

**Pittsburgh Mercy Parish Nurse & Health Ministry Program**  
**Foundations of Faith Community Nursing Curriculum**  
**Faith Community Nurse and Health Minister Preparation 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 (optional) \_\_\_\_\_

RN License \_\_\_\_\_ State \_\_\_\_\_ My license is in good standing & current. \_\_\_ Yes \_\_\_ No  
(Under IPNRC 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 the completed application form and a 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.