



**APPLICATION FOR
RENEWAL OF
CERTIFICATION OF
THE FERTILITYCARE
INSTRUCTOR**



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 FertilityCare Professionals

Application for Certification for the FertilityCare Instructor

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

APPLICANT:

NAME: _____

HOME

ADDRESS: _____

(Street)

(City)

(State) (Zip)

HOME

PHONE:(_____) _____ FAX:(_____) _____

EMAIL _____

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

I. NAME OF YOUR SERVICE DELIVERY PROGRAM:

NAME: _____

ADDRESS: _____

(Street)

(City)

(State) (Zip)

PHONE:(_____) _____

DATE OF NFP EMPLOYMENT: _____

SUPERVISOR'S NAME: _____

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 CNFPMC, 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 NFP 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. FertilityCare 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 _____

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. FIELD SERVICE - FORMAT: (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 |
|--------|-----|----|------|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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.
2. _____ Attendance at AAFCP annual meetings.
3. _____ Attendance at other Academy approved meetings.
4. _____ ***"The Medical and Surgical Practice of NaProTechnology"*** by Thomas W. Hilgers, MD. On a separate sheet, please document which pages you read.
5. _____ Review of audio/video tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice Attach documentation form which can be found on our website.
6. _____ Completion of other Academy approved continuing education programs of study.

| 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 \$75 can be made at www.aafcp.net under the tab "Certification". Please email a copy of your PayPal receipt to the Chairman at aafcp.coc.chairman@gmail.com. If you cannot use PayPal and must mail a check, please contact the Chairman at aafcp.coc.chairman@gmail.com 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.

3. Arrange to have your letter of reference emailed directly to the Chairman at aafcp.coc.chairman@gmail.com.

Name and email of Application Reviewer _____

CERTIFICATION PROCESSING FEE (\$75) IS NON-REFUNDABLE

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 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 | _____ | _____ |
| The Creighton Model FertilityCare System: A Standardized Case Management Approach to Teaching - Book I: Basic Teaching Skills | _____ | _____ |
| The Creighton Model FertilityCare System: A Standardized Case Management Approach to Teaching - Book I: Advanced Teaching Skills | _____ | _____ |

ACTUAL SATISFACTION AND CONFIDENCE RESPONSES OF YOUR 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 |
| 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 | | | | | | | |

CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION?

- _____ Copy of certificate or certification letter.
- _____ Final exam grade sheet.
- _____ ATTACHMENT #1: Case List.
- _____ ATTACHMENT #2: Use of Teaching Tools and Format.
- _____ ATTACHMENT #3: Satisfaction and Confidence Response.
- _____ Certification fee (\$75) check payable to AAFCP or PayPal receipt emailed to aafcp.coc.chairman@gmail.com (Paypal is preferable.)
- _____ Clients' tally of evaluations.
- _____ Photocopy of list of referral sources.
- _____ Photocopy 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.