



# Carolinan Medical Center NorthEast

## Congregational Health Promotion Training Program

### APPLICATION

The cost of the program is \$50.00 and is required with the application.

**Deadline for application and full payment is Friday, January 29, 2010**

**Make Check payable to:** CMC-NorthEast

**Mail application and payment to:**

Parish Nursing and Health Ministry  
CMC- NorthEast  
920 Church St. North  
Concord, NC 28025

**Registration information:** Course is limited to 20 participants.

**Course facilitators:** Carol Cottom-Hovey, RN, Coordinator, and  
Pam Hurley, RN, Director of Parish Nursing and Health Ministry

A **total cost of \$50** includes fee for all written materials and other resources,  
One meal, and certificate.

**Contact:** Carol Hovey at 704-403-4763 or Pam Hurley at 704-403-4009.

---

**Certification:** Certificates will be given to participants during the graduation ceremony  
after attending the entire two-day course.

---

## Congregational Health Promotion Training Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone (home): \_\_\_\_\_  
(other): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
(Phone): \_\_\_\_\_

---

Denomination: \_\_\_\_\_  
Congregation Affiliation: \_\_\_\_\_  
Congregation Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_

---

Please check areas listed below in which you have had experience:

Teaching	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>
Health Counseling	<input type="checkbox"/>	Supervising individuals/groups	<input type="checkbox"/>
Volunteer Work	<input type="checkbox"/>	Community needs assessment	<input type="checkbox"/>
Church Ministry	<input type="checkbox"/>	Program or curriculum development	<input type="checkbox"/>

Your highest level of education is \_\_\_\_\_  
Do you have any certifications or degrees in the medical field? If so, please list.

---

---

Have you discussed starting a health ministry with your Pastor? Yes \_\_\_ No \_\_\_  
Does your Pastor support you in this ministry? Yes \_\_\_ No \_\_\_ Not sure \_\_\_  
Do you currently have a parish nurse or health ministry at your church? Yes \_\_\_ No \_\_\_

Briefly discuss the following (attach additional paper if needed):

- What is your purpose in participating in the Congregational Health Promoter course?
- Please provide a brief personal and spiritual history.
- Please include a letter of endorsement by your pastor, institution, or congregational sponsor.