Phelps Hospital
Northwell Health

# Attendance Sheet

| | Date: 10/12/2021 | Time:4:30 | | Location: atrium/team | | |
|---|---|---|---|---|---|---|
| | Coordinated/Facilitated by : | | | Conducted by: Chairperson DORIT WASERMAN | | |
| | Council/Meeting/Topic: Nurse Practitioner Council | | | | | |
| | **Print Full Name**<br>**I.e.: Susan Jones** | ***Clearly list your Credentials*** | **Position/Title**<br>**Clinical Nurse, ANM, NM, Director, RT, PT, NP, PA, CNO, etc.** | **Unit** | **Signature** | **On/ Off Duty** |
| 1 | Holly McNamara | ANC | NP | | | ☐Yes ☐No |
| 2 | DORIT LUBETKIN WALSH | ~~ANP~~ BC | NP | OB/GYN | | ☐Yes ☐No |
| 3 | Clarice Maala | | NP | | | ☐Yes ☐No |
| 4 | Robbin Gottlieb | | MD | | | ☐Yes ☐No |
| 5 | Judy Billworks | | | | Teams | ☐Yes ☐No |
| 6 | | | | | | ☐Yes ☐No |
| 7 | | | | | | ☐Yes ☐No |
| 8 | | | | | | ☐Yes ☐No |
| 9 | | | | | | ☐Yes ☐No |
| 10 | | | | | | ☐Yes ☐No |
| 11 | | | | | | ☐Yes ☐No |
| 12 | | | | | | ☐Yes ☐No |
| 13 | | | | | | ☐Yes ☐No |
| 14 | | | | | | ☐Yes ☐No |
| 15 | | | | | | ☐Yes ☐No |
| 16 | | | | | | ☐Yes ☐No |
| 17 | | | | | | ☐Yes ☐No |