

**LABOR OR BIRTH OBSERVATION VERIFICATION FORM**  
**ICEA Professional 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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