

FCN and HM Hours Submission

This form is for faith community nurses and health ministers who serve in the 4-county region of Health Ministries Network. You may submit your health ministry activity individually or the activity of your congregation/community's health ministry team. Please indicate who you are submitting for.

Email address

Select the quarter(s) or month you are submitting for

- Winter '20 (January - March 2020)
- Spring '20 (April - June 2020)
- Summer '20 (July - September 2020)
- Fall '20 (October - December 2020)

Personnel Information

Name(s) and title(s) (FCN or HM)

Congregation / Community

Please enter data relevant to blood pressure clinics.

Number of individual screenings:

Number of hours:

Please enter data relevant to routine visits/wellness checks.

Number of individual visits/checks/calls:

Number of hours

Please enter data relevant to referrals to community programs.

Number of individual referrals:

Number of hours:

Please enter data relevant to palliative care and hospice visits.

Number of individual visits:

Number of hours:

...to train and support faith community nurses and health ministers to serve their congregations and community by promoting preventative health care, social justice and spiritual well-being.



Health Ministries Network
800 E. Chestnut St., Ste. 1A
Bellingham, WA 98225



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Please enter data relevant to transitional care contacts.

Number of individual visits or phone calls:

Number of hours:

Please enter data relevant to advance care planning conversations and sessions.

Number of hours for both individual and group sessions:

Individual advance care planning

Number of people served:

Group advance care planning

Number of group sessions:

Total number of participants:

Please enter data relevant to health education (such as preparing and teaching classes, sharing health information, or facilitating nutrition/fitness programs).

Number of people who attended classes and groups:

Number of hours:

Please enter data relevant to support group facilitation.

Number of people who attended support groups:

Number of hours (including preparation):

Please enter data relevant to professional development (such as attending educational events including HMN meetings).

Number of hours:

Please enter data relevant to coordination (such as team meetings, administration, or mentorship of FCNs/HMs).

Number of hours (including preparation):

Please enter data relevant to additional service categories.

Service/activity description:

Number of hours:

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