President’s Report

Michelle Widecans

Happy Spring! I hope all of you are staying dry and looking forward to the warmer weather coming soon. I know I am.

Please be sure to read the many sections filled with great information in this newsletter.

Ohio Chapter Bylaws have been approved and I hope to post on our website soon. The board will be working on the finalization of the Standard Operating Procedures (SOP), which we hope to complete before the end of 2011. Remember to submit abstracts for presentations at National for 2012 in San Antonio, Texas. This is due by June 1, 2011. I would love to see lots of Ohio names in the brochure next year.

I have some exciting news about our Ohio Chapter Membership. We are up to 395 members. WOW! The only chapter to my knowledge that is currently larger than Ohio is the newly formed e-chapter. As we have continued to grow over the past years with the unification process through national, we as a chapter board are going to begin looking at more ways for us to give back to our membership. We will continue provide at least two educational conferences a year with excellent continuing educational sessions with a variety of topics. We are also looking into how we as a chapter can advocate on behalf of some very important child health issues such as obesity, oral health, and mental health issues. We are looking at how we can develop partnerships with other organizations to promote child health. If you have any ideas, please email me at Michelle.Widecan@cchmc.org.

Lastly as the school year winds down and summer fast approaches, I know I try to find ways to improve my work/life balance. I came across this great resource that I wanted to share with all of you. Read and enjoy. Maybe this will help you balance your life a little better. I know it has helped mine.

How to Reduce Stress with the SPARKLE Formula

S – Sleep well.

• Your bed is for sleeping, reading and intimacy.
• When your head hits the pillow, it’s time to sleep, not think
• Your bed should NOT be for: watching television, balancing your checkbook, planning the next day, arguing with your spouse, checking your e-mail, or making phone calls.
• When in bed, books are OK, laptops are not.
P – Plan every day.
• Create a to-do list every morning. This gives you a) a roadmap of what you need to do at the beginning of the day, b) a reminder of what still needs to be done throughout the day and c) a place to check off your accomplishments at the end of the day.

A – Anticipate less.
• Recognize the false assumptions you make that lead to anxiety. Will things really turn out to be as bad as you think? Probably not.
• When you look to the future, visualize success rather than failure. After all, you really don’t know which it will be. So why not expect the best?

R – Relax.
• Breath deeply when you feel stressed. Get up and change your environment, if only for a short time.
• Go for a walk at lunch.

Relaxation means taking a break from what you were doing, not just “vegging out.” For instance, watching television isn’t always relaxing; it can be dumbing and dulling. Find activities that calm your body and stimulate your mind.
• Create a time for your own kind of meditation. Find a quiet space and a quiet time that’s just for you.

K – Keep Anger under control.
• Be empathetic and forgiving to others when they make mistakes. Like you, they’re trying to do their best.
• Learn to give constructive feedback rather than destructive criticism.
• When someone makes you angry, remember that you have a choice in how you react. Instead of yelling at that bad driver who cut you off, do a running play-by-play on his erratic driving techniques. It’s more fun.

L – Laugh.
• Use positive affirmations to keep yourself on track.
• Affirmations should use the 4 P’s; personal, positive, passionate and present. For instance, “I am a confident and successful manager who always runs an amazing team.”
Find time to share a joke. Laugh at the curves life throws at you rather than fretting over them.

**E – Eat Well and Exercise.**

- Your body needs to be a well-tuned machine to manage all of the stresses that act on it.
- Avoid eating packaged snacks – anything that comes in a wrapper or plastic bag. Try natural fruit instead.
- Add more colored vegetables to your meals.
- Reduce caffeine in your diet. It’s a stimulant and can exacerbate physical symptoms of stress that you may already have. Choose water instead.
- Avoid the escalator or elevator and take the stairs.
- Find opportunities to go for a walk. Ideally, get exercise that causes you to sweat for twenty minutes at least three times per week

http://www.htbackup.com

**FROM National ......**

**NAPNAP Position Announcement - Chief Executive Officer**

The National Association of Pediatric Nurse Practitioners, based in Cherry Hill, New Jersey seeks an experienced executive to serve as Chief Executive Officer for the organization.

Reporting to an Executive Board, this position is responsible for leading a 7500 member professional society and staff of 18, collaborating with nursing organizations, policy makers and legislators, industry partners and others to further the organization’s mission of promoting optimal health for children through leadership, practice, advocacy, education and research.

