

TO: Dr. Deborah MacMillan, Director, School of Nursing
FROM: Legistal Canady, DOP, FORC, APRIN
RE: Individual Consulting for Compensation with Agency or Organization
It is my intent to provide for compensation the following services
to: (List name of company or agency. State in general terms if confidentiality is an issue.)  FPH - Fairly W Park Hospital (ER)  FUR FISH Charle Primary Can L (MACON)  The time period involved will be from Aug 2019 to Guly 2020.
The use of personnel, materials, and/or services of Georgia College & State University will be compensated in the following manner:
To my knowledge, there is no conflict of interest with my assigned duties at Georgia College & State University.
Approved:
Debbre Suene 9-27-19
Department Chair or Supervisor Date
In Novielle 9/27/19
College Dean Date
Attachment(s):  a) Outline of educational services if two or more persons are to receive training.  b) Budget information if university resources are to be used.
cc: Provost and VP for Academic Affairs  Initials and Date



College of Health Sciences Campus Box 63 Milledgeville, Georgia 31061-0490 Phone 478-445-1076 Fax 478-445-1121

	ah MacMillan, Director, School of Nursing
FROM: She	yl Winn
	Consulting for Compensation with Agency or Organization
It is my intent to provide	for compensation the following services NP work in to include bringing FNP to or well for dinical Evaluate
to: (List name of company	or agency. State in general terms if confidentiality is an issue.)
The time period involved	will be from 8 to 5 wednesday
The use of personnel, ma compensated in the follow	terials, and/or services of Georgia College & State University will be wing manner:
To my knowledge, there state University.	is no conflict of interest with my assigned duties at Georgia College &  Mey W W  Individual's Signature
Approved:	0
Dehoral Maer	Jelli 9/25/2019
Department Chair or Sup	
Sh. Noville	9/27/19
College Dean	Date
Attachment(s): a) b)	Outline of educational services if two or more persons are to receive training.  Budget information if university resources are to be used.
en en en en	or Academic Affairs  Initials and Date



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TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Sallie Coke, PLD, APRN, CPNP, FNP-C, PMHS
RE:	Individual Consulting for Compensation with Agency or Organization
It is my intent	to provide for compensation the following services
to: (List name	of company or agency. State in general terms if confidentiality is an issue.)
The time period	od involved will be from $\frac{8}{119}$ to $\frac{7}{3120}$
The use of per compensated i	sonnel, materials, and/or services of Georgia College & State University will be n the following manner:
To my knowle State Universi	dge, there is no conflict of interest with my assigned duties at Georgia College & Sally Coke PhD CmP
A mmuorrad.	Individual's Signature
Approved:	i Duene 9-27-19
Department Cl	nair or Supervisor Date
The 1	Voviale. 9/27/19
College Dean	Date
Attachment(s):	Outline of educational services if two or more persons are to receive training.
	b) Budget information if university resources are to be used.
cc: Provos	and VP for Academic Affairs () (0/2//9)



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TO: Dr. Deborah MacMillan, Director, School of Nursing	
FROM: Monica Ketzliz	
RE: Individual Consulting for Compensation with Agency or Organization	
It is my intent to provide for compensation the following services	
to: (List name of company or agency. State in general terms if confidentiality is an issue.)  Pied mont of them s Region of Central  The time period involved will be from 8/1/9 to 8/1/39 5W  The use of personnel, materials, and/or services of Georgia College & State University will	I be
compensated in the following manner:	
To my knowledge, there is no conflict of interest with my assigned duties at Georgia Colle State University.  Individual's Signature	ge &
Approved:	
Debbie Duene 9-27-19	
Department Chair or Supervisor Date	
Dh Noviello 9/27/19	
College Dean Date	
Attachment(s): a) Outline of educational services if two or more persons are to receive training.	ŧ
b) Budget information if university resources are to be used.	Ĩ
cc: Provost and VP for Academic Affairs	ì



TO: Dr. Deborah MacMillan, Director, School of Nursing
FROM: Vincent E Pair
RE: Individual Consulting for Compensation with Agency or Organization
It is my intent to provide for compensation the following services  Army Reserve Misse Practitioner & Registered Dietitian  MATRIC, USAL, HANY WUSE
to: (List name of company or agency. State in general terms if confidentiality is an issue.)  United States Army Reserve
The time period involved will be from PRES to undetermined
The use of personnel, materials, and/or services of Georgia College & State University will be compensated in the following manner:
To my knowledge, there is no conflict of interest with my assigned duties at Georgia College & State University.
Individual's Signature
Approved:
Debut Duene 9-27-19 Department Chair or Supervisor Date  9/27/19
Department Chair of Supervisor Date
College Dean Date
Attachment(s):  a) Outline of educational services if two or more persons are to receive training.  b) Budget information if university resources are to be used.
cc: Provost and VP for Academic Affairs    O 2 / V     Initials and Date



TO:	Dr. Deborah	MacMillan, Director, School of Nursing
FROM:	Marsha	u Smith
RE:	Individual Co	onsulting for Compensation with Agency or Organization
It is my intent	to provide for taff Nurse	r compensation the following services  e (CVICU) - Medical Center Navigant / tea Hh
to: (List name	of company or Medical C	agency. State in general terms if confidentiality is an issue.)  Center Navicont Health
The time perio	d involved wi	ill be from <u>August 2019</u> to <b>MANY</b> August 2020.
The use of pers	sonnel, materi	ials, and/or services of Georgia College & State University will be ng manner:
To my knowle State Universit	dge, there is n	no conflict of interest with my assigned duties at Georgia College
		Individual's Signature
Approved:	Suc	4 9-27-19
Department Ch	air or Supervi	risor Date
Sh 1	Wi100	9-27-19
College Dean		Date
Attachment(s):	a)	Outline of educational services if two or more persons are to receive training.
	b)	Budget information if university resources are to be used.
cc: Provost	and VP for A	Academic Affairs (0/2/19

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TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Sterling Roberts
RE:	Individual Consulting for Compensation with Agency or Organization
It is my intent	to provide for compensation the following services
to: (List name	of company or agency. State in general terms if confidentiality is an issue.)
The time perio	od involved will be from S-19 to 6-20.
The use of per compensated i	sonnel, materials, and/or services of Georgia College & State University will be n the following manner:
To my knowle State University	
	Individual's Signature
Approved:	
Department Cl	nair or Supervisor Date
Shir	Vorice 9/27/19
College Dean	Date
Attachment(s):	<ul> <li>Outline of educational services if two or more persons are to receive training.</li> </ul>
	b) Budget information if university resources are to be used.
cc: Provost	and VP for Academic Affairs

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TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Leslie moore
RE:	Individual Consulting for Compensation with Agency or Organization
It is my intent	to provide for compensation the following services accreditation
to: (List name Berry C	of company or agency. State in general terms if confidentiality is an issue.)
The time perio	od involved will be from Feb 2019 to Sept 2019.
The use of per	sonnel, materials, and/or services of Georgia College & State University will be n the following manner:
To my knowle State Universi	Keslu Moore
Approved:	Individual's Signature
^	Duene 9-27-19.
Department Cl	nair or Supervisor Date
Oh /	Varielle 9/27/19
College Dean	Date
Attachment(s)	a) Outline of educational services if two or more persons are to receive training.
	b) Budget information if university resources are to be used.
cc: Provos	t and VP for Academic Affairs



Collège of Health Sciences Campus Box 63 Milledgeville, Georgia 31061-0490 Phone 478-445-1076 Fax 478-445-1121

TO: Dr. Deborah MacMillan, Director, School of Nursing
FROM: Gal Godwin
RE: Individual Consulting for Compensation with Agency or Organization
It is my intent to provide for compensation the following services
to: (List name of company or agency. State in general terms if confidentiality is an issue.)
The time period involved will be from Aug 1, 2019 to Tuly 31, 2019.
The use of personnel, materials, and/or services of Georgia College & State University will be compensated in the following manner:
To my knowledge, there is no conflict of interest with my assigned duties at Georgia College & State University.    January   January
Approved:
Delbie Prune 9-27-19
Department Chair or Supervisor Date
Sh. Novice, 9/27/19
College Dean Date
Attachment(s):  a) Outline of educational services if two or more persons are to receive training.  b) Budget information if university resources are to be used.
cc: Provost and VP for Academic Affairs  Initials and Date



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TO: Dr. Deborah MacMillan, Director, School of Nursing
FROM: Talecia Warren
RE: Individual Consulting for Compensation with Agency or Organization
It is my intent to provide for compensation the following servicesNursing
to: (List name of company or agency. State in general terms if confidentiality is an issue.)  Novicent Health Bo
The time period involved will be from $8-19$ to $6-30$ .
The use of personnel, materials, and/or services of Georgia College & State University will be compensated in the following manner:
To my knowledge, there is no conflict of interest with my assigned duties at Georgia College State University.
Individual's Signature
Approved:
Alberi Breene 9-27-19
Department Chair or Supervisor Date
In Noville 9/27/19
College Dean Date
Attachment(s):  a) Outline of educational services if two or more persons are to receive training.  b) Budget information if university resources are to be used.
cc: Provost and VP for Academic Affairs Initials and Date



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TO:	Dr. Deborah	MacMillan,	Director, Schoo	l of Nursing	*:	
FROM:	Laura	i Dav	Бу			
RE:	Individual Co	onsulting for	Compensation	with Agency	or Organizatio	n
It is my intent	to provide for	compensation	on the following	services	Administ	ratric
to: (List name	of company or	agency. State	in general terms	if confidentia	ulity is an issue.)	· ·
The time period	od involved wi	ill be from _	Current	to und	uterminea	, NE
The use of percompensated	rsonnel, materi	als, and/or so g manner:	ervices of Georg	gia College &	& State Univers	ity will be
To my knowle State Universi	edge, there is n	o conflict of	interest with m	raPott	uties at Georgia	College &
Approved:			Individual's	Signature	<i>O</i>	ž
Delil	ie Dre	ene	9-27-	19		
Department C	hair or Superv	isor	Date			
Sh (	Noviel	16.	9/27/	19	Ė	
College Dean	V V / / / / /		Date			
Attachment(s)	: a)	Outline of to receive t	educational serv	ices if two o	r more persons	are
	b)		ormation if univ	ersity resour	ces are to be us	ed.
cc: Provos	t and VD for A	andamia Aff	D. 1	11 (	10/2/14	·

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TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Paige Ivey
	Individual Consulting for Compensation with Agency or Organization
It is my intent to Sepsis	committee Charry primary
to: (List name o	of company or agency. State in general terms if confidentiality is an issue.)
The time period	d involved will be from present to unknown
The use of pers	onnel, materials, and/or services of Georgia College & State University will be the following manner: U (M
State University	lge, there is no conflict of interest with my assigned duties at Georgia College & Individual's Signature
Approved:	, ,
Delelu	
Department Cha	air or Supervisor Date
Sh 1	Varielle 9/27/19
College Dean	Date
Attachment(s):	Outline of educational services if two or more persons are to receive training.
	b) Budget information if university resources are to be used.
cc: Provost	and VP for Academic Affairs



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TO:	Dr. Deborah	MacMillan,	Director, School of N	ursing	4	
FROM:	Christ	tapher	Rodrique2			=
RE:			Compensation with A	gency or O	rganization	
It is my intent	to provide for	compensati	ion the following servi	ces Nur	sing	
to: (List name	of company or	agency. Stat ∼c \ Vos	e in general terms if con	fidentiality is	s an issue.)	, , , , , , , , , , , , , , , , , , ,
The time perio	d involved wi	ll be from	preserve to	unten	eur	
The use of per compensated i			services of Georgia Co	llege & Sta		will be
To my knowle State Universit Approved:	dge, there is n	o conflict o	f interest with my assist  Chutch  Individual's Signa			College &
1 0 l. l.	: D.	n 4	9 27-19			
Department Ch	air or Superv	icor	9-27-19 Date	_		235
Shin	or ill	isor	9/27/19		*	
College Dean			Date	_		
Attachment(s):	a) b)	to receive	educational services in training. Formation if university			
ce: Provosi	t and VP for A	cademic Af		and Date	10 2	19



