



Faith Community Health Ministry

Uncompromising Excellence. Commitment to Care.

Faith Community Health Promoter 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, October 22, 2010
Make check payable to: CMC-NorthEast

Mail application and payment to:

Faith Community Health Ministry
CMC- NorthEast
920 Church St. North
Concord, NC 28025

Registration information: Course is limited to 20 participants.

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

Contact: Faith Community Health Ministry Department at 704-403-4484

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

Faith Community Health Promoter 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 faith community nurse or health ministry at your church? Yes ___ No ___

Briefly discuss the following and attach responses to application:

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