

Foundations of Faith Community Nursing Course Letter of Support

Faith community nursing is a specialty practice of nursing that focuses on the intentional care of the spirit combined with traditional nursing practice. In the faith community setting, the faith community nurse supports health related activities to meet the needs of members and the community and includes consideration for the whole person, body, mind, and spirit. The personal qualities needed to succeed in the specialty of faith community nursing include:

- the ability to promote trust and understanding of health as a dynamic process between the spiritual, mental, physical and social dimensions of health (ANA, 2017)
- a desire to include spirituality in health and wellness care
- dedication to serving others and a desire or calling to serve in health ministry.

Part of requirements for participation include:

A letter of support from the nurse’s faith community leadership (i.e. clergy, rabbi, church council) verifying (1) their support of a faith community nursing program within the faith setting and (2) their support of this nurse’s participation in the course.

A nurse’s participation may also be supported by a nurse leader or a chaplain when the nurse’s learning goals can enhance delivery of care in other areas of nursing practice.

Below is a simple letter of support that you can submit, or you can write your own personal letter of support. Contact PaulaMiller@texashealth.org or FaithCommunityNursing@texashealth.org for any questions or help.

++++
RETURN THIS PORTION VIA EMAIL (preferred) or mail.

Letter of Support:

_____ has expressed interest in taking the Foundations for
(name of individual applying for training)
Faith Community Nursing course. This letter informs Texas Health Resources Faith Community Nursing program that this nurse has the personal qualities needed to be a faith community nurse (as stated above), and I give my support for this nurse to attend the course.

Print Name (Leader) _____
Faith Community/Organization _____
Address _____
Phone _____
Email _____
Signature _____

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

Or mail to:

Texas Health Resources
Faith Community Nursing
612 East Lamar Boulevard, Suite 1200
Arlington, TX 76011