Faith Community Nurse Monthly Service Report

Faith Community Nurse	**Faith Community**
Month	**Year**

Directions: Please record the service provided as below. Record only those services provided by or delegated by a faith community nurse. Examples are given for each service, but note all examples of service may not be listed. Use best judgment and comments section as needed. Please total # of people served and service time. Send report by one of three ways: an email return to Tara Orley, Waltara.Orley@providence.org or (preferred), fax to 212-4962, or send to FCN Coordinator, Community Services, 3200 Providence Drive, Anchorage, AK, 99508. Thank you!

CATEGORIES OF SERVICE

A. Church Class/Program	**B. One-to-One Client Care**	**C. Professional Development**
Examples Programs (Journey to Bethlehem, We Can, etc…) Faith community education event Support group Written health related education (bulletin, newsletter, brochure) Health Ministry organization (documentation, etc.) Other	**Examples** Health Screening (BP screenings) Visits (home, hospital, nursing home, prison, other) Health education Referral Accompany to medical office/emergency services as resource Telephone consultation Other	**Examples** Meetings Health Ministry meetings FCN meetings Monthly Network meetings Continuing education Other (Please note that for relicensure for the BON, continuing education is a separate category from professional volunteer and meetings should reflect the nursing process, ie: assess, plan, evaluate, etc, not be solely a social gathering.)

Date	**Service Provided (choose one)** A Church Class/Program B One-to-One Client Care C Professional Development	**# of People Served (approx.)**	**Service Time (hour/minutes)** Add service time here along with prep / clean-up /paperwork/(travel in parenthesis)	**Comments**

Date	Service Provided (choose one) A Church Class/Program B One-to-One Client Care C Professional Development	# of People Served (approx.)	Service Time (hour/minutes) Add service time here along with prep / clean-up /paperwork/(travel in parenthesis)	Comments
	TOTALS=			

I verify that the above activities are within the scope of practice for faith community nursing.

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Faith Community Nurse Signature

* Use this form to document monthly service. The form is also used to document professional volunteer hours if you are audited by the Alaska Board of Nursing for relicensure. Note: Time spent driving to volunteer functions may not be used as this time is not considered professional volunteer time by the Alaska Board of Nursing. Total the volunteer hours for the past two years of licensure. Obtain all signatures before submitting to the Board.

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Tara Orley, RN, BSN, FCN Program Coordinator at Alaska Faith Community Nurse Resource Center at Providence

I verify that these faith community nurse activities have occurred at _____ (name of faith community).

_____

Faith Community Leader Signature

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