

# Health Ministries Network

Faith Community Nurse/Health Minister Program  
PEACEHEALTH/ST. JOSEPH MEDICAL CENTER  
BELLINGHAM, WASHINGTON



February 26, 2016

Dear Applicant:

We are pleased that you are interested in becoming a Faith Community Nurse or Health Minister. The application materials are attached. The dates for the next course are:

Sept. 9 & 10, 2016 – In class Session

Sept. 11 – Nov. 11, 2016 - Online classes for self-study, discussion, readings and projects.

Nov. 12, 2016 – In class Session.

## **Course Content Units Include 18 modules providing 38 contact hours.**

**“This Foundations of Faith Community Nursing course is based on the 2014 curriculum developed through the International Parish Nurse Resource Center, which curriculum is owned by Church Health Center of Memphis, Inc., 1210 Peabody Avenue, Memphis, TN 38104.”**

The fee for the course is \$250. The deadline for the application is May 31, 2016 and must be accompanied by a *non-refundable \$50 deposit to hold your place.*

**Please read and sign the attached Commitment statement and submit it with your application and letters of reference.**

To submit the application packet, which includes the application, the Commitment Statement and two letters of reference, mail to the following address, or email to:

**[Faith Community Nurse Hybrid Preparation Course \(fcncourse@gmail.com\)](mailto:fcncourse@gmail.com)**

**Faith Community Nurse Program  
PeaceHealth/St. Joseph Medical Center Main Campus  
2901 Squalicum Parkway—Chestnut Bldg., Suite 1A  
Bellingham, WA 98225**

Your payment will be through the Chuckanut Health Foundation as a contribution to the “JBT Parish Nurse Fund,” and can be made by check, credit card or cash. You may call CHF AT 360-671-3349 during business days, 9 am to 4 pm, or go to: <http://www.chuckanuthealthfoundation/donate/>

*Be sure to have your donation marked for the “JBT Parish Nurse Fund” and give the date of the course for which you are applying.*

**Thank you,**

**Wendy Courtemanche, RN  
HMN Education Coordinator**

**HEALTH MINISTRIES NETWORK  
FAITH COMMUNITY NURSE/HEALTH MINISTER PROGRAM**

**PEACEHEALTH/ST. JOSEPH MEDICAL CENTER  
BELLINGHAM, WASHINGTON**

**COMMITMENT STATEMENT FOR APPLICANTS TO THE  
“FOUNDATIONS IN FAITH COMMUNITY NURSING/HEALTH MINISTRY” COURSE**

**For all applicants:**

- I am able to attend **all** scheduled classes of the “Foundations” course
- I have access to a computer with updated programs for the online portion of the course
- I will send in annual statistics to the FCN Program, when requested
- Should my church membership or affiliation change during or after the course, I will notify the FCN program
- As a volunteer faith community nurse or health minister, I will commit to work 1-4 hours per week in service to my faith community
- I will attend monthly meetings and annual retreats, as provided by the above program, as is appropriate to my practice setting
- I will maintain standards of privacy and confidentiality, as they apply to the faith community

**For Badge Access to PeaceHealth/St. Joseph Medical Center in Bellingham, WA**

- I understand that my immunization status will need to be verified, should I wish to have badge access to PeaceHealth/St. Joseph Medical Center in Bellingham, WA
- If I do have badge access at the above facility, I will maintain the standards in place for patient protection and related expectations
- I will review and maintain standards of privacy and confidentiality as they apply to the hospital setting

**For registered nurse applicants only:**

- I will obtain professional liability insurance as a faith community nurse when I begin my practice and provide HMN with a copy of my initial Certificate of Insurance
- I have a current RN license, in the state or province in which I practice, that can be verified from a primary source. As long as I maintain that active license, I can use the title “Faith Community Nurse” (or other variations using the word “nurse”.)

**I have read, understand, and agree to adhere to the expectations listed above.**

---

**Print name and professional license type, if any**

---

**Signature, including professional credentials**

**Date**

# HEALTH MINISTRIES NETWORK

Foundations of Faith Community Nursing/Health Ministry Course Application



Faith Community Nurse Program  
 Chestnut Bldg., Suite 1A  
 PeaceHealth/St. Joseph Medical Center  
 2901 Squalicum Parkway  
 Bellingham, WA 98225

## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone/Other		
Email Address			
Emergency Contact			
(Name, Relationship, Contact Phone Numbers)			
Professional Title	Current License Type	State	

**DO YOU CARRY PROFESSIONAL LIABILITY INSURANCE?** (YES/NO)

## EDUCATION

College, University, School	Dates Attended <i>From - To</i>	Degree(s)

## FAITH OR SPIRITUAL COMMUNITY NAME

Pastor/Leader	
Address <i>City, State, Zip</i>	

Do you currently practice Faith Community Nursing or Health Ministry work?

If so, where is the location?

What is your practice specialty?

Please check areas that you have experience:

Teaching	Counseling	Program/Curriculum Development
Health Counseling	Working with diverse populations	
Volunteer work (Type)	Church Ministry (type)	

Other Special Skills/Relevant Information

TELL US THE FOLLOWING:

**Why do you want to attend the Foundations of FCN/Health Minister Course?**

**Please give a brief professional and spiritual history.**

**Please give an example of a situation in which you helped someone in need.**

**You must provide reference letters with your application. Select Option 1 or Option 2 below.**

## OPTION 1:

If you are currently affiliated with a church or spiritual community, one reference must be from your current pastor or church or community leader and one reference from a professional colleague.

One pastoral, church or community leader reference letter from:

<b>Name:</b>		<b>Title:</b>	
<b>Church/Spiritual Community:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

**AND** one professional reference letter from (a current or former supervisor, colleague, or someone familiar with your professional/volunteer job or role):

<b>Name:</b>		<b>Title:</b>	
<b>Church/Spiritual Community:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

## OPTION 2:

If you are **not** affiliated with a church or spiritual community, one reference must be from a professional colleague, and one reference must be from someone who knows you and your values well.

**One professional reference letter from** (a current or former supervisor, colleague, or someone familiar with your professional/volunteer job or role):

<b>Name:</b>		<b>Title:</b>	
<b>Church/Spiritual Community:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

**AND one personal** reference (a friend, colleague, or co-worker who can speak to your character and/or values).

<b>Name:</b>		<b>Title:</b>	
<b>Church/Spiritual Community:</b>			
<b>Address:</b>			
<b>Contact Phone Number(s):</b>			
<b>Email Address:</b>			

## Reminders for submitting your application:

**The total fee is due Aug. 9, 2016, about 30 days before the course begins.** If the fee is not received, your place in the course is not guaranteed.

- If there is a sponsoring congregation or spiritual community, the student may propose a split of the course fee between the prospective faith community nurse/health minister and the congregation/community.
- If there is no sponsoring congregation, the applicant is responsible for the entire fee.

**Your application is NOT complete until you have submitted your completed application packet (application, commitment statement and letters of reference) and paid your \$50 deposit.**

Your acceptance into the Foundations of Faith Community Nursing/Health Minister Course of the Health Ministers Network will depend on the successful completion of the following:

- A background check conducted by Peacehealth/St. Joseph Medical Center;
- Verification that your professional license is current in your state/province; and
- A completed application packet.

I have read over the above application form and instructions. I understand the application process and verify that all information I will submit is true and verifiable.

---

Legal Signature of Student

Date Signed

You will be contacted after the application packet is received and reviewed to confirm your acceptance into the Foundations of Faith Community Nursing/Health Minister Course.

Please visit our website for more information about our program: [www.healthministriesnetwork.net](http://www.healthministriesnetwork.net)

**Feel free to contact the Education Coordinator (contact information below) if you have any questions or concerns.**

**Thank you for your interest in faith community nursing/health ministry!**

Health Ministries Network  
Wendy Courtemanche, RN, Education Coordinator  
PeaceHealth/St. Joseph Medical Center  
Bellingham, WA 98225  
360-788-6681 or 360-788-6408  
[WCourtemanche@Peacehealth.org](mailto:WCourtemanche@Peacehealth.org) or [CLindberg@peacehealth.org](mailto:CLindberg@peacehealth.org)

# PeaceHealth

## CONVICTION/CRIMINAL HISTORY INFORMATION

When considering individuals for employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, patients, the public and PeaceHealth property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW43.43.830 - 842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by law. A conviction/criminal history record does not necessarily disqualify an individual for employment. Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies. Initial and/or continued employment will be subject to a satisfactory Criminal Conviction Report.

Print Applicant Name (Last) _____ (First) _____ (M.I) _____	Date of Birth (month/day/year) _____
---	--------------------------------------

Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or other persons, or crimes relating to drugs? <b>D Yes D No</b>	Social Security Number (xxx-xx-xxxx) _____
---	--

**1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION**  
Have you ever been convicted of any of the crimes listed below?  
**D Yes D No**

<input type="checkbox"/> Arson (1 degree) <input type="checkbox"/> Assault, Custodial <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) <input type="checkbox"/> Assault (1st/2nd/3rd degree) <input type="checkbox"/> Assault of a child <input type="checkbox"/> Burglary (1st Degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse of Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1st, 2nd, 3rd Degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree)	<input type="checkbox"/> Custodial Interference (1 <sup>st</sup> /2 <sup>nd</sup> / <sup>3rd</sup> Degree) <input type="checkbox"/> Extortion (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure - Felony <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1st/2nd Degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1st/2nd Degree) <input type="checkbox"/> Murder, Aggravated <input type="checkbox"/> Murder, (1st/2nd Degree) <input type="checkbox"/> Patronizing a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography	<input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Robbery (1st/2nd Degree) <input type="checkbox"/> Rape (1st/2nd/3rd Degree) <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor <input type="checkbox"/> Theft (1st/2nd/3rd Degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order
---	---	--

**2. DRUG -RELATED CRIMES**  
Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?  
**D Yes D No**

**3. RELATED PROCEEDINGS**  
Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?  
**D Yes D No**

**4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES**  
Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?  
**D Yes D No**

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?  
**D Yes D No**

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?  
**D Yes D No**

**5.** For all items checked yes in 1, 2, 3 and 4 above, specify the conviction or actions date(s), sentence(s) or penalty(ies), imposed, prison release dates(s) and current standing (e.g., parole, work release). For all items with an asterisk (\*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

**6. GENERAL CONVICTION INFORMATION:**

Aside from those crimes listed above, within the past 10 years have you ever been charged, convicted of, or released from prison for any crimes, excluding parking tickets/traffic citations?  
**D Yes D No** If, Yes, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

You will not be considered for employment if you do not complete and sign this form.  
I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize PeaceHealth to make inquiries regarding my education, work experience, references, unless otherwise stated, any criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the receipt of a satisfactory Criminal Conviction Report form the Washington State Patrol or other law-enforcement related agencies.

Signature	Date
-----------	------