



# Carolinan Medical Center NorthEast

## **Congregational Health Promotion Training Program**

Sponsored by: CMC- NorthEast ,Concord, NC

**April 4<sup>th</sup> and 5<sup>th</sup>, 2008**

APPLICATION for: Congregational Health Promotion Training Program. The cost of the program is \$75 and is required with the application. **Deadline for full payment is Friday March 21, 2008.**

**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 25 participants.

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

A **total cost of \$75** includes course fee for all written materials and other resources provided, dinner Friday and Lunch Saturday and certificate. The course location is: CMC-NorthEast in 2<sup>nd</sup> floor classroom of NorthEast Plaza facing Lake Concord Road, Concord, NC 28025. **Contact:** Pam Hurley, RN, Director Parish Nursing and Health Ministry; 704-783-4009 OR email at [Phurley@northeastmedical.org](mailto:Phurley@northeastmedical.org)

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

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## Congregational Health Promotion Training Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(City, state, zip) \_\_\_\_\_  
Telephone (home): \_\_\_\_\_  
(work): \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
(Phone): \_\_\_\_\_

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

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

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 or needs assessment	<input type="checkbox"/>
Church Ministry	<input type="checkbox"/>	Program or curriculum development	<input type="checkbox"/>
Working with diverse populations/ethnic groups	<input type="checkbox"/>		

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Do you presently have a health committee? Yes \_\_\_ No \_\_\_  
Have you discussed starting a health ministry with your Pastor or Elders? 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.
- If applicable, please include a letter of endorsement by your pastor, institution, or congregational sponsor.