

FertilityCare™ Centres of Australasia

APPLICATION FOR AFFILIATION FERTILITYCARE PRACTITIONERS AND MEDICAL CONSULTANTS

1. TYPE OF AFFILIATION

- (please see attached 'Guidelines for Application' before completing this section)

I am applying for the following type of affiliation with FertilityCare™ Centres of Australasia (check one box please):

- Full Affiliation CFCP*
FertilityCare Centre is operated by CFCP who is certified by AAFCP.
- Full Affiliation CFCMC*
Medical NaProTechnology practice is operated by CFCMC who is certified by AAFCP .
- Provisional Affiliation FCP*
FertilityCare Centre is operated by FCP who is still in the process of certification with AAFCP.
- Provisional Affiliation NFPMC*
Medical NaProTechnology practice is operated by NFPMC who is still in the process of certification with AAFCP.
- Associate FCPI*
FertilityCare Centre is operated by FCPI who is yet to complete a FertilityCare Education program.
- Associate*
Associate is supportive of FCCAu but is not currently an active FertilityCare Professional.

2. PROPOSED NAME OF CENTRE

- (please see attached 'Guidelines for Application' before completing this section)
- Complete this section only if creating a new centre. If joining an already established centre, list name and move to question 3.

We/I propose the following name for our Centre:

PROPOSED NAME: _____

Reason for name: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

NUMBER OF CREIGHTON MODEL FERTILITY CARE PRACTITIONERS
WORKING IN YOUR CENTRE:

Please complete page 7 with names, contact details and bilingual abilities of all Practitioners, Practitioner interns, or Instructors providing *FertilityCare* services within or in association with your centre, as well as all Medical Consultants providing NaProTECHNOLOGY services within or in association with your Centre. ('in association with' refers to all *FertilityCare* professionals with whom you have a signed 'Collaborative Medical agreement')

3. NUMBER OF NEW CLIENTS SEEN AT YOUR CENTRE IN THE PAST 12 MONTHS:

-
4. NAME AS YOU WOULD LIKE IT TO APPEAR ON THE FCCAU WEBSITE:
(www.fccau.org)

NAME OF CENTRE: _____

CITY: _____

STATE: _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

Names and qualifications of CFCPs and/or CFCMCs offering *FertilityCare* services from your centre (for publication on current website):

Note - FCPs and NFPMCs awaiting certification, and FCPIs can also be listed here.

5. FEATURING NAPROTECHNOLOGY (please skip this section if applying for Medical Affiliation)

a. Please tick as appropriate:

___ Our Centre will be promoted as 'Featuring NaProTECHNOLOGY'

___ Our Centre will NOT be promoted as 'Featuring NaProTECHNOLOGY'

b. If your program will be "featuring NAPROTECHNOLOGY" please identify below your CFCMC(s)

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

If more names, please provide above information on a separate sheet of paper.

- c. **Please ensure a complete NaProTECHNOLOGY collaborative agreement is attached for each CFCMC listed above.**

6. CERTIFICATION

- (please see attached 'Guidelines for Application' before completing this section)

It is a requirement of affiliation with FCCAu that every FCP providing *FertilityCare* services, and every NFPMC providing NaProTECHNOLOGY services is **Certified** by the American Academy of *FertilityCare* Professional (AAFCP).

Please see www.aafcp.net to apply for certification online.

For each CFCP providing *FertilityCare* services at your centre, please attach to this application:

- a. Certificate of completion of an accredited *FertilityCare* Education program
- b. Certificate of Certification as a CFCP by the AAFCP

OR

- c. In the case where the FCP is in the application process for Certification with the AAFCP:
 - i. the date of submission of application for certification
 - ii. the name of the case reviewer assigned to the FCP by AAFCP

For each CFCMC providing NaProTechnology services in collaboration with or at your centre, please attach to this application:

- a. Certificate of completion of the NFPMC program
- b. Certificate of Certification as a CFCMC by the AAFCP

OR

- c. In the case where the NFPMC is in the application process for Certification with the AAFCP:
 - i. the date of submission of application for certification
 - ii. the name of the case reviewer assigned to the NFPMC by the AAFCP
 - iii. the anticipated exam date for the NFPMC

PLEASE NOTE:

Only Provisional Affiliation with FCCAu can be granted to centres at which not all CFCPs and CFCMCs are certified with the AAFCP. Only when all certificates of Certification have been received by FCCAu will the centre attain Full Affiliation with FCCAu.

- FCCAu recognizes that the certification process with AAFCP can sometimes be lengthy, so

an allowance of 3 years from the date of the first application for affiliation will be allowed for this certification process to be accomplished.

7. **RESPONSIBLE CFCP** (please skip this section if applying for Medical Affiliation)

- (please see attached 'Guidelines for Application' before completing this section)

The person listed below will be responsible for maintaining the FertilityCare CrMS Standards for the Centre identified in this application, and her/his signature must also be placed at the end of this application:

(NB. The solo practitioner is the Responsible CFCP in a single practitioner/independent affiliation setting).

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

8. **AFFILIATION APPLICATION FEE**

- (please see attached 'Guidelines for Application' before completing this section)

Full and Provisional Affiliations: An annual affiliation application fee of \$170.00 applies
Association Affiliation: An annual affiliation application fee of \$40 applies

This can be paid by EFT to the following account or by PAYPAL through fccau.org:

Name: FertilityCare Centres of Australasia, Inc
Bank: National Australia Bank, Scarborough Beach Rd, Innaloo WA 6018
SWIFT CODE: NATAAU3306P (International payments only)
BSB: 086 280
Account number: 44 967 3694

- Please use your last name and initials as a reference when paying by EFT, and
- Email FCCAu on affiliation@fertilitycare.com.au to confirm your payment.

NB: Unsuccessful applicants for affiliation will receive a refund of this affiliation fee, less an administrative charge of \$60.

9. **ATTESTATION**

The following individual(s) attests that the above information is true and correct to the best of their knowledge and that this Application is submitted along with:

- the formal Affiliation Agreement; and
- the NaProTECHNOLOGY Collaborative Agreement (if relevant); and
- all relevant certificates and supporting documents.

Responsible Fertility Care Practitioner or Medical Consultant Signature:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

FertilityCare™ Centres of Australasia

APPLICATION FOR AFFILIATION

When application completed, please return by 1 March 2020 to the address below (by post or email):

**FertilityCare™ Centres of Australasia
PO Box 134, Floreat WA 6014**

affiliation@fertilitycare.com.au

CHECKLIST

Please tick the boxes to indicate completion of application:

- Application for Affiliation Form: completed and signed;
- Affiliation Agreement: completed and signed;
- Copy of the Certificate (or letter) of completion of the NFP Medical Consultant Education Program [if applying for affiliation as MC]
- Copy of Certification from AAFCP, or other document detailing progress toward CFCP / CFCMC Certification
- Affiliation Fee payable to FCCAu.

IF FCP FEATURING NaProTECHNOLOGY®

- Signed NaProTECHNOLOGY® Collaborative Agreement(s) for each Medical Consultant collaborating with your program (if applicable)
- Copy of the Certificate (or letter) of completion of Medical Consultant Course for each Medical Consultant collaborating with your program
- Copy of each Medical Consultant's Medical Certification from AAFCP, or other document detailing progress toward CFCMC Certification.

Please list the names and details of all FertilityCare CrM Practitioners, Medical Consultants and Practitioner Interns associated with your Centre:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken:

Name:

- CFCP
- CFCMC
- FCPI
- FCP (certification pending)
- NFPMC (certification pending)

Address:

City:

State:

Postcode:

Website:

Phone:

Email:

Languages spoken: