



APPLICATION FOR
RENEWAL OF
CERTIFICATION
OF THE
FertilityCare
PRACTITIONER



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.

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 and no more than 10 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 and no more than 10, please:

- 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. Pregnancy Information (for those clients **entering program** in last 2 years): (Standard 9.0)

1. Number of pregnancies in case load within the last 2 years:

Number of pregnancy evaluations completed in the last 2 years:

2. Numbers of Pregnancy Evaluations completed:

In Person _____ By Correspondence _____ By Telephone _____

3. List the number of pregnancies in each classification:

I _____ IIA _____ IIB _____ IIC _____ IID _____ III _____

4. Were second pregnancy evaluations done for all class IIA or III pregnancies?

Yes: _____ No: _____

5. List second pregnancy classifications for all class IIA or III Pregnancy Evaluations:

I _____ IIA _____ IIB _____ IIC _____ IID _____ III _____

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

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)
PLEASE NOTE: Credits claimed as teaching credits may not be used as continuing education credits.

3. 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) _____

4. NFP Activities: 20 Hours = 1 Credit

	HOURS	CREDITS
a. CrM Administrative activities (1 CR MAX)	_____	_____
b. CrM Nursing related work (2 CR MAX)	_____	_____
c. CrM Fund Raising activities (1 CR MAX)	_____	_____
d. Research in CrM (attach documentation)	_____	_____
e. Academy approved Staff Conferences (much include CrM case presentation, teaching review, etc. w/mtg. minutes)	_____	_____
f. Other CrM Activities (w/documentation)		
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
TOTAL	_____	_____

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

CREDITS _____

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 11.2.1)
- 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 13.0)
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 14.2.1 - 14.2.2)
Yes: _____ No: _____

VI. FIELD SERVICE - DATA: (Standards 15.0 - 19.0)

- A. Do you keep an annual tally of responses of the evaluations by clients of their teacher and follow-up sessions? (Standard 15.2.1)
Yes: _____ No: _____
- B. Do you review on a follow-up by follow-up basis, satisfaction and confidence responses of new clients taught? (Standard 16.2.1)
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 17.0)(Attach copies of each.)
Yes: _____ No: _____

VII. **REFERRALS:** (Standard 18.0)

Do you maintain a list of the resources you utilize for all areas of referral? Please attach list.

Yes: _____

No: _____

VIII. **CONTINUING EDUCATION:** (Standard 19.0)

A. Please indicate continuing education programs attended or studies completed **WITHIN PAST TWO (2) YEARS**. Standard states that one continuing education credit should be earned each year. PLEASE NOTE: Credits claimed as Teaching Credits in Section IV. may not be claimed as continuing education credits.

1. _____ Participation at staff conferences. (Must include CrM case presentation, teaching review, Annual Meeting presentation review, etc. Attach mtg. minutes.)
2. _____ Attendance at AAFCP annual meetings. (Counts as 2 credits)
3. _____ Attendance at other Academy approved Meetings (Attach the **Documentation Sheet for AAFCP Continuing Education Credits** found on the website.)
4. _____ **"The Medical and Surgical Practice of NaProTechnology"** by Thomas W. Hilgers. (Use the **Documentation Sheet for AAFCP Continuing Education Credits** found on the website to indicate chapters read. Minimum of 10 chapters required for this choice.)
5. _____ Review of audio/video tapes from AAFCP Annual Meeting (Attach the **Documentation Sheet for AAFCP Continuing Education Credits** found on the website.)
6. _____ Completion of other Academy approved continuing education program of study (Attach the **Documentation Sheet for AAFCP Continuing Education Credits** found on the website.)

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 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. 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

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 NEVER (0%)	2 RARELY (25%)	3 SOMETIMES (50%)	4 USUALLY (75%)	5 ALWAYS (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:

CHECK LIST FOR APPLICANT

HAVE YOU ENCLOSED WITH YOUR APPLICATION, THE FOLLOWING:

- _____ Copy of certificate or certification letter. ATTACHMENT #1:
- _____ Case List.
- _____ ATTACHMENT #2: Use of Teaching Tools and Format. Certification
- _____ Fee (\$75 . Or Paypal Receipt
- _____ Statement and/or documentation of teaching credits.
- _____ Continuing education documentation.
- _____ Statement regarding privacy, confidentiality and individual instruction.

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

Mail or email application and \$75 00 check payable to AAFCP or Paypal receipt to your Application Reviewer (see page 8 for instructions on obtaining the name of your Application Reviewer).

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