

**Philippine Nurses Association of Arizona, Inc  
2017 Fall Education Conference**

**Finding Your Purpose: A Wholistic Approach**



September 30, 2017  
Mayo Clinic Hospital  
Waugh Auditorium  
5777 East Mayo Boulevard  
Phoenix, AZ 85085

# AGENDA

## Education Program Faculty

### **Jay Maningo-Salinas, PhD, RN, NE-BC,FACHE**

Mayo Clinic Arizona  
Nurse Administrator

### **Colleen Gallogly, MSN, RN**

Phoenix VA Healthcare Systems  
Nurse Manager, Clinical Analytics  
University of Arizona  
Assistant Professor of Practice  
Department of Biomedical Informatics  
University of Arizona College of Medicine– Phoenix

### **Elizabeth Rose, MBA, BSN, RN**

Department of Health  
Federal and State Licensing Surveyor

### **Maria Quimba, MBA, MSN, MA, RN**

Grand Canyon University  
Associate Dean of Professional Studies and  
Undergraduate Programs for the College of Nursing &  
Health Care Professions

### **Noel M. Arring, DNP, RN, OCN**

Mayo Clinic Hospital  
Manager, Nursing Research

### **Marie Cunning**

Small Business Owner  
Former Miss Philippines

### **Lori A. Villegas-Murphy, MSN, RN**

National Association of Hispanic Nurses  
Phoenix Chapter  
President—Elect

## PNAAZ Main Chapter Educational Committee

### **Shirley Soden, MBA, BSN, RN - Lead**

**Emma Rosales, BSN, RN**

**Rizza Ditchella, BSN, RN, CMSRN**

**Lani Primero, MSN, RN, FNP**

**Erlinda Singarajah, MSN, ANP-C, COHN-S, CEAS**

**Marinor Condes, MSN, RN, CNRN**

**Ana Lisa Lagman, BSN, RN**

**Annie Rose Manuel, MSN, Ed, RN, DWC**

## Continuing Education

**This continuing nursing education activity was approved for 7.25 Continuing Nursing Education (CNE) credits by the Western Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Arizona, Colorado, Idaho, and Utah Nurses Associations are members of the Western Multi-State Division.**

7:00 - 7:45	Registration & Continental Breakfast
7:45 - 8:00	Welcome Emma Rosales, BSN, RN President, PNAAZ
8:00 - 9:00	Getting to Wisdom Your Next Role: Nurse Informaticist Colleen Gallogly, MSN, RN
9:00 - 10:00	Advancement in Nursing Maria Quimba, MBA, MSN, MA, RN
10:00 - 10:15	Morning Break
10:15 - 11:15	Finding Your Calling: The Accidental Nurse Researcher Noel M. Arring, DNP, RN, OCN
11:15 - 12:15	Self Care for Nurses Marie Cunning
12:15 - 1:00	Lunch
1:00 - 2:00	Moral Distress in Nursing Practice: Impact and Interventions Jay Maningo-Salinas, PhD, RN, NE,-BC, FACHE
2:00 - 3:00	Nursing Leadership Traits And Behavior Lori Murphy, MSN, RN
3:00 - 3:15	Afternoon Break
3:15 - 4:15	How to Survive an Onsite State & Federal Compliance Survey: Planning Ahead Elizabeth Rose, MBA, BSN, RN
4:15 - 4:30	General Assembly and Evaluations

# REGISTRATION FORM

<b>Name:</b>
<b>Address:</b>
<b>Email:</b>
<b>Phone:</b>
<b>PNAAZ Member:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Save \$5 and Renew your membership or Become a New Member!!!!</b>

	Fees	Number of Attendees	Total
<b>Early Registration (Prior to September 1, 2017)</b>	<b>\$45 (RN, PNAAZ member) \$55 (PNAAZ non member)</b>		
<b>Member (after September 1, 2017)</b>	<b>\$50.00</b>		
<b>Non-Member</b>	<b>\$60.00</b>		
<b>Student (Pre-RN Licensure)</b>	<b>\$25.00</b>		
<b>Total</b>			<b>Get further savings!</b> <b>Get \$5.00 reimbursement at the door if you bring at least one pair of scrub top and pants in good used condition. Items will be donated to Dress for Success.</b>

**Breakfast and lunch are included in the registration fee.**

## PAYMENT INFORMATION

**Online Registration:** May be completed at [www.PNAAZ.org](http://www.PNAAZ.org)  
Please bring a copy of the receipt to the conference.

**Mail-In Registration:** Checks for the total amount due and payable to PNAAZ can be sent to:

Ivy Baloria, RN  
Treasurer - PNAAZ  
66 South 169th Drive  
Goodyear, AZ 85338

**PURPOSE**

The Philippine Nurses Association of Arizona (PNAAZ) is a non-profit organization open to all Filipino-American nurses and healthcare individuals interested in utilizing professional leadership, mentorship and clinical expertise with the purpose of promoting advancement and betterment of nursing practice and fostering positive image in the community. Its mission is to support the principles of the Philippine Nurses Association of America (PNAA) and promote fellowship and unity among Filipino-American nurses in Arizona. Its goals and objectives are to welcome and develop a mentoring program for the newly relocated Filipino nurses, to provide professional enrichment among members through continuing education, scheduled conferences, and to participate in socio-cultural programs and activities of Filipino-American communities.

**MEMBERSHIP REQUIREMENTS**

Unencumbered and Active nursing license or pre-licensure status (nursing students & Philippine RNs)  
Interest or involvement in any aspect of healthcare.

**MEMBERSHIP TYPE PLS. SELECT ONE:**       **Initial**                       **Renewal**

**MEMBERSHIP DUES Annual: \$75.00    Three Years: \$200.00**  
Associate and Student Nurses : \$25.00 (no voting privileges)

**BENEFITS OF MEMBERSHIP**    For more information, log on to [www.pnaaz.org](http://www.pnaaz.org)

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|---|---|
| <ul style="list-style-type: none"> <li>• PNAAZ Newsletter</li> <li>• Educational activities, CE available</li> <li>• Free <i>Minority Nurse</i> magazine subscription</li> <li>• Networking</li> <li>• Cultural Enrichment</li> </ul> | <ul style="list-style-type: none"> <li>• Membership Directory</li> <li>• Reduced rates for PNAA and PNAAZ sponsored conferences and workshops</li> <li>• PNAA and NCEMNA National Membership</li> <li>• Mentoring</li> <li>• Stewardship</li> </ul> |
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**APPLICANT'S PROFILE**                      Note: For Renewal only, please update information as appropriate

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Nursing Degree: \_\_\_\_\_ Add'l Degrees: \_\_\_\_\_ State of Licensure: \_\_\_\_\_ License # (Optional): \_\_\_\_\_

Work /Organization: \_\_\_\_\_ Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Fax: (\_\_\_\_) \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

Please send PNAAZ mailings to:     Work             Home                      Pre-Licensure:  Yes     No

Philippine City of Origin: \_\_\_\_\_ Dialect: \_\_\_\_\_

Pls. circle area(s) of interest:     Committee involvement     Seminar Speaker     Mentor     Meeting Host     Other

Other Organizational Membership: \_\_\_\_\_

Please accept my application as completed. I understand my name may be included on the membership directory and on the distribution lists at the discretion of the Executive Board UNLESS checked here

Recruited by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send application & check made payable to:    **PNAAZ Membership Department**  
Attn: Marinor Condes  
21552 N. Geraldine Drive  
Peoria AZ 85382  
(623) 680-0111