

FertilityCare™ Centres of Australasia

NaProTECHNOLOGY® Collaborative Agreement

I _____ understand
(Print Name of CFCMC or NFPMC)

that _____ is in
(Print Name of Fertility Care Centre)

the process of establishing an affiliation agreement with FertilityCare™ Centers of Australasia (FCCAu) and as a part of that affiliation agreement, in order to “Feature NaProTECHNOLOGY®” they must submit to FCCAu one or more signed collaborative agreements from appropriately trained Creighton Model Medical Consultants.

1. With that understanding I hereby certify that I satisfactorily completed the continuing medical education course as a Creighton Model Medical Consultant (NFPMC) on:

_____ (Day/Month/Year)

I submit as a part of this agreement a copy of the certificate I received as a culmination of my studies (or a letter testifying to same).

2. I also certify that I have achieved certification with the American Academy of FertilityCare Professionals (AAFPCP) as a Certified FertilityCare Medical Consultant (CFCMC) on:

_____ (Day/Month/Year)

I submit as a part of this agreement a copy of the certificate I received from AAFPCP as notification of Certification (or a letter testifying to same).

OR

3. I certify that I am in the process of applying for Certification with the AAFPCP as a CFCMC. My application for Certification was submitted on :

_____ (Day/Month/Year)

My Application Case Reviewer is:

My Exam date is/was:

_____ (Day/Month/Year).

* Please note that this collaborative agreement will become invalid if Certification with the AAFPCP is not achieved within 24 months of the date of signature of this document.

STATEMENT OF PHILOSOPHICAL PRINCIPLES

In addition to the above, and as a matter of this specific affiliation and this collaborative agreement, I do attest to the following philosophical principles in actual practice:

- A.** I will respect the value and dignity of each human life from the moment of fertilization (conception) through to the time of natural death.
- B.** I will not prescribe nor refer for contraceptive agents, sterilizations, abortion or artificial reproductive technologies.
- C.** I will always respect the inherent God-given dignity of each woman and each man that I come into contact with in my practice, and I will also respect the God-given integrity of marriage.
- D.** I will always attempt to provide accurate and up to date information to patients regarding the CREIGHTON MODEL FertilityCare™ System and NaProTECHNOLOGY®.
- E.** I will agree to work with patients who are coming to me, as a result of my relationship with the FertilityCare™ Centre in a way which evaluates and treats patients consistently with the principles of NaProTECHNOLOGY® and the CREIGHTON MODEL System
- F.** I will agree to work with and support patients who come to me for CREIGHTON MODEL FertilityCare™ and NaProTECHNOLOGY® services in their pursuit of the use of this system.
- G.** I agree to the principle that it is the right of each married couple to determine for themselves the number of children they wish to have in consultation with each other, in generosity and in prayer.
- H.** I will accept responsibility for the exercise of my professional judgment in areas relative to this collaborative agreement.

MEDICAL LICENSURE

I am currently registered to practice medicine with the following medical boards or registration agencies: _____

and my registration number(s) is (are): _____

MALPRACTICE INSURANCE

I attest to the fact that I am currently covered by malpractice insurance. My medical insurance company is _____.

NOT AN EMPLOYMENT AGREEMENT

I understand that this collaboration is not an employment agreement and the FertilityCare™ Centre with which I collaborate will be independent from my practice and my practice will be independent from it unless otherwise established by local agreement.

ATTESTATION

I attest that I am in *agreement* with the principles of this cooperative agreement and that it will be submitted as a part of the application for affiliation to FertilityCare™ Centres of Australasia. I will notify the FertilityCare Center with whom I am collaborating if there is any change in medical registration, insurance or my approach to basic philosophical principles.

Signed: _____
(Signature)

(Print Name)

Date: _____

NOTE: It should be noted that all Medical Consultants who participate as a collaborative physician to a FertilityCare™ Centre do have the right to review the centre's complete application and affiliation agreement.

Please return this form to the individual who is responsible for submitting their centre's formal application for affiliation to FCCAu.