

## REVIEWER INFORMATION

Name \_\_\_\_\_

Cell Phone/Email Address \_\_\_\_\_

Facility/Organization affiliated with: \_\_\_\_\_

Your position: \_\_\_\_\_ Number of years in current position: \_\_\_\_\_

### QUESTIONS FOR CHRISTIAN SCIENCE NURSES

How long have you been listed in *The Christian Science Journal*? \_\_\_\_\_

Please provide the following information for the positions in which you have had substantial management experience in the field of Christian Science nursing:

Position	Organization	Years of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

How familiar are you with the way a Visiting Christian Science Nurse Service operates?

\_\_\_\_\_

Have you participated in a Christian Science Nursing Education/Training program in a facility/organization?

\_\_\_\_\_

\_\_\_\_\_

### QUESTIONS FOR EXECUTIVE DIRECTORS/ADMINISTRATORS

Please provide the following information for your service as an Executive Director/Administrator at a Christian Science nursing organization:

Position	Organization	Years of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

How familiar are you with management and regulations for nonprofit organizations?

\_\_\_\_\_

\_\_\_\_\_

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## QUESTIONS FOR BOTH CHRISTIAN SCIENCE NURSES AND EXECUTIVE DIRECTORS/ADMINISTRATORS

How have you actively participated in preparing for and receiving inspections/reviews with your organization(s)?

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Have you ever conducted an inspection/review of another Christian Science nursing organization? If yes, please explain.

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Are you familiar with Medicare and/or other governmental requirements for Christian Science nursing facilities? \_\_\_\_\_

Are you familiar with the Accreditation Standards and Handbook? \_\_\_\_\_

Do you have sufficient time to devote to the on-site review process, i.e., being away from your duties for several days at a time? \_\_\_\_\_

Tell us about the qualities you will bring to our team of reviewers (i.e. communication ability, willingness to learn, time management, discernment, etc.) \_\_\_\_\_

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Why are you inspired to apply as a reviewer? \_\_\_\_\_

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List a reference that we may contact who can speak to your knowledge and experience in Christian Science nursing.

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Accreditation Handbook** – attached PDF

**Accreditation Standards** – <http://csncommission.org/accreditation-standards/>