

**APPLICATION
CREIGHTON MODEL
FertilityCare™ PRACTITIONER
Certificate Program**

**St. Joseph School of Health Occupations
5 Woodward Ave.
Nashua, NH 03060
(603) 595-3947
FAX (603) 578-5028
e-mail Krivet@sjnh.org**

Date _____

1a). Name (print): _____ S S # _____

2. Sex: _____
Last First Middle

b). Spouse's Name: _____
Last First Middle

3. Home Address: _____
Number and Street City State Zip

4. Mailing Address: _____
Number and Street City State Zip

5. Date of Birth _____ Age: _____ 6. Telephone Home (____) _____
Work (____) _____
FAX (____) _____
e-mail _____

7. Marital Status: _____ 8. Religion: _____

9. Number of Children: _____ Ages: _____

10. Citizen of _____ 11. Ethnic Origin: _____

12. Your primary language is: _____

Do you speak a second language? _____ If yes, what language(s)? _____

13. EDUCATIONAL HISTORY: Give a complete list of all education institutions, which you have attended, including any you may currently be attending.

NAME OF INSTITUTION	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE
High Schools:		From - To - - -	
Trade or Vocational Schools:		- -	

16. Have you ever done volunteer work? Yes _____ No _____ Specify: _____

FAMILY PLANNING EXPERIENCE

17. 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"?				

18. Where have the NFP Services been provided?

LOCATION	TITLE (see #16)	SPACE RENTED OR DONATED
Private Home _____		
Public Building _____		
Church Premises _____		
Social Agency _____		
Hospital _____		
Independent NFP Center _____		
Public Health Clinic _____		
Public Family Planning Clinic _____		
Other _____		

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

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

21. 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? _____

22. Which of the following practice do/did you encourage?

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

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

If yes, explain his/her role _____

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

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

- Self training
- Informal training
- Semi-formal training
- Formal training

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

27. What was the duration, in hours or days, of your training?

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

29. How useful has your training been?

- Extremely Useful Useful Not Sure Of Little Use Of No Use At All

30. 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
- Inservice Training and Supervision
- Study of Use of Method(s) in various circumstances (e.g. breastfeeding, off birth

- control pill.)
- Study of Difficult Cases
 - Other (Please specify):

NOTE: Please complete the following section (#31)-even if you have not previously been involved in NFP!

31. How important do you consider the following NFP teacher 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 psychosocial 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

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

33. 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 own evaluation_____

34. Confidence with use of current method
1=Very Unconfident 2=Unconfident 3=Unsure 4=Very Confident 5=Overconfident

Your own evaluation (one number)_____

Your spouse's own evaluation_____

35. 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 own evaluation_____

36. Reason for current method

To Achieve Pregnancy

to Space Pregnancy

To Avoid (Limit) Pregnancy

to learn about fertility, no need for family planning

ESSAY - Please answer the following question in approximately 500 words:

“Why is teaching the CREIGHTON MODEL FertilityCare™ System important to me?”
(Include in your answer some commentaries regarding your motivation for seeking to become a FertilityCare™ System Practitioner, why you have chosen this professional training, and the goals you have set for yourself in the CREIGHTON MODEL FertilityCare™ System.)

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

39. Have one letter of reference sent directly to the Program Director.

Your application can be considered when the following items are received:

- **COMPLETED APPLICATION and ADDENDUM**
- **LETTER OF REFERENCE**
- **RECENT SNAPSHOT**
- **\$25 APPLICATION FEE**
(Check made payable to St. Joseph School Nursing)

APPLICATION ADDENDUM

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. Details on this process will be provided during the Education Program.

It is important that you understand, read, sign, and date the following statement before you begin the program.

I understand in order to purchase teaching materials upon completion of the **CREIGHTON MODEL FertilityCare™ System** Allied Health Practitioner Training Program of St. Joseph School of Health Occupations I will need to do one of the following:

- Become an affiliate program with **FertilityCare™ Centers of America**
- Participate in an affiliated program with **FertilityCare™ Centers of America**
- Become an affiliate program with **FertilityCare™ Centers International**
- Participate in an affiliated program with **FertilityCare™ Centers International**

Signature _____ Date _____

Name _____
Please Print

Please return with your completed Application. For more information regarding **FertilityCare™ Centers of America** please contact:

Kathy Rivet, BS, CFCP, CFCE
FertilityCare™ Services
St. Joseph Hospital
(603) 595-3947
Krivet@sjnh.org

