AAfcP

American Academy of Fertility*Care* Professionals

APPLICATION FOR CERTIFICATION FOR THE **FERTILITY*CARE*** INSTRUCTOR

Rev 9/2022

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Your Application Reviewer is here to help!
Please see page 8 of this application for instructions on obtaining the name of your Application Reviewer.

If you have questions while you are filling out your application, please email your Application Reviewer for assistance.

We will be pleased to help you.

American Academy of Fertility*Care* Professionals

Application for Certification for the Fertility*Care* Instructor

UNLESS OTHERWISE SPECIFIED, ALL REQUESTED INFORMATION APPLIES TO CREIGHTON MODEL FERTILITY*CARE*.

APPLICANT:

NAME:_____

MAILING ADDRESS:_____

_____

PHONE:(_____)_____FAX:(_____)_____

CELL PHONE:(_____)_____

EMAIL_____

AAFCP MEMBER: No:_____ Yes:_____ Category:_____

I. NAME OF YOUR SERVICE DELIVERY PROGRAM:

NAME:_____

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE:(_____)_____

DATE OF CRMS EMPLOYMENT:_____

SUPERVISOR'S NAME:_____
(NOT EDUCATION PROGRAM SUPERVISOR)

II. FERTILITY*CARE* EDUCATION PROGRAMS ATTENDED: (Standard 2.0 -3.0)

A. PROGRAMS:

1. NAME:_____

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE:(_____)_____

PROGRAM DIRECTOR:_____ SUPERVISOR:_____
DATE SATISFACTORILY COMPLETED EDUCATION PROGRAM:_____

2. NAME:_____

ADDRESS:_____
(Street) (City) (State) (Zip)

PHONE:(_____)_____
PROGRAM DIRECTOR:_____ SUPERVISOR:_____
DATE SATISFACTORILY COMPLETED EDUCATION PROGRAM:_____

II. FERTILITY*CARE* EDUCATION PROGRAMS ATTENDED: (Continued)

B. Please submit a copy of your certificate(s) awarded on completion of the program(s). (Standard 2.0)

C. Please submit a copy of the grade sheet of your final examination for your education program(s). (Standard 3.0)

III. CODE OF ETHICS: (Standard 1.0)

A. I have read and agree to accept and adhere to the Code of Ethics of the American Academy of Fertility*Care* Professionals. (Standard 1.2.1)

_____ _____

(Signature) (Date)

B. Please request a letter of reference regarding your adherence to the Code of Ethics from an individual in your community who has direct knowledge of your Fertility*Care* service delivery, to be sent directly to the Chairman, Commission on Certification. This letter should be submitted by a CFCE, CFCS, CFCP, CFCI, or CCRMSMC, in that order of preference, and may not be from a relative. (Standard 1.2.2)

IV. FIELD SERVICE - TEACHING: (Standards 4.0 - 5.0)

A. Are you currently teaching Fertility*Care*? Yes:_____ No:_____

1. Dates of active teaching since completion of education program:

From _____ To _____

mo/yr. mo/yr.

2. If teaching has not been continuous, please list intervals when not teaching:

From _____ To _____

mo/yr. mo/yr.

From _____ To _____

mo/yr. mo/yr.

From _____ To _____

mo/yr. mo/yr.

B. Do you understand that Certification, if received, will be only for Creighton Model? (Standard 5.2.2)

Yes:_____ No:_____

IV. FIELD SERVICE - TEACHING: (Continued)

C. List all other models of CRMS that you teach and the percentage of clients taught in that model:

MODEL	PERCENTAGE OF CLIENTS
_____	_____
_____	_____

Comment_____

NOTE: THE FIELD SERVICE COMPONENT REFERS TO TEACHING DONE AFTER COMPLETION OF YOUR EDUCATION PROGRAM. THIS FIELD SERVICE COMPONENT MAY NOT BE LONGER THAN 36 MONTHS PRIOR TO APPLICATION FOR CERTIFICATION; IT MAY BE AS SHORTER, AS LONG AS ALL STANDARDS ARE MET.

