                                        |                                                                     |
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| <b>Council/Meeting/Topic: Phelps New Knowledge and Innovation Council</b> |                                                    |                                                                    |                                                                                             |                                                  |                                        |                                                                     |
|                                                                           | <b>Print Full Name</b><br><b>I.e.: Susan Jones</b> | <b>Clearly list your Credentials</b><br><b>I.e.: BSN, RN, CCRN</b> | <b>Position/Title</b><br>Clinical Nurse, ANM,<br>NM, Director, RT, PT,<br>NP, PA, CNO, etc. | <b>Unit</b>                                      | <b>Signature</b>                       | <b>On Duty</b>                                                      |
| 15.                                                                       | Reynolds, Deborah                                  | ASS, BA, RN, CWOCN                                                 | Clinical Nurse IV                                                                           | Ostomy                                           |                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 16.                                                                       | Rush, Danielle                                     | BSN, RN                                                            | Clinical Nurse II                                                                           | MCH                                              | MLOA                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 17.                                                                       | Santoro, Kristin                                   | BSN, RN                                                            | Clinical Nurse                                                                              | 2 C                                              |                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 18.                                                                       | Tallier, Peggy                                     | MPA, EdD, RN                                                       | Coordinator,<br>Evidence Based<br>Practice &<br>Research                                    |                                                  |                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 19.                                                                       | Tertulien, Irma                                    | MSN, RN                                                            | RN III                                                                                      | Infusion<br>Center                               | <i>[Signature]</i>                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 20.                                                                       | Wall, Doreen                                       | MS, RN-BC                                                          | Clinical Educator                                                                           | Behavioral<br>Health                             | <i>[Signature]</i><br>Doreen Wall      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 21.                                                                       | Rutiglino, Doreen                                  | RN                                                                 | Clinical nurse                                                                              | 1S                                               | <i>[Signature]</i><br>Doreen Rutiglino | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 22.                                                                       | <i>Fuentes, Cheryllyn</i>                          | <i>MS, RN-BC</i>                                                   | <i>Ed. specialist</i>                                                                       | <i>org. dev.</i>                                 | <i>[Signature]</i>                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 23.                                                                       | <i>Borucki Jessica</i>                             | <i>RN</i>                                                          | <i>RN</i>                                                                                   | <i>3N</i>                                        | <i>[Signature]</i>                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24.                                                                       | <i>Camriello, Tahler</i>                           | <i>RN</i>                                                          | <i>RN</i>                                                                                   | <i>5N</i>                                        | <i>[Signature]</i>                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25.                                                                       | <i>Santiago, Jade</i>                              | <i>RN</i>                                                          | <i>RN</i>                                                                                   | <i>5N</i>                                        | <i>[Signature]</i><br>J. Santiago      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

*Karwoski, Anthony MSN/RN*

*RN III*

*ED*

*anti*

*Santiago11@northwell.edu*  
*on duty @ 11 am*