



## Community Parish Nurse Program Basic Preparation Course Registration and Commitment Statement

To register for the **Winter 2010** Community Parish Nurse Program Basic Preparation Course sponsored by The Carle Foundation, **please complete this form and return it with a letter of support from your pastor or congregation leader.** Upon receipt of your completed registration form and letter of support you will receive a confirmation of your registration. Additional information will be sent to you closer to the class start date. Registration Deadline is February 3, 2010 or when class is full.

### PERSONAL INFORMATION (please print clearly)

NAME: \_\_\_\_\_ PREFERRED FIRST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ FT \_\_\_ PT \_\_\_ Ret. \_\_\_

In what area of nursing? \_\_\_\_\_

Are you an RN with a **CURRENT** Illinois license? \_\_\_\_\_ **Please bring a copy of your license to the first class.**

### CONGREGATION INFORMATION

PASTOR'S NAME: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### COMMITMENT INFORMATION

Will you be able to attend every session as scheduled? \_\_\_\_\_

Will you be able to attend a 75-minute documentation class within 60 days of course completion? \_\_\_\_\_

(Will be offered a minimum of 2 times, one evening and/or one Saturday a.m.)

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## **COMMITMENT STATEMENT**

- ♦ **I am able to attend all scheduled classes of the Basic Preparation Course.**
- ♦ **I will attend the 75-minute documentation class within 60 days of course completion.**
- ♦ **I will obtain liability insurance as a parish nurse upon course completion.**
- ♦ **I will send in monthly statistics to the Community Parish Nurse Program as outlined in the documentation class.**
- ♦ **Should my church membership change during or after the course, I will notify the program coordinator of my new affiliation.**
- ♦ **It is my intent to volunteer as a parish nurse for my congregation.**
- ♦ **As a volunteer I will commit 1- 4 hours a week to my church as a parish nurse.**
- ♦ **I have a current active Illinois nursing license.**

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Signature

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Date

**I will attend the dedication service on Sunday, March 14, 2010 (usually from 3-4:00 p.m.)**

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Pastor Signature

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Date

**The fee is \$75.00 (includes breakfast, lunch, breaks, and materials). A deposit of \$25.00 is due on February 3, 2010 with the balance of \$50.00 due on the first night of class.** The full course tuition is being underwritten by The Carle Foundation. The class fee of \$75.00 is to cover meals, breaks and miscellaneous expenses.

Please make check payable to: The Carle Foundation

Please note: checks are not processed until the Monday following the first class.

Please mail check to: Carle Foundation Hospital  
Faith Roberts, Parish Nursing  
611 W. Park Street  
Urbana, IL 61801