



**APPLICATION FOR
INITIAL
CERTIFICATION
FOR THE
FERTILITYCARE
PRACTITIONER**



Your Application Reviewer is here to help!
Please see page 7 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 FertilityCare Professionals

Application for Certification for the FertilityCare Practitioner

UNLESS OTHERWISE SPECIFIED, ALL REQUESTED INFORMATION APPLIES TO
CREIGHTON MODEL FERTILITYCARE.

APPLICANT:

NAME: _____

MAILING ADDRESS: _____

PHONE:() FAX:() _____

CELL:() _____

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. FERTILITYCARE 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. **FERTILITYCARE EDUCATION PROGRAMS ATTENDED:** (Continued)

- B. Please submit a copy of your certificate(s) awarded on completion of the program(s).
- 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 FertilityCare 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 FertilityCare 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 FertilityCare? 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 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 50 required.) (Standard 7.0)

How many of these were in the past 12 months? (Minimum of 10 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. Pregnancy information: **(for those clients entering program during field service component after passing the final exam)** (Standard 10.0)
1. Number of pregnancies in case list: _____
Number of pregnancy evaluations on your clients completed during field service component:

 2. Number of pregnancy evaluations completed:
In person _____ by correspondence _____ by telephone/video conference _____
 3. How many pregnancy evaluations were conducted in:
First trimester: _____ Second trimester: _____
Third trimester: _____ After delivery: _____
 4. List the number of pregnancies in each classification:
I _____ IIA _____ IIB _____ IIC _____ IID _____ III _____
 5. Were second pregnancy evaluations done for all class IIA or III pregnancies?
Yes: _____ No: _____
 6. List second pregnancy classifications for all class IIA or III Pregnancy Evaluations:
I _____ IIA _____ IIB _____ IIC _____ IID _____ III _____
- I. In order to assess your individualized case management, the Commission on Certification will select a case from your case list to be reviewed.

V. FIELD SERVICE - FORMAT: (Standards 11.0 - 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 11.2.1)
- C. Please enclose a statement describing the way in which you maintain individualized instruction, privacy and confidentiality. ***Sign and date.*** (Standard 12.2.1)

V. FIELD SERVICE - FORMAT: (Continued)

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

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 16.0 - 18.0)

- 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 tallies 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 **submit a photocopy of a completed form** for each area of statistics kept. (For example log book, census report form, etc.)

VII. REFERRALS: (Standard 19.0)

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

VIII. CONTINUING EDUCATION: (Standard 20.0)

- A. Please indicate continuing education programs attended, or studies completed. At least one continuing education credit is required each year after completing the program per the Standard
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. Minimum of 10 contact hours required for this choice. (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.
 - a. Application processing fee of \$100 for members and \$125 for non members can be made at www.aafcp.net under the tab "Certification".
2. 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.
3. 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. Only applications in a single file as outlined in the policy will be accepted.

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.
4. Arrange to have your letter of reference emailed directly to the Chairman at certification@aafcp.net

Name and email of Application Reviewer _____

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

ATTACHMENT #1

CASE LIST FOR RENEWAL OF CERTIFICATION

Please list the 10 clients seen in the past 2 years that best demonstrate your ability as a Practitioner 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.

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)	Assessment of: ____			Recommendations:			Review of: ____		
											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. Scheduling of Future Appts.	1. Client chart w/assessment & corrections (yes or no)	2. Discussion Points & Sexuality (Y/N)	Client Withdrawn (Y/N-reason)
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

USE OF TEACHING TOOLS AND FORMAT (Standard 11.0)

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 FertilityCare™ System (1st and 2nd Follow-ups).
2.	_____				
					The User Manual.
3.	_____				
					The introductory session.
4.	_____				
					The Creighton Model FertilityCare chart.
5.	_____				
					The Creighton Model FertilityCare 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 FertilityCare 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 2021	_____	_____
The Creighton Model Fertility <i>Care</i> System: A Standardized Case Management Approach to Teaching - Book I: Basic Teaching Skills 2021 UPDATED Third Edition	_____	_____
The Creighton Model Fertility <i>Care</i> System: A Standardized Case Management Approach to Teaching - Book II: Advanced Teaching Skills 2021 UPDATED Second Edition	_____	_____

ACTUAL SATISFACTION AND CONFIDENCE RESPONSES OF YOUR LAST 10 CLIENT/COUPLES
(Standard 17.0)

	SATISFACTION									CONFIDENCE										
CLIENT ID NUMBER	FOLLOW-UP NUMBER									FOLLOW-UP NUMBER										
		1	2	3	4	5	6	7	8			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										
	W M									W M										

CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION?

- _____ Copy of Education Program certificate of completion
- _____ Final exam grade sheet.
- _____ ATTACHMENT #1: Case List.
- _____ ATTACHMENT #2: Use of Teaching Tools and Format.
- _____ ATTACHMENT #3: Satisfaction and Confidence Response.
- _____ Payment Receipt
- _____ Tally of responses of evaluations (Intro, Teacher, and Follow up)
- _____ List of referral sources.
- _____ Copy of program statistics form.
- _____ 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