

Magnolia FertilityCare
CREIGHTON MODEL FertilityCare™ System
EDUCATION PROGRAM
Program Director – Cathryn Marshall

**FERTILITYCARE PRACTITIONER
AND INSTRUCTOR APPLICATION**

Louisville, Kentucky
EPI: _____ EPII (Practitioners): _____

Please indicate the program for which you are applying:

Practitioner

Instructor

Refresher (Practitioner)

Directions:

Fill out application completely. See the last page for forwarding instructions and application fees.

Date _____ **SS#** _____

1. **Name** (Print) _____
Last First Middle

2. **Date of Birth** _____ **Age** _____ **Sex** _____

3. **Home Address** _____
Number and Street (P.O. Box)

City	State	Zip/Postal Code	Country
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4. **Mailing Address** _____
(If different from home address) Number and Street (P.O. Box)

City	State	Zip/Postal Code	Country
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5. **Telephone Home** (_____) _____ **Work** (_____) _____
(If outside the USA, please indicate country code and city code.)

Home Fax (_____) _____ **Work Fax** (_____) _____
(If outside the USA, please indicate country code and city code.)

6. **Email** _____

7. **Religion** _____ 8. **Citizen of** _____

9. **Ethnic Origin** _____ 10. **Your primary language is:** _____

11. **Do you speak a second Language?** Yes _____ No _____
If yes, please identify language _____

12. **Spouse's Name** _____
Last First Middle

13. **Number of Children** _____ **Ages:** _____

14. **EDUCATION HISTORY:** Directions: Give a complete list of **all** educational institutions which you have attended and are currently attending.

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	INITIALS OF EDUCATIONAL DIPLOMA/DEGREE
High School:		From – To	
Trade or Vocational Schools:		From - To	
College or University:		From - To	
Graduate or Professional:		From - To	
Postgraduate or Professional:		From - To	

FAMILY PLANNING INVOLVEMENT

18. Have you worked in any of the following capacities in a Natural Family Planning (NFP) Program?

TITLE	YES	NO	FULL OR PART TIME	DATES From - To
Medical Advisor				
Nurse Practitioner				
Program Director				
Teacher Coordinator				
Secretary/Bookkeeper				
Consultant				
Other				

Primarily "paid" or "volunteer"? _____

NOTE: If you answered "No" to all portions of #18, skip #19 – 31.

19. Where have the NFP Services been provided?

LOCATION	TITLE (See #17)	SPACE RENTED OR DONATED
Private Home		
Public Building		
Church Premises		
Social Agency		
Hospital		
Independent NFP Center		
Public Health Clinic		
Public Family Planning Clinic		
Other		

20. In what method(s) of Natural Family Planning do (did) you commonly provide instruction?

21. What other method(s) of family planning do you (did) you recommend to clients?

22. Which of the following educational formats do (did) you commonly use?

- a. Introductory Lectures
- b. Follow-up Interviews
- c. Phone Advising/Counseling
- d. Correspondence Counseling

If you marked a and/or b, were these individual or group? _____

23. Which of the following practices do/did you encourage?

- a. Client continuing with same teacher
- b. Attendance at session(s) by Spouse/partner/fiancé
- c. Conference with other teachers to discuss difficult cases
- d. Referral for medical and/or counseling services when necessary

24. Have you had a physician working with you (at all) in your NFP work? Yes _____ No _____

If yes, explain the physician's role.

25. If a physician has worked with you, give name and address of physician.

26. What form of training have you received up to now?

- a. Self-training
- b. Informal training
- c. Semi-formal training
- d. Formal training

27. If informal, semi-formal or formal training received, where and by whom were you trained?

28. What was the duration (in hours or days) of your training?

29. If previously certified, give name(s) of certifying individuals/organization.

30. How useful has your training been?

___ Extremely useful ___ Useful ___ Not Sure ___ Little use ___ No Use at All

31. In what areas do you feel your training has fallen short of your needs?

- Scientific Basis of the Method(s)
- Psychodynamics of Use of the Method(s)
- Human Sexuality
- Teaching Methodology
- Inservice Training and Supervision
- Study of Use of Method(s) in various circumstances (e.g. breast-feeding, off birth control pill)
- Study of Difficult Cases
- Other (Please specify)

NOTE: Please complete the following sections - even if you have not previously been involved in NFP.

32. How important do you consider the following provider attributes on a scale of 1-4?

1 = Absolutely Not Important 2 = Not Important 3 = Important 4 = Very Important

- Female
- Female in reproductive years
- A Natural Family Planning user-acceptor
- A user-acceptor of the NFP method being taught
- Married
- Married with Children
- Well Educated
- Well trained in NFP
- Confident in NFP
- Confident in NFP method being taught
- Willing to refer for psycho-social counseling (e.g. marriage, family)
- Willing to refer for medical problems
- Willing to refer for artificial contraceptive methods
- Willing to refer for induced abortion
- Similar social class background to that of client
- Similar age to that of client
- Socially acquainted with clients (e.g. same church, same community)
- A medical orientation
- A family orientation
- Stable vocation
- Open to criticism, failure
- Non-judgmental/supportive
- Friendly/cheerful

33. Please indicate methods of family planning you have used and the length of use of each. (Indicate if combinations of methods used. If used for purposes of monitoring fertility only, please indicate as such.)

Current _____ Length of Use _____
2nd Most Recent _____ Length of Use _____
3rd Most Recent _____ Length of Use _____
4th Most Recent _____ Length of Use _____

34. **Satisfaction with use of current method.**

1 = Very Unsatisfied 2 = Unsatisfied 3 = Unsure 4 = Satisfied 5 = Very Satisfied

Your own evaluation (one number) _____
Your spouse's evaluation (one number) _____

35. **Confidence with use of current method.**

1 = Very Unsatisfied 2 = Unsatisfied 3 = Unsure 4 = Satisfied 5 = Very Satisfied

Your own evaluation (one number) _____
Your spouse's evaluation (one number) _____

36. **Receptivity to an unplanned pregnancy.**

1 = Very Unsatisfied 2 = Unsatisfied 3 = Unsure 4 = Satisfied 5 = Very Satisfied

Your own evaluation (one number) _____
Your spouse's evaluation (one number) _____

37. **Reason for use of current method.**

- To Achieve Pregnancy
- To Space Pregnancy
- To Avoid (Limit) Pregnancy
- To Monitor Fertility

CONFIDENTIAL/PERSONAL INFORMATION

38. Do you have any physical or mental health condition, with or without accommodation, which in any way impairs your capability to practice or in any way poses a risk of harm to your patients/clients? Yes No

39. In the past five years, have you used any illegal drugs? Yes No

If you answered "Yes" to questions 38 or 39, please explain completely on a separate sheet of paper and attach to application.

40. Are you currently free of any illegal drug use? If no, please explain. Yes No

If you answered "Yes" to questions 38 or 39, please explain completely on a separate sheet of paper and attach to application.

41. Two new organizations, FertilityCare™ Centers **of America** and FertilityCare™ Centers **International**, have been introduced. These new organizations are designed to unite **CREIGHTON MODEL** FertilityCare™ Centers nationwide and worldwide. Please note: any Practitioner or Center must become an affiliate or participate in an affiliated program to order **CREIGHTON MODEL** FertilityCare™ System teaching materials for client instruction.

It is important for your understanding of this program that you read, then sign and date the following statement:

I understand upon completion of the **CREIGHTON MODEL** FertilityCare™ System Allied Health Practitioner Education Program, in order to purchase **CREIGHTON MODEL** FertilityCare™ System teaching materials, I will need to become an affiliate or participate in an affiliated program with FertilityCare™ Centers **of America** or FertilityCare™ Centers **International**.

Signature _____

Date _____

42. **ESSAY:** Please answer the following question in approximately 500 words on a separate sheet of paper.

"Why is teaching the **CREIGHTON MODEL** FertilityCare™ System and providing professional FertilityCare services important to me?"

(Include in your answer some commentary regarding your motivation for seeking to become a FertilityCare™ Provider, why you have chosen professional training in this system, and the goals you have set for yourself in this work.)

43. Please attach a **recent snapshot** of yourself to the front of this application.
44. Have **one letter of reference** sent under separate cover directly to the Program Director.

Your application will be reviewed once all the following items have been received:

- ___ 1. Completed Application
- ___ 2. Arrange for **letter of reference** addressed to Cathryn Marshall
Email: cathryn@magnoliafertility.com.au
- ___ 3. Recent Snapshot
- ___ 4. Application Fee - \$25.00 USD via Paypal: cathryn@magnoliafertility.com.au
- ___ 5. Email the above items to
Cathryn Marshall
Email: cathryn@magnoliafertility.com.au

IMPORTANT DATES

Date: April 1st, 2020: It is important to submit your application by this date in order to receive your Advance Packet of information, textbooks and study materials in a timely fashion. Time to review your Advance Packet and properly prepare for Education Phase I is highly recommend.

Applications received after this date will incur a \$200 late fee to cover rush order for supplies if accepted into program.

Date: May 9, 2020: Education Phase I

Date: November 6, 2020: Education Phase II

Application information will be used for evaluating applicant acceptance **not** for treatment purposes. The application will be kept as part of the Education Program's academic or continuing education's records.