

# APPLICATION

## CREIGHTON MODEL Fertility *Care*™ System

### Practitioner Education Program – St. Paul

**Directions:**

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

DATE \_\_\_\_\_ SS# \_\_\_\_\_

1. Name (Print) \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_ 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: \_\_\_\_\_  
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: \_\_\_\_\_

14. **EDUCATION HISTORY:** Give a complete list of **all** educational institutions attended or are currently attending.

**INSTITUTION NAME      LOCATION      DATES ATTENDED      DIPLOMA/DEGREE      DEGREE INITIALS**

High School:		From – To		
Trade or Vocational Schools:		From - To		
College or University:		From - To		
Graduate or Professional:		From - To		

15. **OCCUPATIONAL HISTORY:** Give a complete list of occupations beginning with the most recent. (If never employed outside the home, skip to question 16).

**OCCUPATION/TITLE      LOCATION      DATES EMPLOYED**

1)

Responsibilities:

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**OCCUPATION/TITLE      LOCATION      DATES EMPLOYED**

2)

Responsibilities:

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**OCCUPATION/TITLE****LOCATION****DATES EMPLOYED**

3)

Responsibilities:

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**OCCUPATION/TITLE****LOCATION****DATES EMPLOYED**

4)

Responsibilities:

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

16. If you are a Homemaker, state the number of years: \_\_\_\_\_ Full-Time \_\_\_ or Part-Time \_\_\_

17. Have you ever done volunteer work? Yes \_\_\_ No \_\_\_ Specify: \_\_\_\_\_

**FAMILY PLANNING INVOLVEMENT**

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

(If not, skip to #32.)

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

Indicate whether primarily  "paid" or  "volunteer"?

19. Where have the NFP Services been provided?

LOCATION	TITLE	SPACE RENTED OR DONATED
Private Home		
Public Building		
Church Premises		

LOCATION	TITLE	SPACE RENTED OR DONATED
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?

- Introductory Lectures                       Group      or       Individual  
 Follow-up Interviews                       Group      or       Individual  
 Phone Advising/Counseling  
 Correspondence Counseling

23. 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

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

If yes, explain the physician's role.

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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?

- Self-training  
 Informal training  
 Semi-formal training  
 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?

- 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)
- 

**NOTE: Complete the following questions, 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 natural method being taught
- Married
- Married with Children
- Well educated
- Well trained in NFP
- Confident 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 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 in particular 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)

Currently _____	Length of Use _____
2 <sup>nd</sup> Most Recent _____	Length of Use _____
3 <sup>rd</sup> Most Recent _____	Length of Use _____
4 <sup>th</sup> 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

**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 "No" to question 40, 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 \_\_\_\_\_

Check one:

I intend to teach for an existing affiliated center: \_\_\_\_\_ (Name).

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

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.



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

\_\_\_ 1. Completed **application** and **essay**

\_\_\_ 2. Recent **photograph**

**Email** items 1 and 2 to: Margaret P. Howard, MAM, CFCE - [mphoward.cfce@protonmail.com](mailto:mphoward.cfce@protonmail.com)

3. Arrange for **letter of reference** to be emailed to Margaret P. Howard, MAM, CFCE - [mphoward.cfce@protonmail.com](mailto:mphoward.cfce@protonmail.com).

\_\_\_ 4. **Application fee** - \$50.00 via credit card or PayPal ([mphoward.cfce@protonmail.com](mailto:mphoward.cfce@protonmail.com))  
(nonrefundable)

To pay by credit card, please complete:

Type of card:	
Card Number:	
Expiration Date:	
Security Number:	
Amount:	

**Apply early!**  
**Advance preparation is required.**

**Application deadline: September 10, 2022**  
Applications received after September 10, 2022 will be charged \$200 late Fee.

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.