



EVALUATOR MEMBERSHIP VERIFICATION FORM ICEA Childbirth Educator Certification Program

Please send this form to ICEA to have the membership qualifications of your evaluator verified **BEFORE** you start your evaluated teaching series. Your evaluator **must** meet the membership requirement of an ICCE with a current membership OR a person active in the field of childbirth education with a current ICEA membership of at least the past twelve months. If your series is evaluated by someone who does not meet these membership qualifications, your evaluated teaching series will not be accepted, and you will have to repeat your evaluated teaching series with a qualified evaluator. The Certification Coordinator will return this form after verifying the membership status.

Please complete the following information about yourself:

Name _____ ID # _____

Address _____

Telephone number _____ ICEA membership # _____

Evaluated Teaching Series dates _____

Please complete the following about your potential evaluator:

Name _____

Address _____

Telephone number _____

ICEA membership # _____ If applicable, ID # _____

Evaluator membership current through _____

Evaluator not qualified because _____

Verified by _____ Date _____

If you have another possible evaluator, please photocopy this form.

Please submit this form to
ICEA, 1500 Sunday Drive, Suite 102 Raleigh, N.C. 27607