

APPLICATION

CREIGHTON MODEL FertilityCare™ System MEDICAL CONSULTANT AND COMBINED PROGRAMMES

Please indicate the program for which you are applying:

- Medical Consultant (Doctors only) Combined Medical Consultant/Practitioner
 Auditor (Medical Consultant)

Directions:

Fill out application completely. 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 Postal Code Country

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

City State Postal Code Country

5. Telephone Home (____) _____ Work (____) _____
(Please indicate country code and city code.)

Home Fax (____) _____ Work Fax (____) _____
(Please indicate country code and city code.)

6. Email _____

7. Religion _____ 8. Citizen of _____

9. Ethnic Origin _____ 10. Your primary language is: _____

11. Do you speak a second Language? Yes _____ No _____
If yes, please identify language _____

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 (See #17)	SPACE RENTED OR DONATED
Private Home		
Public Building		
Church Premises		
Social Agency		
Hospital		
Independent NFP Centre		
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?

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

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

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

- a. Client continuing with same teacher
- b. Attendance at session(s) by Spouse/partner/fiancé
- c. Conference with other teachers to discuss difficult cases
- d. Referral for medical and/or counselling 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?

- a. Self-training
- b. Informal training
- c. Semi-formal training
- 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/organisation.

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 counselling (e.g. marriage, family)
- Willing to refer for medical problems
- Willing to refer for artificial contraceptive methods

1 = Absolutely Not Important 2 = Not Important 3 = Important 4 = Very Important

- 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	_____
2 nd Most Recent	_____	Length of Use	_____
3 rd Most Recent	_____	Length of Use	_____
4 th 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 Unsatisfied 2 = Unsatisfied 3 = Unsure 4 = Satisfied 5 = Very Satisfied

Your own evaluation (one number) _____
 Your spouse's evaluation (one number) _____

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

1 = Very Unsatisfied 2 = Unsatisfied 3 = Unsure 4 = Satisfied 5 = Very Satisfied

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

CONFIDENTIAL/PERSONAL INFORMATION

38. In the past five years, have there been any misdemeanour or felony criminal charges brought against you? Yes No
In answering this question, you may disregard most traffic offences, but you should answer affirmatively if you have been charged with driving a motor vehicle under the influence of intoxicating liquor or narcotic substance, regardless of whether that charge was later reduced to a lesser offence.

39. In the past five years have you lost your board certification, or failed to recertify? Yes No

40. In the past five years, have you ever had any of the following items involuntarily denied, revoked, suspended, not renewed, placed under probation, subject to disciplinary action or otherwise limited or curtailed; or have you voluntarily relinquished any item in anticipation of any of these actions; or are any of these actions pending with respect to any of the following items?

A. State License Yes No

B. DEA registration or other applicable narcotic registration Yes No

C. Hospital or other health care facility staff membership or privileges Yes No

D. Professional organization membership Yes No

E. Medicare, Medicaid, or other local, state, and/or federal government program participation Yes No

F. HMO, PPO, or other health plan participation Yes No

G. Regulatory agency (CLIA, OSHA, etc.) Yes No

41. 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

42. In the past five years, have you used any illegal drugs? Yes No

If you answered "Yes" to questions 38 – 42, please explain completely on a separate sheet of paper and attach to application.

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

If you answered "No" to question 43, please explain completely on a separate sheet of paper and attach to application.

44. In the past five years, has your professional liability insurance coverage ever been denied or cancelled? Yes No

45. In the last five years, has your current or any previous professional liability carrier ever made an out-of-court settlement or paid a judgment of professional liability claim on your behalf? Yes No

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

“Why is being a Natural Family Planning Medical Consultant and providing professional NaPro**TECHNOLOGY**[®] services important to me?” If applying for a combined programme, include in the essay, “Why teaching the **CREIGHTON MODEL FertilityCare™ System** is 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.)

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

53. Have **one letter of reference** sent under separate cover directly to the Programme Director.

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

- ___1. Completed Application
- ___2. Essay
- ___3. Recent Snapshot
- 4. Letter of Reference to Dr. Phil Boyle, address below

- ___5. Mail the above items to:

Dr. Phil Boyle
Natural Procreative Technology

Suite 11,
The Galway Clinic,
Doughiska,
Co. Galway.

Phone: 091-720055
Fax: 091-720058
E-mail: mail@fertilitycare.net

There will be a **\$100 late** fee assessed for applications received **after August 15, 2007**. 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 September 15, 2007.

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.