

**FAITH COMMUNITY NURSE
BASIC PREPARATION APPLICATION**

Registration Form

Please type or print clearly. Registration will be accepted via mail, e-mail or fax.

Name: _____

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Faith Affiliation/Congregation: _____

Congregation's Mailing Address: _____

Nursing License state and Number # (for contact hours) _____

What type of nursing education do you have?

RN BSN MSN ARNP Other/additional education, certification, or degrees

For Health Advocates: retired RN other, please specify _____

In case of emergency, please notify:

Name: _____ Phone(s): _____

Relationship: _____

Contact Hours: 38.5

Retreat Fee is **\$695** and includes overnight lodging, lunches & snacks, materials, and International Parish Nurse Resource Center (IPNRC) certificate and contact hours. Daily, commuter rate is **\$80 per day** and also includes lunch. **Scholarships are available.** (Check box below.) A non-refundable **deposit of \$75** must accompany this registration form by **May 31st** and will be applied to balance. Full payment should be received prior to the conference. Registration may be possible up to the date of the conference, if space is available.

- Enclosed is my check or money order.
- I would like to apply for financial assistance towards the cost of the course & retreat. (Scholarships are available based upon need and with the support of your pastor.)
- My Church or Faith Community will pay for me to attend the course.
- I will be staying for the full retreat. Commuter

Please mail registration form and payment to: *Catholic Charities, Interfaith Health & Wellness Assn.*
100 W. 20th Street
Riviera Beach, FL 33404
Phone: (561) 345-2006 Fax: (561) 863-5379
E-mail: wellness@ccdpc.org

**Faith Community Nurse Basic Preparation
Accommodation Form**

Name: _____

1. List any physical accommodations needed during this course:

2. Do you have any serious condition, injury or allergy that we need to be aware of for your safety? _____

If yes, please list: _____

3. Are you currently taking any medication that we need to be aware of?

If yes, please list: _____

4. Do you have any special dietary needs? If yes, please explain accommodations needed:

5. Is there anything else we need to know to make this course safe and enjoyable for you?

I certify the information provided in the registration form and application is true and correct. I understand that false information on this application may result in removal from the course.

Signature _____

Date: _____

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PLEASE TYPE OR WRITE CLEARLY RESPONSES TO THE FOLLOWING QUESTIONS. Your answers will be shared with the coordinator and instructor of this course.

1. Briefly list work, church, and volunteer projects and responsibilities in which you have participated that have helped your ability to be a faith community nurse. Include volunteer positions in community, school, etc. Describe why you were involved and what you accomplished.
2. Briefly discuss other life experiences that have contributed to your ability as a nurse and/or personal spiritual growth, which adds to your ability as a faith community nurse.
3. How will you use the knowledge and experience gained from attending this course? If you don't already have a position, describe one you would want.
4. Write anything else you would want the instructor to know in order to customize the course to what you want and needs so that you consider this course a success. Include any questions you may have at this time.
5. Are you willing to commit to post-training with a "Faith Community Nurse Mentor" and complete documentation of goals and outcomes?

Day/Times available: _____

Faith Community Nurse Basic Preparation

Course Fees:

Tuition is \$400.00 for RN (includes Manual, ANA Faith Community Nursing: Scope & Standards of Practice, CEU credit, overnight accommodations and all meals, IPNRC pin and certificate of attendance). \$80 per day for commuters.

\$75 Registration Fee must accompany application. Tuition may be paid by check or money order. Credit card payment will be accepted at the Conference. Tuition should be paid in full prior to course start date. Tuition may be paid in installments. Paid tuition minus \$75 registration fee deposit will be refunded if the applicant notified the course coordinator in writing of withdrawal at least 2 days prior to the course start date. No refunds after the course start date. Lodging, lunch, snacks, 38.5 CEU credit, IPNRC certificate of attendance are included in the tuition for Registered Nurses. Participants are responsible for travel costs.

Continuing Education Contact Hours:

Provider approved 38.5 CEU contact hours. This activity meets criteria for mandatory continuing education requirements toward relicensure established by the Florida Board of Nursing.

Registered Nurse participants must attend the entire module to receive the nursing contact hours. Health advocates do not receive credit hours.

Only registered nurses with current, valid licensure in good standing are eligible to receive continuing education credits and IPNRC certificate of attendance.

Financial Disclosure:

Guest speakers are voluntarily donating their time, or are paid a small stipend for their participation in teaching course modules.

Interfaith Health & Wellness is a program of Catholic Charities of the Diocese of Palm Beach.