Qualified candidates will have senior executive experience running a nonprofit or health care services organization. An advanced degree in a healthcare or healthcare related field is required. An advanced practice registered nurse or nurse practitioner with a focus on children’s health is desired. Progressively responsible levels of leadership should be identified.

All candidate submissions will be handled with strict confidence.
Interested candidates will submit a resume with salary requirements to the Search Committee, SearchCommittee@napnap.org.
Clinical Practice       Keeley Harding

Remember to Renew your RN, COA, and CTP Online!

By now you should have received your renewal notice in the mail from the Ohio Board of Nursing (OBN). This notice contains your username and password (top right hand page of notice) that will allow access to the online renewal system. If you did not receive your renewal notice, contact the OBN Renewal Unit at (614) 995-5420.

Detailed instructions are provided in the renewal notice; however, we would like to point out: You will need to renew EACH license and certificate separately. This requires you to log back into the online system to renew EACH license and certificate you hold. The instructions provided are more specific online than in the information contained in the paper renewal notice.

APNs not aware of this "separate" requirement might think they renewed their COA since the online receipt title contains both "RN" and "COA." Please share this information with other APNs - we would not want an APN to be caught practicing without a current, valid COA/CTP. Please also make sure you were charged for each license and certificate you hold. For each “separate” renewal you should be charged: $85 per Certificate of Authority (COA)$50 Certificate to Prescribe (CTP) $65 per RN *Fees will go up after July 1, 2011.

After August 31, 2011 your license/certificate will be considered lapsed and you will need to complete a reinstatement application. You will need to have a valid email address. You will receive an email from fiscal@nursing.ohio.gov after your payment is approved. If you have filters on your inbox, the email may be diverted to your junk folder. Remember! CE must be dated from September 1, 2009 through August 31, 2011 to count for this renewal. COA/RN: 24 contact hours of CE (includes (1) contact hour “CategoryA” law and rules) CTP: 12 hours of advanced pharmacology*CE requirements may be prorated for new COA or CTP/CTP-E holders (please contact the OBN).

The link to renew online is available on the Ohio Board of Nursing website: www.nursing.ohio.gov or the direct link: https://license.ohio.gov/secure/default.asp OBN Fact Sheet for renewal: http://www.nursing.ohio.gov/PDFS/OnlineRenewalFAQs03-11.pdf
Ethics Advisor             Linda A. Strong
If you have questions or an ethical dilemma, please contact me at lastrong@cox.net.

Policy Committee             Barbara Schaffner

Schedule II Legislation!!!! – Letters needed

Two companion bills have been introduced in the Ohio Senate (SB 83) and the Ohio House (HB 141) to allow schedule II medication prescribing by Advanced Practice Nurses (APNs). The legislature is now hearing proponent and opponent testimony about these bills. There have been amendments suggested by OSMA (Ohio State Medical Association) that are not favorable to seamless and efficient prescribing by APNs and create unnecessary barriers for patient access to comprehensive health care. APN organizations, including Ohio NAPNAP, are NOT in favor of any of the OSMA amendments. The amendments by OSMA include to:

- require physician initiation of all schedule II medications,
- have the collaborating physicians within 60 miles of the office where APNs are prescribing schedule II medications,
- require physician see the patient to whom the schedule II medication is prescribed, and
- require quarterly review of schedule II prescribing

Letters to the Committee Chairs, who are sponsors of the bills, are needed from both APNs and collaborating physicians. Please send your letters of support to:
Support for SB 83 to Senator Scott Oelslager, Chair, Senate Health Human Services and Aging, Senate Building, 1 Capitol Square, 2nd Floor, Columbus, OH 43215
Support for HB 141 to Representative Lynn Wachtmann, Chair, Health and Aging Committee, Ohio House of Representative, 77 South High Street, Columbus, Ohio 43215
Of course, send letters to your own Ohio Senator and Ohio Representative asking for support of Schedule II legislation! The sooner the better!!!! Thank you in advance.
Another way YOU can help . . . .

**Sign up for Ohio Automated Rx Reporting System (OARRS)**

An addition action in supporting the passing of Schedule II legislation (SB 83 and HB 141) is to register for OARRS. APN registration for OARRS will positively impact Schedule II efforts! Our legislators need to be assured that Ohio APNs are committed to patient safety and are in agreement with the monitoring principles embodied by the OARRS program. Please take a few moments to visit the OARRS website via the link below, and register for OARRS today!!!

