

**Pittsburgh Mercy Parish Nurse & Health Ministry Program**  
**Foundations of Faith Community Nursing Course Application**

**(PLEASE PRINT)**

Name \_\_\_\_\_  
  First Name    Middle Initial    Last Name

How would you like your name to be printed on any certificates that you will receive?

\_\_\_\_\_

What name would you like to have on your name badge? \_\_\_\_\_

Home Address \_\_\_\_\_  
  Street    City    State    ZIP

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Female \_\_\_\_\_ Male

Home E-mail Address \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Number of Years in Current Job \_\_\_\_\_

Religion \_\_\_\_\_

Member of \_\_\_\_\_ Parish/Congregation City \_\_\_\_\_ State \_\_\_\_\_

Signature of Pastor/Priest/Rabbi \_\_\_\_\_

RN License \_\_\_\_\_ State \_\_\_\_\_ My license is in good standing & current. \_\_\_ Yes \_\_\_ No  
(Under Westberg Institute for Faith Community Nursing guidelines, a copy of your RN license must accompany this application to be commissioned as a Faith Community Nurse. All others will be commissioned as Health Ministers.)

Are you currently working as a Faith Community Nurse? \_\_\_ Yes \_\_\_ No         \_\_\_ Paid Position \_\_\_ Unpaid  
Health Minister? \_\_\_ Yes \_\_\_ No   \_\_\_ Paid Position \_\_\_ Unpaid

If so, name of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Signature of Pastor/Priest/Rabbi \_\_\_\_\_

Nursing Education   \_\_\_ Diploma   \_\_\_ Associate's Degree   \_\_\_ BSN   \_\_\_ MSN  
  \_\_\_ Bachelor's Degree other than nursing   \_\_\_ Master's Degree other than nursing  
  \_\_\_ Other (explain) \_\_\_\_\_

Tuition cost: **\$395**         34 CE's will be provided to nurses         \_\_\_ Please send me an application for partial scholarship.

I have reviewed this application and find the information I have presented to be complete and truthful.

\_\_\_\_\_    \_\_\_\_\_  
Signature of Applicant    Date

Please return completed application form and check made payable to the **Pittsburgh Mercy Parish Nurse & Health Ministry Program** to: **Pittsburgh Mercy Parish Nurse & Health Ministry Program, 1515 Locust Street, Suite 705, Pittsburgh, PA 15219-5154.**