



**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.

# Academy of FertilityCare Professionals Application for Renewal of Certification for the FertilityCare Instructor

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

**APPLICANT:**

NAME: \_\_\_\_\_  
HOME  
ADDRESS: \_\_\_\_\_  
                                (Street)                                (City)                                (State)                (Zip)  
HOME  
PHONE: (         )                                  FAX: (         ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**I. NAME OF YOUR SERVICE DELIVERY PROGRAM:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
                                (Street)                                (City)                                (State)                (Zip)  
PHONE: (         )                                  FAX: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_

Please submit a copy of your current AAFCP certification, or  
letter verifying when certification was achieved through the  
Academy. (Standard 2.0)

**II. CODE OF ETHICS:** (Standard 1.0)

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)

\_\_\_\_\_                                  \_\_\_\_\_  
(Date)    (Signature)

**III. FIELD SERVICE - TEACHING:** (Standards 4.0 - 9.0)

A. Are you currently teaching FertilityCare™? Yes: \_\_\_ No: \_\_\_\_\_

1. Dates of active teaching since date of most recent Academy certification as a practitioner:

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.

B. Do you understand that renewal of certification will be only for Creighton Model FertilityCare?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

MODEL	PERCENTAGE OF CLIENTS
_____	_____
_____	_____
_____	_____

**(ITEMS BEYOND THIS POINT REFER ONLY TO CREIGHTON MODEL.)**

D. Please complete the enclosed Case List for minimum of 3 new clients entering your program in the last 2 years: (ATTACHMENT #1). These 3 clients must have had a combined minimum total of 10 follow ups. (Standard 6.2.2)

E. Number of new clients instructed in the past 2 years (Introductory Session and at least one Follow-up) (minimum of 3 required):

\_\_\_\_\_

F. Number of Follow-ups conducted in the past 2 years (minimum of 10 required):

\_\_\_\_\_

G. Number of Introductory Sessions conducted in the past 2 years (minimum of 2 required): (Standard 7.0)

\_\_\_\_\_

**III. FIELD SERVICE - TEACHING:** (Continued)

H. FertilityCare affiliate: (Standard 9.2.1)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Geographic proximity of FCP to you (number of miles) \_\_\_\_\_

I. Cases referred to your FCP affiliate (such as pre-Peak yellow stamps, post-Peak yellow stamps for peak-type mucus, advanced behavioral issues, pregnancy evaluations and other advanced cases.): (Standard 10.2.1)

CASE #	REFERRAL REASON	DATE	PE CLASSIFICATION
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**IV. TEACHING CREDITS:** (Standard 3.0)

Ten credits are required. At least three must be obtained by teaching 3 new clients in the past two years.

I have obtained 10 teaching credits for Renewal of Certification in the following way(s):

1. Direct teaching of 3 credits \_\_\_\_\_  
3 new clients.  
(Include each on  
ATTACHMENT #1 Case List.)
2. Direct teaching of 1 client = \_\_\_\_\_  
4-10 new clients. 1 credit  
(Include each on  
Case List.)

**NOTE:** If you have claimed all 10 credits by listing 10 new clients proceed to Section V, page 6. Obtaining teaching credits through direct teaching of client/couples is the preferred means of meeting Standard 3.0. (Standard 3.2.1)

**IV. TEACHING CREDITS: (Continued)**

If additional credits are needed, choose from the following options: (Standard 3.2.2)

- 3. Case conference discussion with a FCP related to advanced case management and/or pregnancy evaluations.

5 Hours = 1 Credit

	Type of Discussion	# of Hours	Dates
a.			
b.			
c.			
d.			
e.			
f.			

	HOURS	CREDITS
TOTAL	_____	_____

- 4. Formal outreach or professional presentations.

10 Hours = 1 Credit

	Type of Outreach or presentation	# of Hours	Dates
a.			
b.			
c.			
d.			
e.			
f.			

