



International Childbirth Education Association

## ICEA Postpartum Doula Certification Program BREASTFEEDING CLASS VERIFICATION

Please complete this form and have it signed by the educator.

(Name) \_\_\_\_\_ attended a breastfeeding class,

taught by a certified breastfeeding educator, on (Date) \_\_\_\_\_

at (Location) \_\_\_\_\_.

Signature of Educator

Date

Educator's Credentials: \_\_\_\_\_ Length of class: \_\_\_\_\_