

**APPLICATION FORM—PARISH NURSING PROGRAM**

*Please print or type. Payment and letters of reference must accompany application. Make payment to: University of the Incarnate Word-Parish Nursing Program*

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

RN LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

CHURCH AFFLIATION & LOCATION \_\_\_\_\_

ARE YOU CURRENTLY SERVING AS A PARISH NURSE AT THE ABOVE CHURCH OR AT ANY CHURCH/FAITH COMMUNITY? \_\_\_\_\_

HOW LONG HAVE YOU SERVED AS A PARISH NURSE? \_\_\_\_\_

CURRENT EMPLOYMENT (OTHER THAN PARISH NURSE) \_\_\_\_\_

ADDRESS (OF EMPLOYMENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

**DATES OF PROGRAM:**

Sunday, January 29th to Saturday, February 4<sup>th</sup>, 2006

**LOCATION:**

University of the Incarnate Word  
International Conference Center  
US 281 & Hildebrand St.  
San Antonio, TX 78209

**RETURN FORM TO:**

Dr. Jean Deliganis  
University of the Incarnate Word  
School of Nursing and the Health Professions  
4301 Broadway  
San Antonio, TX 78209

Dr. Deliganis can be contacted at: (210) 224-7122 (W)/(210) 260-7658 (C) or by e-mail at: [deligani@uiwtx.edu](mailto:deligani@uiwtx.edu)  
FAX: (210) 224-4645