



TEACHER TRAINING APPLICATION 2021

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

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.