

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: Elizabeth Menschner, MSN, MAS, RN, NEA-BC

PONL Regional Affiliation: SEPONL

WORK INFORMATION

Employer: Temple University Hospital

Position/Title: ACNO

Work Address: 3401 N Broad ST

Work City: Phila

Work Zip Code: 19140

Work Phone: 21570079491

Work Fax: 2157071736

Work Email: Elizabeth.Menschner@tuhs.temple.edu

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

HOME INFORMATION (FOR OFFICE USE ONLY)

Home Address: 267 Chapel Dr

Home City: Holland

Home State: Pa

Home Zip Code: 18966

Home Phone: 2159538286

Home Fax: _____

Cell Phone: 2672571324

Home Email: _____

Preferred Mailing Address: Home Work

EDUCATION (LIST ALL POST-HIGH SCHOOL)

Degree	Name of School	School City	Major/Concentration
MSN	University of Phoenix	Phoenix	Nursing
MAS	Johns Hopkins University	Baltimore	Business
BSN	Gwynedd Mercy College	Gwynedd Valley	Nursiing

ASSOCIATION MEMBERSHIPS AND LEADERSHIP POSITIONS

Organization Name	Dates of Membership	List Any Offices Held and Dates
SEPONL	1998-present	President 2013-2014; Chairperson 2014-2015
PONL	1998-present	Board Member Program and Education chair 2013- present
AONE	1998- present	

SHORT ANSWER QUESTIONS

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

I have been a PONL member since 1998. I have seen the organization go through many transitions and also some uncertain times. I have been a loyal supporter and have served on the board as member at large over several years. I have served as Program and Education chair and each year through the hard work of the committee, the annual program has grown and showed increased financial growth year over year. I am passionate about nursing leadership and the nursing profession. I feel PONL has become a stronger over the years as the voice of nursing leadership in Pennsylvania. I believe I possess the skill and commitment to continue to support the growth of PONL.

Note: All candidates must be an AONE member.

Signature: Elizabeth Menschner

Date: October 10, 2016

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.

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