**Faith Community Nurses International Prayer Book Release Form**

***Please review, sign, and return this document with any submission to be considered for the FCNI digital Prayer Book.***

I,\_\_\_\_\_\_\_\_\_\_\_\_ verify that the work submitted to Faith Community Nurses International (FCNI) is an original work by myself and has not been published in any form including digitally. I recognize that the original work submitted will be reviewed by a committee appointed by FCNI Board of Directors and may not be selected to be in the digital Prayer Book. I acknowledge that FCNI will not provide any form of monetary or in-kind remuneration for any accepted submission for the digital Prayer Book. I understand that if I submit this original work to any other form of format for publication, permission must be received from FCNI for copyright permission.

 Prayer Category:

Printed Name**:**

Signature**:**

Date: