

Worldwide **FertilityCare** Week 2026 Celebration Entry Form Page 1

Sponsored by FCCA

The purpose of FCCA is to unite and promote Creighton Model FertilityCare System educational services through local FertilityCare Centers

Name of FertilityCare Center _____

Type of FCCA Affiliation (Independent, Organizational, Institutional, Diocesan) _____

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 2026: include what the goal of your project was, what you did and what was done by your center to celebrate this event, and if your activities achieved 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 pictures that encapsulate your center's efforts (the more pictures the better).

Deadline for submission: April 25, 2026

Submit Entry form, Center Profile sheet, and any pictures/video to:

Kathy Hirkala, RN, BSN, CFCE, FCCA Worldwide **FertilityCare**™ Week Chair –
73 Braxton Road · Weirton, WV 26062
kathnfph@msn.com

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? _____