



International Childbirth Education Association

**ICEA Postpartum Doula Certification Program
INFANT/CHILD/ADULT CPR TRAINING VERIFICATION**

Please complete this form and have it signed by the instructor, or submit a copy of your current (non-expired) CPR certification card.

(Name) _____ attended an Infant/Child CPR class
on (Date) _____ at (Location) _____.

Signature of Instructor

Date

The candidate could send in the Friends and Family CPR certificate from the American Red Cross