Registration Form Foundations of Faith Community Nursing Course-Fall 2025

The Foundations of Faith Community Nursing Course will be offered VIRTUALLY this Fall. Please choose a morning session or an evening session you plan to attend beginning Wednesday, 10/8/2025 and ending on 12/3/2025. If you miss a class, you will have the opportunity to register and take the class in the future. Wednesday Mornings, 8am-12pm Wednesday Evenings, 5pm-9pm	Which faith tradition do you represent or identify with? Buddhism Christianity-Roman Catholicism Christianity- Protestantism Islam Hinduism Judaism Sikhism Other (Specify):
After sending this COMPLETED form to Shawn Bennis: sbennis1@hfhs.org , you will receive an email notification for EACH session date. You must accept those calendar appointments and use the specific link for that day to join. Each date has a specific link to join associated with	Does your place of worship have a congregational agreement on file with Henry Ford Health?
	YesNot yet, but plan to within a yearNo; bill me for the \$500 course fee
that class. You are required to purchase the participants manual. Allow at least 2 weeks for shipping. Click HERE to purchase.	The \$500 course fee is waived as a benefit of membership in Henry Ford Health Faith Community Nursing Network (congregational agreement on file within 1 year of course).
First Name: Last Name: Email address:	Content for this course is based on the 5 th edition of curriculum developed by the Westberg
Your profession:	Institute.
□ Registered Nurse (RN)□ Other health care (non-RN-Specify):	Participants must sign-in virtually at the beginning of each session, attend the entire activity, and participate in learning activities to
□ Faith Leader	earn their nursing contact hours.
☐ Other (SPECIFY):	Henry Ford Health is approved as a provider of
What is the name and location of your place of worship?	nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation
□ Name:	
☐ Address:	
□ City:	
□ Zip Code:	
□ County:	
☐ Faith Leader's name:	
Faith Leader's email:	