



Community Parish Nurse Program Basic Preparation Course Registration and Commitment Statement

To register for the **Winter 2008** Community Parish Nurse Program Basic Preparation Course sponsored by The Carle Foundation, **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 February 22, 2008 or when class is full.

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? _____ **Please bring a copy of your license to the first class.**

CONGREGATION INFORMATION

PASTOR'S NAME: _____

CONGREGATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

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.)

COMMITMENT STATEMENT

- ♦ I am able to attend all scheduled classes of the Basic Preparation Course.
- ♦ I will attend the 75-minute documentation class within 60 days of course completion.
- ♦ I will obtain liability insurance as a parish 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.

Signature

Date

I will attend the dedication service on Sunday, April 20, 2008 (usually from 3-4:00 p.m.)

Pastor Signature

Date

The fee is \$75.00 (includes breakfast, lunch, breaks, and materials). A deposit of \$25.00 is due on February 22, 2008 with the balance of \$50.00 due on the first night of class. PLEASE DO NOT SEND ANY CHECKS UNTIL JANUARY. The full course tuition is being underwritten by The Carle Foundation. The class fee of \$75.00 is to cover meals, breaks and miscellaneous expenses.

Please make check payable to: The Carle Foundation

Please mail check to: Carle Foundation Hospital
Faith Roberts, Parish Nursing
611 W. Park Street
Urbana, IL 61801