

International Parish Nurse Resource Center  
Basic Parish Nurse Preparation Course Completion Record

Educational Partner/Affiliate: \_\_\_\_\_ Faculty: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ Number of participants: \_\_\_\_\_

**Please print.**

Name	Address	City State / Zip	Email	Do you work as a parish nurse? Yes/No	If yes, Denomination/ Faith group served	Paid/ unpaid	Hours worked per week

**Please note: The IPNRC does not share this information with other groups.**

International Parish Nurse Resource Center  
Basic Parish Nurse Preparation Course Completion Record