TO: Dr. Deborah MacMillan, Director, School of Nursing
FROM: Sarah Handwerker
RE: Individual Consulting for Compensation with Agency or Organization
It is my intent to provide for compensation the following services occasionally work part time as a home infusion nurse (on weekends) to keep nursing skills sharp.
to: (List name of company or agency. State in general terms if confidentiality is an issue.)  No care options, macon GA  Have worked for them parttime since October 2010.
The time period involved will be from Aug. 1st 2019 to Aug 1st 2020
The use of personnel, materials, and/or services of Georgia College & State University will be compensated in the following manner:
To my knowledge, there is no conflict of interest with my assigned duties at Georgia College & State University.
Approved:
Delibri Duene 9-27-19
Department Chair or Supervisor Date
In Novilla 9/27/19
College Dean Date
Attachment(s):  a) Outline of educational services if two or more persons are to receive training.  b) Budget information if university resources are to be used.
cc: Provost and VP for Academic Affairs  Initials and Date



College of Health Sciences Campus Box 63 Milledgeville, Georgia 31061-0490 Phone 478-445-1076 Fax 478-445-1121

TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Sandra Copeland
RE:	Individual Consulting for Compensation with Agency or Organization
It is my intent	to provide for compensation the following services NUVSC
Home	of company or agency. State in general terms if confidentiality is an issue.)  VS OF Nursing Practice, Inc. AB Life Support,  Plysician Cave, Navicent Health
The time perio	od involved will be from $8-1-19$ to $8-1-2020$ .
To my knowle	edge, there is no conflict of interest with my assigned duties at Georgia College &
State Universi	Sandia D. Copeland
	Individual's Signature
Approved:	and videal o orginator
abbri	
Department C	hair or Supervisor Date
The	Noviele 9/27/19
College Dean	Date
Attachment(s)	: a) Outline of educational services if two or more persons are to receive training.
	<ul> <li>Budget information if university resources are to be used.</li> </ul>
cc: Provos	at and VP for Academic Affairs (0/2/(9

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TO: Dr. Deborah MacMillan, Direct	or, School of Nursing
FROM: Jennifor Goldsberry	
RE: Individual Consulting for Comp	pensation with Agency or Organization
It is my intent to provide for compensation the Georgia Board of Nursing	following services <u>consulting</u> for
to: (List name of company or agency. State in get Georgia Board of NUTSI	neral terms if confidentiality is an issue.)
The time period involved will be from $\frac{\overline{\mathcal{O}}8^{-}}{}$	01-19 to 07-31-20 ."
The use of personnel, materials, and/or service compensated in the following manner:	s of Georgia College & State University will be
State University.	est with my assigned duties at Georgia College &
Approved:	
Delibri Triene	9-27-19
Department Chair or Supervisor D	ate
In Noviella	9/27/19
College Dean D	ate
to receive trainin	ional services if two or more persons are g. on if university resources are to be used.
cc: Provost and VP for Academic Affairs	Initials and Date



TO:	Dr. Deborah MacMillan, Director, School of Nursing
FROM:	Jennater Goldsberry
RE:	Individual Consulting for Compensation with Agency or Organization
It is my intent	to provide for compensation the following services Hospice
to: (List name	of company or agency. State in general terms if confidentiality is an issue.)  ce Care options
The time period	od involved will be from $08-1-19$ to $07-31-30$ .
The use of per compensated i	rsonnel, materials, and/or services of Georgia College & State University will be in the following manner: None needed
To my knowle State Universi	edge, there is no conflict of interest with my assigned duties at Georgia College & ty.
	Individual's Signature
Approved:	
Heller	e Trune 9-27-19
Department C	hair or Supervisor Date
Th 1	Oviella 9/27/19
College Dean	Date
Attachment(s)	Outline of educational services if two or more persons are to receive training.
	b) Budget information if university resources are to be used.
cc: Provos	t and VP for Academic Affairs

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