



For the Study of Human Reproduction

Home of **FertilityCare™** and **NaProTECHNOLOGY**

Thomas W. Hilgers, MD  
Director

**TO:** **CREIGHTON MODEL FertilityCare™** Allied Health Education Program  
Potential Applicants – 2007-2008

**FROM:** Thomas W. Hilgers, MD  
Education Program Director

Thank you for your interest in the **CREIGHTON MODEL FertilityCare™** Allied Health Education Programs offered by the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska. The **CREIGHTON MODEL FertilityCare™ System** has been extensively evaluated over the past 25 plus years through research at St. Louis University and Creighton University Schools of Medicine and most recently at the Pope Paul VI Institute.

The **CREIGHTON MODEL FertilityCare™ System** provides couples with knowledge about their fertility, enabling them to use the system to achieve or avoid pregnancy. In addition, this system offers the opportunity to network reproductive and gynecologic health maintenance through the application of the new science of **NaProTECHNOLOGY** in medical practices. All of these services are provided through a network of FertilityCare providers affiliated with FertilityCare Centers of America or FertilityCare Centers International.

Some of the following are included in this packet:

Education Program Booklet

Program Fact Sheets

Application

**Love & Life Unlimited Conference** Information

Guide to Identification and Investigation of Funding Sources

Article – "Agents of Change" from *The Catholic World Report*, April 2005

Scheduled concurrently with the on-campus Education Phases, we offer a **Love & Life Unlimited Conference** for priests and religious, deacons, physicians, Family Life Directors, NFP Coordinators, Pro-life Directors, RCIA Team Members and other interested lay and religious educators. This conference is designed to assist us in competently and joyfully articulating the teachings of the Church regarding reproductive issues.

For additional information about the Pope Paul VI Institute, the **CREIGHTON MODEL FertilityCare™ System**, and **NaProTECHNOLOGY**, you are invited to visit our web site, [www.popepaulvi.com](http://www.popepaulvi.com).

Your interest in our programs is appreciated. We look forward to hearing from you in the near future. For any questions, please do not hesitate to call Alice Sales, Education Program Coordinator, at 402-390-9168, between 7:00am and 3:00pm CST, Monday through Friday, or email at [education@popepaulvi.com](mailto:education@popepaulvi.com).

(See Attachments)

*Building a Culture of Life in Women's Health Care*



# 2007

Education Program Offerings

**Education Phase I**  
October 6-13, 2007

**Education Phase II**  
April 5-12, 2008

## Certificate Programs for Creighton Model

- ❖ Practitioners
- ❖ Instructors
- ❖ Educators
- ❖ Supervisors
- ❖ Medical Consultants
- ❖ Nurse Practitioners
- ❖ Physician Assistants
- ❖ Nurse Midwives
- ❖ Pharmacists



An Authentic Language of a  
Woman's Health and Fertility

  
**Pope Paul VI Institute**  
The Home of FertilityCare® and NaProTECHNOLOGY®

6901 Mercy Road  
Omaha, Nebraska 68106  
Phone: 402.390.6600  
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Certificate Programs  
 Outlined in this  
 Program Offering  
 are Jointly Sponsored by:

Pope Paul VI Institute  
 for the  
 Study of Human Reproduction  
 and  
 Creighton University School of Medicine  
 Division of Continuing Medical Education  
 Omaha, Nebraska  
 USA

**The Practitioner, Instructor, Educator,  
 Supervisor and Medical Consultant Programs  
 are accredited by The American Academy  
 of FertilityCare Professionals**

All graduates of these programs **must** be affiliated with FertilityCare Centers of America in order to obtain Creighton Model FertilityCare System client teaching materials.

*“The dedication and approachability of the faculty members was inspiring and it was great to hear the personal stories behind their life’s work with Creighton Model. The fact that they have all dedicated such large portions of their lives to this added enormous weight to each presentation, as it was clear that therein lay a true belief of heart and soul.”*

*“It was a phenomenal class. I am deeply grateful to have been instructed by the people who actually developed the system and wrote the books! Thank you everyone and God bless you all.”*

Comments from Participants

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### > INTRODUCTION

The **Pope Paul VI Institute for the Study of Human Reproduction** is the leading education and research center in the United States in the area of the natural regulation of human fertility and the development of morally and professionally acceptable reproductive health services. Dedicated to Pope Paul VI's challenge to "physicians and health care professionals" and to "men of science," it is a living memorial to the challenges placed before us by Pope Paul VI in his encyclical letter *Humanae Vitae* (Of Human Life).

The **Creighton Model FertilityCare System** and the new women's health science of **NaProTechnology** have been developed through a research and education effort coordinated and directed by Thomas W. Hilgers, MD, director of Pope Paul VI Institute for the Study of Human Reproduction and clinical professor in the Department of Obstetrics and Gynecology, Creighton University Medical Center.

The **Creighton Model FertilityCare System** provides comprehensive, professional services through **individualized follow-up, standardized teaching tools** and **ongoing research**. The Creighton Model is a medically standardized modification of the Billings Ovulation Method. It is the only education program in this field that meets the education demands of a **newly emerging allied health profession** and provides a case management approach to teaching.

This is the **30th consecutive year** in which Creighton Model Education Programs have been offered. Two organizations designed to unite **Creighton Model FertilityCare Centers** nationally and internationally are **FertilityCare Centers of America** and **FertilityCare Centers International**.

*Faculty realizes no financial gain from their involvement in the education programs.*



**"The Creighton Model sells itself - no bias, just the facts."**

Comment from Participant

### > THE CREIGHTON MODEL FERTILITYCARE SYSTEM PRACTITIONER PROGRAM

The **13 month program** is the primary program for teachers. There are two education phases, two supervised practica and an On-Site Visit, providing education in both the **basic** as well as **advanced** aspects of this System. Only the education phases are done on campus; all other educational services are provided through an innovative system of long distance supervision and On-Site Visitation.

### > CURRICULUM CONTENT EDUCATION PHASE I October 6-13, 2007

The first education phase is an **eight day total immersion course**. At the conclusion of these eight days, participants should be able to demonstrate knowledge of the following:

- History of Natural Family Planning
- Anatomy of the Male and Female Reproductive System
- The Menstrual Cycle; Statistical Parameters
- The Mechanism of Anovulation and Oligoovulation
- The Physiology of the Cervix
- The Physiology of Breast Feeding and Menopause
- Psychodynamics of Contraception, NFP and Human Sexuality
- *Humanae Vitae*
- Philosophical Attitudes on Family Life, Family Planning and Unplanned Pregnancy
- Human Sexuality, Married Love and the Use of Natural Methods of Family Planning
- The Beginnings of Human Life
- The Methods of Contraception
- Physical and Psychological Aspects of Induced Abortion
- Teaching Fertility Appreciation and Utilization of Good Judgment
- The Natural Methods of Family Planning and their Comparative Evaluation
- Use Effectiveness of Natural and Artificial Methods of Family Planning
- The Creighton Model FertilityCare System
- The Importance of Standardized Teaching
- Basic Chart Reading and Chart Correcting
- Special System Instructions
- The Scientific Foundations of the Creighton Model
- Basic Principles of Follow-up
- The Organization and Flow of the First and Subsequent Follow-ups
- How to Conduct an Introductory Session and Follow-up
- The Creighton Model Follow-up Form and Techniques of Follow-up
- Critical Evaluation of the Health Benefits of Contraception
- Basic Problem Solving
- An Introduction to Natural Procreative Technology (NaProTechnology)
- An Introduction to a Case Management Approach to Teaching





- The Principles of Case Management
- Case Management Laboratory
- Basic Business Aspects and Marketing of FertilityCare Services
- Utilization of Forms for Record Keeping and Standardized Teaching
- Qualities of Being a Professional

> **SUPERVISED PRACTICUM I**

The program involves a faculty supervised **experience**, which is six months in duration and is to be completed at the new student's own home location. This structured experience develops basic teaching skills of the program:

- Presentation of the Introductory Session
- How to do a Follow-up
- The Techniques of Follow-up
- Use of Basic Organizational Tools
- Evaluation of Case Reports
- Presentation of the Picture Dictionary
- Teaching Observations
- Basic Case Management
- Case Management Evaluation

> **PRACTITIONER INTERNS ONLY EDUCATION PHASE II April 7-12, 2008**

This education phase is a **six day total immersion format**, consisting of lecture, clinical group discussion and hands-on problem solving of the **advanced aspects** of teaching the Creighton Model FertilityCare System. Participants should be able to demonstrate knowledge and ability of the following:

- The Basic Presentation of Cases
- Natural Procreative Technology (NaProTechnology)
- Advanced Case Management I - Infertility
- Advanced Case Management II - Unusual Bleeding
- Advanced Case Management III - Management of Continuous Mucus Discharge
- Advanced Case Management IV - The Use of Yellow Stamps
- The Principles of Pregnancy Evaluation
- How to Conduct a Pregnancy Evaluation
- Basic Communication Skills
- How to Manage the Human Resources of a Creighton Model FertilityCare Center
- Basic Ethical Principles
- Management of Advanced Issues
- Advanced Case Management V - Difficult Cases
- Advanced Organizational Aspects
- Comprehensive Case Review

> **SUPERVISED PRACTICUM II PRACTITIONER INTERNS ONLY**

This education experience is seven months in duration and is a supervised **clinical experience** at the Intern's home location. The clinical aspects of this supervised practicum are devoted to **learning advanced teaching skills** in:

- Advanced Chart Reading and Correcting
- Advanced Case Management
- Case Management Evaluation
- Conducting Pregnancy Evaluations
- Writing Goals and Objectives
- Writing Job Descriptions
- Completing Assignments on Advanced Case Management

In addition, this practicum includes an **On-Site Visit** by a member of the Creighton Model faculty and/or an Educator/Supervisor Intern. At the On-Site Visit the following will be reviewed:

- Introductory Session Critique and Review
- Follow-up Critique and Review
- Tour of Facilities
- Comprehensive Case Review

**SPANISH FERTILITYCARE SYSTEM TEACHING MATERIALS**

The Creighton Model FertilityCare System client teaching materials are available in Spanish. However, only a Practitioner Intern who is bilingual and fluent in Spanish will be permitted to teach in Spanish and use those materials. **The bilingual student must have successfully completed Education Phase I and Supervised Practicum I in English prior to obtaining the Spanish materials and teaching in Spanish.** Certain Spanish teaching materials are available to non-bilingual students during SPII who have an opportunity to teach Spanish speaking couples if one spouse is bilingual.

**"Interaction with the other students was so special. Hearing people's stories, sharing their sorrows and joys made this a deeply moving experience."**

Comment from Participant





> **THE CREIGHTON MODEL FERTILITYCARE SYSTEM INSTRUCTOR PROGRAM**

This is a **seven month** program, open to persons with less than two years of post high school education. It is designed to provide only **basic education** in the Creighton Model FertilityCare System. These teachers may teach **only under the supervision of a FertilityCare Practitioner**. The training program includes one education phase and one supervised practicum. Only those curriculum items that are previously outlined for Education Phase I and Supervised Practicum I make up the Instructor Program. There is no Education Phase II or On-Site Visit.

> **THE CREIGHTON MODEL FERTILITYCARE SYSTEM MEDICAL CONSULTANT PROGRAM**

This is a **six month program**, designed to assist physicians to incorporate into their medical practices the newly emerging science of Natural Procreative Technology (NaProTechnology). It also assists the physician to work in a supportive or administrative role with FertilityCare Programs. This program involves two education phases and one supervised practicum.

Physicians enrolled in the Medical Consultant Program should understand that the medical applications they will learn are related specifically to the Creighton Model FertilityCare System. Therefore, they should **plan to have a FertilityCare Practitioner available in their area**. It is possible for a physician to enroll in a combined Medical Consultant/Practitioner Program; however, this course is demanding, and one must have sufficient time to complete it.