Benefits to using OARRS include (derived from the Board of Pharmacy website):

The Ohio Automated Rx Reporting System (OARRS) was established in 2006 as a tool to assist healthcare professionals in providing better treatment for patients with medical needs while quickly identifying drug seeking behaviors. An OARRS Prescription History Report can assist in assuring that a patient is getting the appropriate drug therapy and is taking their medication as prescribed.

Go to: [https://www.ohiopmp.gov/portal/default.aspx](https://www.ohiopmp.gov/portal/default.aspx), select the “Click here to register” option below the client login on the right hand side.

You will need to print the application, include a copy of your Ohio driver’s license, verification of RN licensure (can be obtained from Ohio Board of Nursing website at [https://license.ohio.gov/lookup/default.asp?division=86](https://license.ohio.gov/lookup/default.asp?division=86) and enter your name, copy of your DEA number (if you have one) and mail to the address on the application.

It will take you 10-15 minutes to complete the application. Please have your COA number, DEA number, and your driver’s license number ready. After you have completed the online application, you will be prompted to save and print it. You must then have your signature on the application **notarized**, which can generally be done at your local bank.

Please mail the completed application, along with a copy of your driver’s license, your DEA license, and your health care professional license to the address at the bottom of the application.

Since we no longer receive paper licenses in the mail from the Board of Nursing, you may go to the BON website at [https://license.ohio.gov/lookup/default.asp?division=86](https://license.ohio.gov/lookup/default.asp?division=86) and enter your information to verify your licensure status, then print it.

Please take the time to complete this process whether or not you desire schedule II prescribing privileges. Help us pass this important legislation by registering for OARRS today!
# Newsletter / Website

Linda Kerr

#1 The website resource noted by Janet Hyme Householder in her presentation on immunizations—“Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines”. Below is the reference page, it is from the “Pink Book” and new version was just released!


This information will be available on the SMART BOARD at the Ohio NAPNAP website.

#2 Many more members paid the conference fees with PayPal. We did not seem to have any problems this time. If there were any issues, please contact us!!

If you wish to register this way and your membership information has not changed since you renewed your membership, just select your registration fee in the dropdown menu near the PayPal Button and push the BUY NOW button and follow the directions. In several days, you will receive an email acknowledging receipt of your registration. Thanks for helping us make registration easier for all!!

#3. We now have a Student Rep on the Board. Please find an updated Board roster at end of newsletter.

#4 Please check out the new and improved Ohio NAPNAP website at www.ohio-napnap.org. Lori Reale has given us a new face

We now have a CHATROOM and MESSAGE BOARD for members with questions and ideas concerning legislative and political concerns. Barb Schaffner and Keeley Harding, our 2 Board members that are more involved in the political/legislative issues, have offered to be available to the membership to answer their concerns. Thus far we have connected several members seeking information about education and practice. Please use this service, we are here for our membership!!

**DIRECTIONS FOR OHIO NAPNAP “CHAT ROOM”:**

1. Go to www.ohio-napnap.org
2. Once on the website, scroll down to the lower left page below the “LINKS” to the coffee cup “ENTER MY CHAT ROOM” -- double click –
3. A new site opens---HEALTH POLICY / PNP PRACTICE chat room. Fill in your name and your profile (you may put anything here) and then click on the BLUE CHAT BUTTON.
4. Next opens a dialogue box with the names of anyone in the chat room—including you—in the upper left corner; you may choose to speak to one or all of them by clicking on their name.
5. The bar at the lower left (where you see your cursor) is where you type your part of the conversation and push ENTER. Their response appears in the open area of the box.
6. Remember this is a CHAT ROOM. It requires at least 2 persons in it. It is real time---like instant message. You could make plans to meet your peers in the room to discuss issues.
7. When done, you just close out of the box. If anything in the box is information you wish to keep, you must either write it down or cut and paste it to a WORD file. Once you close, the conversation IS DISCARDED and cannot be retrieved.

DIRECTIONS FOR THE MESSAGE BOARD CALLED “MESSAGE FORUM”:

1. Go to www.ohio-napnap.org
2. Once on the website, scroll down to the lower left page below the “LINKS” to the right of the coffee cup to “ENTER MY FORUM” -- double click --
3. A new site opens --- MESSAGE FORUM. Scroll down below the grey box to “start new post”. There are advertisements that appear—just click the X in their right hand corners to close them.
4. Next opens a box “Post a forum”. Type in your name, email address. Subject, (can skip all the rest if you wish), and finally your question or statement or whatever you wish to post.
5. You can apply an icon if you wish. You can also check the box if you want to be notified by email if there is a response. YOU MUST CHECK THIS BOX IF YOU WISH TO BE NOTIFIED THAT THERE IS A RESPONSE TO YOUR POST. YOU WILL RECEIVE AN EMAIL IN YOUR JUNK FOLDER FROM “BRAVENET WEB SERVICES”. You may then include them as a contact so responses proceed directly to your email.
6. You must verify the number/letter box if you want to post.
7. Click the POST MESSAGE button.

You may also enter the MESSAGE FORUM, scroll to the grey box to “RECENT POSTS”, and read the conversations. If you wish to respond to them, just hit the reply button and follow the same directions as if you were posting a message.

A representative from the Board will check the MESSAGE BOARD frequently for questions or statements and will forward it to an appropriate Board member to reply to the inquiry or statement. The poster will receive an email from Bravenet Web Services which will tell you that someone has responded to your posting and gives you a link to the reply on the MESSAGE BOARD. However, anyone—not just a Board member may reply to your posting. You will only receive a message from Bravenet Web Services. Your email address is never accessed or supplied.

Please contact me for questions or comments at kerrli@hotmail.com

Ohio NAPNAP Listserve

If you any questions or concerns about the Listserve please contact me at my email address enixa@childrensdayton.org.
Awards

Stephanie Smith

It is that time of the year again. Please think about those you know that you feel should be honored or assisted in their services for children and families. Applications are attached at the end of the newsletter. DEADLINE IN JUNE 30, 2011!!!

Peg DiMarco

Professional Education

Please read the abstract below and obtain the article. Food for thought!!!!

ABSTRACT:
In 2004, the American Association of Colleges of Nursing (AACN) adopted a position statement concerning the future of advanced practice nursing education. A target date of 2015 was articulated as the point by which master’s preparation for advanced practice nurses would be replaced by doctoral level education. Seismic shifts in the realities surrounding nursing education and practice have occurred since the proposal to require a Doctor of Nursing Practice (DNP) degree for entry into advanced practice nursing was proposed. Unprecedented economic challenges have resulted in significant budget downturns for all sectors, including higher education. The consequent cutbacks, furloughs, and restructuring in educational operations of all types have placed enormous demands on faculty, staff, and students across the country. In addition, the growing incidence the growing incidence and earlier onset of chronic disease, a rapidly aging population,, health care reform agendas, a shortage of primary care practitioners, and projected severe shortages of nursing faculty have raised fundamental questions about the capacity of nursing education to produce the numbers of advanced practice nurses needed. This article addresses the changing realities and growing concerns associated with the future of advanced practice nursing. Recommendations to ensure continuing development of advanced nursing practice that serves the interest and needs of the public now and in the future are presented within the context of a national workforce perspective.

Emily Hendrickson  Membership

GREAT NEWS!!!!!!

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<th>Current Ohio NAPNAP Members - March 2011 Report</th>
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<th>Ohio NAPNAP Members - November 2010</th>
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Program Advisor     Jill Smith

A huge THANK YOU to Gail Horner and her team for a fabulous spring conference in Columbus. We had representation from all areas of the state with 80 people attending and the speakers were great! THANKS AGAIN!
FALL CONFERENCE

WHEN: NOVEMBER 11-12, 2011

WHERE: Great Wolf Lodge, Mason, OH

WHO: Cincinnati Children’s Hospital and Ohio NAPNAP

This is a great opportunity to include your family in the weekend. GWL will be offering members a reduced rate and we will also obtain another hotel for those of you that would like a more quiet, less wet weekend. Save the date cards will be coming soon.

SPRING 2012

LOOKING FOR A LOCATION AND PLANNING COMMITTEE!!!!!
Please contact Jill if you are interested…..

We would like to make the conferences meet the needs of our members. Please email Jill Smith with ideas of topics you would like to see at conferences as well as topics for the educational section of our newsletter.

f.y.i ...........

