

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: Denise Morian, DNP, RN

PONL Regional Affiliation: NWPONL

WORK INFORMATION

Employer: Meadville Medical Center

Position/Title: Director Organizational Development

Work Address: 1034 Grove St.

Work City: Meadville

Work Zip Code: 16335

Work Phone: 814-333-5110

Work Fax: 814-373-2368

Work Email: dmorian1@mmchs.org

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: 5821 Horne Road

Home City: Atlantic

Home State: Pa

Home Zip Code: 16111

Home Phone: 814-382-0741

Home Fax: _____

Cell Phone: 814-547-8185

Home Email: mishro@hotmail.com

Preferred Mailing Address: Home Work

EDUCATION (LIST ALL POST-HIGH SCHOOL)

Degree	Name of School	School City	Major/Concentration
Diploma	Saint Vincent Health Center School of Nursing	Erie, PA.	Nursing
MSN	Duquesne University	Pittsburgh, PA.	Nursing (Education focus)
DNP	Duquesne University	Pittsburgh, Pa.	Nursing

ASSOCIATION MEMBERSHIPS AND LEADERSHIP POSITIONS

Organization Name	Dates of Membership	List Any Offices Held and Dates
AONE	2012-current	
PONL	2011-current	Chair

SHORT ANSWER QUESTIONS

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

The current and future healthcare environment is dynamic; challenges abound. Healthcare delivery is no longer episodic but on a continuum and requires multidisciplinary collaboration, requiring nurse leadership at all levels of the profession. Advances in healthcare require strong nurse representation across organizations to address issues such as recruitment & retention, work environment, IOM recommendations, fiscal stewardship, alignment, etc. Effective nurse leadership requires the constant monitoring of the political, economic, social, and technological environment in an effort to provide patient care excellence and advance nursing practice. I love leadership challenges and would like to serve as the PONL President-elect.

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: _____ Date: _____

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