

Creighton Model Education Foundation, Inc
working with
FertilityCare™ Instructor Program of Northeast Indiana

EPI

Saturday, April 30 to Saturday, May 7, 2022
Registration for EPI is April 29, 2022

EPII

Monday, January 9 to Saturday, January 14, 2023
Registration for EPII is January 8, 2023



St. Felix Friary
1280 Hitzfield St.
HUNTINGTON, IN 46750

Contact: Theresa Schortgen, MSN, RN, CFCE, CFCP
Cell: 260.494.6444
Email: theresa@tcmef.org

Who qualifies as an auditor?

❖ **Auditor** ~

- is a current student in another program,
- a FertilityCare Practitioner (FCP) or a FertilityCare Instructor (FCI) who is attending to refresh their teaching skills
- or an individual who is not an FCP or an FCI but plans to promote FC in the parish life and/or community. A promoter does not teach clients.

❖ **Qualifications** –

- is a current student from another program (contact the Program Director to request to audit a different EP to send a letter of recommendation)
- one who has already completed and education program (contact the Program Director to send a letter of recommendation to my email directly)
- is a supportive member of the parish life or community and has an apostolic zeal for spreading the message of Humanae Vitae, Donum Vitae, and Dignitas Personae. The applicant may have earned additional training in TOB, chastity programs, Humanae Vitae (HV), or works with engaged couples for marriage prep, sits on the vocations or prolife committees, is involved with the youth group, or has another related role in the parish life.



The purpose of this form is to register attendees who will audit Education Phase I or Phase II of the FertilityCare™ Practitioner Program. Costs to audit the Education Program include \$105 daily fee for board/education. Creighton Model education books, personal meal, and travel expenses are the attendee's responsibility. The facility has a full kitchen for cooking and storing perishable and nonperishable items. Private rooms are assigned to each attendee, bedding included. Shared bathroom facilities. Please bring a towel and personal toiletries.

For students who are enrolled in another accredited FertilityCare Practitioner Program and using this Education Phase as a requirement for that program.

Name of Education Program you have been accepted into:

I hereby give permission for my Program Director to send my internship files to the **FertilityCare Practitioner Program of Northeast Indiana** and for Theresa Schortgen to receive my information from the accredited program listed above, regarding grades and performance of this student during the Education Phase or Phases.

Signature _____ Date _____

Dates you are requesting to attend _____

1. Name (print): _____ SS # _____
2. Home Address: _____
3. Landline:(_____) _____ Mobile:(_____) _____
4. E-mail: _____
5. Primary language: _____
6. I have the most current EPI and EPII books. **Yes** **No** **Not sure** Circle one.
7. Record Yes or No if you been needing overnight accommodations during the Education Phase ____
8. Contact Person in case of an emergency including a phone number: _____
9. Number of days and which days you are planning to attend: _____
10. Letter of reference from your program director sent to: theresa.a.schortgencfce@frontier.com:

Make check payable and mail payment to:

Creighton Model Education Foundation, INC
 ATTN: Brendan Price
 4420 Leeward CV.
 Fort Wayne, IN 46804

Or visit tcmeff.org/practitioner-program and scroll down to Costs and Fees and submit a payment via PayPal.

- ❖ The FCP or FCI who does not have the most current EPI and EPII books will need to purchase them. The costs is \$550.00. Contact me if you have any questions about how to know if you have the most current version of Creighton Model education books.

