

International Parish Nurse Resource Center

COURSE POSTING FORM

July 1, 2009 – June 30, 2010

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: Susan Miller, IPNRC, 475 E. Lockwood Ave, St. Louis, MO 63119, fax (314) 918-2558.

PLEASE PRINT OR TYPE

TYPE OF COURSE(s): Parish Nurse Basic Preparation Parish Nurse Coordinator/Manager
 Supplemental Modules 2005 Supplemental Modules 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 _____

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