FDA issues final guidance for liquid OTC drug products with dispensing devices

The FDA recently released its final guidance to firms that manufacture, market or distribute over-the-counter liquid drug products packaged with measuring devices. On the same day, makers of over-the-counter single-ingredient liquid pediatric acetaminophen medicines announced they will voluntarily change the formulation and offer a single dosage of liquid acetaminophen.
According to the FDA, the guidance was issued because of concerns about the potential for accidental drug overdoses that can occur from the use of dosage delivery devices with markings that are confusing, unclear or inconsistent with the labeled dosage directions.

“Accidental medication overdose in young children is an increasingly common but preventable public health problem,” Karen Weiss, MD, program director for the FDA’s Safe Use Initiative in the Center for Drug Evaluation and Research, said in a press release.

The same day that the FDA issued this guidance, the makers of OTC liquid pediatric acetaminophen announced they would convert these pediatric products to just one concentration, according to a press release from the Consumer Healthcare Products Association. The current children’s strength of liquid acetaminophen (160 mg/5 mL) will become the only liquid concentration available for all children aged younger than 12 years, and sale of the current concentrated infant drops will cease.

The key recommendations for manufacturers in the FDA guidance include:

- Dosage delivery devices should be included for all oral OTC liquid drug products.
- Devices should be marked with calibrated units of liquid that are the same as the units of liquid measure specified in the directions for the product, and there should not be any unnecessary markings.
- Manufacturers should ensure that dosage delivery devices are used only with the products they are packaged with.
- Liquid measure markings on dosage delivery devices should be clearly visible and not obscured when the liquid product is added to the device.

These announcements by the FDA and the Consumer Healthcare Products Association are welcome, and are steps in the right direction. Problems with dosage form confusion, dosing, and dose measurement by caregivers have long been known for pediatric OTC liquid products, such as acetaminophen. Significant medication adverse effects have resulted from these problems. Changing liquid acetaminophen pediatric products to one concentration only will hopefully reduce confusion over dosage form differences, and dosing and administration errors. While this product change transitions over this year, parents and caregivers are likely to continue to be confused about dosing and dose measurement, especially as current home supplies of liquid infants' and children's acetaminophen products remain and are used. Pediatric clinicians can help by discussing this with families - do more than say, "Give him some acetaminophen." Discuss differences in acetaminophen product dosage forms, specify a mg and volume dose, and emphasize appropriate dose volume measurement. This discussion should only take a few minutes. Don't assume that parents know what dose and product to use - several studies have shown that they often do not.

-Edward Bell, PharmD, BCPS

Infectious Diseases in Children Editorial Board member
In pediatric asthma, ratio of controller medications to total asthma medications predicts risk of exacerbations

DENVER — Although asthma exacerbations requiring hospital admissions or emergency department visits are an important outcome among children with asthma, exacerbations treated in the office setting should be more rigorously assessed, according to findings presented here at the Pediatric Academic Societies’ Annual Meeting 2011.

Furthermore, the asthma medication ratio — the ratio of controller prescriptions filled divided by all asthma prescriptions filled — is the process measure that correlates best with medically-treated asthma exacerbations (AEs), according to researchers from Children’s Hospital Boston.

Louis Vernacchio, MD, MSc, and colleagues from the Pediatric Physicians’ Organization at Children’s (PPOC), an independent practice association affiliated with Children’s Hospital Boston, set out to describe AEs among children with persistent asthma and to determine AE risk factors. According to the researchers, of 19,469 privately-insured PPOC patients aged 5 to 17 years old continuously enrolled in 2008, 530 (2.7%) met Healthcare Effectiveness Data and Information Set (HEDIS) criteria for persistent asthma. Among this cohort, the investigators first compared each of the three proposed definitions of AEs treated in the office setting to a “gold standard” chart review, which included an independent review of 144 asthma visits by two clinicians.

The definition of AEs treated in the office setting that correlated most closely with the chart review included office visits for asthma that involved one or more of the following: 1) a filled prescription for an oral steroid on the day of or the day after the visit; 2) a nebulizer treatment given during the visit; or 3) use of an ICD-9 code indicating “with status asthmaticus” or “with acute exacerbation.” Using this definition, the 530 participants suffered 312 AEs during 2008, 237 (76.0%) of which were treated in the office setting; 67.6% of subjects had no exacerbations during the year and 32.4% had one or more.

