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: _____ Pesel #: _____

1. Name (print): _____
Last name First name Middle

2. Date of Birth: _____ Age: _____ Sex: _____
(mm/dd/yr)

3. Home Address: _____
Number and Street

_____
Postal Code City Region Country

4. Mailing Address: _____
If Different from Home Address Number and Street

_____
Postal Code City, Region Country

5. Home Telephone: (_____)_____ Work Telephone: (_____)_____

6. Email: _____

7. Religion: _____ 8. Citizenship(s): _____

9. How strong is your English on a scale from 1 (poor) to 10 (excellent)? Written: _____ Spoken: _____

10. Primary Language: _____11. Other language(s)_____

12. Spouse's Name: _____
Last name First name 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**	**DIPLOMA/ DEGREE**	**INITIALS**
Secondary School:		From – To		
Trade or Vocational Schools:		From - To		
College or University:		From - To		
Graduate or Professional:		From - To		
Post Graduate or Professional:		From - To		

15. **OCCUPATIONAL HISTORY**: Directions: Give a complete list of occupations beginning with your most recent. (If never employed outside the home, go directly 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**
4)

Responsibilities:

Full time ☐ Part Time ☐ Reason for leaving _____

OCCUPATION/TITLE **LOCATION** **DATES EMPLOYED**
5)

Responsibilities:

Full time ☐ Part Time ☐ Reason for leaving _____

16: Have you ever been a Homemaker? Y: ___ N: ___ *If Yes* How many years? ___ Part-time ___ Full-time

17. Have you ever done volunteer work? Y: ___ N: ___ Please specify: _____

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	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?
    - ☐ Introductory Lectures - ☐ Group ☐ Individual
    - ☐ Follow-up Interviews - ☐ Group ☐ 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.

_____

_____

_____

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 needs?

- ☐ 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 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 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. 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 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
- ☐ To Monitor Fertility

38. A new organization, **Fertility*Care*™ Centers** of Europe (FCCE**)** has been introduced. FCCE is designed to unite **CREIGHTON MODEL** Fertility***Care*** Centers nationwide and Europe-wide. 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, sign and date the following:

I understand upon completion of the **CREIGHTON MODEL** Fertility***Care***™ Allied Health Practitioner Training 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 **of Europe.**

Signature _____ **Date** _____

Please indicate below if you will be teaching with an existing Fertility***Care*** Center or establishing a new center once you complete the program.

39. **ESSAY**: Answer the following essay question in approximately 500 words, using a separate sheet of paper:

    "Why is teaching the **CREIGHTON MODEL** Fertility***Care***™ System and providing professional FertilityCare services important to me?" (Discuss 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 Essay
3. Recent Snapshot
___4. Letter of Reference to your Program Director
___5. Your application fee of $25.00 US payable to The Women's Wellness Partnership

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Mail to :

Janina Filipczuk CFCE
Program Director and Coordinator
The Women's Wellness and **Fertility*Care***™ Centre

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M8X 1W5
Canada

Phone + 416 231 8622
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There will be a **$100 late** fee assessed for applications received **after October 1, 2008**. It is important to
submit your application by this date in order to receive the advance information packet in a timely fashion.
No applications will be accepted after October 15, 2008.

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