



APPLICATION  
FOR  
CERTIFICATION  
OF  
THE  
**FertilityCare**  
EDUCATOR



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 Educator

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 EDUCATOR 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, CFCI, 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. **EDUCATOR 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. EDUCATOR PRACTICE:** (Continued)

- F. If you are two years beyond satisfactory completion of an Academy accredited education program for FertilityCare Educators, please contact the Chairman, Commission on Certification for information concerning an evaluation - not necessarily in person - which would include an interview conducted by a Certified FertilityCare Educator along with some documentation of your ability to perform in an Educator'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 a Certified FertilityCare Educator 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 Educator Program, you must demonstrate participation in at least one continuing education experience related to the activities of a FertilityCare Educator. (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 Educator.
- 6. \_\_\_\_\_ **"The Medical and Surgical Practice of NaProTechnology"** by Thomas W. Hilgers, MD (Use the Doc. Sheet for AAFCP Cont. Education Credits. Min. 10 chap. req'd for this choice.)
- 7. \_\_\_\_\_ 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.

- 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 **certification@aafcp.net**. If you cannot use PayPal and must mail a check, please contact the Chairman at **certification@aafcp.net** 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 **certification@aafcp.net**

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

**CERTIFICATION PROCESSING FEE OF (\$75) IS NONREFUNDABLE**

**CHECK LIST FOR APPLICANT**

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION?

- \_\_\_\_\_ Copy of certificate or certification letter.
- \_\_\_\_\_ Final exam grade sheet.
- \_\_\_\_\_ Certification fee (\$75 check payable to AAFCP or email PayPal receipt to aafcp.coc.chairman@gmail.com
- \_\_\_\_\_ 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.