



NATURAL CHOICE
— FERTILITYCARE EDUCATION —

Natural Choice FertilityCare™ Education
Program Director: Elizabeth Kauffeld, CFCP, CFCE

Please indicate the program for which you are applying:

- Practitioner**
- Refresher (Practitioner)**

Directions:

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

1. **Name (Print)** _____
Last First Middle

2. **Date of Birth** _____ **Age** _____ **Sex** _____
mm/dd/year

3. **Home Address** _____
Number and Street (P.O. Box)

City State Zip/Postal Code Country

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

City State Zip/Postal Code Country

5. **Telephone Home** (_____) _____ **Work** (_____) _____
(If outside the USA, please indicate country code and city code.)
Home Fax (_____) _____ **Work Fax** (_____) _____
(If outside the USA, 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 _____

12. **Spouse's Name** _____
Last First 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	INITIALS OF EDUCATIONAL DIPLOMA/DEGREE
High 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

Responsibilities:

Full time _____ Part Time _____ Reason for leaving _____

OCCUPATION/TITLE

LOCATION

DATES EMPLOYED

Responsibilities:

Full time _____ Part Time _____ Reason for leaving _____

OCCUPATION/TITLE

LOCATION

DATES EMPLOYED

Responsibilities:

Full time _____ Part Time _____ Reason for leaving _____

OCCUPATION/TITLE

LOCATION

DATES EMPLOYED

Responsibilities:

Full time _____ Part Time _____ Reason for leaving _____

16. Have you ever been a Homemaker? Yes ____ No ____
If yes, number of years: _____ Full time _____ 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?

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 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?

- 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? _____

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 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?

- a. Self-training
- b. Informal training
- c. Semi-formal training
- d. Formal training

27. If informal, semi-formal, or formal training were 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: Please 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

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

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 (check all that apply/have applied).

- To Achieve Pregnancy
- To Space Pregnancy
- To Avoid (Limit) Pregnancy
- To Monitor Fertility

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 "Yes" to questions 38 or 39, please explain completely on a separate sheet of paper and attach to application.

41. Two new organizations, Fertility**Care**[™] Centers **of America** and Fertility**Care**[™] Centers **International**, have been introduced. These new organizations are designed to unite **CREIGHTON MODEL** Fertility**Care**[™] Centers nationwide and worldwide. 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, then sign and date the following statement:

I understand upon completion of the **CREIGHTON MODEL** Fertility**Care**[™] System Allied Health Practitioner Education 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 **International**.

Signature _____

Date _____

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

"Why is teaching the **CREIGHTON MODEL** Fertility**Care**[™] System and providing professional FertilityCare services important to me?"

*(Include in your answer some commentary regarding your motivation for seeking to become a Fertility**Care**[™] 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 at naturalchoicefertilitycare@gmail.com. The letter of reference should be from an individual who is familiar with your character and your desire to become a FertilityCare Provider. The letter cannot come from a relative.
45. If you are not currently a user of the **CREIGHTON MODEL** Fertility**Care**[™] System, you are required to begin using the **CREIGHTON MODEL** Fertility**Care**[™] System. If you are male or are a woman past reproductive years, you will be asked to attend an Introductory Session before completing your acceptance into the Education Program. If you do not have a FertilityCare Practitioner in your area, please contact the Program Director.

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

- ___1. Completed Application
- ___2. Arrange for **letter of reference** addressed to Elizabeth Kauffeld, CFCE, Program Director and have emailed to: naturalchoicefertilitycare@gmail.com
- ___3. Recent Snapshot
- ___4. Application Fee - \$50.00 (U.S. Funds only – checks made out to Elizabeth Kauffeld)
- ___5. Mail or email the above items to: Elizabeth Kauffeld, CFCE
Program Director
16745 Morris Manor Ct.
Westfield, IN 46062-7174

Digital submissions are strongly preferred. Please consolidate all items into a single PDF document and submit to: naturalchoicefertilitycare@gmail.com. Deposit check must be mailed.

If you are accepted into the program, a \$500 deposit is required to hold your space in the class. We cannot guarantee a spot until the deposit is received.

IMPORTANT DATES

FOR FORT WORTH, TEXAS PROGRAM:

March 28, 2017: It is important to submit your application by this date in order to receive your Advance Packet of information, textbooks, and study materials in a timely fashion if accepted to the program. Time to review your Advance Packet and properly prepare for Education Phase I is highly recommend. Tuition is due 30 days before the start of Education Phase I.

April 11, 2017: Applications received after this date are not guaranteed a seat in the current class.

May 20-27, 2017: Education Phase I, Forth Worth, TX

December 4-9, 2017 (dates tentative): Education Phase II, Fort Worth, TX

FOR SAN DIEGO, CALIFORNIA PROGRAM:

August 28, 2017: It is important to submit your application by this date in order to receive your Advance Packet of information, textbooks, and study materials in a timely fashion if accepted to the program. Time to review your Advance Packet and properly prepare for Education Phase I is highly recommend. Tuition is due 30 days before the start of Education Phase I.

September 11, 2017: Applications received after this date are not guaranteed a seat in the current class.

October 28 – November 4, 2017: Education Phase I, San Diego, California

April 30-May 5, 2018 (dates tentative): Education Phase II, San Diego, California

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.