



## APPLICATION

*Christian Science Nursing Arts VI - Mentoring in the Christian Science Nursing Arts*

December 2 – 6, 2024

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

Course Title	Location / Date

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

*Please return completed application to:*

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

Email: [csnursingarts@chbenevolent.org](mailto:csnursingarts@chbenevolent.org) Fax: 617-975-2766 Phone: 617-734-5600

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