

**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 Westberg Institute 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** 39.25 CEs will be provided to each RN \_\_\_\_\_ 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.