

**Participant Letter of Intent to Attend the
Texas Health Resources Foundation of Faith Community Nursing Course**

Print Name _____

Faith Community Name _____

Address _____

Phone _____

Email _____

Dear Participant: A letter of intent stating your purpose and goals for taking this course is required to be submitted by the course registration deadline. Filling out this form will be accepted as your letter of intent, OR you can write your own.

1. Why are you attending the Foundations of Faith Nursing (FCN) Course? Check what applies and feel free to expand your answer as needed.

- I am curious about the FCN specialty of nursing
- I am doing this for the nursing continuing education
- My manager/supervisor/administrator encouraged me to take the course
- I am wanting to learn more about FCN and how I possibly see myself in this role
- I feel a calling to start a faith and health ministry and need to learn more
- I am currently serving as an FCN and wanted to complete this course as part of my growth
- Other/additional information:

2. Do you currently belong to a faith community?

- Yes
- No
 - If no, skip to question # 6

3. Is your faith community currently in covenant with Texas Health Resources?

- Yes
- No
- I'm not sure

4. If not, are you interested in beginning a covenant with Texas Health Resources to assist you with your faith community ministry?

- N/A or I'm not sure yet
- No
- Yes
 - If yes, have you spoken to your Faith Leader about the possibility of starting a faith and health ministry?
 - Yes
 - No

5. Do you feel you will have the support you need, from your faith community if you start a faith and health ministry?

- N/A, I am not starting an FCN ministry
- Yes
- No
 - If no, what support do you feel you need?

6. How likely are you to start a faith and health ministry?

- I am not sure.
- I am thinking about doing it
- I want to start and faith and health ministry now
- I hope to start a faith and health ministry in the next 1-2 years
- I am already a part of a faith and health ministry program

7. What do you hope to gain from this course?

8. What do you plan to do with the information you learn at the course?

Additional information you would like us to know:

Return this form by email (preferred) to: PaulaMiller@TexasHealth.org

Or mail to:

Texas Health Resources
Caryn Paulos, MSN, RN-BC - Director of Faith Community Nursing
612 East Lamar Boulevard, Suite 1200
Arlington, TX 76011