Foundations of Faith Community Nursing Course
From the International Parish Nurse Resource Center Curriculum

COURSE OVERVIEW
Faith community nursing requires the ability to integrate current nursing, behavioral, environmental, and spiritual knowledge with the unique spiritual beliefs and religious practices of the faith community into a program of wholistic nursing care. This course utilizes the standardized core curricula developed through the International Parish Nurse Resource Center, in consultation with NLN and the ANA Credentialing Center. Content includes spiritual care, legal and ethical issues, documentation of practice, health promotion, and advocacy.

COURSE PURPOSE
The purpose of this activity is to provide registered nurses with the specialized knowledge and skills to professionally practice in a faith community setting.

36 CNE CONTACT HOURS
Methodist Health System is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

The author(s), presenter(s), and all planning committee members declare no real or perceived conflict of interest, any financial relationships, or commercial interest that relates to this educational activity.

FACULTY
Faculty for this course provided by The D/FW Faith and Health Collaborative and nursing faculty from area schools of nursing.

Course completion includes all dates.

January 23 & 24
February 6 & 7
February 20 & 21
March 20 & 21
Fridays 4 – 8 p.m.
Saturdays 8:30 a.m. – 4 p.m.

Methodist Dallas Medical Center
Weatherford Conference Room
1441 N. Beckley Avenue
Dallas, TX 75203
Do you hold a current, active nursing license in the state in which you reside?  ❏ Yes  ❏ No
If yes, which state?_____________________________________________
Are you currently working as a registered nurse?  ❏ Yes  ❏ No
If not, when was your last nursing position held and where?_____________________________________________
My highest level of education in nursing is ______________
Are you currently working as a faith community nurse?  ❏ Yes  ❏ No
How long have you been a faith community nurse?_____
Faith/denomination_____________________________________________

PERSONAL INFORMATION

Name
Address
City    State  Zip
Phone
Email

IN CASE OF EMERGENCY CONTACT:

Name
Relationship
Day phone
Night phone

SPONSORING AFFILIATION

Name
Address
City    State  Zip
Phone

MAKE CHECK PAYABLE TO: Methodist Health System Foundation
If you wish to pay by credit card, please contact Elaine Brown at 214-947-7670.

PLEASE MAIL TO: 
Attn: Elaine Brown
Pastoral Care Department
Methodist Charlton Medical Center
3500 W. Wheatland Road
Dallas, TX 75237

Additional information will be provided upon acceptance into the course.

CONTACT
If you have questions, please contact:

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