

# APPLICATION

## CREIGHTON MODEL FertilityCare™ System

### PRACTITIONER PROGRAMME

**Directions:**

- 1) Fill out application completely.
- 2) This application is also for the Practitioner Auditor Programme.
- 3) See the last page for mailing instructions and application fees.

**DATE** \_\_\_\_\_

1. **Name (Print)** \_\_\_\_\_  
Last First Middle

2. **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

3. **Home Address** \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Country

4. **Mailing Address** \_\_\_\_\_  
If different from home address Number and Street (P.O. Box)  
\_\_\_\_\_  
City State Country

5. **Telephone Home** (\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_  
Please indicate country code and city code.

6. **Fax** (\_\_\_\_) \_\_\_\_\_ 7. **Email** \_\_\_\_\_  
Please indicate country code and city code.

8. **Religion** \_\_\_\_\_ 9. **Citizen of** \_\_\_\_\_

10. **Ethnic Origin** \_\_\_\_\_ 11. **Your primary language is:** \_\_\_\_\_  
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:** \_\_\_\_\_





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?

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

If you marked **a** &/or **b**, were these individual or group? \_\_\_\_\_

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

- 1 a. Client continuing with same teacher
- 1 b. Attendance at session(s) by Spouse/partner/fiancé
- 1 c. Conference with other teachers to discuss difficult cases
- 1 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.

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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?
- 1 a. Self-training
  - 1 b. Informal training
  - 1 c. Semi-formal training
  - 1 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/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?
- 1 Scientific Basis of the Method(s)
  - 1 Psychodynamics of Use of the Method(s)
  - 1 Human Sexuality
  - 1 Teaching Methodology
  - 1 In-service Training and Supervision
  - 1 Study of Use of Method(s) in various circumstances (e.g. breast-feeding, off birth control pill)
  - 1 Study of Difficult Cases
  - 1 Other (Please specify)

NOTE: Please complete the following section (#32) - 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

- 1 Female
- 1 Female in reproductive years
- 1 A Natural Family Planning user-acceptor
- 1 A user-acceptor of the NFP method being taught
- 1 Married
- 1 Married with Children
- 1 Well Educated
- 1 Well trained in NFP
- 1 Confident in NFP
- 1 Confident in NFP method being taught
- 1 Willing to refer for psycho-social counselling (e.g. marriage, family)
- 1 Willing to refer for medical problems
- 1 Willing to refer for artificial contraceptive methods
- 1 Willing to refer for induced abortion
- 1 Similar social class background to that of client
- 1 Similar age to that of client
- 1 Socially acquainted with clients (e.g. same church, same community)
- 1 A medical orientation
- 1 A family orientation
- 1 Stable in particular vocation
- 1 Open to criticism, failure
- 1 Non-judgmental/supportive
- 1 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).

Current \_\_\_\_\_ 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

38. A new **organisation, FertilityCare™ Centres of Europe (FCCE)** has been introduced. FCCE is designed to unite **CREIGHTON MODEL FertilityCare™ Centres** nationwide and Europe-wide. Please note: any Practitioner or Centre must become an affiliate or participate in an affiliated programme to order unite **CREIGHTON MODEL FertilityCare™ System** teaching materials for client instruction.

It is important for your understanding of this programme that you read, then sign and date the following statement:

I understand upon completion of the **CREIGHTON MODEL FertilityCare™ System** Allied Health Practitioner Training Programme, in order to be purchase **CREIGHTON MODEL FertilityCare™ System** teaching materials, I will need to become an affiliate or participate in an affiliated programme with **FertilityCare™ Centres of Europe**.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

*“Why is teaching the **CREIGHTON MODEL FertilityCare™ System** 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.)*

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 Programme Director.

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

1. Completed Application
2. Letter of Reference to your Program Director:

***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](mailto:mail@fertilitycare.net)

3. Recent Snapshot
4. Mail the above items to your Programme Director