



APPLICATION

Christian Science Nursing Arts VI: Mentoring in the art of Christian Science nursing

May 18 – 22, 2026

at Chestnut Hill Benevolent Association

Please attach extra pages for your responses if needed.

Your name:

Your address:

Phone number(s): Home: Mobile:

Email:

Are you listed as a Christian Science nurse in *The Christian Science Journal*?

Yes ☐ Year of listing: No: ☐

Please specify Christian Science nurses training that you have completed:

Course Title Location / Date

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Are you presently serving in a mentoring role? Please explain.

Please explain your reasons for wanting to take this course:

If you are completing this form electronically, please type your name and the date below. If you are submitting a printed hard copy form, please sign and date the printed form below.

Signature

Date

<input type="text"/>	<input type="text"/>
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Please return completed application to:

Heather Worley, Director of Christian Science Nurses Training, Chestnut Hill Benevolent Association

Email: csnursingarts@chbenevolent.org Fax: 617-975-2766 Phone: 617-734-5600

910 Boylston Street, Chestnut Hill, MA 02467 · 617-734-5600 · chbenevolent.org