	HOURS	CREDITS
TOTAL (3)	_____	_____

5. NFP Activities: 20 Hours = 1 Credit

	HOURS	CREDITS
a. NFP Administrative activities	_____	_____
b. NFP Nursing related work (3 CR MAX)	_____	_____
c. NFP Fund Raising activities (3 CR MAX)	_____	_____
d. Research in NFP	_____	_____
e. List similar NFP activity (Attach Documentation)		
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
TOTAL	_____	_____

6. Attendance at an Annual Meeting of AAFCP (attach documentation). 1 Meeting = 2 Credits.

CREDITS \_\_\_\_\_

7. Review of audio/video tapes of AAFCP approved continuing education programs. 10 Contact Hours = 1 Credit (4 CR MAX) Include documentation form for each.

TOTAL	HOURS	CREDITS
_____	_____	_____
_____	1 NFPMCI=1 credit	_____
_____	1 FCPI=2 credits	_____
_____	1 FCSI=3 credits	_____
_____	1 FCEI=3 credits	_____
		CREDITS
TOTAL (8)		_____

**SUM TOTAL OF TEACHING CREDITS CLAIMED (1-8)** \_\_\_\_\_

**V. FIELD SERVICE - FORMAT:** (Standards 10.0 - 14.0)

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

- 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. The Commission on Certification may select a case from your Case List to be reviewed, in order to assess your individualized case management.

- E. Is the teaching schedule maintained at appropriate intervals as recommended by Creighton Model? (Standard 14.0)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- F. For long term follow-up, do you document that you have attempted twice to schedule a follow-up appointment before considering the client inactive unless they indicate desire for no further follow-up? (Standard 15.2.1 - 15.2.2)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**VI. FIELD SERVICE - DATA:** (Standards 16.0 - 18.0)

- A. Do you keep an annual tally of responses of the evaluations by clients of their teacher and follow-up sessions? (Standard 16.2.1) Include tallies for each.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- B. Do you review on a follow-up by follow-up basis, satisfaction and confidence responses of new clients taught? (Standard 17.2.1) Include completed Attachment #3)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

- C. Do you keep statistics for your service program, including the number of follow-ups, pregnancy evaluations, demographic data, client population, etc., as prescribed by Creighton Model? (Standard 18.0) Include copies of log book, census report forms, etc.

Yes: \_\_\_\_\_ No: \_\_\_\_\_



**VII. REFERRALS:** (Standard 19.0)

Do you maintain a list of the resources you utilize for all areas of referral? (Please include your list of referrals.)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**VIII. CONTINUING EDUCATION:** (Standard 20.0)

A. Please indicate continuing education programs attended or studies completed **WITHIN PAST TWO (2) YEARS.**

Indicate the number of times for each area that applies:

1. \_\_\_\_\_ Participation at staff conferences.
2. \_\_\_\_\_ Attendance at AAFCP annual meetings.
3. \_\_\_\_\_ Attendance at other Academy approved meetings.
4. \_\_\_\_\_ *"The Medical and Surgical Applications of NaProTechnology"* by Thomas W. Hilgers, MD. (Complete and include documentation form
5. \_\_\_\_\_ Review of audio/video tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice.
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 certificates 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](http://www.aafcp.net) under the tab "Certification".  
Please email a copy of your PayPal receipt to the Chairman at [aafcp.coc.chairman@gmail.com](mailto: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](mailto: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.**

Name and email of Application Reviewer \_\_\_\_\_

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

**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 FertilityCare System chart.			
5.	_____				
		The FertilityCare follow-up form.			
6.	_____				
		The observational 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.			

**USE OF TEACHING TOOLS AND FORMAT (Continued)**

- 20. \_\_\_\_\_ Individual follow-up.
- 21. \_\_\_\_\_ Pregnancy follow-ups.
- 22. \_\_\_\_\_ Introductory session evaluation form.
- 23. \_\_\_\_\_ Teacher evaluation form.
- 24. \_\_\_\_\_ Follow-up evaluation form.
- 25. \_\_\_\_\_ Follow-up on all protocols (yellow stamps, 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:

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### **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.

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