



# NFP Teacher Certification Application

NFP Program, Secretariat of Laity, Marriage, Family Life and Youth, United States Conference of Catholic Bishops; 3211 4th St., NE, Washington, DC 20017; 202-541-3240; 202-541-3176 FAX; nfp@uscgb.org.

(Arch)Diocese: \_\_\_\_\_

NFP Coordinator: \_\_\_\_\_

(Arch)Diocesan Address: \_\_\_\_\_

NFP Teacher's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Assessment:

Teacher Self-Assessment (Form C) Date Completed \_\_\_\_\_

Teacher Observation (Form D) Date Completed \_\_\_\_\_

NFP Method(s) Teacher will teach: \_\_\_\_\_

*We hereby attest that the above candidate has completed the requirements for diocesan NFP teachers as stated in the Standards, and we request that the Diocesan Development Program for Natural Family Planning send the National NFP Ministry Test for certification.*

Teacher: \_\_\_\_\_  
Signature

Diocesan NFP Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature