



Community Parish Nurse Program Foundations of Faith Community Nursing Course Registration and Commitment Statement

To register for the **Fall 2019** Community Parish Nurse Program Foundations of Faith Community Nursing Course, **please complete this form and return it with a letter of support from your pastor or congregation leader.** Upon receipt of your completed registration form and letter of support you will receive a confirmation of your registration. Additional information will be sent to you closer to the class start date. **Registration Deadline is August 26, 2019** or when class is full. The Community Parish Nurse Program is made possible by generous donations to the Carle Center for Philanthropy.

PERSONAL INFORMATION (please print clearly)

NAME: _____ PREFERRED FIRST NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL _____

Are you presently employed? _____ FT ___ PT ___ Ret. ___

In what area of nursing? _____

Are you an RN with a **CURRENT** Illinois license? _____ **License #** _____

CONGREGATION INFORMATION

CONGREGATION: _____

PASTOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Website address: _____

COMMITMENT INFORMATION

Will you be able to attend every session as scheduled? _____

Will you be able to attend a 75-minute documentation class within 60 days of course completion? _____
(Will be offered a minimum of 2 times, one evening and/or one Saturday a.m.)

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COMMITMENT STATEMENT

- ♦ I am able to attend all scheduled classes of the Foundations of Faith Community Nursing Course.
- ♦ I will attend the 75-minute documentation class within 60 days of course completion.
- ♦ I will obtain liability insurance as a faith community nurse upon course completion.
- ♦ I will send in monthly statistics to the Community Parish Nurse Program as outlined in the documentation class.
- ♦ Should my church membership change during or after the course, I will notify the program coordinator of my new affiliation.
- ♦ It is my intent to volunteer as a parish nurse for my congregation.
- ♦ As a volunteer I will commit 1- 4 hours a week to my church as a parish nurse.
- ♦ I have a current active Illinois nursing license.

Please let us know of any special dietary restrictions

Signature

Date

I will attend the dedication service on Saturday, October 5, 2019

Pastor Signature

Date

The fee is \$75.00 (includes lunch, breaks, and materials). A deposit of \$25.00 is due on August 26, 2019 with the balance of \$50.00 due on the first night of class. The full course tuition is being underwritten by the Carle Center for Philanthropy. The class fee of \$75.00 is to cover meals, breaks and miscellaneous expenses.

Please make check payable to: Carle Foundation Hospital

Please note: checks are not processed until the Monday following the first class.

Please mail check to: Carle
Bev Talbott, Parish Nursing
611 W. Park Street
Urbana, IL 61801