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**APPLICATION FORM Faith Community Nurse Foundations Course**

**Please complete the following application form in order to be considered for enrollment into the Faith Community Nurse Foundations Course for the fall of 2016.**

**Important Dates:**

Application forms and letter of support

• please submit this form electronically or by mail anytime

before **July 1, 2016.**

Notification of acceptance into the course

• applicants will be notified on or before **August 1, 2016**.

**Course Dates:**

Kick-off Retreat and Educational Weekend (must be present in person)

September 9-10, 2016

Living Waters Retreat Center, Lake Poinsett; Arlington, SD

Followed by weekly classes:

Monday evenings 5:50-pm – 9:00 pm

September 12th through November 14th

Locations in Sioux Falls, Fargo or live on-line

Cost: $300 Sanford Employee or FCNC Affiliate Church

$390 Non-Sanford

Prerequisite: Current Licensed Registered Nurse

**Purpose of the Course**

The Foundations of Faith Community Nurses Preparation course is being offered by Sanford Health’s Faith Community Nursing Center with a vision of growing and nurturing Faith Community Nursing across the geographical service area of Sanford Health. Through this course nurses are trained to connect health and faith for both members and non-members of faith communities. Participants are also trained to provide leadership in the area of whole person health in collaboration with the pastor, staff, and lay ministers of a faith community.

This course uses the 2014 Curriculum developed through the International Parish Nurse Resource Center (IPNRC). Participants who complete the course in its entirety will receive an IPNRC certificate of course completion.

Requirements for application: Must be a registered nurse with a current license. Must also have at least 2-5 years of experience where skills have been developed for health assessment and problem-solving.  A letter of support from your current pastor or priest.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip/Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Currently licensed to practice nursing in which state(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of license expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current place of employment (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of current faith community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denomination (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Senior Pastor or Lay leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your current and past volunteer or paid work at your local faith community:

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Briefly summarize your current and past nursing education and career (schools of nursing attended and degrees, positions held, areas worked, or attach a current curriculum vitae)

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Please explain why you are applying for the course and how you plan to use the knowledge and experience you gain through participating.

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How did you learn about this course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please complete and return form before July 1, 2016. You will be notified by August 1st if you are accepted for the course. If you have questions about faith community nursing, the application, or Foundations Course, please e-mail Karla Lubben Cazer (Sioux Falls) at karla.lubben@sanfordhealth.org or Lois Ustanko (Fargo) at Lois Ustanko Lois.Ustanko@sanfordhealth.org

**Please complete the form electronically and return via e-mail to:**

 Karla (Lubben) Cazer, RN, MS

 Community Nurse Supervisor

 Sanford Faith Community Nursing Center

 karla.lubben@sanfordhealth.org

**OR mail completed application to:**

 Karla (Lubben) Cazer, RN, MS

 Sanford Faith Community Nursing Center

 cfo: Our Savior’s Lutheran Church

 909 West 33rd Street

 Sioux Falls, South Dakota 57105

Please include a letter of support from your pastor or priest. These may be e-mailed or postal mailed directly to Karla Cazer at the address above before July 1, 2016.