

STANDARDS FOR CERTIFICATION
BY THE
AMERICAN ACADEMY OF FERTILITYCARE PROFESSIONALS

FERTILITYCARE PRACTITIONER

CODE OF ETHICS

STANDARD 1.0: THE APPLICANT ACCEPTS AND ADHERES TO THE PRINCIPLES AND STANDARDS FOR PROFESSIONAL CONDUCT OF THE FERTILITYCARE PROVIDER AS OUTLINED IN THE CODE OF ETHICS OF THE AMERICAN ACADEMY OF FERTILITYCARE PROFESSIONALS (AAFCP).

RATIONALE

- 1.1.1: Professions shall have an ethical base to protect the consumer, the provider and the profession itself.
- 1.1.2: Adherence to the principles and standards for professional conduct of the FertilityCare provider in the Code of Ethics of the Academy ensures that FertilityCare service is delivered with the best interest of the client, the provider and the profession as the primary concerns.

ASSESSMENT

- 1.2.1: The applicant shall submit a statement attesting to his agreement to accept and adhere to the Code of Ethics of the Academy.
- 1.2.2: A letter of reference from a person within the applicant's community who has direct knowledge of the applicant's FertilityCare service shall be submitted. It is preferable that the letter be submitted by a CFCE, CFCS, CFPC, CFPI, or CFPMC.

EDUCATION PROGRAM

STANDARD 2.0: THE APPLICANT PROVIDES DOCUMENTATION OF SATISFACTORY COMPLETION OF AN ACADEMY ACCREDITED EDUCATION PROGRAM.

RATIONALE	2.1.1:	Satisfactory completion of an Academy accredited education program gives evidence of a level of knowledge and experience needed to enter the post-education program field service component for certification eligibility.
ASSESSMENT	2.2.1:	A copy of the certificate or certificating letter verifying completion of the education program is submitted as part of the application process.
STANDARD 3.0		THE APPLICANT IS REQUIRED TO SATISFACTORILY COMPLETE (75.0 PERCENT OR GREATER) A CRITERION-REFERENCED NATIONAL, STANDARDIZED CERTIFICATION EXAMINATION AT THE CONCLUSION OF THE APPLICANT'S EDUCATION PROGRAM.
RATIONALE	3.1.1:	Achieving the level of 75.0 percent in completion of a national, standardized examination provides information about the applicant's theoretical and clinical knowledge in natural family planning and Creighton Model FertilityCare™ essential to the provision of quality FertilityCare™ services.
ASSESSMENT	3.2.1:	A national standardized criterion-referenced examination shall be completed and grades provided as part of the application process.

FIELD SERVICE - TEACHING

STANDARD 4.0:		THE APPLICANT HAS ACTIVELY TAUGHT IN THE LAST 12 MONTHS PRIOR TO APPLICATION FOR INITIAL CERTIFICATION.
RATIONALE	4.1.1:	Active delivery of FertilityCare services is essential to continuing competence in teaching.
	4.1.2:	Active delivery of FertilityCare services is essential to an adequate assessment of competence.
ASSESSMENT	4.2.1:	Commencement and duration of active teaching after completion of the applicant's education program shall be so noted on the certification application form.

4.2.2: A case list is submitted as part of the certification application. This would include such information as case number, entry date, reproductive category, age, parity, number of follow-ups, use of yellow stamps, etc.

STANDARD 5.0: CERTIFICATION APPLIES ONLY TO THE CREIGHTON MODEL FERTILITYCARE™ SYSTEM.

RATIONALE 5. 1.1: Expertise in one model of natural family planning teaching does not ensure expertise in providing NFP services through other models.

5. 1.2: The Academy is only able to certify applicants who teach the Creighton Model FertilityCare™ system, which has been thoroughly evaluated by the Academy.

ASSESSMENT 5.2.1: The applicant must indicate on the application all models being taught in addition to the Creighton Model FertilityCare™ system.

