



**AMERICAN ACADEMY OF
FERTILITYCARE PROFESSIONALS**

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



Your Application Reviewer is here to help!
Please see page 6 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 Renewal of Certification for the Fertility*Care* 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: _____

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)

V. PREREQUISITE CERTIFICATION: (Standards 2.0 - 3.0)

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: _____

VI. SUPERVISOR PRACTICE: (Continued)

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)

E. Please submit a statement attesting to the fact that you have taken responsibility for planning each student's program of education (based on the Academy accredited core curriculum), as well as implementing, supervising, and evaluation for the purposes of accomplishing a competent student management and maintenance of adequate records. If you have not participated in an education program, a statement attesting to your intention to adhere to this standard, should you participate in such a program, must be included. **Sign and date.** (Standard 5.2.1)

F. Please submit a statement attesting to the fact that you have taken responsibility for the utilization and understanding of the Creighton model education program core curriculum content, format, teaching tools and techniques. If you have not participated in an education program, a statement attesting to your intention to adhere to this standard, should you participate in such a program, must be included. **Sign and date.** (Standard 6.2.1)

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.

VII. FIELD SERVICE: (Standard 8.0)

Please select 2 field service requirements from category A, or 1 field service requirement from category B. (Standard 8.2.2)

CATEGORY A

1. ___ Review of at least 5 cases submitted for comment by a colleague, specifically in the areas of advanced case management or pregnancy evaluation.
2. ___ Conduct one continuing education activity at the Annual Meeting of the AAFCP.
3. ___ Conduct one NFP related continuing education session for colleagues, other professionals, students, etc.
4. ___ Serve as Director of a Natural Family Planning service delivery program.
5. ___ Serve on a community taskforce, or community advisory board, etc., which utilizes the individual's NFP related knowledge and skills.
6. ___ Participate as a member of the faculty of an Academy accredited NFP education program.

CATEGORY B

1. ___ Publish a research project in natural family planning.

VIII. CONTINUING EDUCATION: (Standard 8.0)

- A. Please select on of the following continuing education requirements. (Standard 9.2.1.1)

Continuing education may be accomplished through attendance at programs related to:

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 student's 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.
(Include Documentation Form)
7. _____ Review of Audio/Video Tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice.
(Include Documentation Form that 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.

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 certificate or certification letter as a

Practitioner.

_____ Copy of certificate or certification letter as an Supervisor.

_____ Statement on confidentiality of individualized teaching.

_____ Statement on student management.

_____ Statement on use of Core Curriculum.

_____ Proof of continuing education.

_____ Certification Fee (\$75).