



AMERICAN ACADEMY OF
FERTILITYCARE™ PROFESSIONALS

APPLICATION FOR
FERTILITYCARE™ CENTER OF
EXCELLENCE APPROVAL
OF A
FERTILITYCARE™ CENTER

American Academy of FertilityCare™ Center of Excellence

APPLICATION

FOR FERTILITYCARE™ CENTER OF EXCELLENCE APPROVAL

Note: This application conforms to the standards, rationales and assessments of the Standards for FertilityCare™ Center of Excellence Approval. Please refer to those Standards for further information.

NAME OF FERTILITYCARE™ CENTER: _____

MAILING ADDRESS: _____

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

TELEPHONE: country code ____+(____)_____ DATE PROGRAM BEGAN:

NAME OF CENTER DIRECTOR: _____

MAILING ADDRESS: _____

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

TELEPHONE:CELL country code ____+(____)_____

DATE OF APPLICATION: _____

I. CODE OF ETHICS: (Standard 1.0)

A. I (Center Director) have read and agree to accept and adhere to the Code of Ethics of the American Academy of FertilityCare™ Professionals.

(Signature)

(Date)

II. PROVIDER'S CERTIFICATION: (Standard 2.0)

A. Please submit, as a part of this application, a copy of the current certificate or letter verifying certification by the American Academy of FertilityCare™ Professionals for all the individuals who provide FertilityCare™ services in your center.

- B. Please provide verification that all uncertified FertilityCare™ providers in your center, are *in* the process of applying for AAFCP professional certification.

In narrative form describe the individual's current education status, their progress in the education program they are currently participating in (if applicable) and what progress *is* or *is* not being made with regard to progress toward certification. If a person has graduated from an Academy approved education program but *is* not making progress toward certification, please understand that for your FertilityCare™ center to receive Academy approval, that individual will no longer be eligible to teach in your center.

III. **PROGRAM DIRECTOR'S CERTIFICATION** (Standard 3.0)

- A. Please submit the identity of the individual who is director for your FertilityCare™ center and also outline his/her education background in FertilityCare™ services.
- B. Please submit verification of the FertilityCare™ center director's current certification.
- C. Please submit verification of active membership in the Academy for the FertilityCare™ center's director.

IV. **MODEL SPECIFICITY:** (Standard 4.0)

- A. For what AAFCP model of natural family planning are you requesting FertilityCare™ Center of Excellence approval?

- B. Please identify any other models of natural family planning service you are involved in:

- C. I (Center Director) attest to the complete understanding that an Academy FertilityCare™ Center of Excellence approval applies only to those activities which are part of an Academy approved model of FertilityCare™.

(Signature - FertilityCare™ Center Director)

(Date)

V. **FERTILITYCARE™ CENTER LOCATION:** (Standard 5.0)

- A. Please submit a written description of the organization and structure of the FertilityCare™ center, including all institutional affiliations of the center.
- B. Please provide documentation of the institutional support for the Academy's Standards and Code of Ethics.

VI. **PROVIDER RECORDS AND SUPPLEMENTARY MATERIALS:** (Standard 6.0)

- A. I (Center Director) attest to the fact that all FertilityCare™ center records are properly maintained in accord with Academy approved model.

(Signature - FertilityCare™ Center Director)

(Date)

- B. I (Center Director) attest to the fact that all teaching materials provided at the teaching sessions are consistent with the Academy approved materials.

(Signature - FertilityCare™ Center Director)

(Date)

- C. I (Center Director) attest to the fact that all supplementary materials are provided to the client-couple through a case management defined need (in other words, all supple-

mentary materials are provided to the client-couple on the basis of need established through meeting a specific situation/problem).

(Signature - FertilityCare™ Center Director)

(Date)

VII. **GOALS AND OBJECTIVES** (Standard 7.0)

- A. Please submit, as a part of this application, the FertilityCare™ center's current goals and objectives (please find enclosed with this application, an example of how these goals and objectives should be written and submitted).

VIII. **SERVICE PROGRAM POLICIES** (Standard 8.0)

- A. Please submit, as a part of this application, the current administrative policies and procedures for the FertilityCare™ center. Also submit a written description of how these policies and procedures are distributed within the FertilityCare™ center (please see enclosed example of the form that these policies and procedures should take).

IX. **DURATION OF ACADEMY APPROVAL:** (Standard 9.0)

- A. I (Center Director) understand that approval, if granted, for this FertilityCare™ center is granted for four years.

