

Office Use only: Date Received _____ Interview _____
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(PLEASE PRINT CLEARLY)

Name _____
Last Name First Name Maiden/Middle Name

Home Address _____
Street City State ZIP

Telephone: Home _____ Cell: _____ Work: _____

Date of Birth: _____

Preferred E-mail Address (print clearly) _____

Place of Employment _____ Position _____

Member of _____ (Parish/Congregation/Synagogue)

Address _____
Street City State ZIP

How long a member of this faith community? _____ Approximate size (number of members) of this faith community _____

Signature of Pastor/Priest/Rabbi _____

RN License Number: _____ State _____ My license is in good standing & current. ___ Yes ___ No A copy of your current RN License **must** accompany this application.

Nursing Education: _____ Diploma; _____ Associate's Degree; _____ BSN; _____ MSN
_____ Bachelor's Degree other than nursing; _____ Master's Degree other than nursing

Tuition cost: \$445. Tuition deposit is \$150 and is due prior to the start of classes. (Check should be payable to MEMORIAL HEALTH CARE SYSTEM). Completed application and deposit due by Friday, February 3, 2012. 33 contact hours credit will be awarded upon completion of the course.

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, copy of license, and autobiography to:

Connie Blake, MSN, RN, FCN
Coordinator of Faith Community/Parish Nursing
Memorial Health Care System
2525 de Sales Avenue
Chattanooga, TN 37404
Or Fax: 423-344-8097

AUTOBIOGRAPHICAL SKETCH – PLEASE DO NOT INCLUDE RESUME OR CV.

Please answer the following questions about yourself, preferably typed, on a separate piece of paper.

1. Who are you?
2. When and where were you born?
3. Describe your birth family.
4. Where have you lived? Give a time line of ages and locations.
5. What are some significant events in your life?

6. What is your faith history?
7. Give the faith background of your father, mother, and grandparents.
8. Have you changed churches or denominations along your journey? Why or why not?

9. What are some significant faith events of your life?

10. If you could ask God one question and get an answer for it, what would that question be?

11. What is your work history?
12. Have you always been a nurse?
13. What drew you into nursing?
14. What do you find most satisfying about nursing?
15. What do you find most difficult about nursing?

16. What led you to consider Faith Community/Parish Nursing as a congregational ministry?

Checklist (please initial each):

- () Copy of current RN license
- () Completed autobiography
- () What led you to consider Parish Nursing as a congregational ministry?
- () Describe any special needs you will have during the program (dietary, accessibility, etc.)

After a review of the completed application, an interview (either telephone or in person) will be conducted as a part of the admission process.