



Foundations of Faith Community Nursing Course

COURSE DATES

Virtual Classroom Learning – Part 1:

Online Component:

Seven weeks of weekly, self-paced independent learning

Virtual Classroom Learning – Part 2:

Times are Central Standard Time.

All virtual and online learning components are required for successful completion of the course.

REGISTRATION AND PAYMENT DEADLINE

- Enrollment is limited, register early
- Payment must be received prior to distribution of course materials

What is Faith Community Nursing?

Faith community nurses are licensed, registered nurses who practice holistic health for self, individuals and the community using nursing knowledge combined with spiritual care. They function in paid and unpaid positions as members of the pastoral team in a variety of religious faiths, cultures and countries. The focus of their work is on the intentional care of the spirit, assisting the members of the faith community to maintain and/or regain wholeness in body, mind and spirit.

Course Overview

The purpose of this course is to provide registered nurses with specialized knowledge and skills for professional practice in a faith community setting.

The core curriculum focuses on:

- Spirituality
- Professionalism
- Holistic Health
- Community

Course Description

The Foundations of Faith Community Nursing Course is a nationally-endorsed curriculum from the Westberg Institute for Faith Community Nursing. The American Nurses Association recognizes faith community nursing as a sub-specialty in nursing. Faith community nursing holds the spiritual dimension as central to its practice. This course is a hybrid of virtual class meetings with independent, on-line learning experiences.

Continuing education and registration information can be found on the next page.

Accreditation:

In support of improving patient care, Texas Health Resources is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.

Designation of Credit for Nursing:

37.5 contact hours will be provided for nursing.

Course Requirements:

- Must have an active registered nurses license for the state in which you practice
- You should have specialized knowledge in the spiritual beliefs and practices of the faith community
- You should reflect personal spiritual maturity in your practice
- You should be organized, flexible, a self-starter and a good communicator

Registration Fees and Instructions:

- Registration Fee: \$395
- Special discounted rate for nurses employed by Texas Health Resources or nurses in a Faith Community Program Agreement: \$75
- Make checks payable to: Texas Health Resources
- Pre-course materials will be mailed to you two weeks before the start of the course. Course materials will include the textbook, a worksheet for examining your spiritual journey, the course details and the schedule.



Registration and Payment Instructions

1. Visit Please copy and paste this URL into your browser.
2. Download and complete all documents at the bottom of the webpage.
3. Make a payment. **Payment is due**

Two easy ways to submit payment

Online:

- Click on "Register/Take Course" tab
- Login or register for free account
- Enter registration and payment information (to receive employee and program partner discount rates you MUST enter a coupon code, available by request)

By mail:

- Make checks payable to Texas Health Resources
- Texas Health Resources
Caryn Paulos, MSN, RN-BC, Director of Faith Community Nursing
612 East Lamar Boulevard, Suite 1200
Arlington, Texas 76011

4. Complete application form below prior to course start date.

Questions or Assistance

Email PaulaMiller@TexasHealth.org
- or - FaithCommunityNursing@TexasHealth.org

Foundations of Faith Community Nursing Course Application Form

Are you currently working as a faith community or parish nurse? Yes No

If yes, how long have you been a faith community or parish nurse?

PERSONAL INFORMATION

Name:

Texas Health Employee ID (if applicable): _____ OR

Non-THR employees: Date of birth _____ (month/day only)

Address:

City:

State:

Zip:

Email Address:

Phone:

FAITH COMMUNITY INFORMATION

Faith Tradition/Denomination:

Name of Faith Community:

Address of Faith Community:

City:

State:

Zip: