



International Childbirth Education Association

Re-Approval Application: ICEA Approved Trainer Program

The following documentation must accompany this application. Please check each item is completed or enclosed.

Please Type or Print Legibly. Your Full Name: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

By initialing in the spaces below, you have...

- _____ Maintained active & continuous membership with ICEA*
- _____ Maintained active & continuous certification with ICEA in the area of the workshop(s) being taught*
- _____ Maintained Professional Continuing Education in the named areas within the past 2 years:
 - At least four (4) contact hours Breastfeeding meeting the BFHI Global Criteria (IBCLCs submit current certification)
 - At least four (4) contact hours Perinatal Emotional Health
- _____ Provided a list of names and contact information of all participants for each workshop(s) taught sent to the ICEA Administrative Office*
- _____ Provided workshop(s) evaluations from all participants attending and sent them to ICEA Administrative Office*

* VERIFIED BY MAIN OFFICE

Attachments:

- _____ Signed Commitment Agreement
- _____ Letter stating the your desire to continue as an ICEA Approved Trainer
- _____ Enclosed \$150.00 U.S. (Reapproval Fee)

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

Account number _____/_____/_____/_____

Expiration date _____ Security code _____

Signature _____

+++All fees are nonrefundable and nontransferable

PHILOSOPHY STATEMENT:

"I support the natural process of childbirth and the right of the expectant parent to make 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 uncomplicated 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."

Mail or Fax Application To:

International Childbirth Education Association

110 Horizon Drive, Ste. 210, Raleigh, NC 27615 / 919-674-4183 / FAX: 919-459-2075 / www.icea.org /

info@icea.org

Signature: _____

Date: _____

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: