



**AMERICAN ACADEMY OF
FERTILITYCARE PROFESSIONALS**

**APPLICATION FOR
THE
CERTIFICATION
OF THE
FERTILITYCARE
SUPERVISOR**



Your Application Reviewer is here to help!
Please see page 5 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 Supervisor

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

APPLICANT:

NAME: _____

HOME

ADDRESS: _____

(Street) (City) (State) (Zip)

HOME

PHONE: () FAX: () _____

EMAIL: _____

- I. NAME OF YOUR SERVICE DELIVERY PROGRAM:** (This refers to the
program in which you do your client Follow-ups.)

NAME: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE: () _____

DATE OF NFP EMPLOYMENT: _____

SUPERVISOR'S NAME: _____

II. FERTILITYCARE SUPERVISOR PROGRAM ATTENDED:

1. NAME: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE: () _____

PROGRAM

DIRECTOR: _____ SUPERVISOR: _____

DATE SATISFACTORILY COMPLETED EDUCATION PROGRAM: _____

2. Please submit a copy of your certificate awarded on completion of
the program, or certification letter. (Standard 3.2.1)

III. NAME OF EDUCATION PROGRAM(S) WITH WHICH YOU ARE ASSOCIATED:

(if applicable)

1. NAME: _____

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

PHONE: () _____

PROGRAM MEDICAL
DIRECTOR: _____ DIRECTOR: _____

2. NAME: _____

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

PHONE: () _____

PROGRAM MEDICAL
DIRECTOR: _____ DIRECTOR: _____

IV. 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, CFCEI, or CNFPMC, in that order of preference, and may not be from a relative. (Standard 1.2.2)

V. PREREQUISITE CERTIFICATION: (Standards 2.0 - 4.0)

Please send a copy of your Certificate, or Certification letter of your most recent Certification as a FertilityCare Practitioner. (Standard 2.2.1)

VI. SUPERVISOR PRACTICE: (Standards 4.0 - 7.0)

- A. List all other models of NFP that you have taught during the past year, and the percentage of clients taught in that model: (Standard 4.2.1)

MODEL	PERCENTAGE OF CLIENTS
_____	_____
_____	_____
_____	_____

Comment: _____

- B. Do you understand that Certification, if received, will be only for Creighton Model?

Yes: _____ No: _____

- C. List all other education models of NFP (other than Creighton Model) that you have taught in the past year, and the number of students in each model: (Standard 4.2.1)

MODEL	# OF STUDENTS	PROGRAM DIRECTOR

Please explain your role in the above: _____

- D. Please enclose a statement describing the way in which you **maintain**, or **would maintain**, confidentiality, privacy and individualized instruction of **students** during the education process. **Sign and date.** (Standard 7.2.1)

VI. SUPERVISOR PRACTICE: (Continued)

- F. If you are two years beyond satisfactory completion of an Academy accredited education program for FertilityCare Supervisors, please contact the Chairman, Commission on Certification for information concerning an evaluation - not necessarily in person - which would include an interview conducted by an individual approved by the Academy, along with some documentation of your ability to perform in a Supervisor's role. (Standard 5.2.2 and 6.2.2)
- G. At the discretion of the Commission on Certification, an evaluation of the applicant may include an evaluation by an individual approved by the Commission. (Standard 5.2.1.1 and 6.2.1.1)

VII. CONTINUING EDUCATION: (Standard 8.0)

- A. If it has been two years or more beyond the satisfactory completion of your Supervisor Program, you must demonstrate participation in at least one continuing education experience related to the activities of a FertilityCare Supervisor. (Standard 8.2.1.1)

Check any that apply:

- 1. _____ The education of students.
- 2. _____ Administration of programs.
- 3. _____ Development of supervisory skills.
- 4. _____ Development of skills to enhance the theoretical and clinical aspects of students education.
- 5. _____ Completion of other Academy approved Continuing Education Programs of study that are related to a FertilityCare Supervisor.
- 6. _____ **"The Medical And Surgical Practice of NaProTechnology"** by Thomas W. Hilgers, MD.
(Indicate documentation form listing which pages you read.)
- 7. _____ Review of Audio/Video Tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice. Include documentation form which can be found on our website.

- 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. 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.

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

CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION:

- _____ Copy of your Practitioner certificate or letter of certification
- _____ Copy of certificate or certification letter as an Supervisor from the Pope Paul VI Institute.
- _____ Statement on confidentiality of individualized teaching.
- _____ Letter of reference requested regarding adherence to Code of Ethics emailed directly to Commission on Certification Chairman at aafcp.coc.chairman@gmail.com
- _____ Proof of continuing education.
- _____ Certification Fee (\$75) payable to AAFCP or Paypal receipt.

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