

**Cincinnati Children's Hospital Medical Center
Foundations in Holistic Health Nursing Course Application**

Name: _____ Employee Number: _____

Position Title: _____ Unit/Department: _____
[RN, RN II, RN III, Care Manager, Other (specific title)]

FTE Status: _____ Date of Employment at CCHMC:

This program has two options for education credit – either 45 nursing contact hours or 3 graduate credit hours. Which options will you choose? _____ Contact Hours _____ Graduate Credit Hours

If you are choosing the graduate credit hours option, are you attending/been accepted in a Xavier University graduate program? _____ Pending _____ Yes _____ No. This course is being offered as a cohort course and tuition will be paid by CCHMC. For further information on how to apply for graduate credit for this course from XU, please contact

FoundationsofHolisticNursing@cchmc.org

Please submit the following in your application

1. Curriculum Vitae
2. In 2 pages or less, please describe the following:
 - a. Provide an example when you demonstrated a caring, compassionate and holistic approach to patient care and how it made a difference in patient/family experience.
 - b. How would this course enhance your practice, your patients/families, and your unit?
 - c. Explain how your personal self-growth and self-care have influenced your ability to provide patient/family care.
 - d. Explain how your leadership has supported others including patient & family care and supported other staff.
 - e. Explain your professional goal(s) as a holistic health nurse.

Please note that the class size will be limited. Submit your completed CCHMC application form and the additional requested documents **by November 7, 2014** to

FoundationsofHolisticNursing@cchmc.org (*electronic submission only)

- If seeking graduate credit, the CCHMC application process is in addition to the Xavier application process.
- Potential candidates that are currently involved in a disciplinary process at CCHMC, including attendance, are ineligible for this program.

**Cincinnati Children's Hospital Medical Center
Foundations in Holistic Health Nursing Course**

Clinical Manager and Clinical Director acknowledgement and statement of support:

_____ is applying to be in the Foundations in Holistic Health Nursing Course at CCHMC. This applicant will be in class on **Thursday mornings from 8:00-11:00 AM from January 8th – April 30th, 2015**. This nurse will complete a project to support Holistic Nursing Care on their unit and will sit for board certification as a Holistic Health Nurse at the completion of this class.

_____ Date _____
Signature of Applicant

_____ Date _____
Signature of Clinical Manager

_____ Date _____
Signature of Director

Please sign & date the above; scan and include with application