



APPLICATION

Christian Science Nursing Arts V – Mother and Infant Care

December 1 - 5, 2025

at Chestnut Hill Benevolent Association

To enter responses electronically, click inside the response box and start typing. Or, print out the form and write your responses.

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:

Name of your facility, organization, or service (if applicable):

Name of your Director of Christian Science Nursing (if applicable):

What is your current position at this organization / service?

Full-time

Part-time

Have you attended any Christian Science Nursing Arts courses or a portion of any Christian Science Nursing Arts courses?

Yes

No

If yes, please specify which course(s) and location(s):

Course Title

Location / Date

Please specify (other) Christian Science nurses training that you have completed:

Course Title

Location / Date

(Note: You can type as much as needed in the spaces below. Or, if writing in your responses, please use the back of the page or an extra sheet of paper.)

Please summarize your Christian Science nursing experience.

Please explain your reasons for wanting to take this course:

What resources are available to you for receiving side-by-side mentoring in ministering in this area of Christian Science nursing?

Please list the name of two side-by-side Christian Science nursing references:

Name

Phone / email

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

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