

International Parish Nurse Resource Center

COURSE POSTING FORM

January 1, 2012 – December 31, 2012

All courses listed on the website are in the format shown on this form. This form must be submitted each time you request to advertise with the IPNRC. All courses will be listed within ten working days after receipt of this form. Please be sure to fill out all of the required fields. This form can be mailed or faxed to: International Parish Nurse Resource Center c/o Church Health Center, 1210 Peabody Avenue, Memphis, TN 38104, fax 901-543-0617.

PLEASE PRINT OR TYPE

TYPE OF COURSE(s):  Foundations of Faith Community Nursing  Faith Community Nursing Coordinator/Manager  Supplemental Modules 2005 / 2007

1. EDUCATIONAL PARTNER: \_\_\_\_\_

2. DATES OF COURSE: \_\_\_\_\_

3. COURSE LOCATION NAME: \_\_\_\_\_

CITY AND STATE OF COURSE: \_\_\_\_\_

4. COST OF COURSE (optional): \_\_\_\_\_

5. CONTACT FOR COURSE: \_\_\_\_\_

6. CONTACT EMAIL: \_\_\_\_\_

7. CONTACT PHONE NUMBER: \_\_\_\_\_

8.  CONTACT HOURS - number \_\_\_\_\_  CEUs - number \_\_\_\_\_  
CREDIT HOURS  Undergraduate - number \_\_\_\_\_  Graduate - number \_\_\_\_\_

TYPE OF COURSE(s):  Foundations of Faith Community Nursing  Faith Community Nursing Coordinator/Manager  Supplemental Modules 2005 / 2007

1. EDUCATIONAL PARTNER: \_\_\_\_\_

2. DATES OF COURSE: \_\_\_\_\_

3. COURSE LOCATION NAME: \_\_\_\_\_

CITY AND STATE OF COURSE: \_\_\_\_\_

4. COST OF COURSE (optional): \_\_\_\_\_

5. CONTACT FOR COURSE: \_\_\_\_\_

6. CONTACT EMAIL: \_\_\_\_\_

7. CONTACT PHONE NUMBER: \_\_\_\_\_

8.  CONTACT HOURS - number \_\_\_\_\_  CEUs - number \_\_\_\_\_  
CREDIT HOURS  Undergraduate - number \_\_\_\_\_  Graduate - number \_\_\_\_\_