(Signature - FertilityCare™ Center Director)

(Date)

- B. If this application is for **renewal** of FertilityCare™ Center of Excellence Approval, please submit a copy of the letter which granted the center's previous FertilityCare™ center of excellence approval (or your certification).

X. **FERTILITYCARE™ CENTER ADVERTISING:** (Standard 10.0)

- A. Please submit all brochures, newsletters, advertisements, letterhead or other public relations items which are related to your FertilityCare™ center for review.

XI. **ACADEMY LOGO:** (Standard 11.0)

- A. I (Center Director) agree to accept, without alteration, the official Academy logo and Academy statement for public use.

(Signature - FertilityCare™ Center Director)

(Date)

XII. **ACCEPTANCE OR REJECTION OF APPLICATION:** (Standard 12.0)

- A. The decision for the acceptance or the rejection of FertilityCare™ Center of Excellence approval is based upon the FertilityCare™ center's demonstrated compliance with the Standards for FertilityCare™ Centers of Excellence.
- B. Notification to the FertilityCare™ center of acceptance or rejection of FertilityCare™ Center of Excellence approval will include written, objective criteria upon which the decision was based.
- C. Binding recommendations may be made to the FertilityCare™ center which may be appended to the approval or rejection decision.

FINAL SIGNATURES:

To the best of my knowledge and ability, the information provided in this application is true and accurate.

(Signature - FertilityCare™ Center Director)

(Date)

NOTARIZED BY: _____

Please submit application to:

Jeanice Vinduska, CFCE

Chairman, Commission on FertilityCare™ Centers of Excellence

3117 Mynard Road

Plattsmouth, NE 68048

Please enclose with your application the non-refundable \$75 application fee made payable to: American Academy of FertilityCare™ Professionals (AAFCP).

If your FertilityCare™ center is approved, the following will be provided to your center:

1. Certificate recognizing your achievement.
2. Free Organizational Membership for one year in the American Academy of FertilityCare™ Professionals.
3. Use, without alteration, of the Academy logo/Academy statement.
4. A ten percent (10%) discount on all Academy materials.
5. Written notification of your center's achievement, from Chairman of the Commission on FertilityCare™ Centers Excellence, to three individuals organizations of choice (please list):

1.

2.

3.

6. Announcement of your FertilityCare™ Center of Excellence approval in the President's monthly email.

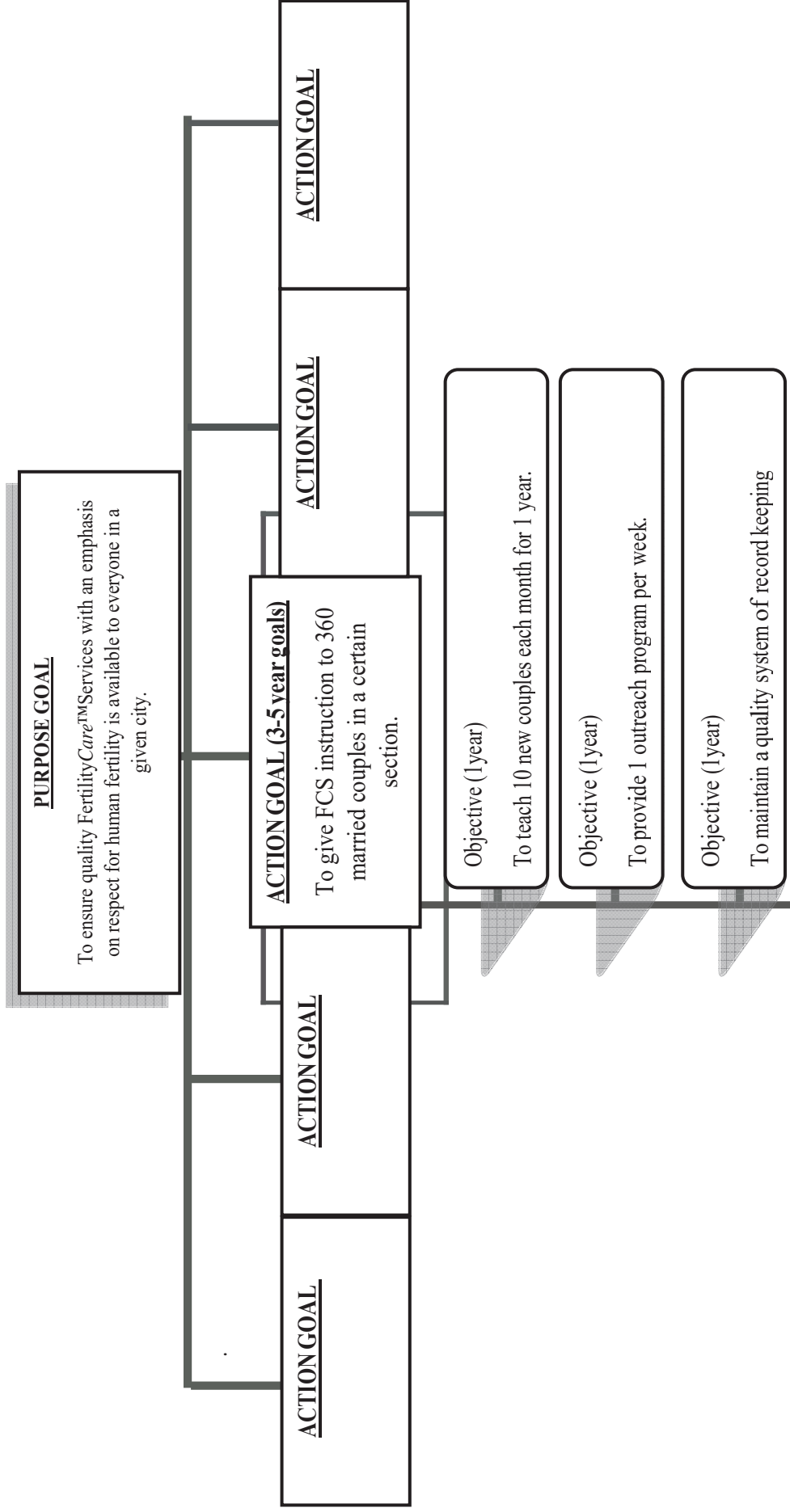
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American Academy of FertilityCare™ Professionals

