



# TEACHER TRAINING APPLICATION

If applying as a couple, please include information for both applicants.

## General Information:

Woman \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

Man \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Email \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Diocese/Archdiocese (if applicable) \_\_\_\_\_

Do you intend to seek certification from the United States Conference of Catholic Bishops?  Yes  No  Unsure

*Note: This certification process is administered through your archdiocese/diocese, e.g., Marriage, Family Life or Pro-life Offices*

Date of Submission: \_\_\_\_\_

## Educational Background:

Woman

Man

## Work Experience (paid and volunteer):

Woman

Man

## NFP Background Questions:

1. Have you completed the BCC Method Instructional Program?  Yes  No  
*If yes, continue to questions 2, 4 – 9. If no, continue to questions 3 – 9.*
2. Month/year of completion \_\_\_\_\_ Name of Instructor \_\_\_\_\_
3. Are you currently enrolled in a BCC Method Instructional Program?  Yes  No  
If yes, please provide name of instructor: \_\_\_\_\_
4. Have you used the following? Please check all that apply.
  - Clearblue Touchscreen Monitor
  - Clearblue Original Monitor
  - Tempdrop
  - Proov Tests
  - LH Tests
  - Other: \_\_\_\_\_
5. Have you used BCC while breastfeeding?  Yes  No
6. Have you used other NFP methods? If yes, please list methods and years used.

7. Are you certified to teach other NFP methods? If yes, please list training organization(s) and year(s) of certification.

8. If not using NFP, please explain.

9. Please write brief explanation of why you want to teach BCC.