5.2.2: The applicant shall submit a statement attesting to the complete understanding that certification applies only to the teaching of the Creighton Model FertilityCare™ system, which is approved by the AAFCP as a model of natural family planning.

STANDARD 6.0: THE APPLICANT MUST TEACH A MINIMUM OF TEN NEW CLIENTS DURING THE FIELD SERVICE COMPONENT. THIS FIELD SERVICE COMPONENT MAY NOT EXCEED 36 MONTHS PRIOR TO APPLICATION FOR INITIAL CERTIFICATION. (IT MAY BE SHORTER.) THREE OF THESE TEN CLIENTS MUST BE TAUGHT IN THE TWELVE MONTHS PRIOR TO APPLICATION FOR INITIAL CERTIFICATION.

RATIONALE 6.1.1: Proficiency in teaching the Creighton Model FertilityCare™ system can be further accomplished by actively teaching.

6.1.2: The skills learned in the education program are further developed through teaching clients.

6.1.3: Certification should ensure the public that the provider is active in the delivery of service.

ASSESSMENT 6.2.1: Indication should be included on the certification application form of the number of clients taught during the field service component.

6.2.2: A case list is provided and submitted as part of the application.

STANDARD 7.0: THE APPLICANT HAS CONDUCTED AT LEAST FIFTY INDIVIDUAL FOLLOW-UPS DURING THE FIELD SERVICE COMPONENT PRIOR TO APPLICATION FOR INITIAL CERTIFICATION. TEN OF THESE FOLLOW-UPS MUST BE WITHIN THE TWELVE MONTHS PRIOR TO APPLICATION FOR INITIAL CERTIFICATION.

RATIONALE 7.1.1: Since the true learning of the Creighton Model FertilityCare™ system takes place at the follow-up, a true experience in teaching the Creighton Model FertilityCare™ system takes place at those sessions.

7.1.2: Although new clients should be entered into the program, all previous clients should also have appropriate follow-up.

ASSESSMENT 7.2.1: The application process includes written documentation of the number of follow-ups conducted in the field service component prior to initial certification.

7.2.2: A case list is submitted as part of the application containing this information.

STANDARD 8.0: THE APPLICANT PRESENTS AT LEAST FOUR INTRODUCTORY SESSIONS WITHIN THE FIELD SERVICE COMPONENT. AT LEAST TWO OF THESE INTRODUCTORY SESSIONS MUST BE IN THE TWELVE MONTHS PRIOR TO APPLICATION FOR INITIAL CERTIFICATION.

RATIONALE 8.1.1: The skills of a small group presentation are different than the skills of individual follow-up and need to be maintained through repeated presentations.

8.1.2: The information presented at the introductory session is an important element of the FertilityCare provider's resource information and, through repetition, this is more fully integrated.

ASSESSMENT 8.2.1: The application includes written documentation of the number of introductory sessions conducted in the field service component prior to initial certification.

STANDARD 9.0: THE APPLICANT DEMONSTRATES THE RESPONSIBILITY FOR PLANNING EACH COUPLE'S PROGRAM OF EDUCATION AS WELL AS IMPLEMENTING, SUPER-

VISING, EVALUATING AND ADAPTING THAT PROGRAM, SO THAT COMPETENT CASE MANAGEMENT IS ACCOMPLISHED AND ADEQUATE RECORDS ARE MAINTAINED.

RATIONALE

- 9.1.1: Each couple is a unique learning system, with individual learning needs and abilities.
- 9.1.2: To effect optimal learning, teaching must be specific to the learning needs and abilities demonstrated.
- 9.1.3: Each couple has a right to knowledge of their actual intervals of fertility and infertility.
- 9.1.4: Patterns of fertility and infertility can differ from woman to woman and, over the course of a woman's reproductive years, an individual woman's pattern of fertility and infertility can change.
- 9.1.5: Accurate identification of actual intervals of fertility and infertility can be accomplished only through individualized case assessment and case management.
- 9.1.6: Adequate records must be maintained on each case so that teaching delivered, knowledge learned and case management accomplished can be followed as progress occurs.
- 9.1.7: Adequate records reflecting progress allow the teacher to meet client needs in an individualized, ongoing fashion.

