

Name of FertilityCare Center \_\_\_\_\_

Type of FCCA Affiliation (Independent, Organizational, etc.) \_\_\_\_\_

Name of person submitting entry \_\_\_\_\_

Contact information \_\_\_\_\_ address

\_\_\_\_\_ city, state, postal code

\_\_\_\_\_ country

\_\_\_\_\_ email address

\_\_\_\_\_ preferred phone

Names of others in Center who were involved in this celebration:

_____	_____
_____	_____
_____	_____

Briefly, describe how your Center celebrated Worldwide FertilityCare™ Week 2019: include what was the goal of your project, what you did and what was done by your center to celebrate this event, and did your activities achieve your goal. If you made a presentation about/during this week in celebration of Worldwide FertilityCare™ Week and promoted the Creighton Model FertilityCare™ System and NaProTechnology®, describe the event, group and number of people who attended: clients, priests, physicians, etc. In addition to the description of how you and your center celebrated this week, submit a presentation of pictures that encapsulate your center’s efforts (the more pictures the better).

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**Deadline for submission: April 30, 2019**

Submit Entry form, Center Profile sheet, along with presentation of pictures/video to:

Kathy Hirkala, RN, BSN, CFCE, FCCA Worldwide FertilityCare™ Week Chair – [kathnfph@msn.com](mailto:kathnfph@msn.com)  
73 Braxton Road · Weirton, WV 26062

**WORLDWIDE FERTILITYCARE WEEK PARTICIPATING CENTER PROFILE**

*In order to help the judges know your Center better please complete the following:*

1. I am an Intern who will be starting a new Center upon completion of the education program.  
\_\_\_\_ Yes \_\_\_\_ No (if Yes skip to Question #9)
  
2. Name of Center \_\_\_\_\_
  
3. Name of Responsible Practitioner \_\_\_\_\_
  
4. How Many Practitioners/Instructors/ Interns are in your Center? \_\_\_\_\_
  
5. How long has your Center been in operation? \_\_\_\_\_
  
6. Does your Center feature NaProTechnology? \_\_\_\_ Yes \_\_\_\_ No
  
7. How many were involved in planning/implementing the activities for Worldwide FertilityCare Week?
  
8. How does your Center operate (LLC, Nonprofit, Diocesan, Parish, Hospital based, etc)?  
  
\_\_\_\_\_
  
9. Approximately how many clients does your Center serve?
  - a. Number of New Clients in the Past Year? \_\_\_\_\_
  - b. Number of Established Clients? \_\_\_\_\_
  
10. Other than Worldwide FertilityCare Week, what other types of outreach programs does your Center participate in (ex.: marriage prep, RCIA, etc.)
  
11. Is this the first time your Center has participated in Worldwide FertilityCare Week? \_\_\_\_ Yes  
\_\_\_\_ No
  
12. Approximately how many people were impacted by your Worldwide FertilityCare Week celebration? \_\_\_\_\_