



**LABOR OR BIRTH OBSERVATION VERIFICATION FORM**  
**ICEA Childbirth Educator Certification Program**

*Observations may not be completed while administering nursing or medical care.*

This verifies that \_\_\_\_\_ has observed or supported a laboring woman or observed  
(candidate's name)  
a birth at \_\_\_\_\_ in partial fulfillment of the labor or birth observation requirement  
(birth facility)  
for the Childbirth Educator Certification Program of the International Childbirth Education Association.

Signature \_\_\_\_\_

Position/title \_\_\_\_\_

Date \_\_\_\_\_

\* \* \* \* \*

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