R E G I S T R A T I O N F O R M 2 0 2 5



# Incomplete applications will not be accepted.

*All churches must be registered and in good standing with the Louisiana Secretary of State as a non-profit religious corporation.*

# Deadline for submission: January 31, 2025

Check one: Church Nurse Education Program (RN’s only) **–** Saturdays 8am – 4:30pm; February 15, March 8 and 22, April 5

Congregational Health Promoter Program **–** Saturdays 9am – 5:00pm; March 15, 29, 2025

Name Age: 18-30 31-45 46-60 61 and above

Address City State Zip Cell Ph Email Ministry or community volunteer experience Current occupation and area of specialty Retired Yes No Former occupation Schools attended (Name)

Education (select one) High school Associate degree Bachelor’s Master’s Doctorate Other

Current licenses (TYPE) (RN, SW, PT, MD, etc.) \_RN Lic. # List any special needs/allergies (physical, dietary, etc.) **Wellness Ministry Leader (WML) Endorsement** (WML of established health ministry must sign) N/A

Print Name Signature

**Pastor/ Clergy/ Church Leader** (attached Pastors Endorsement form must be completed and submitted)

Print Name of Clergy Church Denomination **(Write the official church name registered with the Louisiana Secretary of State, Corporations Division)**

Website # of Adult Members Church Association membership(s): Referred by CNEP/CHPP alumni(Name)

By signing below, I agree to attend orientation, all classes and graduation on April 14, 2025, 7pm – 8pm.

# Signature of Applicant Date

Submit completed application and endorsements by

FAX: (504) 900-1983 or EMAIL: (CNEP) [sburel@bcm.org](mailto:sburel@bcm.org) (CHPP) [lcollins@bcm.org](mailto:lcollins@bcm.org)

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