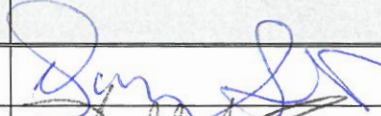
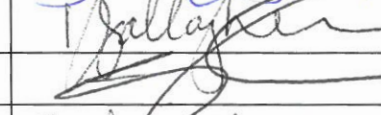
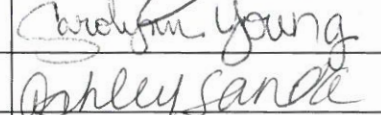
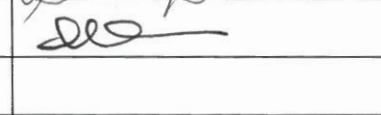
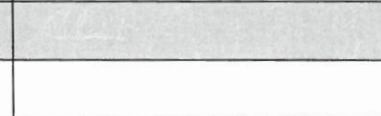
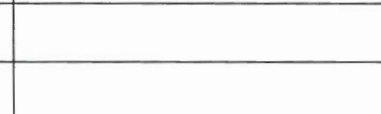


Council/Meeting Attendance Sheet

Date: 01/15/2020		Time: 11 am – 1 pm		Location: BOARDROOM		
Council/Meeting: Professional Practice and Development Council (PPD)				Facilitated by: Judy Dillworth, Carolynn Young, MS, RN-BC, ONC (Mentor)		
Conducted by: Candice Johnson, BSN, RN-BC Chairperson/Clinical RN				Recorder:		
	Print Full Name i.e.: Susan Jones	Clearly list your Credentials i.e.: BSN, RN, CCRN	Position/Title Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.	Unit	Signature	On Duty
1.	Baldwin, Bethany	BSN, RN	Clinical Nurse II	WHI	<i>see Gillian Mc</i>	☐ Yes ☐ No
2.	Barger, Karen	BSN, RN, CCRN (Career Ladder)	Clinical Nurse IV	ICU	<i>see Celeste Duncalf</i>	☐ Yes ☐ No
3.	Calabro, Kathleen	BS	Magnet Data Analyst	Nursing Admin		☐ Yes ☐ No
4.	Cambriello, Tahler	BSN, RN	Clinical Nurse I	5N	<i>farci RN</i>	☐ Yes ☒ No
5.	Cancu-Guzman, Anyely	BSN, RN	Clinical Nurse III	ASU		☐ Yes ☐ No
6.	Dillworth, Judy	PhD, RN, NEA-BC, CCRN-K	Director Magnet	Nursing Admin	<i>Judy Dillworth</i>	☒ Yes ☐ No
7.	Duncalf, Celeste	BSN, RN, CCRN (Career Ladder)	Clinical Nurse IV	ICU	<i>Celeste A. Duncalf</i>	☒ Yes ☐ No
8.	Gopinadh, Neethu	MSN, RN, OCN, VA-BC	Clinical Educator	Infusion Center	<i>N. Gopinadh</i>	☒ Yes ☐ No
9.	Gonzalez-Jaca, Maria Kiera	MSN, RN-BC	Clinical Nurse III	3N	<i>transfer to ICU</i>	☐ Yes ☐ No
10.	Guardino, Lauren	BSN, RN	Clinical Nurse II	5S		☐ Yes ☐ No
11.	James, Topsy	BSN, RN	Clinical Nurse III	Endo		☐ Yes ☐ No
12.	Johnson, Candice	BSN, RN	Clinical Nurse II	5N	<i>Candice Johnson</i>	☐ Yes ☒ No
13.	Melo, Monica	BSN, RN	Clinical Nurse II	5S	<i>Monika Melo</i>	☐ Yes ☒ No
14.	Rembisz, Nicki	BSN, RN	Clinical Nurse II	BRU	<i>Nicki Rembisz</i>	☒ Yes ☐ No

Date: 01/15/2020		Time: 11 am – 1 pm		Location: ATRIUM		
Council/Meeting: Professional Practice and Development Council (PPD)				Facilitated by: Judy Dillworth, Carolynn Young, MS, RN-BC, ONC (Mentor)		
Conducted by: Candice Johnson, BSN, RN-BC Chairperson/Clinical RN				Recorder:		
	Print Full Name i.e.: Susan Jones	Clearly list your Credentials i.e.: BSN, RN, CCRN	Position/Title Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.	Unit	Signature	On Duty
15.	Sledge, Donisha	BSN, RN, CEN	ANM Clinical Nurse IV	ED		☒ Yes ☐ No
16.	Wall, Doreen Gallagher	MS, RN-BC	Clinical Educator	Behavioral Health		☒ Yes ☐ No
17.	Yamamoto, Kai	BSN, RN, CNOR	Clinical Nurse III	OR		☒ Yes ☐ No
18.	Young, Carolynn	MS, RN-BC	Clinical Nurse Specialist	2C		☒ Yes ☐ No
19.	Sanda, Ashley	BSN, RN	RN	2N		☐ Yes ☒ No
20.	Mei, Lilly	RN	RN	WHI		☒ Yes ☐ No
21.	(Substituted)					☐ Yes ☐ No
GUESTS:						
22.						☐ Yes ☐ No
23.						☐ Yes ☐ No
24.						☐ Yes ☐ No
25.						☐ Yes ☐ No
26.						☐ Yes ☐ No
27.						☐ Yes ☐ No
28.						☐ Yes ☐ No