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FERTILITYCARE™ CENTER OF EXCELLENCE APPROVAL GOALS AND OBJECTIVE

SAMPLE





POLICY: XVIII-1
 SECTION: POLICY & PROCEDURE
 EFFECTIVE DATE: 09/1984
 REVISION LEVEL: 01
 REVISION DATE: 01/2009

POLICY AND PROCEDURE

Name of Policy/Procedure: POLICY AND PROCEDURE – GENERAL USE

Purpose: To ensure a standardized and ongoing process of operation for the Academy

1. Definitions

- A. **Policy:** Policy is a definite course or method of action in light of given conditions to guide and determine present and future decisions.
- B. **Procedure:** Procedure is a particular way of accomplishing something, or of acting.

2. General Guidelines

- A. A Policy and Procedure is considered a dynamic process.
- B. A Policy and Procedure gives complete thoughts so the reader has direction on how to accomplish a task.
- C. Policies and Procedures are considered standard operations for the Academy.
- D. The President-Elect is responsible for maintaining the Policy and Procedure Manual.
- E. The President-Elect is responsible for assistance in developing new, as well as revision of old, policies and procedures.
- F. Anyone can write a policy and procedure who has inherent authority, or inherent responsibility, for an area.
- G. A non-Board member may write a policy and procedure, but must enter this policy and procedure through the standard review process for a new policy and procedure. Must use same formatting font, font size, etc as found in this document.



POLICY AND PROCEDURE

Name of Policy/Procedure: POLICY AND PROCEDURE – GENERAL USE

Purpose: To ensure a standardized and ongoing process of operation for the Academy

3. Specific Guidelines

- A. The policy and procedure includes the Name, Purpose, and specific directions on accomplishment of the activity or intention of the policy and procedure.
- B. The American Academy of FertilityCare™ Professionals Policy and Procedure forms are used as such; (Attachment #1) is for the Policy and Procedure, (Attachment #2) is used for forms particular to that policy. Attachment #1 includes:
 - i. Name;
 - ii. Purpose;
 - iii. Policy Number;
 - iv. Section Number;
 - v. Effective Date;
 - vi. Revision Level and Revision Date are revised after approval at a BOD’s meeting
 - vii. Descriptive Text of the actual activity or intention of the policy and procedure
 - viii. Areas Effected
 - ix. Originator of the policy and procedure; and
 - x. Signature of current President of Board at time of approval
 - xi. See attachment for appropriate font and font sizes
- C. Bylaws references are included in the text of the policy and procedure where appropriate.
- D. The numbering system for a policy and procedure is a 1, 2, 3 numbering system, and a more detailed outline type numbering system (1., A., i., a), depending on the complexity of the policy and procedure.

Areas effected: Board of Directors, Committee Chair, Members

Originated by: Ann M. Prebil, RN, CNFPE, President-Elect

Approved by: Board of Directors