

**DIOCESAN NFP TEACHER CERTIFICATION RENEWAL
APPLICATION**

Diocesan NFP
Teacher: _____

(Arch)Diocese: _____

(Arch)Diocesan Address: _____

NFP Method(s): _____

NFP Teacher Training Program: _____

List total number of clients (*couples count as two*) taught per year since your DDP Certification.

Year One _____	Year Two _____	Year Three _____
Year Four _____	Year Five _____	Total _____

Please **attach** to this application a list of continuing education events/activities you have taken part in over the last five years (*e.g., conferences, seminars, in-services, books, subscriptions, etc.*).

Other than client instruction, please describe or attach a description of ways you have promoted NFP, chastity and fertility appreciation during the past five years (*e.g., presentations in schools, presentations for clergy education, newspaper articles, presentations for health care workers, etc.*).

We attest that the above named teacher continues to meet the bishops' *Standards* for diocesan NFP teacher certification.

(Name of Diocesan NFP Teacher)

(Name of Diocesan NFP Coordinator)

(Date)

(Date)