

**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: **\$350** 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.