



Basic Preparation Course Faith Community Nursing
REGISTRATION FORM

Name: _____
Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____
Faith Affiliation: _____
RN License #: _____

Course Dates: Tuesday evenings, 6:00 - 9:00 PM
February 2, 9, 16, 23, March 2, 9, 16, 23, April 6, 13, 20, 27
Location: Brookdale Library
6125 Shingle Creek Parkway
Brooklyn Center, Minnesota 55430
Contact Hours: 40 CEUs for Registered Nurses only

The cost of the course is \$550. This fee includes contact hours, materials, IPNRC pin, certificate, and snacks. A limited number of scholarships are available; with a scholarship, the course cost is \$300. (Check box below and refer to course description for details.)

____ I would like to apply for a scholarship. Required materials (letter of support from congregation and documentation of financial need) are enclosed.

❖ **Space is limited. Deadline for submission is January 15, 2009.**

Please mail registration form and payment to: **FCNN**
90 Emerald Street SE
Minneapolis MN 55414
612/879-3144 or 379-3488