D. Please complete the enclosed case list for the last 10 clients entering your program during the field service component. (ATTACHMENT #1) (Standard 4.2.2)

E. Number of new clients instructed during the field service component (Introductory Session and at least one follow up). (Minimum of 10 required.): (Standard 6.0)

_____

How many of these were in the past 12 months? (Minimum of 3 required.)

_____

F. Number of Follow-ups conducted during the field service component. (Minimum of 40 required.) (Standard 7.0)

_____

How many of these were in the past 12 months? (Minimum of 8 required.)

_____

G. Number of Introductory Sessions conducted during the field service component? (Minimum of 4 required.): (Standard 8.0)

_____

How many of these were in the past 12 months? (Minimum of 2 required.)

_____

If Introductory Session is shared with another person, which slides do you present?

_____

With whom?_____

IV. FIELD SERVICE - TEACHING: (Continued)

H. FertiltiyCare affiliate: (Standard 10.2.1)

1. NAME:_____

   ADDRESS:_____
   (Street) (City) (State) (Zip)

   PHONE:(_____)_____FAX:(_____)_____

   EMAIL_____

2. Geographic proximity of FCP to you (number of miles):_____

I. Pregnancy information:

1. Do you refer all pregnancies for evaluation by your FertilityCare affiliate? (11.0)

   Yes_____ No_____

2. Number of pregnancies in case list:_____

   Number of pregnancy evaluations on your clients completed during field service component:

   _____

3. Pregnancy evaluations were completed:

   In person . By correspondence _____ By telephone _____By teleconference_____

4. How many pregnancy evaluations were conducted in:

   First trimester: _____ Second trimester: _____

   Third trimester: _____ After delivery: _____

5. List the number of pregnancies in each classification:

   I_____ IIA _____ IIB _____ IIC _____ IID _____ III _____

6. Were second pregnancy evaluations done for all class IIA or III pregnancies?

   Yes_____ No_____

7. List second pregnancy classifications for all class IIA or III pregnancy evaluations:

   I_____ IIA _____ IIB _____ IIC _____ IID _____ III _____

J. Do you refer all clients exhibiting the following advanced problems to your FertilityCare affiliate? (Standard 11.2.1)

	YES	NO
1. Pre-Peak yellow stamps?	_____	_____
2. Post-Peak yellow stamps?	_____	_____
3. Advanced behavioral issues?	_____	_____
4. Other advanced cases?	_____	_____

K. In order to assess your individualized case management, the Commission on Certification will select a case from your case list to be reviewed.

V. <u>FIELD SERVICE</u> - <u>FORMAT:</u> (Standards 12.0 - 15.0)

A. Do you utilize the specific teaching tools and format as prescribed by the Creighton Model education program?

Yes:_____ No:_____

B. Please complete the attached form relevant to your teaching tools format. (ATTACHMENT #2) (Standard 12.2.1)

C. Please enclose a statement describing the way in which you maintain individualized instruction, privacy and confidentiality. ***Sign and date.*** (Standard 12.2.1)

D. Check those other than yourself present at Follow-ups (Standard 12.2.2):

1.	FCP (other than self)	_____always	_____sometimes	_____never
2.	FCI	_____always	_____sometimes	_____never
3.	FCPI	_____always	_____sometimes	_____never
4.	Client/couple	_____always	_____sometimes	_____never
5.	Other client/couple	_____always	_____sometimes	_____never
6.	Children (yours)	_____always	_____sometimes	_____never
7.	Children (theirs)	_____always	_____sometimes	_____never
8.	Your spouse	_____always	_____sometimes	_____never
9.	Other professionals	_____always	_____sometimes	_____never
10.	Other (Identify:_____)	_____always	_____sometimes	_____never

V. FIELD SERVICE - FORMAT: (Continued)

E. Indicate the number of clients in your program for each of the following areas:

Total number of clients: _____
Total number lost to F-up: _____
Total number in long-term F-up: _____

If you have clients who are not in long-term follow-up, but should be, have you tried to contact them? (List them below.)

