

APPLICATION FOR ADVERTISING AS A CHRISTIAN SCIENCE NURSE

in *The Christian Science Journal*



“For it is God who works in you both to will and to do for His good pleasure.” —Phil. 2:13 (NKJV)

Dear Friend,

Like anyone else who has witnessed or been a part of a healing through Christian Science, we rejoice whenever we hear about someone who is interested in joining with those engaged in the work of Christian Science healing. Nothing is more needed in our world today than the powerful, practical healing that Christian Science offers. Becoming a *Journal*-listed Christian Science nurse adds your name to the ranks of those whose devotion to God and commitment to healing overflows in inspired, practical acts of caring. The world needs and feels the transforming power of this Christly love. We're here to support you every step of the way as you respond to this calling of the Christ. We cherish your willingness to let the love of the Comforter find tangible expression in your Christian Science nursing ministry.

Speaking to each one of us, Mary Baker Eddy writes: “I make strong demands on love, call for active witnesses to prove it, and noble sacrifices and grand achievements as its results. ... Love cannot be a mere abstraction, or goodness without activity and power.” (*Miscellaneous Writings*, p. 250). Thank you for your daily prayer to be that active witness to the power and presence of divine Love.

To us, the application process has less to do with filling out a form, and so much more to do with a preparation of the heart. Our Manager of Christian Science Nurse Advertising, Caroleen Scholet, will be happy to answer any questions you might have. When you are ready to move forward, we will be delighted to receive your application. Caroleen will then send you a follow-up e-mail, highlighting some of the *Manual* By-Laws that Christian Science nurses have found indispensable to their healing ministry. Soon thereafter, she will set up a telephone interview in order to get to know you and your sense of Christian Science nursing.

We look forward to hearing from you.

Affectionately,

Lyon Osborn, Scott Preller, Margaret Rogers
The Christian Science Publishing Society, Board of Trustees

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NAME _____

ADDRESS _____

CITY _____ STATE / PROVINCE _____ ZIP / POST CODE _____

COUNTRY _____

TELEPHONE (COUNTRY CODE / AREA CODE) _____ E-MAIL ADDRESS _____

Please provide the following information regarding your Christian Science Primary class instruction:

TEACHER _____ YEAR _____

TELEPHONE (COUNTRY CODE / AREA CODE) _____ E-MAIL ADDRESS _____

♦ Are you a member of The Mother Church? _____ Branch church? _____

Name of branch church _____

♦ Do you use the Bible and *Science and Health with Key to the Scriptures*, together with other works by Mary Baker Eddy, as your only textbooks in Christian Science? _____
(*Church Manual*, Article IV, Section 1)

♦ Please explain briefly the steps you have taken to prepare to represent yourself as a Christian Science nurse. (*Church Manual*, Article VIII, Section 31)

♦ Please describe briefly your current Christian Science nursing practice (for example: current and recent facility work, private cases, availability to answer calls from the public, etc.)

Please give the names of three *Journal*-listed Christian Science nurses who have observed your care of patients first-hand and are ready to verify that you are fully prepared to represent yourself as a Christian Science nurse. (In circumstances where this is not possible, as an alternative, please give the names of Christian Science nurses, practitioners, and/or former patients who can speak to your qualifications.) In addition to the required references, we may choose to contact other references, while respecting the application process is confidential.

NAME

ADDRESS

HOME TELEPHONE (COUNTRY CODE / AREA CODE) CELL PHONE (COUNTRY CODE / AREA CODE)

E-MAIL ADDRESS

NAME

ADDRESS

HOME TELEPHONE (COUNTRY CODE / AREA CODE) CELL PHONE (COUNTRY CODE / AREA CODE)

E-MAIL ADDRESS

NAME

ADDRESS

HOME TELEPHONE (COUNTRY CODE / AREA CODE) CELL PHONE (COUNTRY CODE / AREA CODE)

E-MAIL ADDRESS

APPLICANT'S SIGNATURE (OR TYPED NAME, IF COMPLETING ON-LINE) DATE

Please complete the next page and then see the last page for instructions on how to submit your completed application.

ADVERTISING INFORMATION

If you are approved for *Journal*-listing, how would you like your information to appear in The *Journal* (and *Heralds**) in print and online?

NAME

PRIMARY CARD (location of your home)

STREET ADDRESS OR P O BOX (OPTIONAL ONLINE)

DISPLAY
STREET
ONLINE? ☐ YES
☐ NO

CITY

STATE/PROVINCE

ZIP/POST CODE

COUNTRY

TELEPHONE (COUNTRY CODE/AREA CODE)

TYPE (OFFICE/CELL/SKYPE)

TELEPHONE (COUNTRY CODE/AREA CODE)

TYPE (OFFICE/CELL/SKYPE)

TELEPHONE (COUNTRY CODE/AREA CODE)

TYPE (OFFICE/CELL/SKYPE)

E-MAIL ADDRESS

OTHER ELECTRONIC ADDRESS

DO YOU WANT A LISTING IN THE "AVAILABLE TO TRAVEL" SECTION? ☐ YES
☐ NO

This listing indicates that you are able to accept cases at a considerable distance from your home.

DO YOU WANT A CROSS-REFERENCE LISTING? ☐ YES
☐ NO

Cross-references may be published:

- 1.) In a nearby metropolitan area
- 2.) In the town where you attend a branch church
- 4.) In the town where you have a second (e.g., seasonal) residence

CITY

STATE/PROVINCE

COUNTRY

REASON

CITY

STATE/PROVINCE

COUNTRY

REASON

Are you able to communicate/practice in a language other than English? ☐ YES
☐ NO

*If yes, would you like to be published in the corresponding *Herald* at no extra charge? ☐ YES
☐ NO

Which *Herald*? _____

GLOSSARY OF TERMS

PRIMARY PRINT LISTING:

\$418 annually (includes online listing as well)

Advertiser's office or home/office location. Mandatory components: name, address, and telephone number (one phone number will be published in print). Optional items: office hours and e-mail address.

PRIMARY ONLINE LISTING:

This listing mirrors the primary listing but offers the advertiser the option to publish more contact information, such as additional phone numbers, web, and other electronic addresses. If advertiser chooses to publish their address online (optional), a directions link will appear just below the address display.

SECONDARY LISTING:

\$362 annually/\$181 for six months

Optional listing for advertisers with a second/seasonal residence. This listing requires the same information as a Primary Listing and is also published online. (Example: office or home/office is in New York, NY and second/seasonal residence is in Miami, FL)

PERMANENT RELOCATION CROSS REFERENCE:

\$90 for six months

Available for those who have permanently moved to a new location, but wish to retain a link to their previous location for a temporary period (for the help of the reader). The listing will publish the advertiser's name, one phone number and "see state name" of new primary listing. The listing will be terminated six months after new primary listing is in place.

SENDING IN YOUR APPLICATION

OPTION 1

1. SAVE a copy of the completed form (to your desktop or to disk)
2. EMAIL the completed form as an attachment to **applications@csps.com**

OPTION 2

Print and mail your application to:

The Christian Science Publishing Society
The Christian Science Journal Directory Services, P07-10
210 Massachusetts Avenue
Boston, MA 02115 USA

Note: Please remember to keep a copy for your records.