Parish Nurse Basic Preparation Course
conducted by the Mercy Parish Nurse and Health Ministry Program

(PLEASE PRINT)

Name _____
First Name Middle Initial Last Name

How would you like your name to be printed on any certificates that you will receive?

_____

What name would you like to have on your name badge?

_____

Home Address _____
Street City State ZIP

Telephone _____ Date of Birth _____ Sex _____ Female _____ Male

Home E-mail Address _____ Work E-mail Address _____

Place of Employment _____ Position _____

Work Address _____

Work Telephone Number _____ Number of Years in Current Job_____

Religion _____

Member of _____ Parish/Congregation City _____ State _____

Signature of Pastor/Priest/Rabbi _____

RN License_____ State_____ My license is in good standing & current. ___ Yes ___ No
(Under IPNRC guidelines, a copy of your RN License must accompany this application to be commissioned as a Parish Nurse. All others will be commissioned as Health Ministers.)

Are you currently working as a Parish Nurse? ___Yes ___ No Health Minister? ___Yes ___ No ____Paid Position ____ Unpaid

If so, name of church _____ City _____ State _____

Signature of Pastor/Priest/Rabbi _____

Nursing Education _____ Diploma _____ Associate's Degree _____ BSN _____ MSN

_____ Bachelor's Degree other than nursing _____ Master's Degree other than nursing

_____ Other (explain) _____

Tuition cost: **$395** 40 CNEs will be provided to nurses _____ Please send me an application for partial scholarship.

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 form and check made payable to Mercy Parish Nurse and Health Ministry Program to:
Mercy Parish Nurse and Health Ministry Program
1515 Locust Street Suite 705
Pittsburgh, PA 15219