

APPLICATION

CREIGHTON MODEL FertilityCare™ System

PRACTITIONER PROGRAM

Directions:

- 1) Fill out application completely.
- 2) This application is also for the Practitioner Auditor Program.
- 3) See the last page for mailing 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 Code (Postal) Country

4. Mailing Address _____
If different from home address Number and Street (P.O. Box)

_____ City State Zip Code (Postal) Country

5. Telephone Home (____) _____ Work (____) _____
If outside the USA, please indicate country code and city code.

6. Fax (____) _____ 7. Email _____
If outside the USA, please indicate country code and city code.

8. Religion _____ 9. Citizen of _____

10. Ethnic Origin _____ 11. Your primary language is: _____
Are you fluent in a second language? Yes _____ No _____
If yes, please identify language: _____

12. Spouse's Name _____
Last First Middle

13. Number of Children _____ Ages: _____

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?

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

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

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

- 1 a. Client continuing with same teacher
- 1 b. Attendance at session(s) by Spouse/partner/fiancé
- 1 c. Conference with other teachers to discuss difficult cases
- 1 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?
- 1 a. Self-training
 - 1 b. Informal training
 - 1 c. Semi-formal training
 - 1 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 need?
- 1 Scientific Basis of the Method(s)
 - 1 Psychodynamics of Use of the Method(s)
 - 1 Human Sexuality
 - 1 Teaching Methodology
 - 1 Inservice Training and Supervision
 - 1 Study of Use of Method(s) in various circumstances (e.g. breast-feeding, off birth control pill)
 - 1 Study of Difficult Cases
 - 1 Other (Please specify)

NOTE: Please complete the following section (#32) - 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

- 1 Female
- 1 Female in reproductive years
- 1 A Natural Family Planning user-acceptor
- 1 A user-acceptor of the NFP method being taught
- 1 Married
- 1 Married with Children
- 1 Well Educated
- 1 Well trained in NFP
- 1 Confident in NFP
- 1 Confident in NFP method being taught
- 1 Willing to refer for psycho-social counseling (e.g. marriage, family)
- 1 Willing to refer for medical problems
- 1 Willing to refer for artificial contraceptive methods
- 1 Willing to refer for induced abortion
- 1 Similar social class background to that of client
- 1 Similar age to that of client
- 1 Socially acquainted with clients (e.g. same church, same community)
- 1 A medical orientation
- 1 A family orientation
- 1 Stable in particular vocation
- 1 Open to criticism, failure
- 1 Non-judgmental/supportive
- 1 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).

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 Unconfident 2 = Unconfident 3 = Unsure 4 = Confident 5 = Very Confident
Your own evaluation (one number) _____
Your spouse's evaluation (one number) _____

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

1 = Very Unreceptive 2 = Unreceptive 3 = Unsure 4 = Receptive 5 = Very Receptive
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

38. 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 unite **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 Training Program**, in order to be 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 _____

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

*“Why is teaching the **CREIGHTON MODEL FertilityCare™ System** 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.)*

40. Please attach a **recent snapshot** of yourself to the front of this application.

41. Have **one letter of reference** sent under separate cover directly to the Program Director.

42. Your application will be reviewed when all of the following items have been received.

1. Completed Application
2. Letter of Reference to your Program Director:

Angelique Garcia, BSE, CFCE
St. Joseph **FertilityCare™** Center
Lourdes Hall #130
4000 St. Joseph Place NW
Albuquerque, NM 87120
USA

Tel: (505) 831-8222
Fax: (505) 831-8223

3. Recent Snapshot
4. Application Fee **\$50.00** (Pay in U.S. Funds only)
5. Mail the above items to your Program Director