Client	Yes	No	When	How

VI. FIELD SERVICE - DATA: (Standards 17.0 - 19.0)

A. Please attach a tally of responses of your clients' evaluations of teaching sessions and performances for all clients taught during the field service component. (Include copies of Introductory session, Follow-up and Teacher evaluations.)

B. Please complete the attached form indicating satisfaction and confidence responses of new clients taught during the field service component. (ATTACHMENT #3)

C. Do you keep statistics for your service program?

Yes:_____ No:_____

Please include a copy of a completed form for each area of statistics kept. (Log Book, Census Report Form, etc.)

VII. REFERRALS: (Standard 20.0)

Please submit a list of your resources for all areas of referral.

VIII. CONTINUING EDUCATION: (Standard 21.0)

A. Please indicate continuing education programs attended, or studies completed.

1. _____ Participation at staff conferences. (Must include CrMS Case presentation, Teaching Review, Annual meeting presentation review, etc. with Meeting minutes- submit to Continuing Ed for approval)

2. _____ Attendance at AAFCP annual meetings. (Certificate issued after annual meeting by Continuing Ed)

3. _____ Attendance at other Academy approved meetings. (Submit to Continuing Ed for approval)

4. _____ ***"The Medical and Surgical Practice of NaProTechnology"*** by Thomas W. Hilgers, MD. (Submit to Continuing Ed for approval)

5. _____ Review of audio/video materials from AAFCP approved continuing education programs. (Submit to Continuing Ed for approval)

6. _____ Completion of other Academy approved continuing education programs of study. (Submit to Continuing Ed for approval)

CONTINUING EDUCATION PROGRAM	LENGTH OF TIME SPENT AT EVENT	DATE OF ATTENDANCE

B. Attach certificate or documentation of attendance.

APPLICANT'S SIGNATURE: _____

DATE: _____

NEXT STEPS

Please read very carefully to avoid delays in processing your application.

1. Pay the certification fee.
   Application processing fee of $100 for members and $125 for non members can be made at www.aafcp.net under the tab "Certification".
   Please email a copy of your PayPal receipt to the Chairman at certification@aafcp.net. If you cannot use PayPal and must mail a check, please contact the Chairman for a mailing address.
2. Submit your application and ALL SUPPORTING ATTACHMENTS in one, single document or package.
   Electronic submission (email attachment) is strongly preferred. You may find our Electronic Submission Policy on the AAFCP website.
   Your application should be submitted to ONLY your Application Reviewer. You will find a list of Application Reviewers on the website. Find the one that handles applications coordinating with your last name and submit your application to that individual. If you cannot submit your application electronically, please email your Application Reviewer for a mailing address.

   Please keep a copy of your application and all attachments in your files.

Name of Application Reviewer_____

CERTIFICATION PROCESSING FEE ($100 or $125) IS NON-REFUNDABLE.

ATTACHMENT #1

CASE LIST FOR CERTIFICATION

Please list the 10 clients since passing your final exam that best demonstrate your ability as an Instructor to handle complex cases. Cases with at least five follow ups are preferred. Add comments below or an additional sheet for any case that needs additional information or clarification.

											Assessment of:___			Recommendations:			Review of:___		
Client ID Number*	Reproductive Category	Date of Intro. Session	# of FU	Date of Last FU	Advanced Case Mgmt. i.e. Yellow Stamps (specify)	Advanced Issues (specify)	Referrals Made Re: Problems Identified (Y/N)	Pregnancy (yes or no)	Pregnancy Classification	Documentation of Items Taught (Y/N)	1. Client's Knowledge (Y/N)	2.Client's Application of Knowledge (yes or no)	3.Client's Intention/Use (yes or no)	1.Instructions (Y/N)	2.Assignments (Y/N)	3.Schedulig of Future Appts. (Y/N)	1.Client chart w/assessment &corrections (yes or no)	2.Dicussion Points & Sexuality (Y/N)	Client Withdrawn (Y/N-reason)
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

