

BOARD MEMBER/COMMITTEE CHAIR NOMINEE DATA FORM

INSTRUCTIONS

- Complete this entire form. Deadline October 10, 2016
- Do not use abbreviations.
- Information will be provided to members for voting consideration.
- Email this completed form to the PONL office at jessica@ponl.net.

INDICATE THE POSITION FOR WHICH THIS FORM IS BEING SUBMITTED

President-Elect Secretary

DEMOGRAPHICS

Name & Credentials: Paula F. Coe DNP, RN, NEA-BC

PONL Regional Affiliation: South Central Organization of Nurse Leaders (SCONL)

WORK INFORMATION

Employer: WellSpan Health

Position/Title: Director, Nursing Practice and Professional Development

Work Address: 912 South George Street Room 1024

Work City: York, PA

Work Zip Code: 17405

Work Phone: 717-851-6156

Work Fax: _____

Work Email: pcoe@wellspan.org

Total Years Employed 1 to 5 11 to 15
in Healthcare: 6 to 10 16 or more

HOME INFORMATION (FOR OFFICE USE ONLY)

Home Address: 70 Stricker Drive

Home City: York Haven

Home State: PA

Home Zip Code: 17370

Home Phone: 717-932-9448

Home Fax: _____

Cell Phone: 717-880-1729

Home Email: pcoepitt@yahoo.com

Preferred Mailing Home Work
Address:

EDUCATION (LIST ALL POST-HIGH SCHOOL)

Degree	Name of School	School City	Major/Concentration
Doctorate of Nursing Practice	York College of Pennsylvania	York, PA	DNP
Masters of Science in Nursing	University of Phoenix	Phoenix, AZ	MSN
Bachelor of Science	University of Pittsburgh	Pittsburgh, PA	BSN

ASSOCIATION MEMBERSHIPS AND LEADERSHIP POSITIONS

Organization Name	Dates of Membership	List Any Offices Held and Dates
AONE	2007-present	
PONL	2007-present	SCONL President rep 2010-2013 PONL Conference Committee 2008-2013
SCONL	2005-present	President 2010-2013 Member at Large 2008-2010 Research Grant Committee 2012-present
AACN	1996-present	Various committee memberships
STTI Eta Eta Chapter	205-present	Mentor Coordinator 2016-present
International Transplant Nurses Society	1991-present Lifetime membership awarded 2003	Secretary 1996=1998 President Elect, President, President Emeritus 1999-2001

SHORT ANSWER QUESTIONS

Describe why you are interested in this position. (Maximum 500 Characters – About 75 Words)

I have been a member of SCONL and PONL for over 10 years and have been an engaged member holding offices in SCONL as President from 2010-2013. As nurse leaders in PA together we need to make PONL the voice of nursing leadership and use our strengths as regional entities to contribute to the overall success of our parent organization. I feel my history and the knowledge of PONL over the past several years will enable me to take steps needed to continue to grow PONL I will focus on building relationships and taking on initiatives that will grow our membership and demonstrate the contribution nurse leaders make in patient care and outcomes.

Thank you for your interest in becoming a PONL Board member or officer. By signing below and submitting this form to PONL, you are certifying that all information contained herein is accurate and true to the best of your knowledge. You further acknowledge and give your permission to PONL to use any information contained herein in its written and electronic communications, including but not limited to the PONL website, for the purpose of providing information about you to voting members of PONL to aid in their voting decisions, unless such permission is revoked by written notice to the PONL office.

You further acknowledge that should you be elected by the membership that you will execute the duties of the office to which elected to the best of your ability, and in full accordance with the PONL By-Laws.

PONL is a professional nursing organization designated as a 501c(6) organization under the Internal Revenue Service Consolidated Federal Register regulations. As such, PONL is committed to equal opportunity in all aspects of its operations. PONL does not discriminate on the basis of nationality, race, creed, lifestyle, color, gender, sexual orientation, age, disability, or religion.

Note: All candidates must be an AONE member.

Signature: Paula F. Coe DNP, RN, NEA-BC

Date: 9-27-16

Email, Fax, or Mail This Completed Form to the PONL Office at the Address or Email Address Listed Below. Keep a Copy for Your Records.

The Pennsylvania Organization of Nurse Leaders

461 Cochran Road, Box 246

Pittsburgh, PA 15228

Email: jessica@ponl.net

Fax: 412-343-0599