

## SCHEDULE

**TUESDAY, JUNE 9, 2020**

|                |   |
|----------------|---|
| 8:00-8:30 AM   | Registration and continental breakfast                          |
| 8:30-9:30 AM   | Mentoring   |
| 9:30-10:30 AM  | How Programs Change and Evolve                                  |
| 10:30-10:45 AM | Break   |
| 10:45-11:45 AM | Innovative Programs   |
| 11:45-12:30 PM | Lunch (included)  |
| 12:30-2:30 PM  | Share and Shine: What's New,<br>What's Different in New England |
| 2:45-3:00 PM   | Blessing of the Hands<br>— in the Abbey                         |
| 3:00-3:15 PM   | Evaluation and closing  |

Non-Profit Org.  
US POSTAGE  
**PAID**  
Manchester, NH  
Permit #6035



JOIN US FOR REFLECTION, CONVERSATION,  
CELEBRATION AND RENEWAL.

Additional program information is available on our website:  
[WWW.ANSELM.EDU/CNE](http://WWW.ANSELM.EDU/CNE)



[www.facebook.com/cne.saintanselm](http://www.facebook.com/cne.saintanselm)

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**CONTINUING NURSING EDUCATION**

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visit us online:

[www.anselm.edu/cne](http://www.anselm.edu/cne)

PARISH-NURSE 2020

**21st ANNUAL CONFERENCE**

## *Parish Nursing & Health Ministry*

### **Ministry Makeover:** *What Shape Will Your Ministry Take in Today's Society?*

**Tuesday,  
June 9, 2020**

**Gadbois Hall  
Saint Anselm College, Manchester, NH**



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## PROGRAM DESCRIPTION

Parish nursing is a dynamic, growing specialty practice and a vocational and spiritual calling upon those who practice this profession as faith community nurses.

The goals of this conference are to: 1) explore current trends for today's parish nurses and 2) provide enrichment, encouragement, and opportunities to share program ideas to enhance your health ministry.

Join us for this day of reflection, conversation, celebration and renewal.

## DISTINGUISHED FACULTY

**DEBORAH A. RIVARD, MSN/ED, RN-BC**, is the Faith Community Nurse Manager at St. Anthony's Hospital, BayCare Health System in St. Petersburg, FL, where she facilitates a unique community health partnership between the hospital and 139 volunteer nurses and 52 Congregational Health Promoters in 77 faith communities in South Pinellas, Sarasota, and Manatee Counties. Debbie is also a Faculty Educator with the Westberg Institute of Faith Community Nursing. As lead faculty for the healthcare system, she was instrumental in developing a hybrid model for the Foundations of Faith Community Nursing Curriculum Course. She is a frequent speaker locally on topics of community health and has presented on faith community nursing nationally at Westberg, Florida Nursing Association and Trinity Health Care.



Saint Anselm College is approved as a provider of nursing continuing professional development by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## GENERAL INFORMATION

**CONTACT HOURS:** This conference provides 5.25 contact hours.

**DIRECTIONS TO SAINT ANSELM COLLEGE:** Please visit our website: [www.anselm.edu/cne](http://www.anselm.edu/cne) or call 603-641-7086.

**EARLY REGISTRATION DISCOUNT:** In order to receive Early Registration Discount, payment in the form of a check, Visa or MasterCard must accompany registration form and be in our office by 5/7/20. All payments must be received by the start of the conference, or a personal check/cash/credit card will be necessary to attend. Not combinable with Group Discount.

**GROUP DISCOUNT:** If five or more people from the same agency register at the same time for the same conference, you may deduct 10%. Mailed registrations must arrive in the same envelope. Faxed registrations must arrive together. Not combinable with Early Registration Discount.

**CANCELLATION/REFUND POLICY:** Registrants who are not able to attend or send a substitute can obtain a refund of registration fee, minus a \$25 processing fee. A written request must be received by 5/27/20. Refunds will not be issued after this date – no exceptions.

**TAPING** is not allowed.

**PROGRAM CHANGES AND CANCELLATIONS:** We reserve the right to make changes in content or speakers, or to cancel programs if enrollment criteria are not met or when conditions beyond our control prevail.

**FOR YOUR COMFORT,** we recommend dressing in layers, as room temperatures vary.

## PLANNING COMMITTEE

**AMY GUTHRIE, MS, RN**, Director of Continuing Nursing Education, Saint Anselm College, Manchester, NH

**MARY ANN CHRISTIE, MS, RN**, CMC Parish Nurse, Catholic Medical Center, Manchester, NH

**CATHERINE CONLEY, BSN, RN**, CMC Parish Nurse, Congregational Church of Goffstown, NH

**PAMELA DERES, MS, RN**, Parish Nurse Educator, St. Joseph Hospital, Nashua, NH

**PRISCILLA HAMILTON, BSN, RN**, Parish Nurse Program Coordinator, Catholic Medical Center, Manchester, NH

**KAREN WENGER, MS, RN**, Faith Community Nursing Educator, Faith Community Nursing, Office of Chaplaincy Programs, Archdiocese of Boston

[WWW.ANSELM.EDU/CNE](http://WWW.ANSELM.EDU/CNE)

## REGISTRATION FORM

### MINISTRY MAKEOVER: WHAT SHAPE WILL YOUR MINISTRY TAKE IN TODAY'S SOCIETY?

**MAIL:** Saint Anselm College  
Continuing Ed #1745  
100 Saint Anselm Drive  
Manchester, NH 03102-1310

**PHONE:** 603-641-7086,  
*credit card required*

**FAX:** 603-641-7089  
*credit card required*  
**ONLINE:** [www.anselm.edu/cne](http://www.anselm.edu/cne)  
*credit card required*

### PLEASE PRINT CLEARLY OR TYPE.

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Employing Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FEES

☐ Early Registration Fee (by May 7, 2020): \$119

☐ Regular Registration Fee (after May 7, 2020): \$130

***Fee includes morning coffee, lunch, breaks, and all handouts.***

### METHOD OF PAYMENT

☐ Check enclosed made payable to Saint Anselm College  
in the amount of \$ \_\_\_\_\_

☐ I authorize the use of my credit card: ☐ VISA ☐ MasterCard

Account # \_\_\_\_\_ Exp \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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