In the second part of the study, the investigators created a logistic regression model to examine the association between various asthma process measures and AEs requiring medical attention. That analysis determined that the asthma medication ratio correlated in a linear fashion with AEs, with children in the lowest quartile of the asthma medication ratio having approximately twice the risk of AEs compared to children in the highest quartile. This result was replicated in a validation cohort from 2009.

“The asthma medication ratio is a proposed HEDIS measure for 2012, but the cutoff value for high-quality asthma care suggested by HEDIS is well below what appears optimal in our data,” Vernacchio said.

For more information: Vernacchio L. Abstract #2150.3. Asthma Exacerbations among Children 5-17 Years of Age: Definition and Risk Factors. Presented at: Pediatric Academic Societies' Annual Meeting 2011; April 30-May 3, 2011; Denver.
Be aware of measles in children returning from international travel
Apr 22, 2011                            By: *Contemporary Pediatrics Staff*

Physicians should maintain a high level of suspicion for measles in children with febrile rash illness who have returned recently from foreign travel, advises the Centers for Disease Control and Prevention (CDC).

In a recent issue of *Morbidity and Mortality Weekly Report*, the CDC reported on 7 cases of measles in the first 2 months of 2011 among unvaccinated children aged 6 to 23 months returning to the United States from travel abroad. Four children required hospitalization (2 with diarrhea and dehydration, 1 with persistent fever, and 1 with pneumonia). Hospitalization duration ranged from 0 to 7 days (median, 3.5 days).

The diagnosis of measles was delayed in 3 of the 7 children because measles is not often considered in the differential diagnosis of children returning from international travel with rash illness, according to the CDC. One of the children was hospitalized for 3 days; the diagnosis was made retrospectively only after a sibling developed measles. Another child visited a pediatrician 3 times before a diagnosis was made in the emergency department, and in the third child, measles was not suspected until 8 days after its onset. All children recovered.

These 7 cases are comparable to the number of imported cases reported for children aged 6 to 23 months each year from 2001 to 2010, the CDC notes. From 2001 to 2010, there were 47 (range, 3-8 cases per year) imported cases of measles in this age group, 3 of whom had been vaccinated before travel.

The 7 patients had traveled to at least 6 different countries. None of the children had received any doses of the measles, mumps, and rubella (MMR) vaccine, even though all were eligible before travel.

The CDC reminds physicians that children 12 months or older who travel internationally should receive 2 doses of MMR vaccine at least 28 days apart. Children 6 to 11 months of age should receive 1 dose of MMR vaccine, with revaccination recommended on or after the first birthday (1 dose followed by a second dose at least 28 days later).

Ohio Napnap News

MAY 2011 Newsletter

Ohio NAPNAP Board Roster 2010-2011

President: Michele Widecan     Cincinnati, OH   E-mail Address: Michelle.Widecan@cchmc.org
President Elect: Jill Kilanowski     Dublin, OH   E-mail Address: papmmom@aol.com
Past President: Teresa Thorpe Beavercreek, OH   E-mail: teresathorpe@yahoo.com
Secretary: Stephanie Marszal     Brecksville, OH   E-mail Address: sljamar@aol.com
Treasurer: Gail Horner Hillard, OH   E-mail Address: hornorg@chi.osu.edu
Legislative Chair: Barb Schaffner Westerville, OH   E-mail Address: bschaffner@otterbein.edu
Newsletter: Linda Kerr     St. Joseph, MO   Email address: kerrli@hotmail.com
Program Advisor: Jill Smith     Cuyahoga Falls, OH   E-mail address: jillpnp@yahoo.com
Clinical Practice: Keeley Harding     Xenia, Ohio   E-Mail: KeeleyAHarding@aol.com
Bylaws: Mary Flood     North Olmstead, OH   E-mail address: mflood0830@hotmail.com
Ethics: Linda Strong     Broadview Heights, OH   E-mail address: lastrong@cox.net
Historian: Mary Ann Rosencrans     Lewisburg, OH   E-mail address: maraprn@gmail.com
Nominations: Karen M. Martin     Columbus Grove, OH   E-mail address: kmartin@achp.biz
Awards: Stephanie Smith     Germantown, Ohio E-mail address: smithsj@childrensdayton.org
Listserve: Angela Enix     Dayton, OH   E-mail address: enixa@childrensdayton.org
Membership: Emily Hendrickson     Alpha, OH   E-mail address:emilyhendrickson@gmail.com
Prof. Education: Marguerite DiMarco     Valley City, OH   E-mail address: dimarco@uakron.edu
Bookkeeper: Mary Gagliano     Zoar, OH   E-mail address:agliame@aol.com
Bike Helmet: Teresa Thorpe     Beavercreek, OH   E-mail address:teresathorpe@yahoo.com

