



International Childbirth Education Association
Certification Exam Application:
ICEA Certified Childbirth Educator Program

PROGRAM TO BE COMPLETED PRIOR TO: ____ / ____ / ____

Please Type or Print Legibly. Your Full Name: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

The examination must be taken prior to the above specified date.

This application must also be received **30 DAYS** before the chosen examination date.

The following documentation **must** accompany this application. Please check each item that is enclosed:

____ Certification Examination Fee (\$200.00) **OR**

Please indicate here if you plan to take the exam at the ICEA International Convention (\$99.00)

Checks Accepted <OR> Charge My (Circle One): Visa MasterCard (**Note: Fees are NON-REFUNDABLE**)

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 choices 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."

Signature: _____

Date: _____

Examination Details

Date: _____ Day of Week: _____ Time Exam Will Take Place: _____

Examination Location (Must be a Public Facility): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Proctor Details

Full Name: _____ Credentials: _____

Qualifications and Relationship to Certification Candidate: _____

The examination will be mailed to the proctor at the address below. Please make sure the address is accurate and complete to ensure a timely delivery.

Business <or> Residential (Please Circle One)

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Mail or Fax Application To:

International Childbirth Education Association

110 Horizon Dr., Ste 210 Raleigh, N.C. 27615 / 919-674-4183 / FAX: 919-459-2075 / www.icea.org / info@icea.org