ASSESSMENT

- 9.2.1: Case review is accomplished through review of client records as requested by the Commission on Certification.
- 9.2.2: A case list is submitted as part of the application. (See 4.2.2).
- 9.2.3: The case list should include all clients seen during the field service component prior to initial certification.

STANDARD 10.0:

THE APPLICANT CONDUCTS PREGNANCY EVALUATIONS ON ALL CLIENTS WHO ACHIEVE A PREGNANCY.

RATIONALE

- 10.1.1: All pregnancies that occur should be evaluated for estimated time of conception (ETC) and intention in using the Creighton Model FertilityCare™ system.

- 10.1.2: The pregnancy evaluation can aid in assessment of the quality of FertilityCare service provided.
 - 10.1.3: The pregnancy evaluation aids the couple in identification of their due date.
 - 10.1.4: The couple can discuss feelings about the pregnancy at the time of the pregnancy evaluation.
 - 10.1.5: The effectiveness of the system can continually be monitored through the process of pregnancy evaluation.
 - 10.1.6: Pregnancy evaluation leads to the development of support during the pregnancy and re-entry into the FertilityCare program after delivery.
- ASSESSMENT 10.2.1: The certification application form includes the number of pregnancies identified in the applicant's case list and the number of pregnancy evaluations completed during the field service component prior to initial certification.

FIELD SERVICE - FORMAT

STANDARD 11.0: THE APPLICANT ADHERES TO THE MODEL SPECIFIC TEACHING TOOLS AND FORMAT AS PRESCRIBED BY THE CREIGHTON MODEL FERTILITYCARE EDUCATION PROGRAM.

- RATIONALE
- 11.1.1: The teaching tools and format of Creighton Model education programs have been evaluated and found to be appropriate to quality FertilityCare service.
 - 11.1.2: It is important to use these tools and provide this approach in order to maintain the integrity of the Creighton Model FertilityCare™ System.
- ASSESSMENT 11.2.1: Documentation of the use of Creighton Model specific tools and format will be requested as part of the certification process.

11.2.2: An evaluation will include a review of the use of Creighton Model specific tools within the appropriate format.

11.2.2.1: At the discretion of the Commission on Certification, an evaluation of the applicant may include an in-person evaluation by an individual approved by the Commission.

STANDARD 12.0: THE APPLICANT DEMONSTRATES THAT THE FOLLOW-UP TEACHING IS INDIVIDUALIZED, PRIVATE AND CONFIDENTIAL.

RATIONALE

12.1.1: Each client has individual learning needs.

12.1.2: Individual learning needs can best be met through individualized teaching.

12.1.3: Each client/couple is a unique learning system.

12.1.4: Individual teaching sessions allow for proper case assessment and management to be accomplished.

12.1.5: The client use of the Creighton Model FertilityCare™ system is private in nature.

12.1.6: Professionals providing service in matters private in nature must provide a setting affording privacy to those seeking service.

12.1.7: Professionals maintain client confidentiality.

ASSESSMENT

12.2.1: A written statement of the way in which the applicant maintains individualized instruction, privacy and confidentiality is submitted.

12.2.2: A list of those generally present at follow-ups is part of the certification application form.

12.2.3: Documentation of teaching shall be through individual client records.

12.2.4: A minimum of one client record shall be submitted and reviewed by the Commission on Certification (at the selection of the Commission).

- 12.2.5: Each client record shall include:
- 12.2.5.1: Client identification
 - 12.2.5.2: Documentation of items taught
 - 12.2.5.3: Assessment of client's knowledge
 - 12.2.5.4: Assessment of client's application of knowledge
 - 12.2.5.5: Documentation of case management including: problems identified, plans of action recommended and evaluation of outcomes of recommended plans of action
 - 12.2.5.6: Assessment of intention:use
 - 12.2.5.7: Assessment of client satisfaction, confidence and receptivity to pregnancy
 - 12.2.5.8: Recommendations of instructions and assignments
 - 12.2.5.9: Review of client's chart with assessments and corrections
 - 12.2.5.10: Recommendations and schedule of future appointments
 - 12.2.5.11: Review of discussion points and sexuality
 - 12.2.5.12: Referrals made regarding problems identified

STANDARD 13.0: THE APPLICANT MAINTAINS STRUCTURE AND CONTENT OF INDIVIDUAL FOLLOW-UPS AS PRESCRIBED BY THE CREIGHTON MODEL FERTILITYCARE SYSTEM.

RATIONALE

- 13.1.1: The structure and content of individual follow-up, through review by the Academy, meets an Academy approved standard for effectiveness.
- 13.1.2: Adherence to this structure and content should result in the same effectiveness rate as already approved by the Academy for the Creighton Model System.
- 13.1.3: Alteration of the teaching format may affect results realized by the client.

13.1.4: Standardization assures that clients have equal access to the Creighton Model system and use specific FertilityCare information which is necessary for their successful use of the system.

ASSESSMENT 13.2.1: Review of submitted cases to be selected from the case list by the Commission on Certification.

13.2.2.1: This review must document that the structure and content of the follow-up is in accord with the Creighton Model FertilityCare™ System.

STANDARD 14.0: THE APPLICANT MAINTAINS A TEACHING SCHEDULE AT APPROPRIATE INTERVALS AS RECOMMENDED BY THE CREIGHTON MODEL FERTILITYCARE™ SYSTEM.

RATIONALE 14.1.1: The client will learn the Creighton Model FertilityCare™ system more effectively if the teaching is structured over a period of time.
14.1.2: The client will learn more quickly if the teaching schedule, which has been proven to be effective, is maintained.

ASSESSMENT 14.2.1: A case list is submitted as part of the application to assist in this process (see 4.2.2).

STANDARD 15.0: THE APPLICANT DEMONSTRATES RESPONSIBILITY FOR MAINTAINING LONG TERM FOLLOW-UP UNTIL CLIENT INDICATES DESIRE FOR NO FURTHER FOLLOW-UP.

RATIONALE 15.1.1: Couples often require support for their decision to use FertilityCare™ services throughout their reproductive years.
15.1.2: Few areas of society today actively support the use of a natural method of family planning.
15.1.3: The natural FertilityCare provider is able to offer support and encouragement to couples through contact during long term follow-up sessions.
15.1.4: A woman's pattern of fertility/ infertility

can change over the course of her reproductive years; changes in patterns of fertility/infertility may require case management to allow a couple to accurately identify when they are fertile and infertile.

- 15.1.5: Case management can be accomplished at the time of follow-up.
- 15.1.6: If patterns of fertility/infertility change, these changes can lead to confusion and discouragement on the part of the couple if their case is not adequately assessed and managed.
- 15.1.7: Adequate assessment and management of cases requires ongoing follow-up. Clients often do not initiate contact with the FertilityCare provider when difficulties arise because they do not always recognize the need for this.
- 15.2.1: The FertilityCare provider shall contact a client/couple at least twice in an attempt to schedule a follow-up appointment.
- 15.2.2: Written documentation of contacts to schedule appointments shall be kept in a client's record.
- 15.2.3: Statistical information regarding the percentage of clients participating in long term follow-up and those lost to follow up are submitted to the Commission on Certification for review.

ASSESSMENT

FIELD SERVICE - DATA

STANDARD 16.0

THE APPLICANT DEMONSTRATES DATA ON CLIENT EVALUATION OF TEACHING SESSIONS AND THE TEACHER PERFORMANCE WHICH MEETS OR EXCEEDS THE NORM PRESENTED BY THE CREIGHTON MODEL FERTILITYCARE™ SYSTEM.

RATIONALE

- 16.1.1: Evaluation of teaching is important to assessment of service provided as a component of quality control.

	16.1.2: Evaluation of a teacher's performance which meets or exceeds the norm demonstrates acceptable levels of performance.
	16.1.3: The recipients of service are in a position to assess the service.
	16.1.4: When statistics on program evaluation are kept, the program can be better presented to the public.
ASSESSMENT	16.2.1: The applicant presents a tally of responses of the clients' evaluation of their teaching sessions and performance for all clients taught during the field service component prior to application for initial certification.
STANDARD 17.0: THE APPLICANT DEMONSTRATES DOCUMENTATION OF CLIENT SATISFACTION AND CONFIDENCE LEVELS AS PRESENTED BY THE CREIGHTON MODEL FERTILITYCARE™ SYSTEM.	
RATIONALE	17.1.1: Clients who express satisfaction and confidence in using the Creighton Model FertilityCare™ System will be more likely to continue its use.
	17.1.2: Client satisfaction and confidence levels reflect the quality of teaching.
	17.1.3: Evaluation of teaching is important to assessment of the service provided as a component of quality control.
	17.1.4: Clients are in the best position to monitor their satisfaction and confidence with their personal use of the Creighton Model System.
ASSESSMENT	17.2.1: The applicant presents a follow-up by follow-up tally of satisfaction and confidence responses for all new clients taught during the field service component prior to application for initial certification.
STANDARD 18.0 THE APPLICANT DEMONSTRATES RESPONSIBILITY FOR PROGRAM STATISTICS CONCERNING THE NUMBER OF FOLLOW-UPS, PREGNANCY EVALUATIONS, DEMOGRAPHIC DATA, CLIENT POPULATION, ETC. AS PRESCRIBED BY THE CREIGHTON MODEL FERTILITYCARE™ SYSTEM.	
RATIONALE	18.1.1: A professional is accountable for maintaining statistical information concerning clients in the program.

- 18.1.2: A FertilityCare provider can assess the level of service being delivered through program statistics.
- 18.1.3: When program statistics are maintained, the program can be better presented to the public.
- ASSESSMENT 18.2.1: The applicant submits program statistics compiled as prescribed by the Creighton Model FertilityCare system and as requested by the Commission on Certification for the field service component prior to initial certification.

REFERRAL

STANDARD 19.0: THE APPLICANT DEMONSTRATES THE AVAILABILITY OF AN APPROPRIATE REFERRAL LIST OF RESOURCES TO ASSIST IN THE MANAGEMENT OF SITUATIONS OR PROBLEMS WHICH MIGHT ARISE IN THE TEACHING SETTING.

- RATIONALE 19.1.1: The FertilityCare provider is prepared to teach the Creighton Model FertilityCare™ System; problems outside the scope of FertilityCare must be referred to an individual prepared to manage that particular problem or situation.
- 19.1.2: An appropriate list of resources will facilitate prompt referral for problems identified. (i.e. medical, spiritual, psychosocial, family, etc.)
- ASSESSMENT 19.2.1: The applicant submits a list of resources as a part of the certification application form.

CONTINUING EDUCATION

STANDARD 20.0: THE APPLICANT DEMONSTRATES PARTICIPATION IN AT LEAST ONE CONTINUING EDUCATION EXPERIENCE IN CREIGHTON MODEL FERTILITYCARE EACH YEAR.

- RATIONALE 20.1.1: The nature of the body of knowledge of a profession is such that it increases and/or changes over time.

ASSESSMENT

20.1.2: To function competently within a profession, professionals must continually update and/or expand their knowledge base.

20.2.1: Proof of attendance at continuing education programs or completion of continuing education study is submitted to the Commission on Certification.

20.2.1.1: Continuing education may be accomplished through participation at staff conferences, attendance at Academy annual meetings, attendance at natural family planning meetings, a review of audio tapes of Academy annual meetings, or completion of other Academy approved continuing education programs of study.

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American Academy of FertilityCare Professionals