

Parish Nursing & Health Ministry



Carolinas Medical Center  
NorthEast

**Faith Community Nurse Basic Preparation Course**  
**Sponsored by: Carolinas Medical Center - NorthEast, Concord, NC**  
**Affiliated with: International Parish Nurse Resource Center**  
**May 17-21, 2010**

APPLICATION for Faith Community Nursing Basic Preparation Course. A nonrefundable \$75.00 deposit is required with the application. **Deadline for full payment of \$550.00 is due Monday May 3, 2010.**

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

**Mail application and deposit to:**

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

Please note for: Parish Nursing and Health Ministry FCN Basic Prep Course

**Registration information:** *Course is limited to 20 participants.* **Course facilitators:** Hope Yost, RN, MSN, PhD, Parish Nurse at Calvary Lutheran Church and Pam Hurley, RN, BSN, Director Parish Nursing and Health Ministry at CMC-NorthEast. The Faith Community Nurse Basic Preparation Course is based on the curriculum developed through the International Parish Nurse Resource Center, 475 E. Lockwood Ave, St. Louis, Missouri 63119.

A **cost of \$550.00** for the total course includes: course fee, lunch and snacks daily, course materials, course certificate and IPNRC Parish Nursing pin. Course will be conducted at Cabarrus College of Health Sciences; 401 Medical Park Dr. Concord NC 28025. Directions and lodging information will be provided to applicants. Contact: Pam Hurley, Director Parish Nursing and Health Ministry; 704-403-4009 OR email at [Pam.Hurley@carolinashealthcare.org](mailto:Pam.Hurley@carolinashealthcare.org)

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**Continuing Education:** Attendees completing all sessions of course will be awarded 33 Contact Hours. *Partial credit is not awarded.* Carolinas Medical Center - NorthEast is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

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**Faith Community Nurse Basic Prep Course**  
**May 17-21, 2010**

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

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

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Do you hold a current, active Registered Nurse license in the state in which you practice?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently working as a Registered Nurse?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, when was your last nursing position held and where? \_\_\_\_\_

What is your primary focus of health care (education, geriatrics, etc)? \_\_\_\_\_

Do you carry professional liability insurance? \_\_\_\_\_

My highest level of education in nursing is? \_\_\_\_\_

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"/>		

Are you currently working as a parish nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

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If yes, how long have you been a parish nurse? \_\_\_\_\_

If yes, is your position Paid? \_\_\_\_\_ or Volunteer? \_\_\_\_\_

Have you received any formal preparation for Parish Nursing? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list the name and address of the Parish Nurse Program and/or institution where preparation was received: \_\_\_\_\_

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

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- What is your purpose in participating in the Basic Parish Nurse course?
- Please provide a brief personal and spiritual history.
- If applicable, please include a letter of endorsement by your pastor, institution, or congregational sponsor.