ATTACHMENT #2

USE OF TEACHING TOOLS AND FORMAT (Standard 12.0)

For Creighton Model Teaching:

- Rate your compliance, according to the scale below, for each item:

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(0%)	(25%)	(50%)	(75%)	(100%)

1. _____ The Picture Dictionary of the Creighton Model Fertility*Care*™ System (1st and 2nd Follow-ups).
2. _____ The User Manual.
3. _____ The introductory session.
4. _____ The Creigton Model Fertility*Care* chart.
5. _____ The Creighton Model Fertilty*Care* follow-up form.
6. _____ The observations are made according to prescribed routine.
7. _____ The reproductive category specific cycle review and observational review.
8. _____ The pregnancy evaluation.
9. _____ Case management.
10. _____ Basic method instructions.
11. _____ Special method instructions.
12. _____ Basic issues.
13. _____ Advanced issues.
14. _____ General intake form.
15. _____ Basic charting.
16. _____ Basic chart reading and correcting.
17. _____ The teaching schedule.
18. _____ Basic principles of follow-up.
19. _____ Basic organization of the teaching program. (Chapter 19, "The Creighton Model Fertility*Care* System: A Standardized Case Management Approach to Teaching: Book I: Basic Teaching Skills".)
20. _____ Follow-up by individual client/couple appointment.
21. _____ Pregnancy follow-ups.
22. _____ Introductory session evaluation forms.

USE OF TEACHING TOOLS AND FORMAT (Continued)

23. _____ Teacher evaluation form.
24. _____ Follow-up evaluation form.
25. _____ Follow-up on all protocols (B6, Vitamin C, Lactinex).
26. _____ Follow-up on case management of yellow stamps.
27. _____ Medical, psycho-social, spiritual problems and recommendations.
28. _____ Log book.
29. _____ Long-term follow-up.
30. _____ Information cards.
31. _____ Intention: use assessment.

Comment on each item on which your rating is less than a 5:

_____

_____

_____

_____

_____

_____

I HAVE READ THE FOLLOWING AND UTILIZE THEM AS A RESOURCE:

	YES	NO
Reproductive Anatomy and Physiology	_____	_____
The Creighton Model Fertility*Care* System: A Standardized Case Management Approach to Teaching - Book I: Basic Teaching Skills 2021 UPDATED Third Edition	_____	_____
The Creighton Model Fertility*Care* System: A Standardized Case Management Approach to Teaching - Book II: Advanced Teaching Skills 2021 UPDATED Second Edition	_____	_____

Attachment 2 page 2 of 2

ATTACHMENT 3

ACTUAL SATISFACTION AND CONFIDENCE RESPONSES OF YOUR CLIENT/COUPLES

(Standard 17.0)

	SATISFACTION									CONFIDENCE								
CLIENT ID NUMBER	FOLLOW-UP NUMBER 1 2 3 4 5 6 7 8									FOLLOW-UP NUMBER 1 2 3 4 5 6 7 8 8								
EXAMPLE #000000	W M	4 3	5 3	4 4	etc.					W M	4 3	5 3	3 3	etc.				
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								
	W M									W M								

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CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION?

_____ Copy of EP certificate or completion letter.

_____ Final exam grade sheet.

_____ ATTACHMENT #1: Case List.

_____ ATTACHMENT #2: Use of Teaching Tools and Format.

_____ ATTACHMENT #3: Satisfaction and Confidence Response.

_____ Payment Receipt

_____ Clients' tally of evaluations.

_____ List of referral sources.

_____ Copy of program statistics form. (Logbook, Census form, etc)

_____ Continuing education documentation.

_____ Statement regarding privacy, confidentiality and individualized instruction.

Has your letter of reference been requested? Yes:_____ No:_____

APPLICATION CAN BE PROCESSED ONLY AFTER RECEIPT OF ALL THE ABOVE ITEMS.

Email application and receipt to your Application Reviewer (see page 7 for instructions on obtaining the name of your Application Reviewer).

CERTIFICATION PROCESSING FEE IS NON-REFUNDABLE.