Diocese of Salina Fertility*Care* Services
Education Program
Creighton Model Fertility*Care* System
Practitioner Education Program Application

Directions: Please fill out this form in its entirety. A $50 application fee is due at the time of application to be considered. Submission instructions are at the end of the application.

Personal Information

Date: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ **Age**_____ **Sex**_____

Home Address: _____
Number and Street (P.P. Box)

_____
City State Zip Code Country

Mailing Address: _____
Number and Street (P.P. Box)

_____
City State Zip Code Country

Home Phone: _____ **Cell Phone**_____

Email: _____

Religion: _____ **Citizen of**_____

Ethnic Origin_____ **Primary Language**_____

Are you fluent in a second language? ☐ Yes ☐ No

If yes, please identify the language: _____

Spouse's Name: _____
First Middle Last

Number of Children: _____ **Ages:** _____

Education History

Please provide a complete list of all educational institutions attended or are currently attending.

Institution	**Location**	**Dates Attended**	**Diploma/Degree**
High School			
Trade/Vocational School:			
Institution	**Location**	**Dates Attended**	**Diploma/Degree**
College/University:			
Graduate/Professional:			

Occupational History

Please provide a complete list of occupations beginning with the most recent.

Occupation/Title	Employer	Dates Employed	Responsibilities

Homemaker: If you are a homemaker, how many years?

Years: _____ Full-Time ☐ OR Part-Time ☐

Volunteer Work: Please describe any volunteer work you have or are currently doing:

Family Planning Involvement

Please include any involvement you've had teaching, supporting, or using any Natural Family Planning programs or methods.

Title	Yes	No	Full/Part Time	Dates From - To
Medical Advisor				
Nurse Practitioner				
Program Director				
Teacher Coordinator				
Secretary/Bookkeeper				
Consultant				
Other				

Was this work primarily ☐ paid OR ☐ volunteer?

Where have the NFP Services been provided?

Location	Title	Space Rented/Donated
Private Home		
Public Building		
Church Premises		
Social Agency		
Hospital		
Independent NFP Center		
Public Health Clinic		
Public Family Planning Clinic		
Other		

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

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

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

☐ Introductory Lectures ☐ Group OR ☐ Individual

☐ Follow-up Interviews ☐ Group OR ☐ Individual

☐ Phone Advising/Counseling

☐ Correspondence Counseling

Which of the following practices do/did you encourage?

☐ Client continuing with same teacher

☐ Attendance at session(s) by spouse/partner/fiancé

☐ Conference with other teachers to discuss difficult cases

☐ Referral for medical and/or counseling services when necessary

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

If yes, explain the physician's role.

_____

_____

_____

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

What form of training have you received up to now?

☐ Self training

☐ Informal training

☐ Semi-formal training

☐ Formal training

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

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

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

How useful has your training been?

☐ Extremely useful ☐ Useful ☐ Not sure ☐ Little use ☐ No use at all

In what areas do you feel your training has fallen short of your need?

☐ Scientific basis of the method(s)

☐ Psychodynamics of use of the method(s)

☐ Human sexuality

☐ Teaching Methodology

☐ In-service 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)_____

_____

_____

Describe and list other professional involvement in Fertility*Care*: research, outreach education, board memberships, committee involvement, American Academy of Fertility*Care* Professionals involvement, and any others believed to be important.

Describe and list your professional involvement in natural family planning methods or associations such as: Billings, CCL, Marquette, FEMM, IIRM, etc. What is your current stats and future plans with them?

NOTE: Complete the following questions, even if you have not previously been involved in NFP.

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 natural method being taught

Married

Married with children

Well educated

Well trained in NFP

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

Confident in NFP

Confident in NFP method being taught

Wiling 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 in particular vocation

Open to criticism, failure

Non-judgmental/supportive

Friendly/cheerful

Please indicate methods of family planning you have used and the length of use of each.
(Indicate if combinations of methods used.)

Currently_____ Length of Use_____

2nd Most Recent_____ Length of Use_____

3rd Most Recent_____ Length of Use_____

4th Most Recent_____ Length of Use_____

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) _____

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) _____

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) _____

Reason for use of current method:

☐ To achieve pregnancy

☐ To space pregnancy

☐ To avoid (limit) pregnancy

Confidential Personal Information

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

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 your application.

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

Required Signatures

Two new organizations, Fertility*Care* Centers of America and Fertility*Care* Centers International, have been introduced. These new organizations are designed to unite Creighton Model Fertility*Care* Centers nationwide and worldwide. Please note: any Practitioner or Center must become an affiliate or participate in an affiliated program to order Creighton Model Fertility*Care* 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 Fertility*Care* System Allied Health Practitioner Education Program, in order to purchase Creighton Model Fertility*Care* System teaching materials, I will need to become an affiliate or participate in an affiliated program with Fertility*Care* Centers of America or Fertility*Care* Centers International.
>
> **Signature:** _____ Date_____
>
> Check one:

☐ I intend to teach for an existing affiliated center: _____

☐ I intend to establish a new affiliated center upon completion of the education program.

I understand and will provide the Creighton Model Fertility*Care* System with NaProTechnology and **no other medical model.**

Signature: _____ Date_____

I understand that only the Creighton Model Fertility*Care* System can be used with NaProTechnology.

Signature: _____ Date_____

Consent to Terms

By submitting this application, you are consenting to the terms below.

☐ I understand the $50 application fee is non-refundable and does not apply to the program fees.

☐ I understand that the Fertility*Care* Practitioner Education Program is a 13-month program that involves in-person attendance at two Education Programs, an on-site visit, and requires a serious commitment of study and work throughout the 13 months.

☐ I understand that submission of this application also indicates that I have read and agree to the Code of Ethics of the American Academy of Fertility*Care* Professionals, which were provided with this application.

☐ I agree to have my name and contact information given to the American Academy of Fertility*Care* Professionals for Student Membership in the organization.

Signature: I attest that the information in this application is accurate, and I understand the requirements of the Diocese of Salina Fertility*Care* Services Center Fertility*Care* Practitioner Education Program.

_____

Applicant Signature

Additional Required Documents

Essay: Please answer the following question in approximately 500 words on a separate paper and attach to your application.

> "Why is teaching the Creighton Model Fertility*Care* System and providing professional FertilityCare services important to me?"

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

Photo: Please attach a recent photo of yourself to this application.

Letter of Reference: Please have one letter of reference sent to the Program Director, Lindy Meyer, at lindy.meyer@salinadiocese.org.

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

☐ Completed application

☐ Completed essay

☐ Recent photograph

☐ Letter of reference

☐ Application fee of $25

Submission Instructions:

All documents should be submitted to the Program Director, Lindy Meyer, via email to lindy.meyer@salinadiocese.org.

The letter of reference must be submitted directly from your reference via email to lindy.meyer@salinadiocese.org. It should **not** come from the applicant.

The $50 application fee may be invoiced through Square upon request to lindy.meyer@salinadiocese.org or a check made and mailed to:
Salina Diocese
Attn: Corey Lyon
103 North Ninth Street
Salina, KS 67401

If you have questions about the application process, please contact Lindy Meyer at lindy.meyer@salinadiocese or 785.614.0831.

CATHOLIC DIOCESE of SALINA