



International Childbirth Education Association

## ICEA Approved Trainer (IAT): Program Enrollment Application

Completion of this form with full payment will constitute fulfillment for application into the ICEA Approved Trainer (IAT) Program. You will be notified of acceptance within three weeks. All fees are nonrefundable and nontransferable unless applicant is not accepted into the program.

Please Type or Print Legibly. Your Full Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Please check all that apply:

- I am an ICEA Certified Childbirth Educator for three (3) or more years
- I am an ICEA Certified Birth Doula for three (3) or more years.
- I am an ICEA Certified Postpartum Doula for three (3) or more years.
- I am recognized as a CIMS Mother-Friendly-Nurse

Prerequisites:

- I have met ALL the qualifications to become an IAT as listed on the ICEA Webpage
- Current *CV/Resume* is attached, stapled to the completed application
- Signed **Commitment Agreement** is attached, stapled to the completed application
- Enclosed \$100 U.S. non-refundable application fee. (If approved, \$350 registration fee due)

Checks Accepted <OR> Charge My (Circle One):    Visa            MasterCard

Account number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_

PHILOSOPHY STATEMENT:

"I support the natural process of childbirth and the right of the expectant parent to make informed decisions based on knowledge of alternatives. As an ICEA certified educator I will work with other health care professionals and consumers to promote family-centered maternity care, breastfeeding, and parent-infant bonding. I advocate parental participation in childbirth and the avoidance of medical intervention in un complicated labors. I accept as my primary responsibility the preparation of expectant parents, both mentally and physically, to participate in an individually satisfying pregnancy, labor, birth and introduction to parenthood."

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

Date: \_\_\_\_\_

**Mail or Fax Application To:**

International Childbirth Education Association

110 Horizon Drive, Ste. 210, Raleigh, NC 27615 USA / 919-674-4183 / FAX: 919-459-2075 / [www.icea.org/](http://www.icea.org/)

[info@icea.org](mailto:info@icea.org)

**Completion of the Following BIO Page is Required of Each IAT for Purpose of Providing Continuing Nursing Education Credits at the Finish of a Given Workshop**

Name:

Education:

Current position (title and description):

Professional qualifications specific to topic being presented:

Providers must request vested interest/conflict of interest disclosure from all faculty and document that information, or lack thereof, in the continuing education activity application. Faculty, having vested interest/conflict of interest in a particular topic or product shall be expected to present information objectively.

**Vested Interest:** Means having a significant financial interest in a product to be discussed or presented in some manner; being an employee of a company with financial interest; or having had considerable research support to study a product to be discussed.

**Vested Interest:** Does this individual have a vested financial interest in this program?       Yes       No

**Conflict of Interest:** Does this individual have a conflict of interest, other than financial in this program?       Yes       No

If yes to either, please describe: