



International Childbirth Education Association

**Certification Exam Application:  
ICEA Childbirth Educator Traditional 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:

- \_\_\_\_ Verification of having completed a minimum of 16 ICEA approved contact hours by attending the Professional Childbirth Educator Workshop
- \_\_\_\_ Labor or Birth Observation Verification Form (minimum of two labors and/or births)
- \_\_\_\_ Evaluated Teaching Recommendation (FORM F)
- \_\_\_\_ 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., Suite 210 Raleigh, N.C. 27615 / 919-674-4183 / FAX: 919-459-2075 / [www.icea.org](http://www.icea.org) / [info@icea.org](mailto:info@icea.org)