If a physician is interested in the Medical Consultant Program but Education Phase I dates pose a scheduling conflict, the physician may attend Education Phase I in another location, but **must attend Education Phase II** in Omaha. The Pope Paul VI Institute Allied Health Education Department may be contacted for details.

**"Extra-ordinary experience! This was an outstanding experience of total immersion!"**

Comment from Participant



> **MEDICAL CONSULTANT SPECIFIC CURRICULUM ITEMS**

In addition to those topics presented in the Creighton Model FertilityCare System Practitioner Core Curriculum for Education Phase I and Education Phase II (listed previously), Medical Consultants have these additional core components:

- Natural Procreative Technology (NaProTechnology): The New Gynecologic and Reproductive Science
- The Important Role of Medical Consultants in the Future of FertilityCare
- The Creighton Model FertilityCare System Core Curriculum
- Chronic Discharges and the Use of Criteria
- Targeted Endocrine Evaluation of the Menstrual Cycle
- Cooperative Progesterone Replacement Therapy and Medical Support of the Luteal Phase
- The Effects of Stress
- The Evaluation and Treatment of Ovarian Cysts
- The Evaluation and Treatment of Premenstrual Syndrome
- The Dating of the Beginning of Pregnancy
- The Prevention of Premature Birth
- Ovulation and its Anatomic and Functional Disorders
- Types I, II, III, IV and V Luteal Phase Deficiencies and Follicular Phase Deficiency
- Progesterone as a Therapeutic Hormone: Human Identical Progesterone vs. Artimones (Isomolecular vs. Heteromolecular)

> **SUPERVISED PRACTICUM MEDICAL CONSULTANTS ONLY**

During the supervised practicum period, those involved in the Medical Consultant Program will be asked to give a total of **three hours of in-service lecture time** on the Creighton Model FertilityCare System to medical professionals in their area. These could include medical students, nursing students, nurses, physicians, colleagues, etc. In addition, there are **three open book assignments**. The Medical Consultant may choose to complete either an **honors project** or an **honors thesis** for an honors program. The honors project involves completion of a **use effectiveness evaluation** using pre-designed worksheets; the honors thesis consists of a **research paper** on a topic of one's choice related to the field of natural family planning. Special recognition will be given to those students who satisfactorily complete assignments for the honors program.

**"This course had great scientific content and provided avenues for great spiritual growth."**

Comment from Participant





> **MEDICAL CONSULTANTS ONLY**  
**EDUCATION PHASE II** April 6-12, 2008

In addition to those topics listed for the FertilityCare Practitioner Program, the Medical Consultant will also be exposed to the following:

- Research Principles in Natural Family Planning
- How to Conduct a Use Effectiveness Evaluation of Natural Methods of Family Planning
- The Evaluation and Management of the Infertile Couple
- The Evaluation and Management of Irregular Cycles and Unusual Bleeding
- The Presentation of Actual Cases
- Surgical NaProTechnology

> **THE NURSE PRACTITIONER, PHYSICIAN ASSISTANT, NURSE MIDWIFE, & PHARMACIST PROGRAMS**

Creighton Model programs are also offered to **Nurse Practitioners, Physician Assistants, Nurse Midwives and Pharmacists**. For these programs, see applicant eligibility (page 10). These certificate programs include a **combination** of the Creighton Model FertilityCare Practitioner and Medical Consultant Programs. **Both certificates** - Medical Consultant and Practitioner - will be presented upon satisfactory completion of the Practitioner Program **and** all Medical Consultant assignments and examinations.

A FertilityCare Practitioner who is a Nurse Practitioner, Physician Assistant, Nurse Midwife or Pharmacist may return to Education Phase II and complete the Medical Consultant portion of the program. All Education Phase II dates would need to be attended: **April 5-22, 2008.**

> **AUDITORS**

The course is available for individuals who do not meet the applicant eligibility requirements but wish to audit the program. A physician, physician assistant or nurse practitioner may audit for CME credit; a nurse may audit for CEU credit. **For credit** requires satisfactory completion of examinations offered during the Education Phases.

> **INTERNATIONAL STUDENTS**

For students who come from countries without communication technology (fax, phone, email, timely mail service), the program for Practitioners must be completed over a nine month period of study at the Pope Paul VI Institute. The student must be able to speak English fluently. The student will be responsible for Room and Board during this study period of nine months, although the staff of the Pope Paul VI Institute will assist in making arrangements.

A short period of study will also generally be available in St. Louis, and the student will conclude study with attendance at the annual meeting of the American Academy of FertilityCare Professionals. Physicians enrolled in the Medical Consultant Program may attend the two Education Phases and do the remaining work at home (unless enrolled in the Practitioner Program). These programs are dedicated Creighton Model programs.

**TOUR OF POPE PAUL VI INSTITUTE**

Students will be invited to tour the **Pope Paul VI Institute for the Study of Human Reproduction**, 6901 Mercy Road, Omaha, NE 68106.

Transportation to and from the hotel is provided. This is an excellent opportunity to see the unique research and education facilities of Pope Paul VI Institute for the Study of Human Reproduction.



**“Professional, enthusiastic, and convicted are the words I would use to describe this outstanding group of people. I am motivated to be like them.”**

**“I met such a variety of people from all over the USA and abroad. As I spoke to many of these people, I am encouraged for the future and for families.”**

Comments from  
Participants







> **CONTINUING EDUCATION CREDITS FOR DOCTORS, NURSES, PHYSICIAN ASSISTANTS, AND NURSE PRACTITIONERS**  
**EDUCATION PHASE I October 6-13, 2007**

- The Creighton University School of Medicine designates this educational activity for a maximum of 62 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in this activity.
- The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.
- The American College of Obstetricians and Gynecologists (ACOG) cognate hours have been applied for and are pending.
- Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

**EDUCATION PHASE II April 5-12, 2008**

- The Creighton University School of Medicine designates this educational activity for a maximum of 69 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in this activity.
- The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.
- The American College of Obstetricians and Gynecologists (ACOG) cognate hours have been applied for and are pending.
- Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

These activities have been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Creighton University School of Medicine and Pope Paul VI Institute. The Creighton University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Continuing education credit for nurses, social workers and allied health professionals is provided by Iowa Western Community College, Iowa Board of Nursing Provider #6, and Iowa Board of Social Workers Provider #59.

Iowa Western Community College Continuing Education Credits		
Nurses	Nebraska (hours)	Others (hours)
Iowa (CEU)	724.4	724.4
72.44		

> **FINAL CERTIFICATE EXAMINATION**

All students enrolled in the Practitioner, Instructor and Medical Consultant Programs are required to take a criterion referenced, professionally administered final certificate examination. The **Practitioner** certificate examination is given in **November**, the **Instructor** exam is given in **May**, and the **Medical Consultant** examination is given on **the last day of the second education phase** in April.

> **APPLICANT ELIGIBILITY**

The Pope Paul VI Institute Allied Health Education Department welcomes applications from individuals or couples with **strong motivation and commitment to the very highest quality educational services** in natural family planning.

**PRACTITIONERS:**

1. Registered nurse with current license
2. Allied health professional with a BA or BS degree in:
  - a. Health or basic sciences
  - b. Behavioral sciences
  - c. Social sciences
  - d. Education
  - e. Other non-health fields are individually recognized
3. Associate degree/diploma such as:
  - a. Licensed Practical Nurse
  - b. Human Services Practitioner
  - c. Or, the equivalent of two years of college study

**MEDICAL CONSULTANTS:**

1. Medical physician with current license
2. Nurse Practitioner, Physicians Assistant, or Nurse Midwife with current license and able to legally prescribe medications and order tests (with or without proctoring) in the state of practice.
3. Pharmacist with current license

**Further eligibility criterion** requires that the applicant(s) **do not prescribe or refer for contraceptives, do not perform or refer for sterilization or abortion, practice (use) natural family planning** or, if single and celibate, monitor their natural fertility and be a **philosophical acceptor** of natural family planning. This program recognizes that human sexuality is a function of the whole person and not just a function of its parts. It further recognizes the scriptural notation that we are “created in the image and likeness of God” and that such a philosophical principle ultimately dictates the approach to the human person that will come under the care of a FertilityCare professional.





> **THE FERTILITYCARE EDUCATOR PROGRAM**  
**EDUCATION PHASE I** October 6-13, 2007  
**EDUCATION PHASE II** April 3-12, 2008

This 13 month program is the **most advanced program** available in fertility care. It is available **only** to FertilityCare Practitioners with at least one year of teaching experience and who are certified as a Practitioner (or in the process of being certified) by the American Academy of FertilityCare Professionals (AAFPCP). The individual must have a Bachelor's Degree or be a Registered Nurse. Some focus areas of this program include: **developing and implementing a Creighton Model Education Program that meets the standards of the AAFPCP; and serving as faculty on an established education program.** This program has two education phases, two supervised practica and an On-Site Visit. Contact the Pope Paul VI Institute Allied Health Education Department for more details on the curriculum content of this program.

> **THE FERTILITYCARE SUPERVISOR PROGRAM**  
**EDUCATION PHASE I** October 6-13, 2007  
**EDUCATION PHASE II** April 5-12, 2008

This program is 13 months in duration and is available **only** to FertilityCare Practitioners with at least one year of teaching experience and who are certified as a Practitioner (or in the process of being certified) by the American Academy of FertilityCare Professionals (AAFPCP). Some focus areas of this program include: **becoming involved as a clinical faculty member, a supervisor or an on-site coordinator for a Creighton Model Education Program.** This program has two education phases, two supervised practica, and an On-Site Visit. Contact the Pope Paul VI Institute Allied Health Education Department for more details on the curriculum content of this program.

> **JOINT SPONSORSHIP AND CERTIFICATES**

Pope Paul VI Institute FertilityCare Allied Health Education Programs are jointly sponsored by the **Creighton University School of Medicine, Division of Continuing Medical Education** and the **Pope Paul VI Institute for the Study of Human Reproduction.** Upon satisfactory completion of course requirements, a certificate will be issued and signed by the **President of Creighton University, the Vice President for Health Sciences and the Director of the Pope Paul VI Institute.**

> **AMERICAN ACADEMY OF FERTILITYCARE PROFESSIONALS ACCREDITATION**

Pope Paul VI Institute FertilityCare Allied Health Education Programs are accredited by the **American Academy of FertilityCare Professionals (AAFPCP).** The education programs provide students the appropriate education background to become eligible for the certification procedures of the AAFPCP.

> **FACULTY**

- Thomas W. Hilgers, M.D., CFCE, CFMCM:** Director, Pope Paul VI Institute for the Study of Human Reproduction, Clinical Professor, Department of Obstetrics and Gynecology, Creighton University School of Medicine, Omaha, Nebraska.
- Kathy Cherovsky, LPN, CFCS:** Co-Director Pope Paul VI Institute FertilityCare Center of Omaha, Omaha, Nebraska.
- K. Diane Daly, RN, CFCE:** Co-Director, St. John's Mercy Medical Center Department of FertilityCare Services; Coordinator, Department of NFP, Archdiocese of St. Louis, St. Louis, Missouri.
- Susan K. Hilgers, BA, CFCE:** Faculty Member, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.
- Margaret P. Howard, MAM, CFCE:** Director, FertilityCare Education Unlimited, Omaha, Nebraska.
- Sr. Renée Mirkes, OSF, Ph.D.:** Director, Center for NaProEthics, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.
- Teresa Kenney, MSN, ARNP, CNFPNP, FCP:** Nurse Practitioner, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.
- Kelly Morrow, Ph.D.:** Clinical Psychologist, Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.
- Ann M. Prebil, RN, BSN, CFCE:** Co-Director, St. John's Mercy Medical Center Department of FertilityCare Services, St. Louis, Missouri.
- Kathy Rivet, BS, CFCE:** Director, FertilityCare Services St. Joseph Hospital; Coordinator, NaProEducation Program, St. Joseph Hospital, Nashua, New Hampshire.
- Rev. Edward J. Richard, D. Th. M., J. D.:** Vice-Rector, Dean of Students, Associate Professor of Moral Theology, Kenrick-Glennon Seminary; Director, Paul VI Pontifical Institute for Catechetical and Pastoral Studies, St. Louis, Missouri.
- Jeanice Vinduska, CFCE:** Co-Director Pope Paul VI Institute FertilityCare Center of Omaha, Omaha, Nebraska.
- Phyllis White, CFCE:** Director, FertilityCare Center of Kansas City, Blue Springs, Missouri.





> **TUITION**

All tuition costs must be paid upon entry into the program or according to the tuition payment schedule provided by the program. The following **tuition** has been established for each program:

- FertilityCare Practitioner ..... \$2,475
- FertilityCare Instructor ..... \$1,895
- Natural Family Planning Medical Consultant ..... \$2,060
- Natural Family Planning Medical Consultant/  
FertilityCare Practitioner Combined Course ..... \$2,775
- FertilityCare Educator ..... \$2,390
- FertilityCare Supervisor ..... \$1,925
- Medical Consultant Auditors ..... \$1,900

> **TEXTBOOK FEES**

Required textbooks and client teaching supplies are purchased from Pope Paul VI Institute Publications and are subject to shipping charges and/or Nebraska sales tax. Fees for required textbooks vary depending upon the education program.

All programs require *Anatomy and Physiology: A Primer for the FertilityCare Professional*. The **Medical Consultant, Educator and Supervisor programs** require *The Medical and Surgical Practice of NaProTechnology*. If these are already owned, a reduction in Publications fees may be requested.

- FertilityCare Practitioner ..... \$450 ♦
- FertilityCare Instructor ..... \$360 ♦
- Natural Family Planning Medical Consultant ..... \$700
- Medical Consultant /Practitioner Combined ..... \$850 ♦
- FertilityCare Educator ..... \$745
- FertilityCare Supervisor ..... \$600
- Medical Consultant Auditor ..... \$675

◆ These programs require the purchase of client teaching materials. Cost of client teaching materials varies depending upon whether or not the student is providing Creighton Model FertilityCare Services within the confines of an existing center that is affiliated with FertilityCare Centers of America. If beginning an independent center, the approximate cost of client materials, in order to meet the requirements necessary for program completion, is \$450.50. It should be noted that initial outlay of expenses for these supplies may be reimbursable from client fees.

Current materials distribution procedures take into account the need to provide the most cost effective means possible to minimize the additional costs of shipping and/or sales tax for students. International students should expect to pay higher shipping costs.

The room, board, and round trip transportation for the Practitioner On-Site Visit will be the **responsibility of the student**. These same expenses will be the **responsibility of the Educator/Supervisor Intern** for his/her **initial On-Site Visit**.

> **LOCATION**

The course is held at the Omaha Comfort Inn and Suites. Accommodations are arranged through the Pope Paul VI Institute Education office, but travel arrangements are the responsibility of the participating students.



**"Each of the delicate considerations of our needs were greatly appreciated such as the student lounge, facility, meals, etc."**

Comment from Participant

> **ROOM, BOARD AND HOTEL CLASSROOM FEES**

Education Phases I and II room, board, program and hotel classroom fees will be charged per person at the following rates:

- Room and Board - \$175 for a double room/2 persons - 2 beds
- \$205 for a single room/1 person
- \$242 for a suite (Jacuzzi/Family/Kids)
- \$223.50 for a suite with 2 students

This fee includes **sleeping room, breakfast and lunch (all days), dinner (EPI=4, EPII=3), breaks, reception, meeting rooms and classroom set up fees**. All sleeping rooms are suites. A **\$75 per day facility use fee** is charged for those attending the conference but not wishing meals or lodging; additional arrangements may be made for meals. **All room, board, and hotel classroom fee expenses must be paid upon entry into each education phase.**

The hotel offers complimentary parking and shuttle service to and from Eppley Airfield. In addition, based on availability, the shuttle service is available for transport within a one mile radius of the hotel.





**“Despite the hours, I felt I had (almost) a week-long retreat. Institute tour was awe-inspiring and inspirational (and motivational); as well as a concrete example of how God ‘follows-up’ on acts of faith. The faculty were all very caring, helpful, knowledgeable, patient - excellent role models!”**

*Comment from Participant*

**> FINANCIAL AID**

The Pope Paul VI Institute has limited ability to provide financial assistance. A resource guide for funding suggestions has been developed for students.

Medical Military applicants may qualify for funding through the Military. Contact your Military’s Education Service Office.

**Archbishop Daniel E. Sheehan Scholarship Fund**

Named for the late archbishop of Omaha, these are tuition scholarships only and do not apply to the materials fee, room and board or On-Site Visit expenses. This scholarship fund can assist some students with up to 50% tuition reduction. For the most part, these scholarship funds are restricted to the State of Nebraska.

**Pope Paul VI Institute Scholarship Fund**

These are tuition scholarships only and do not apply to the materials fee, room and board expenses or On-Site Visit expenses. These can assist students with tuition reduction in variable amounts and are not restricted by geography.

**Nancy Botkin Memorial Scholarship**

These are tuition scholarships only and are restricted to students in the FertilityCare Educator program.

**“A worthwhile investment in my future and the future of all those whose lives will be forever changed physically, emotionally, mentally and spiritually by this incredible work.”**

*Comment from Participant*



**> APPLICATION, DEPOSIT, AND DEADLINES**

If interested in one of the programs, request an application from the Pope Paul VI Institute FertilityCare Allied Health Education Office.

Class size is limited. **Early submission of an application is strongly recommended.** Timely acceptance into the program will allow adequate study time of the advance books and materials. **Applications received after September 10, 2007 will be assessed a \$100 late fee; no application will be accepted after September 30, 2007.**

Upon acceptance into the program, a \$225 tuition deposit is required to secure your enrollment in the class. An advance packet of books and materials may be sent only after the tuition deposit is received.

WRITE, CALL, FAX OR EMAIL FOR COURSE APPLICATION

**Pope Paul VI Institute  
FertilityCare Allied Health  
Education Office**

**6901 Mercy Road  
Omaha, NE 68106**

**PHONE: (402) 390-9168**

**FAX: (402) 390-9851**

**INTERNET: [www.popepaulvi.com](http://www.popepaulvi.com)**

**EMAIL: [education@popepaulvi.com](mailto:education@popepaulvi.com)**



# Your Year with the Pope Paul VI Institute

## CREIGHTON MODEL *FertilityCare* System PRACTITIONER PROGRAM

Your participation as a Creighton Model *FertilityCare* System Practitioner Intern in the Pope Paul VI Institute's Education program will prove to be a very rewarding experience. To assist you in your preparation, please read the following overview of this program.

### COURSE SUMMARY

The one year educational program to become a Practitioner is a professional program developed according to the basic educational principles utilized in allied health courses. The program is divided into two education phases (EPI and EPII) held in the fall and spring. In addition, there are two supervised practica. The first supervised practicum (SPI) begins at the end of EPI and continues until the beginning of EPII. The second supervised practicum (SPII) begins after EPII and concludes at the time of the final examination in November of the following year. During the second supervised practicum, an On/ U k v g "c" conducted by " k u your assigned faculty supervisor, for whom the student is responsible for costs of lodging and round trip transportation.

The two education phases are designed to be total immersion learning experiences in order to receive an appropriate foundation of fundamental theoretical knowledge, preparing the student to undertake the clinical component of the course, which is the actual teaching of the Creighton Model *FertilityCare* System. The clinical phases of the course occur during the supervised practica at the student's home location. During the entire year, the student will be working under the direct supervision of either a *FertilityCare* Educator or Supervisor (or Intern) who is specially trained to provide the type of supervision that a Practitioner Intern requires.

### COURSE REQUIREMENTS

During the supervised practica you will have a number of assignments to submit to your assigned supervisor for input, evaluation and grading. For these assignments, you will need access to photocopying facilities in order to send copies to your supervisor. In addition, there are specific client quota requirements for the two supervised practica.

### ADVANCE COURSE PREPARATIONS

It is important that you allow yourself time to adequately prepare for EPI by reading the textbooks that are sent in advance. Also, prior to EPI, you should identify a facility for use in providing services. During EPI, you will learn to present the Introductory Session, which may be conducted in group or individual settings. C n n " e n k g p v l e q w r n g " h q n n q y / w and require confidentiality.

Advance preparation will allow your supervised practicum to run much more smoothly, better assuring your ability to obtain the required **minimum** of six (6) new clients prior to EPII.

Although there are a minimum number of Introductory Session presentations required, more may be presented. K p f k x k f w c n k | g f " h q n n q y a r e w r " conducted with each client/couple at 2, 4, 6, 8 and 12 weeks and also at 6, 9, and 12 months after the initial Introductory Session. You can anticipate that each h q n n q y i l l a s t an average of one hour and that time for preparation and concluding paperwork for a h q n n q y / up may involve up to an additional hour.

### COURSE TIME, CENTER AND EQUIPMENT NEEDS

A practical time schedule for which you can anticipate should include:

- studying
- presenting Introductory Sessions
- e q p f w e v k p i " h q n n q y / w r u "
- preparing and completing office work
- developing program and outreach
- completing assignments

You can expect that you will be involved for a minimum of ten and a maximum of twenty hours per week during the supervised practica. However, you will be closer to the minimum amount of time if you come from an established program where client development will not be so difficult.

Otherwise, you should anticipate the use of the maximum amount of time if you need to initiate your own program development and outreach.

In order to conduct the Introductory Sessions, you will need the following:

- slide or LCD projector (and laptop) and screen
- room large enough to hold three to six couples
- printed materials that will be provided to you at EPI for distribution to only those couples who decide to make an appointment with the Creighton Model FertilityCare System

The individualized smaller room with a desk or table and a few chairs; no slide projector is necessary" printed materials will be made available for you to conduct Introductory" U g u u k q p u " c p f " h q n In addition, phone accessibility will need to be arranged for clients to contact you.

**NETWORKING WITH A MEDICAL CONSULTANT**

It is recommended that an established FertilityCare Center of America affiliate or a newly developed program that provides the Creighton Model FertilityCare System collaborate with a Creighton O q f g n " O g f k e c n " E q p u w n v c p v " nology services. This collaboration will be discussed during the course of the program. If a Medical Consultant is not currently available in your community and you are aware of a local physician who may consider the Medical Consultant program, our office will assist you in the recruitment process."

This program is designed to develop your professional skills and ability to deliver the highest quality FertilityCare services possible. If you give attention to the preliminary aspects of preparation, you will find your year to be more productive.



# YOUR INVOLVEMENT IN THE CREIGHTON MODEL *FertilityCare* System INSTRUCTOR PROGRAM

Your participation as a **CREIGHTON MODEL *FertilityCare*™ System** Instructor Intern will prove to be a very rewarding experience. To assist you in your preparation, please read the following overview of this program.

## COURSE SUMMARY

The seven month educational program to become an instructor is a professional program developed according to the basic educational principles utilized in allied health courses. The Instructor Program is designed to provide only basic education in the **CREIGHTON MODEL *FertilityCare*™ System**. A *FertilityCare* Instructor may teach only under the supervision of a designated *FertilityCare* Practitioner. The program includes one education phase (EPI) and one supervised practicum, which begins at the end of EPI and concludes at the time of the final examination in May of the following year.

The education phase is designed to be total immersion learning experiences in order to receive an appropriate foundation of fundamental theoretical knowledge, preparing the student to undertake the clinical component of the course, which is the actual teaching of the **CREIGHTON MODEL *FertilityCare*™ System**. The clinical phase of the course occurs during the supervised practicum at the student's home location. During the internship period, the student will be working under the direct supervision of either a *FertilityCare* Educator or Supervisor who is a Practitioner with at least one additional year of teaching experience and is specially trained to provide the type of supervision that an Instructor Intern requires.

## COURSE REQUIREMENTS

As a *FertilityCare* Instructor, it is required that a local *FertilityCare* Practitioner be willing to collaborate in the providing of services to clients who would be considered as advanced. During the supervised practicum, a number of assignments are required to be submitted to the assigned supervisor for input, evaluation and grading. For these assignments, access to photocopying facilities is needed in order to send copies to the supervisor. In addition, there are specific client quota requirements for the supervised practicum.

The following requirements exist for a student enrolled in the **CREIGHTON MODEL *FertilityCare*™ System** Instructor Program:

- 12 new clients
- 6 Introductory Sessions

## ADVANCE COURSE PREPARATIONS

During EPI, you will learn to present the Introductory Session, which is a one hour slide presentation. Since new clients register to participate in your program at that time, we suggest that you **schedule your first Introductory Session for an evening time slot two weeks following the end of EPI**. In addition, you should **schedule three more Introductory Sessions at one month intervals following your first presentation**. You may schedule as many additional Introductory Sessions as you wish to fulfill your client requirements. It is strongly recommended that scheduling and advance publicity for Introductory

Sessions be developed prior to EPI. Advance preparation will allow your supervised practicum to run much more smoothly, better assuring your ability to obtain the **required minimum** of 12 new clients.

In addition to the Introductory Sessions, individualized follow-up teaching sessions are conducted with each couple at 2, 4, 6, 8 and 12 weeks and also at 6, 9, and 12 months after the initial Introductory Session. You can anticipate that each follow-up will last an average of one to one and a half hours and that time for preparation and concluding paperwork for a follow-up may involve up to an additional hour.

### COURSE TIME, CENTER AND EQUIPMENT NEEDS

A practical time schedule for which you can anticipate includes:

- studying
- presenting Introductory Sessions
- conducting follow-ups
- preparing and completing office work
- developing program and outreach
- completing assignments

You can expect that you will be involved for a minimum of ten and a maximum of twenty hours per week during these supervised practica. However, you will be closer to the minimum amount of time if you come from an established program where client development will not be so difficult. However, you should anticipate the use of the maximum amount of time if you need to assist in program development and outreach.

In order to conduct the Introductory Sessions, you will need the following:

- Slide projector and screen
- Room large enough to hold three to six couples

- **CREIGHTON MODEL FertilityCare™ System** printed materials for couples who decide to make an appointment for follow-up and learn the system.

The individualized follow-up sessions can be held in a smaller room with a desk or table and a two to three chairs; no slide projector is necessary for follow-up sessions. In addition, phone accessibility will need to be arranged for clients to contact you.

### NETWORKING WITH A MEDICAL CONSULTANT

It is recommended that an established **FertilityCare™** Affiliate center or a newly developed program that provides the **CREIGHTON MODEL FertilityCare™ System network with a NFP Medical Consultant to provide NaProTECHNOLOGY services.** This collaboration will be discussed during the course of the program. If a Medical Consultant is not currently available in your community and you are in contact with a local physician who may consider the Medical Consultant program, the Pope Paul VI Institute's **FertilityCare™** Allied Health Education Program will assist you in the recruitment process.

We wish to remind you again that this program is designed to develop your professional skills and ability to deliver the highest quality **FertilityCare™** services possible. If you give attention to these preliminary aspects of preparation, you will find your involvement in the Instructor Education Program to be more productive.



# APPLICATION

## CREIGHTON MODEL FertilityCare System FERTILITYCARE PRACTITIONER/INSTRUCTOR PROGRAM

Please indicate the program for which you are applying:

Practitioner

Instructor

Auditor (Practitioner)

**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 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 (Print) \_\_\_\_\_  
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	DIPLOMA/ DEGREE	DEGREE INITIALS
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
a)		
Responsibilities:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____

---

OCCUPATION/TITLE	LOCATION	DATES EMPLOYED
b)		
Responsibilities:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____

---

OCCUPATION/TITLE	LOCATION	DATES EMPLOYED
c)		
Responsibilities:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for leaving _____

---

OCCUPATION/TITLE	LOCATION	DATES EMPLOYED
d)		
Responsibilities:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	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	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?
- |  |   |                                |                                     |
|--|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Introductory Lectures     | - | <input type="checkbox"/> Group | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Follow-up Interviews      | - | <input type="checkbox"/> Group | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Phone Advising/Counseling |   |                                |                                     |
| <input type="checkbox"/> Correspondence Counseling |   |                                |                                     |

23. Which of the following practices do/did you encourage?
- Client continuing with same teacher
  - Attendance at session(s) by Spouse/partner/fiancé
  - Conference with other teachers to discuss difficult cases
  - 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.

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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?

- Self-training
- Informal training
- Semi-formal training
- 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 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**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Female  |
| <input type="checkbox"/> | Female in reproductive years  |
| <input type="checkbox"/> | A Natural Family Planning user-acceptor                               |
| <input type="checkbox"/> | A user-acceptor of the NFP method being taught                        |
| <input type="checkbox"/> | Married   |
| <input type="checkbox"/> | Married with children   |
| <input type="checkbox"/> | Well educated   |
| <input type="checkbox"/> | Well trained in NFP   |
| <input type="checkbox"/> | Confident in NFP  |
| <input type="checkbox"/> | Confident in NFP method being taught                                  |
| <input type="checkbox"/> | Willing to refer for psycho-social counseling (e.g. marriage, family) |
| <input type="checkbox"/> | Willing to refer for medical problems                                 |
| <input type="checkbox"/> | Willing to refer for artificial contraceptive methods                 |
| <input type="checkbox"/> | Willing to refer for induced abortion                                 |
| <input type="checkbox"/> | Similar social class background to that of client                     |
| <input type="checkbox"/> | Similar age to that of client   |
| <input type="checkbox"/> | Socially acquainted with clients (e.g. same church, same community)   |
| <input type="checkbox"/> | A medical orientation   |
| <input type="checkbox"/> | A family orientation  |
| <input type="checkbox"/> | Stable in particular vocation   |
| <input type="checkbox"/> | Open to criticism, failure  |
| <input type="checkbox"/> | Non-judgmental/supportive   |
| <input type="checkbox"/> | 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 <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
- 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 you 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 – 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 "No" to question 40, please explain completely on a separate sheet of paper and attach to application.**

41. Two new organizations, **FertilityCare Centers of America** and **FertilityCare Centers International**, have been introduced. These new organizations are designed to unite **CREIGHTON MODEL FertilityCare Centers** nationwide and worldwide. Please note: any Practitioner or Center must become an affiliate or participate in an affiliated program to order **CREIGHTON MODEL FertilityCare™ System** teaching materials for client instruction.

It is important for your understanding of this program that you read, sign and date the following:  
 I understand upon completion of the Pope Paul VI Institute **CREIGHTON MODEL FertilityCare™ Allied Health Practitioner Education Program**, in order to purchase **CREIGHTON MODEL FertilityCare™ System** teaching materials, I will need to become an affiliate or participate in an affiliated program with **FertilityCare Centers of America** or **FertilityCare Centers International**.

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

Indicate if you will be teaching with an existing **FertilityCare Center** or establishing a new center once you complete the program.

- I will be teaching with an existing **FertilityCare Center**: \_\_\_\_\_  
Name of Center
- I will be establishing a new **FertilityCare Center**

42. **ESSAY:** Answer the following essay question in approximately 500 words, using a separate sheet of paper:

“Why is teaching the **CREIGHTON MODEL FertilityCare™ System** and providing professional FertilityCare services important to me?” (Discuss 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.)

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.

---

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

- \_\_\_ 1. Completed **application** and **essay**
- \_\_\_ 2. Recent **photograph**
- \_\_\_ 3. **Application fee** - \$25.00 (U.S. Funds only)

**Mail to:** Pope Paul VI Institute  
Education Department  
6901 Mercy Road  
Omaha, NE 68106 USA

- \_\_\_ 4. Arrange for **letter of reference**, addressed to Thomas W. Hilgers, MD, Program Director.

**Mail to:** Thomas W. Hilgers, MD, Program Director  
Attn: Education Department  
Pope Paul VI Institute  
6901 Mercy Road  
Omaha, NE 68106 USA

There will be an additional **\$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 Program's academic or continuing education's records.



## Program Contents



- Personalist View of Human Sexuality
- *Humanae Vitae*: Exploring Its Landscape
- *Donum Vitae*: Companion Piece to *Humanae Vitae*
- *Sapientia & Scientia*: Who will see to their marriage?
- Of Pillars & Spores: The Genius of Woman
- An Introduction to the Theology of the Body
- *Evangelium Vitae*: Building a Civilization of Love
- Expanding Your Sexual Horizons
- The Catholic Priest & Celibacy
- A Shared Apostolate: Medical Consultants & Catholic Priests
- Becoming Part of the FertilityCare Team
- Male & Female Anatomy
- Living Proof in 3D: Putting a face on the Unborn Human Person
- Artificial Methods of Contraception
- **CREIGHTON MODEL FertilityCare™ System**: Tools of Standardization
- **CREIGHTON MODEL FertilityCare™ System**: Introductory Session
- The Scientific Foundations of the **CREIGHTON MODEL FertilityCare™ System** and the New Science of **NaProTECHNOLOGY®**
- Bringing the Teaching to Life: Summary & Discussion

With faculty supervision, each individual will be asked to prepare and deliver an original homily (or presentation), which brings the content of the conference to life.

*Experience the . . .*  
**Love & Life  
 Unlimited  
 Conference**

**Building a  
 Culture of Life in  
 Women's  
 Health Care**

*A conference where we...*

**Ponder  
 Promote &  
 Proclaim**  
*the Catholic vision of  
 Reproductive Health Care*



[www.popepaulvi.com](http://www.popepaulvi.com)

**NAME** \_\_\_\_\_ (Print Name and Title/Initials for NameTag)

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE/PROVINCE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**COUNTRY** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_

**ORGANIZATION YOU REPRESENT** \_\_\_\_\_

**TITLE/POSITION** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS PROGRAM?** \_\_\_\_\_

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**FEES**

Registration & Materials Fee..... \$825

For room, board and hotel fees, please contact the Pope Paul VI Institute Education Office

Email: [education@popepaulvi.com](mailto:education@popepaulvi.com)  
 Web Site: [www.popepaulvi.com](http://www.popepaulvi.com)

Telephone: (402) 390-9168  
 Fax: (402) 390-9851

Pope Paul VI Institute  
 Education Department  
 6901 Mercy Road  
 Omaha, NE. 68106

Registration information can also be taken by phone.

**DATES REQUESTED TO ATTEND:**

April 3 – 7, 2006

October 2 - 6, 2006

April 16 - 20, 2007

October 8 - 12, 2007

April 7 - 11, 2008

October 6-10, 2008

**Mail or fax completed registration form to:**

*The Love & Life Unlimited  
Conference  
will encourage you to . . .*

## Ponder the Vision

... **ponder** the truth and beauty of the Catholic vision of marriage, family and sexuality.



## Promote the Vision

... **promote** the integrated, Catholic vision of the Pope Paul VI Institute: a dynamic vision of reproductive health and health care services.



## Proclaim the Vision

... **proclaim** this vision to family, friends, fellow-parishioners and colleagues.



## This Conference is Perfect for...

- Priests and Religious
- Deacons
- Physicians
- Family Life Directors
- RCIA Team Members
- Marriage Preparation Instructors
- NFP Coordinators
- Pro-life Directors
- Other Interested Lay and Religious Educators

## Pope Paul VI Institute

The Pope Paul VI Institute for the Study of Human Reproduction is the leading research center in Catholic reproductive services in the United States. Directed by Thomas W. Hilgers, M.D., the Institute has attained national and international recognition for its achievements in developing a natural method of birth regulation as well as research in reproductive medicine and surgery.

The Institute is home to the **CREIGHTON MODEL FertilityCare™ System** education technologies, the National Center for Women's Health, the National Hormone Laboratory, the newly emerging science of **NaProTECHNOLOGY®** (the orderly and systematic evaluation of the events that occur during the course of the menstrual and ovulation cycles), and the Center for NaProEthics.

## Faculty

**Thomas W. Hilgers, M.D.:** Director, Pope Paul VI Institute for the study of Human Reproduction, Omaha, Nebraska

**Teresa McKenna, M.D., CFCEP, CNFPMC:** Moderator, Member Board of Directors, Marguerite Bourgeouys Family Services, Toronto, Ontario, Canada

**Rev. Edward J. Richard, D. Th. M., J.D.:** Academic Dean, Associate Professor of Moral Theology, Kenrick-Glennon Seminary; Director, Paul VI Pontifical Institute for Catechetical and Pastoral Studies, St. Louis, Missouri

**Sr. Renée Mirkes, Ph.D.:** Director, Center for NaProEthics, Pope Paul VI Institute, Omaha, Nebraska

**Members of the teaching staff** of the Pope Paul VI Institute Education Programs

**Upon satisfactory completion of course requirements, a Certificate of Participation will be issued to the participant.**

## Dates

- Monday morning, April 3, 2006 through Friday morning, April 7, 2006
- Monday morning, October 2, 2006 through Friday morning, October 6, 2006
- Monday morning, April 16, 2007 through Friday morning, April 20, 2007
- Monday morning, October 8, 2007 through Friday morning, October 12, 2007
- Monday morning, April 7, 2008 through Friday morning, April 7, 2008
- Monday morning, October 6, 2008 through Friday morning, October 10, 2008

## Location

DoubleTree Suites - Omaha, Nebraska

## Registration

To make your reservation, please complete and submit the attached registration form or give us a call. We can guarantee available space at the conference only by pre-registration.

# A GUIDE TO IDENTIFICATION AND INVESTIGATION OF FUNDING SOURCES

This paper is to serve as a guide to the identification and investigation of funding sources that may provide financial support for your involvement in the **CREIGHTON MODEL FertilityCare** Education Programs offered by Pope Paul VI Institute. It reviews general categories of resources and avenues of approach to take in requesting assistance from these sources; especially those successfully utilized by previous students of this program.

## GENERAL CATEGORIES

### **Institutional Support**

It is important to understand that your education through the Pope Paul VI Institute **CREIGHTON MODEL FertilityCare** Allied Health Education Program is an investment on the part of any institutional funding source that may support you in your endeavor to deliver quality FertilityCare services in your community.

### **Church**

Considering the nature of your request, the institutional Church is a logical place to start. Your locale and the extent of your present involvement in FertilityCare will determine where and with whom you begin your search for support.

### **Couples/Individuals Receiving Church Support**

Couples/Individuals already receiving Church support, whether it be financial or just approval to operate in a specific area or place, may desire to go first to that individual directly responsible for the support. This might be a Family Life Director, a Coordinator of Natural Family Planning Services, or the local Ordinary (Archbishop /Bishop or in the case of non-Catholic churches the President, etc.). In all cases it is important to seek a personal interview and at that time to discuss the upgrading of services by receiving the highest quality of education now available. Education and Certification is important not only to you as a teacher, but also to your funding source, as it reflects their commitment to quality FertilityCare services.

### **Couples/Individuals Not Presently Receiving Church Support**

Couples/Individuals not presently receiving Church support may wish to begin by investigating assistance on the local church or parish level first. Again, personal interviews should be sought in order to build understanding and gain valuable assistance in reaching the people who can support you financially.

Whether or not you are already receiving institutional Church support, investigate support on the organizational level as well. Almost all church bodies have **organizations** that are not dependent upon the local Ordinary for operation or decision making, and they can be approached for assistance. These are usually organizations of the laity (e.g. Council of the Laity, Council of Catholic Women, Knights of Columbus, Ladies Alter Society, the Deanery of local parishes, Serra Club, etc.), which would be sympathetic and understand how the local community would realize a valuable return on their investment. If you know people personally who are active in such organizations (either at a parish, chapter, diocesan or state levels), seek their active assistance in gaining organizational support.

### **Health and/or Social Agency**

Health Center or Social Agency support is probably most viable for those individuals already associated with such institutions. Those individuals who are investigating a support base for FertilityCare Services in their community should not overlook this area. Such institutions should be able to recognize that a center cannot operate without trained teachers and that quality education is essential to providing a professional service that meets the needs of the community and reflects positively upon the institution. Whether or not you are presently attached to such an institution, seek an interview with the decision-making person(s) who handles community service projects. This would generally be the Health Center's Administrator, Director of Community Services, or the social agency's Executive Director or Director of Professional Services. If you are or plan to charge a fee for services, calculate the rate at which you would be able to

return the institution's investment in your education. You may find that a large portion of the investment will be returned within the year that you are in the education process. In this light, education grants are much easier for the institution to justify in terms of budget considerations.

### **Foundation Support**

Foundations exist for the purpose of supporting financially those projects and/or persons that the foundations deem worthy of support and meet their stated goals as philanthropic/charitable organizations.

The fact that most foundations receive numerous requests each year should not deter you from investigating them as funding sources. For your purpose of obtaining a training or educational grant or scholarship, those foundations that are most likely to help include:

- Those known to consider requests for individual assistance
- Those known to fund principally in your geographic area
- Those moderate in size.

In any case, the person to be approached for a personal interview is the Executive Director or Chairman of the Board of Trustees. Many foundations, even some with very large expenditures, have only a few members with the decision making power, and these usually follow the inclinations of the Chairman. Also, the Chairman of the Board is usually very approachable and interested in new requests, as it is part of his personal dedication to be a caring and concerned individual.

Because the foundation board may meet only monthly, quarterly, or even semi-annually, it is important that you move promptly and seek an interview with the individual who may be able to act on certain matters outside of the stated and/or scheduled process.

Foundation names and addresses, names of the chairman and members of the board, size, interests, and geographic areas in which funding is principally given can be found in various directories. Foundation source books should be available in most metropolitan and university libraries.

### **Military Support**

In some cases, a spouse of a military person might receive some financial assistance through the Military Archdiocese. The active duty military person applying for the **CREIGHTON MODEL FertilityCare System Allied Health Education Program** should contact Military's Education Service Office prior to submitting any monies on their own behalf and apply for the continuing education funding. If approved the military will pay 75% of the tuition only, no books or materials, or room and board are included in this. The first place to check is with the Education Office on the military base where you are stationed. If that is not available contact Navy Campus Education Center, Great Lakes, IL 847-688-5339, Army Education Center, Ft. Riley, KS 785-239-4836 or 5306, or Marine Education Branch MCCDC, Quantico, VA 703-784-5761, Air Force Education Office at Offutt Air Force Base, 402-294-5716.

### **Personal Support**

Couples/Individuals who find themselves unavailable due to funding sources mentioned above may have to rely on more personal sources of support such as a gift or loan.

### **Employer**

Many employees have a credit union to which they can turn for signature loans requiring no collateral. Such a loan may be easily repaid from fees generated through teaching. Banks loans are also possible.

## **Physician**

Couples/Individuals may wish to investigate support from a physician or group of physicians who could offer financial assistance in return for having a reliable person(s) to refer patients for FertilityCare Services. If direct financial assistance is not possible, request their support in approaching institutions (especially Health Centers or Hospitals), foundations, community groups, or influential citizens who may provide direct assistance when they recognize medical interest and support. Such a professional relationship, whether based on direct assistance or indirect support, can be extremely valuable in the development and growth of a program, and it can exist in a variety of locales. \*\*\*Be willing to look beyond physicians of your own religion if necessary to find someone sympathetic to the need for professional FertilityCare.

## **Family**

Family members and relatives may be able to provide support in the form of a gift or loan. As a professional provider you will be delivering a service which should involve a fee. It is therefore possible that any personal loan could be guaranteed by payment received for services provided by you after your training.

## **FURTHER SUGGESTIONS**

Previous students of the Pope Paul VI Institute Education Program have successfully utilized every resource stated above. The greatest sources of support have, however, been institutional, Church, Hospital – Health Center or Social Agency support.

Those who have presented themselves and their case directly to the decision-makers have fared better in raising necessary funds than those who just left it to others to make the requests. Having others go with you (e.g. physician, community leader, direct supervisor) or write letters of support is better than having them do all the requesting on your behalf.

Those who had alternative suggestions in hand when approaching a funding source also had an advantage. For example, several previous students approached funding sources for outright expenses but were put off by statements like “the budget is already complete” or “there isn’t any remaining miscellaneous training or education funds available.” They didn’t stop with that. Instead, they explored such possibilities as borrowing money out of certain budgetary projects that could be repaid out of patient fees or borrowing from the next budget year since the program extended into the next budget year. Having such alternative suggestions accomplishes two things:

- Indicates the seriousness of the intention and motivation of the person requesting funding.
- Encourages discussion of alternatives to obtain the needed support.

If you have funding prospects but feel that you need assistance in developing some alternative ideas in order to gain a listening posture from decision-makers, please call our office at 402-390-9168 and we will provide any help that we can.

Prepared by  
Pope Paul VI Institute  
**CREIGHTON MODEL FertilityCare**  
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# AGENTS OF CHANGE

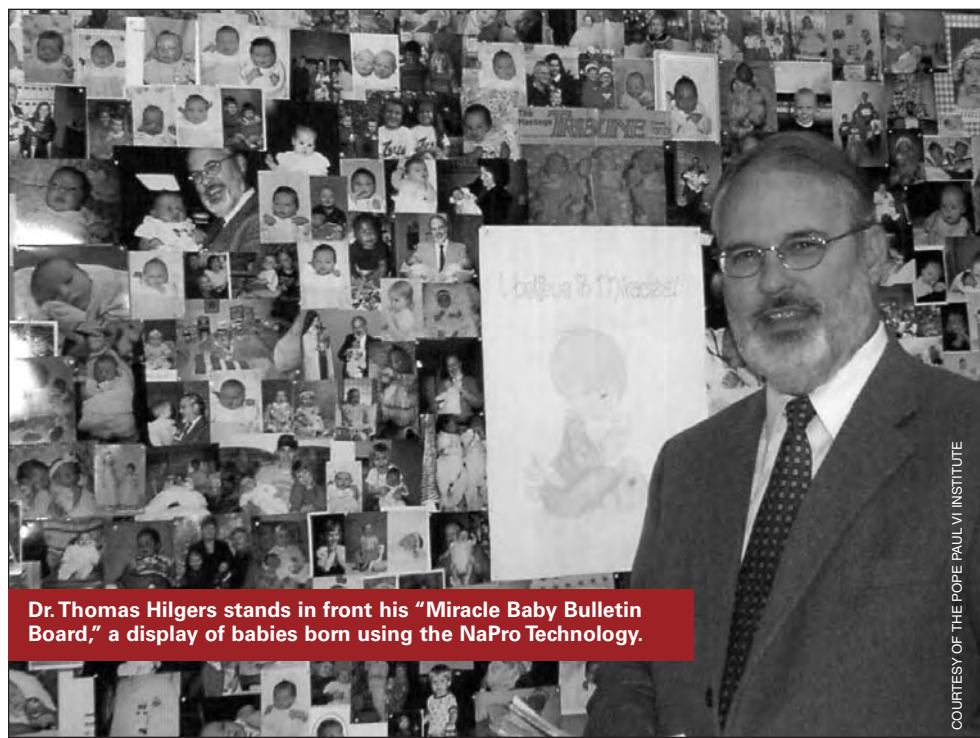
By Chuck Weber

A SMALL BUT DEDICATED AND GROWING CADRE OF CATHOLIC HEALTH-CARE PROFESSIONALS IS INTRODUCING AN EXCITING NEW APPROACH — WHICH IS BOTH MORALLY ACCEPTABLE AND REMARKABLY SUCCESSFUL— TO THE TREATMENT OF FERTILITY PROBLEMS.

The firestorm ignited in 1968 when Pope Paul VI issued the encyclical *Humanae Vitae*, reaffirming the Catholic Church's support of "responsible parenthood" and her condemnation of contraception, still burns brightly today. Now as then the Holy Father's teaching is widely denounced as out of step with modern science and out of touch with Catholics in the pews.

Cultural and political clashes centering on the dignity of human life continue to intensify, as emerging medical technologies bring a dizzying array of new products and services to the marketplace. Frozen storage of human ova, embryonic stem-cell research, surrogate motherhood, and the question of human cloning make up just part of the growing list of medically acceptable but morally objectionable techniques and practices.

In light of recent developments, the words of *Humanae Vitae* are nothing less than visionary—as if Pope Paul VI saw it all coming. He acknowledged the "stupendous progress" of scientific research while issuing a grave warning that their new "domination" of the



Dr. Thomas Hilgers stands in front his "Miracle Baby Bulletin Board," a display of babies born using the NaPro Technology.

"forces of nature" was beginning to degrade the dignity of the very "transmission of life."

Viewed through the lens of secular news coverage, public opinion of *Humanae Vitae* and other Catholic thought on issues related to science, medicine, and morality is overwhelmingly hostile—if, in fact, the Catholic viewpoint is considered at all. Yet largely hidden from the mainstream media there are new signs pointing to a steady growth in the appreciation of Catholic teaching. More importantly, there is a growing record of success in the application of Catholic thinking to real-life problems.

This is precisely what Pope Paul VI

envisioned when, in a little-noticed section of his life-giving encyclical, he urged doctors, researchers, and other medical specialists to "consider as their proper professional duty the task of acquiring all the knowledge needed in this delicate sector, so as to be able to give to those married persons who consult them wise counsel and healthy direction, such as they have a right to expect."

Nearly four decades after his controversial encyclical appeared, the wisdom of Pope Paul's words and the fruits of his legacy are on full display, embodied in a new science of health care for women that is gaining converts in the United States and around

the world. NaPro Technology—Natural Procreative Technology—represents today’s definitive Catholic answer to mainstream human reproductive medical procedures, practices, and paradigms.

### A LIFE’S MISSION

The recently released 1,300-page medical textbook *The Medical & Surgical Practice of NaPro Technology* (Pope Paul VI Press, 2004) culminates more than 30 years of research by Dr. Thomas W. Hilgers, an OB/GYN physician and founder of the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, Nebraska. Dr. Hilgers is also co-creator of the Creighton Model FertilityCare System, a popular method of natural family planning, fully in keeping with the teachings of the Church, which is used by thousands of couples to achieve or avoid pregnancy; this system is closely linked to NaPro Technology.

NaPro Technology applications—already in use today—extend far beyond the effective spacing of children. Medical and surgical practices of NaPro Technology effectively treat a wide range of women’s health issues including, but not limited to, infertility, repetitive miscarriages, pre-menstrual syndrome (PMS), post-partum depression, and more. Not only are NaPro Technology approaches morally acceptable to Catholics, they are at least as effective, *if not more so*, than currently accepted mainstream medical practices.

Inspiration for Hilgers’s groundbreaking work comes from that relatively obscure section of *Humanae Vitae* in which the Pontiff concedes that many Catholics will find it “difficult, if not impossible” to abide by the Church’s teaching regarding artificial birth control and responsible parenthood. His appeal for more scientific study of the woman’s natural cycle of fertility and a search for ways to make Church teaching easier to embrace was assuredly dismissed by many scientists. But to others, it carried both the challenge and the encouragement that suggested divine inspiration.

“From the moment I read the Pope’s words as a 4<sup>th</sup>-year med-school student, I knew he was speaking directly to me,” says Dr. Hilgers. On August 6,

the feast of the Transfiguration, in 1978—the date of the death of Pope Paul VI—he vowed to open the Institute. Drawing on the insights and

approaches to health care that could eventually boil over: a mounting dissatisfaction at the grassroots level with the way doctors do business—particu-



COURTESY OF THE POPE PAUL VI INSTITUTE

Stephanie and Anthony Epolite, with their daughter Claire Marie, speak at a NaPro Technology conference.

**Not only are NaPro Technology approaches morally acceptable to Catholics, they are at least as effective, if not more so, than current accepted mainstream medical practices.**



discoveries of human fertility pioneers like Drs. John and Lyn Billings (co-founders of the Billings Ovulation Method), Dr. Hilgers embraced the scientific study of human reproduction as a personal, professional, and spiritual challenge.

During the ensuing years and up to the present day, Hilgers has continued to lead a counter-cultural medical movement, with his work standing in sharp contrast to the widespread acceptance of license, abortion, sterilization, the Pill, test-tube babies, and other trends that the Church can only deplore. These same attitudes and practices, described and condemned by Pope John Paul II as the “culture of death,” fueled the startling rise of a powerful marketplace within the multi-billion dollar pharmaceutical and medical industries. Given the colossal financial stake that powerful players exert in maintaining the status quo, widespread acceptance of alternatives seems unlikely.

Yet at a level just beneath the collective consciousness of consumers, there are signs of a frustration with current

larly in the area of reproduction.

Working alongside a growing number of health-care professionals and some members of the clergy, Hilgers is convinced that NaPro Technology is a new, Catholic-centric health science—fundamentally different from the accepted norms, yet highly effective, and at the same time compassionate in its approach to women. Today the inherent innovations of NaPro Technology may well be sparking a



global revolution in health care. If so, it will be a revolution incited and carried out most notably by the women and married couples whose authentic happiness depends upon it.

couldn't conceive. "He kept bringing up my age (nearly 39 at the time) and said there was really only one option for us," Stephanie recalled of the doctor. "That was basically the consult: no

Their hope rested in a procedure called *IntraCyttoplasmic Sperm Injection* or ICSI-IVF, considered one of the most radical and invasive of all ART practices. A lab technician peering through a microscope injected a single sperm cell taken from a cup of semen produced by Anthony into a number of ova (human eggs) that had been surgically removed from Stephanie.

Now the couple awaited word to see if fertilization in the Petri dish would occur. If signs of life were detected, they would be summoned back to the clinic for the final phase of the process, the transfer of the embryo into Stephanie's womb. A steep price had been paid to get this far—nearly \$25,000 for two cycles of services and drugs.

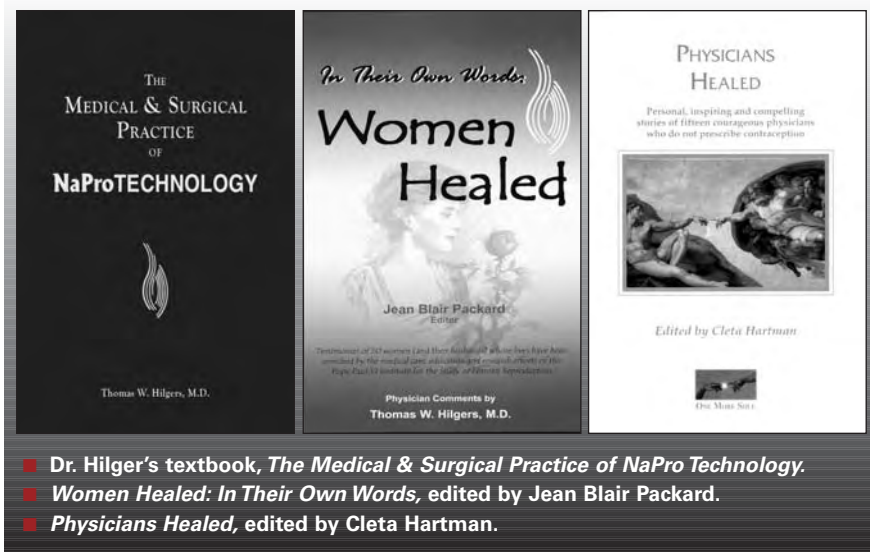
The clinical regimen over the previous two months had been tedious and emotionally draining. Part of the protocol involved Anthony injecting his wife with multiple, daily doses of drugs at various points of her body; the injections were designed to control her fertility cycle. Throughout the process they kept telling themselves it would all be worth it if the end result produced the child of their dreams. And so they waited expectantly for "the call."

Like most of the millions of women and couples in the United States who have endured ART treatments, the Epolites found that the call they were hoping for never came. Doctors from the clinic were matter-of-fact in assessing the failure. "Basically it was, 'We've done as much as we can, we can go no further, so basically, live with it,'" remembers Stephanie about being informed that fertilization failed. "There was no hope. In fact it was said that 'you will probably never have a family.' In essence, 'deal with it.'"

"I felt like it wasn't meant to be," said Stephanie recalling those dark days. "It was like my body had failed me, and that I couldn't do what I was meant to do. There was an emptiness inside myself and my heart that could never be filled."

#### BEHIND THE ART CURTAIN

The Epolites experienced firsthand what most other couples turning to ART discover sooner or later. Behind the glowing media reports and the marketing blitzes that feature satisfied parents cuddling smiling babies is a



- Dr. Hilger's textbook, *The Medical & Surgical Practice of NaPro Technology*.
- *Women Healed: In Their Own Words*, edited by Jean Blair Packard.
- *Physicians Healed*, edited by Cleta Hartman.

#### THE HEARTBREAK OF IVF

"I never dreamed we would be walking this road to hell." That harsh realization struck Stephanie Epolite and her husband Anthony like a blow to the head as they waited uneasily for a child—their child—to take shape inside the laboratory of a Sacramento, California, fertility clinic in the fall of 1999.

In their late 30s but recently married, the Epolites had failed repeatedly in their attempts at conceiving a child in the months following their wedding day. Desperate and frustrated, they sought the advice of a doctor, who referred them to a local fertility clinic. Assured by their parish priest that it was morally acceptable to "do whatever you are comfortable with," the Epolites concluded that the Assisted Reproductive Technology (ART) industry practice—commonly known as *in vitro fertilization* (IVF)—represented their last, best chance for starting a family.

As practicing attorneys, the Epolites were familiar with professional consultations. Even so, the initial meeting at the fertility clinic seemed more businesslike than what they had anticipated, especially considering the stakes. There was no talk of diagnosing the causes behind *why* the couple

blood samples, diagnostic tests, or anything else."

An in-house financial planner discussed the various "packages" available for purchase—one cycle of treatment versus two or three. "It was a little like buying a car: very structured," says Stephanie. She recalls:

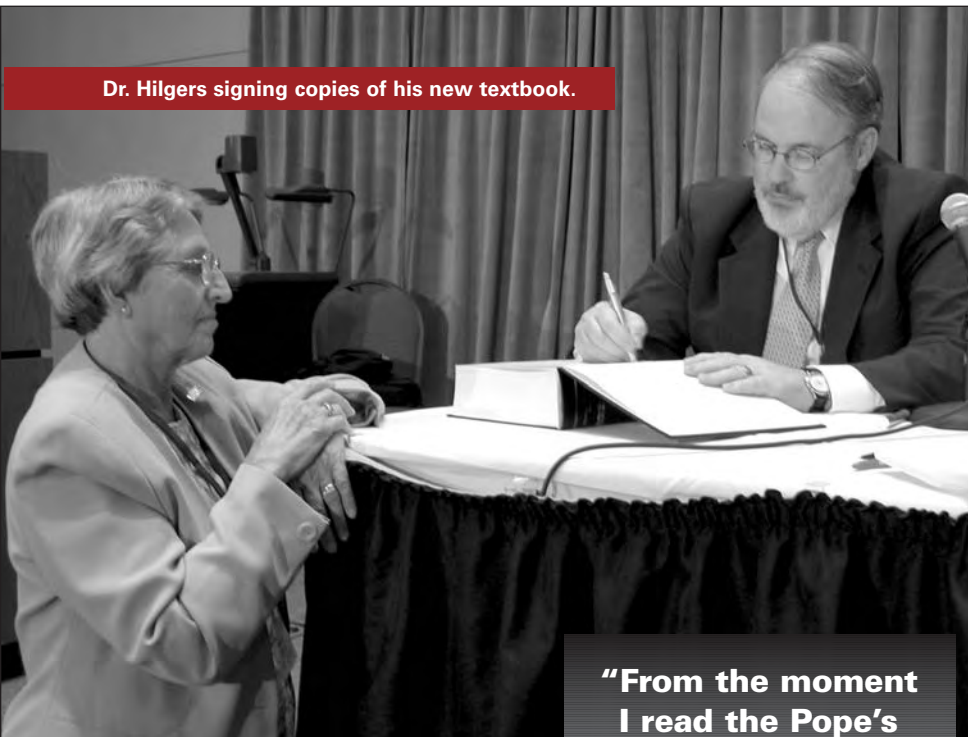
*Anthony is the numbers guy and dug into that more. I was just awestruck. They saw the desperation in my face, I'm sure they see it all the time. I guess they figured, "We've got two easy people here," and they were right. We were willing to go through with it.*

**According to the latest statistics available from the CDC, the success rates for ART procedures range from 21 percent to 34.8 percent.**

deeper, darker truth: assisted reproductive technologies are hardly the panacea to infertility they are made out to be.

IVF procedures invariably require the so-called “selective reduction” of human embryos—that is, the destruction of tiny unborn babies—that are typically produced in clusters, numbering as many as six or more at a time. Because the couples are dealing with

the *New England Journal of Medicine* found that babies conceived through IVF or ICSI were more than twice as likely as naturally conceived infants to have major birth defects (9 percent vs. 4.2 percent), such as problems with the heart and urinary or genital tracts. A number of other studies published in professional medical journals implicate IVF for significantly higher incidences of low birth weights, cancer, birth



Dr. Hilgers signing copies of his new textbook.

## Loome

multiple embryos and heavy fertility treatments, the approach can also yield unexpected results of another sort; a startling 35.4 percent of all ART pregnancies result in twins, triplets, or more, according to the latest data published by the Centers for Disease Control (CDC).

Success rates for ART procedures as defined by the CDC are measured in a variety of ways, including “pregnancies per cycle” of treatment as well as “live births” per cycle and other measures. According to the latest statistics available from the CDC, the success rates for ART procedures range from 21 percent to 34.8 percent. But even among those instances in which ART procedures result in a pregnancy and birth, there is growing cause for concern.

One large-scale study published in

**“From the moment I read the Pope’s words as a 4<sup>th</sup>-year med-school student, I knew he was speaking directly to me.”**



defects, and other conditions that can cause developmental problems like speech impairment.

The response from the ART advocates to these findings, as reflected in secular media reports, ranges from mild concern to dismissal. Kathy Hudson is the director of the Genetics and Public Policy Center at Johns Hopkins University in Baltimore and former assistant director of the National Human Genome Research

Institute. In a feature article examining concerns about ART and its impact on the health of infants published by MSNBC.com (the online partner of *Newsweek* magazine), Hudson responds to the troubling studies by saying: "The risks that do exist, if they do exist, are rare."

To date, some 300 studies on the effects of ART on children have been completed. A panel that includes members from the American Society for Reproductive Medicine (ASRM), considered by some to be the leading advocate of ART in the United States, and the American Academy of Pediatrics is now analyzing the available research.

### A SECOND CHANCE

But now, back to the case of Stephanie and Anthony.

Although unwilling to tolerate another round of ICSI IVF, the Epolites were not yet ready to give up their dream of having a child. In May of 2001, Stephanie decided to call an old friend, Nancy Mattioli, a veteran instructor of the Creighton Model FertilityCare system and a Certified FertilityCare practitioner with an expertise in NaPro Technology. The two women had first met a few years earlier during Stephanie's engagement when the bride-to-be inquired about natural family planning methods as a way to avoid pregnancy. The focus of their discussion now was quite different.

Stephanie remembers:

*Nancy was someone I felt comfortable talking with about all we'd been through. I laid it all out on the line for her, and I mean everything. I told her I felt like I'd violated my body, my religion, and that I felt like a sinner. She just heard me out and said, "Okay Stephanie, let's get back on track and start charting." So that's what we did.*

"Charting" is the foundation of the Creighton Model FertilityCare system and the key diagnostic tool of NaPro Technology. Prospective practitioners undergo a rigorous training curriculum that, once completed, certifies them to teach women how to look for and record changes in their cervical mucus. These changes, also known as

biomarkers, appear throughout the course of every woman's menstrual cycle. Research shows that changes in mucus correspond with changing levels of estrogen and progesterone in the

**"It was a little like buying a car: very structured."**



**It is one and-a-half to three times more successful than *in vitro* fertilization at helping infertile couples have children—at a fraction of the cost.**



**The per capita rate of hysterectomies in the United States is three to four times as high as in European countries.**



body that cause a woman to ovulate and menstruate.

Dr. Hilgers refers to the charting of these biomarkers as a way of reading "the language of the woman's body." Properly understood and used, this unique vernacular helps unlock the secrets of underlying health problems and points to appropriate treatments.

"This is perhaps the most striking distinction between mainstream medicine and NaPro Technology," explains Hilgers. "Most medical approaches today bypass the woman's problem or simply override her natural processes altogether. With NaPro, we find out *why* the body isn't functioning correctly, then apply treatments that work cooperatively with the body."

Once basic problems are diagnosed, NaPro physicians can utilize a range of cutting-edge medical and surgical practices, which are described in Hilgers' new medical textbook, to restore the natural process of the woman's body to its proper function. Thanks to this almost obsessive focus on diagnosing and curing underlying health concerns, Dr. Hilgers has documented important advances in treating endometriosis, polycystic ovarian disease, blocked fallopian tubes and hormonal disorders—all common conditions that can contribute to infertility and other problems.

### "WE'RE IN GOD'S PLACE"

Couples like Stephanie and Anthony Epolite include another element when they describe the NaPro Technology approach to health care: compassion. Stephanie remembers:

*When we walked through the doors of the Pope Paul VI Institute and met that first staff person, I told myself, "We're in God's place." Everyone treated us with respect, kindness, compassion, and love. When I finally met Dr. Hilgers in person, I told him we were in the right place and he was one of God's messengers.*

It was July of 2001, and the Epolites were in Omaha, daring once again to believe that their dream of having a child might be within reach. Under the direction and encouragement of Nancy Mattioli and a Sacramento physician, Dr. John Gisla, the couple had faithfully charted Stephanie's cycle for months before sending the data to Dr. Hilgers along with a letter asking if he would consider taking their case.

Dr. Hilgers's reply in January of that year outlined the protocol that would be involved if they wanted to move forward, and the couple readily agreed. Based on a reading of the charts, Stephanie's blood was drawn on targeted days and shipped to the Institute's hormone lab for analysis. After multiple long-distance phone discussions—and a word of caution from Dr. Hilgers that there are no guarantees for success—he agreed to take their case and the Epolites flew to Omaha.

In Nebraska, Dr. Hilgers immediately conducted diagnostic procedures on

Stephanie and Anthony. Those tests confirmed that she suffered from endometriosis and blocked fallopian tubes, while his sperm count was unacceptably low. (Unlike typical practitioners of assisted reproduction, the Pope Paul VI Institute has developed a technique for collecting semen during natural intercourse, so that the process does not violate the chastity of the man or the integrity of the marital act.)

During a two-week stay in Omaha, NaPro surgical procedures were performed on Stephanie, and a high-potency nutritional supplement was prescribed for Anthony. As they boarded the flight home, the couple's hopes were high that they would be able to conceive. They also sensed a new inner peace, knowing they had done all they could. Now, they decided, it was time for prayer and trust.

#### A LEAP OF FAITH— AND A SURPRISE

The weeks that followed were more difficult than the Epolites had imagined. Dr. Hilgers had repeatedly cautioned them not to expect instant results, but with each passing month, as they saw no visible results, the couple grew more discouraged.

"At one point I think I had convinced myself that I was experiencing symptoms of being pregnant," recalls Stephanie. "Then when my period came, I just threw myself down on the floor and shouted out, 'God, I can't do this any longer! You've taken a strong woman and you broke her down.'" Anthony consoled his wife as best he could, and reminded her that they had agreed to make a leap of faith. "We said we were going to rely on God," he said. "Let's trust him."

That trust was put to the test when the Epolites were asked to share their IVF experiences with representatives attending the annual meeting of the California Natural Family Planning Conference in March of 2002. They reluctantly agreed.

Conference attendees got more than they bargained for when, at the end of their prepared 30-minute presentation, Stephanie and Anthony made a dramatic announcement: she was seven weeks pregnant. Tears flowed freely during the extended standing ovation that followed. The journey to parenthood that Anthony describes as one of

"faith, endurance, heartbreak, and love" culminated on October 31, 2002 at 9:17 pm with the birth of their daughter, Claire Marie Epolite.

#### INTRODUCING A NEW TECHNOLOGY TO THE WORLD

NaPro Technology's application to the problem of infertility is perhaps the most captivating use of the emerging new approach to women's health

and the wife of an FBI agent, Debra Brock of Liberty Township, Ohio, spoke of her bouts with severe depression (including thoughts of suicide) while struggling with premenstrual syndrome (PMS). Brock had been successfully treated previously at the Institute for recurrent miscarriages, and during an otherwise routine follow-up phone conversa-



Denys and Gabrielle Tims and 3-day-old Baby Dionne, at Sligo General hospital, County Sligo, Ireland. The Tims received NaPro care in Ireland.

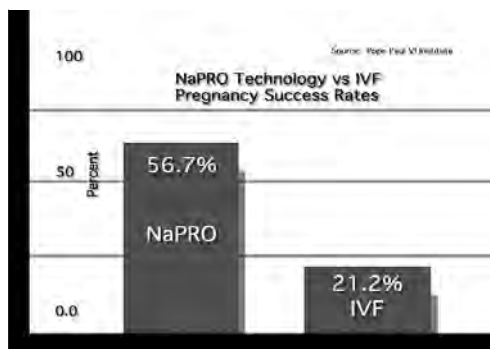
JAMES CONNOLLY/GRENGRAPH

undertaken by Catholic practitioners, but it is hardly the only one.

During a landmark conference in July of 2004 in Dr. Hilgers' home town of Omaha, Nebraska, more than 400 physicians, pharmacists, practitioners, and patients from the United States and around the world gathered to learn more about NaPro Technology's many breakthroughs, and to share their stories.

The conference theme: "Introducing NaPro Technology to the World," featured a series of emotional, first-person testimonials from women and couples—including Stephanie and Anthony Epolite—who described how their various conditions were diagnosed and successfully treated using NaPro Technology. For example:

- A home-schooling mother of eight



tion mentioned her depression. At the request of a nurse, she sent in a blood sample and it was quickly determined that her hormones were at one-third the normal level. After receiving treatment she was "given her life back."

- Abby Bredemeyer was a 19-year-old college student whose severe

Three "miracle babies" from the same family.  
(From left) Steffan, Rile, and Johannes Sales.



Dr. Hilgers presenting his new medical textbook to Pope John Paul.

pelvic pain and cramps during menstruation forced her to spend several days a month curled up in pain. She had been offered two options: painkillers and the birth-control pill, which only slightly relieved the symptoms. Her parents recalled a presentation Dr. Hilgers's wife Sue had given years earlier and decided to call the Institute. After the first appointment Abby ceased taking the Pill and started charting. That led to Dr. Hilgers' diagnosis of endometriosis: the core cause of monthly agonies. She had surgery, and her problems all but ended.

- "Women do *not* have to accept post-partum depression as a part of pregnancy," declared Estelle Nigro, the mother of three boys. For the first time ever, she publicly shared the impact of her own post-partum depression before the hushed audience: her feelings of shame, embarrassment and perhaps worst of all, the horrific feeling that motherhood was a colossal mistake. This was anything but the normal "baby blues." Doctors prescribed antidepressants and assured her the feelings were "common"—a patronizing diagnosis that made her feel even worse. Fortunately she sought the help of Dr. Hilgers—who, far from dismissing or trivializing her concerns, recognized the totality of the situation and its impact upon her personal emotional health, her children, and her marriage. Her NaPro Technology treatment protocol included regular doses of progesterone that led to the resumption of a normal, happy life as wife and mother.
- After six painful, emotionally traumatic miscarriages, Dennis

and Debbie Lutgen of Beloit, Kansas, had all but accepted their fate as a childless couple. Even when they were convinced to call the Pope Paul VI Institute and set an appointment with Dr. Hilgers, they were philosophical about their chances. "At our initial consultation I told Dr. Hilgers that I didn't know if we needed to be talking to him," recalls Debbie, continuing:

We believed so strongly that if God wants you to have children, he will give them to you. Dr. Hilgers just looked at me and said, "If you have a clogged sink, are you just going to pray about it—or are you going to call a plumber?" He explained that he is not playing God, he's just being used to bring about God's plan.

The Lutgens then introduced little David and Amy to the delighted gathering: two more NaPro Technology "miracle babies."

#### NAPRO BREAKTHROUGHS

During the Omaha conference and in a series of medical conferences across the country in the months that fol-

lowed, Dr. Hilgers has re-doubled his efforts to spread the NaPro Technology message. Publication of the medical textbook marked a significant turning point. Now he was able to offer scientific documentation to support the personal testimonies and anecdotal evidence that had been quietly circulating for years.

Among NaPro Technology's many breakthroughs, described in the textbook, are:

- It is one and-a-half to three times more successful than *in vitro* fertilization at helping infertile couples have children—at a fraction of the cost.
- It is 79 percent effective at helping women have a successful pregnancy after they have suffered repeated miscarriages.
- It can help women learn they are at risk for a miscarriage even before one has occurred.
- It is 95 percent effective at treating pre-menstrual syndrome (PMS), a condition that plagues millions of American women each month.
- It is also 95 percent effective at treating post-partum depression, often achieving results within hours to ease a condition that afflicts as many as one in five new mothers.
- It cuts the rate of premature birth nearly in half—thus helping to reduce the incidence of birth-related injury.
- It allows for the accurate dating of the beginning of pregnancy, thus helping to avoid some end-of-pregnancy complications.
- It effectively treats chronic pelvic pain, and it reduces the hysterectomy rate by a remarkable 75 percent.

Not only is the NaPro Technology approach more effective at getting desired results, it has many important, beneficial "side effects" as well:

- By helping patients conceive naturally, the pitfalls of IVF like multiple births and the high incidences of birth defects are avoid-

ed. The multiple-pregnancy rate of NaPro Technology is just 3.2 percent, far lower than IVF/ART pregnancies.

- NaPro Technology helps avoid unnecessary surgeries. To cite just one example, rather than treating a woman's underlying problems, many doctors today will order a hysterectomy, preferring simply to remove the woman's reproductive organs. The per capita rate of hysterectomies in the United States is three to four times as high as in European countries. Although studies show that the complication rate for hysterectomy is very low, research has linked the surgery to other subsequent problems, such as depression, sexual dysfunction, weight gain, high blood pressure, and premature menopause.
- The habit of daily observation by the woman—a practice that takes only half a minute, several times a day—helps her catch the early signs of other potential health problems, including some cancers, assuring her a higher rate of recovery.
- As a means of avoiding pregnancy, the Creighton Model FertilityCare System is highly effective. A study published in the June 1998 issue of the *Journal of Reproductive Medicine* found its perfect-use effectiveness to be 99.5 percent and its method effectiveness to be an impressive 96.8 percent. This compares favorably to the success rates of the birth-control pill, of which Planned Parenthood's web site states: "Of 100 women who use the Pill, only eight will become pregnant during the first year of typical use." It is well worth noting that the natural solutions advocated by Dr. Hilgers are what people really want. Several anecdotal bits of information point to that reality. According to a study conducted by City University, London, couples who conceive through IVF are far less likely to tell their children of their true origin than parents who adopt—perhaps an indication that the parents are not proud of the IVF procedure. Women who use the birth-control pill as a means of

avoiding pregnancy are more than twice as likely to discontinue that approach as women who use the Creighton Model FertilityCare system. And Creighton Model users report higher levels of self-esteem, spiritual well being, and sexual intimacy than do users of the birth-control pill.

with readily available research papers, news headlines, and other resources. Sponsorship for a *single event* like the "Gala Reception" at the group's annual meeting carries a \$225,000 price tag.

In contrast, marketing and publicity resources for the 165 FertilityCare Centers that serve as the primary



Dr. Philip Boyle, an Irish practitioner of NaPro Technology, Dr. Hilgers, and the Epolites at a panel discussion of the health care process.

**Conference attendees got more than they bargained for when, at the end of their prepared 30-minute presentation, Stephanie and Anthony made a dramatic announcement.**



#### TECHNOLOGY AT A CROSSROADS

The ability to transform NaPro Technology from a closely held, "niche market" approach to women's health care into a widespread, commercially viable alternative to conventional medical approaches depends on many factors.

The various beneficiaries of NaPro Technology, no matter what their medical conditions may have been, share one sentiment that crops up so frequently that it is almost eerie. They all say, in virtually the same words: "Why didn't anyone tell me about this before?"

Like many new products or services, NaPro Technology competes against well-financed options that are already firmly entrenched in the marketplace and in the political arena. The American Society for Reproductive Medicine maintains a fully staffed Office of Public Affairs in Washington, DC, and an elaborate web site stocked

source of NaPro Technology services in the United States and around the world are far more modest. The American Academy of FertilityCare Professionals, the education and certification group that supports NaPro Technology and sponsors an annual conference like the one in Omaha last July, is grateful that individual donors step up to provide a morning coffee bar for attendees.

By its very nature, the NaPro Technology approach to medicine and

reproductive health is unlikely ever to generate the kind of massive support infrastructure currently enjoyed by the ART industry. But NaPro Technology advocates are far from discouraged; they are simply seeking out more creative, cost-effective ways of spreading their message.

Last summer, Dr. Hilgers commissioned a new Catholic non-profit communications group composed of former secular news professionals to produce a Video News Release (VNR) to coincide with the annual conference and publication of the medical textbook. The VNR featured the story of the Epolites journey from failed IVF to parenthood with NaPro Technology. An audience tracking service confirmed that the story had aired on newscasts in more than a dozen major markets, reaching an estimated 3 million households, generating new calls and email messages to local NaPro Technology providers.

That same group is now developing a series of education and marketing videos explaining NaPro Technology, as told through the personal experiences of women and couples who have benefited. A feature-length documentary about the history and work of the Pope Paul VI Institute is also under development.

The Institute received hundreds of email messages and phone calls after Dr. Hilgers appeared on "The World Over" with Raymond Arroyo on Eternal Word Television Network (EWTN) last August. "We always know when they replay that show," says Dr. Hilgers of his EWTN appearance. "The next morning our email box is overflowing."

Support for the Pope Paul VI Institute and NaPro Technology within the Catholic Church is apparent on a number of levels. For several years now, the Institute has received a \$50,000 annual contribution from the Vatican—"my check from the Pope," says Dr. Hilgers with a smile. He presented the Holy Father with an advance copy of his new medical textbook last year.

Beyond monetary support, Pope John Paul II has continued to support the work of the Institute in other ways. Cardinal John Francis Stafford, former president of the Pontifical Council of the Laity (and currently director of the



Baby Kenneth with Anne Marie and Gabriel Downes. Kenneth was the first NaPro baby in Ireland, Born on July 29, 1997, in County Mayo.

**Can the secular reproductive-medicine community be persuaded to embrace—or at the very least to acknowledge—this new approach?**



Apostolic Penitentiary in Vatican City) repeatedly reminded attendees of the conference in Omaha he had come "at the explicit request" of the Holy Father to recognize the efforts of Dr. Hilgers and reaffirm the message of *Humanae Vitae*. The cardinal also stunned his audience with a stinging rebuke of contemporary sexual norms, mocking the kind of language heard all too often at the local mall or on MTV. His voice rising, Cardinal Stafford said:

*Humanae Vitae* involves a radical critique of the misuses of technology. Such abuses ravage the creative tiny sparks of life and contaminate the springs of love in communion—life, contaminated, and also, by the misuse of technology, love, and communion, violated. Studies and attitudes toward dating today report on the growing trends toward "hook ups." Railroad cars "hook up." Ships and planes sometimes "hook up" for re-fueling purposes. Now, in a technologically dominated culture, "hook ups" are perceived as human relationships, inspired by a mutual, and seemingly unromantic desire to take care of sexual urges without the complications of love or romance.

In bringing forth NaPro Technology, the Pope Paul VI Institute has reaffirmed the original meaning of technology. It is to be life-giving, in the Greek sense. It is to be creative and life-enhancing. This creative use of technology is in service to human subject, in *service*—not exploiting it, and is a direct response to the appeal of the Pope. It represents a turning point in the century.

#### LINGERING QUESTIONS

History will judge whether or not Cardinal Stafford went overboard with his glowing endorsement of NaPro Technology. But for all its benefits, numerous questions about the approach still remain. Can the secular reproductive-medicine community be persuaded to embrace—or at the very least to *acknowledge*—this new approach as a legitimate alternative to current practices? To date the answer to that question has been No. A spokesman from the American Society of Reproductive Medicine declined comment on the topic, saying, "We tend to just ignore these people." Requests for comment from another ART advocacy group, RESOLVE, were similarly met with silence.

There are other challenges, including the recruitment and training of properly certified physicians. A fellowship program at the Institute, in which doctors come to Omaha to live and train under Dr. Hilgers, has a rocky history. "It's a sacrifice for them," admits Dr. Hilgers when asked about doctors who consider the fellowship program. He explains the difficulties:

Many of them are sympathetic to what we're doing, but they've got thriving practices back home and families to support. It's a tough call. There's also a lot of pressure from their peers to view NaPro Technology as some sort of oddball kind of medicine because they didn't learn about it in med school.

Surprisingly enough, some of the most successful NaPro Technology physicians practicing today live and work outside the United States. Dr. Philip Boyle is a certified Fertility-Care educator and practitioner in Galway, Ireland, who began using NaProTechnology in 1998. Since then

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he has founded more than 30 FertilityCare centers in Ireland and has helped 95 couples achieve 123 conceptions. NaPro Technology practitioners can be found in 13 countries besides the United States, with a total of 165 FertilityCare Centers worldwide located in hospitals, diocesan natural family-planning offices, and stand-alone clinics.

Some members of the Catholic clergy are also playing an increasingly active role in learning about and promoting NaPro Technology. The "Love & Life Unlimited" conferences sponsored by the Pope Paul VI Institute are designed to give priests, deacons, and lay religious leaders an opportunity to "ponder, promote, and proclaim" the Catholic vision of marriage and sexuality.

Father Edward J. Richard is the aca-

demic dean at Kendrick Glennon Seminary in St. Louis, who serves as a member of the Love & Life Unlimited faculty. "Once the priests come and find out what this is all about, they can return to their parishes with a real grasp of what the Church teaches about sexuality," he says. "It also affirms and enforces the beauty and meaning of their own calling and commitment to celibacy."

As NaPro Technology advocates work to bring this new reproductive science into the lives of mainstream Catholics, the most crucial unknown is whether women and couples will actually take the time to explore all the options available to them—including NaPro Technology—as they address their own reproductive-health issues.

Ultimately, answers to these and other questions about the long-term

success of NaPro Technology depend upon the *merits* of this new women's health science. Does it work? Is it better? If NaPro Technology is in fact a superior health care alternative, grassroots demand for it from both Catholic and non-Catholic consumers, and in the marketplace of scientific and medical ideas will be the driving force.

Only then, as an aging but visionary Pontiff said so many years ago, would couples enjoy the "wise and healthy direction, such as they have a right to expect." ■

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