Advanced Preparation Course For Faith Community Nurse Coordinators & Managers

Pre-Course Questionnaire

Please answer the following questions for me to be able to know you a bit better, in order to meet your needs for practice & personal improvement. Complete the form electronically and return via email to lhenley@su.edu.

Name: ________________________________

Current FCN Position/Title: ________________________________

How long have you been in a Parish/Faith Community Nurse Coordinator/Manager position? ________________________________

How many Parish/Faith Community Nurses do you coordinate? ________________________________

How many different denominations are represented in the congregations with whom you work? ________________________________

Do you have experience as a Parish/Faith Community Nurse? 
________ Yes (for ________ years)  ________ No

If you are a hospital coordinator, are you currently serving as a Parish/Faith Community Nurse? 
_________ Yes  ________ No  
_________ Paid  ________ Unpaid
Did you attend a Basic Preparation in Parish/Faith Community Nursing course, which utilized the Standardized Curriculum, endorsed through the International Parish Nurse Resource Center?

Where?


When?


How We Can Make This Course Meaningful To You?


Include anything else you think would be important to know about you, which will help to know and better serve you.