

Methodist Health System Congregational Health Ministry with Baylor University

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 holistic 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.

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Course completion includes all dates.

January 23 & 24

February 6 & 7

February 20 & 21

March 20 & 21

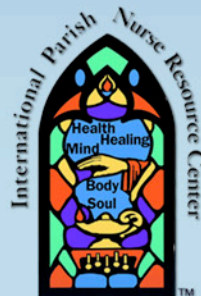
Fridays 4 – 8 p.m.

Saturdays 8:30 a.m. – 4 p.m.

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Methodist Dallas Medical Center
Weatherford Conference Room

1441 N. Beckley Avenue
Dallas, TX 75203



Methodist

HEALTH SYSTEM

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Registration/Application Deadline December 5, 2014

**APPLICATION COURSE FEE: \$300
AFTER DECEMBER 5: \$350**

Continental breakfast and lunch included. Space is limited to 25 participants. Please make sure to submit:

- Payment for the course
- The completed application provided
- Letter regarding your purpose and goals for taking the course
- Letter of support from your clergy or institution.

The entire course must be attended for contact hours and certificate of completion to be awarded.

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:

Doris Giles, MS, RN

214-947-7755 • DorisGiles@mhd.com

Debbie Seider, MSN, RN

214-947-2476 • DeborahSeider@mhd.com

Linda Garner, RN, PhD

214-452-3151 • LGarner@WilshireBC.org

Website

MethodistHealthSystem.org/CongregationalHealth

APPLICATION

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 _____