STUDENT REPRESENTATIVE  -- NEW---  Stacie Leeper     Bay Village, OH   staciejleeper@yahoo.com
NOMINATION FOR PNP STUDENT OF THE YEAR

The PNP Student award recognizes an outstanding PNP student. This student should exhibit outstanding behaviors in leadership, scholarship, and professionalism. The student can be self-nominated, but requires two letters of recommendation (one from a faculty member). The PNP student of the year is awarded dues for attendance at one Ohio NAPNAP conference and will be recognized by presentation of a plaque at the fall conference.

Please complete the following information:

Nominee:_______________________________________________________
Address:_____________________________________________________________________________________
City:______________________ State:_______________ Zip:_____________
Telephone:   Home____________________  Work:______________________
Place of Employment:______________________________________________
Email:__________________________________________________________
Nomination submitted by:___________________________________________
Address:_________________________________________________________
City: _____________________ State:________________ Zip:____________
Telephone:   Home____________________  Work______________________
Email:__________________________________________________________

Please attach a brief narrative description of the reasons the nominee should receive the award. Include the criteria listed above and curriculum vita (if applicable).

Please submit no later than June 30th to: Stephanie Smith
9775 Germantown-Middletown Pike.   Germantown, Ohio  45327
May also be submitted via email: smithsj@childrensdayton.org
NOMINATION FOR CHILD ADVOCATE AWARD

Child Advocate Award: Recognizes the work of a community member or group that has helped to improve the healthcare of children, while supporting the role of the pediatric nurse practitioner. Nominations, for the Child Advocate Award must be submitted by a member of Ohio NAPNAP. The Child Advocate recipient will be recognized with a plaque at the fall conference.

Please complete the following information:

Nominee:_______________________________________________________
Address:________________________________________________________
City:______________________  State:_______________  Zip:____________
Telephone:  Home____________________  Work:______________________
Place of Employment:______________________________________________
Email:__________________________________________________________
Nomination submitted by:___________________________________________
Address:_________________________________________________________
City: _____________________  State:________________  Zip:____________
Telephone:   Home____________________  Work______________________
Email:__________________________________________________________

Please attach a brief narrative description of the reasons the nominee should receive the award. Include the criteria listed above and curriculum vita (if applicable).

Please submit no later than June 30th to:

Stephanie Smith   9775 Germantown-Middletown Pike, Germantown, Ohio  45327

May also be submitted via email: smithsj@childrensdayton.org
Ohio Napnap News

MAY 2011 Newsletter

Ohio NAPNAP
KySS Scholarship Application

The applicant must be a member of Ohio NAPNAP. Consideration will be given to those PNPs who have taken an active role in the care of children and adolescents with emotional or behavioral health problems. The PNP applying for this scholarship must be willing to write an article for the Ohio NAPNAP Newsletter. If granted the scholarship the applicant will be given $1000 towards the program fees. If the applicant presents at one of Ohio NAPNAP’s Statewide Programs the applicant will receive an additional $100.

The applicant must provide information about the program and write a narrative explaining how the information will be used to make a difference for children and adolescents with emotional and behavioral health problems.

The application should be submitted to the Awards Committee for consideration. The scholarship will be granted with the approval of the Ohio NAPNAP Board.

The applicant must be a current, active member of Ohio and National NAPNAP, and currently practicing as a PNP.

Date of submission: ____________________
Applicant name: ________________________________________________________
Address: ______________________________________________________________
City: __________________________State:_______________________Zip:_________
Telephone: (Home) _______________________ (Work) ________________________ Email: __________________________________________________________________

Employer: _____________________________________________________________

Program/Course Title (Include any program/course description, including anticipated cost/expenses):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please attach a brief narrative description of how the program will be used to impact the care of children diagnosed with behavioral, emotional, or mental health problems.

How will this program benefit children & adolescents with behavioral/emotional problems?

Must submit by June 30th to:

Stephanie Smith 9775 Germantown-Middletown Pike, Germantown, Ohio 45327

May also be submitted via email: smithsj@childrensdayton.org