



International Childbirth Education Association

## Re-Approval Application: ICEA Approved Trainer Program

The following documentation must accompany this application. Please check each item is completed or enclosed.

Please Type or Print Legibly. Your Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

By initialing in the spaces below, you have...

- \_\_\_\_\_ IAT has held a minimum of one workshop per year\*
- \_\_\_\_\_ Maintained active & continuous certification with ICEA in the area of the workshop(s) being taught\*
- \_\_\_\_\_ Maintained Professional Continuing Education in the named areas within the past 2 years:
  - ~~At~~ Four hours Breast Feeding continuing education meeting the BFHI Global Criteria (provide contact hours)
  - ~~At~~ minimum of four hours in perinatal mental health that have been approved by the ICEA Board
- \_\_\_\_\_ Provided a list of names and contact information of all participants for each workshop(s) taught, workshop evaluations, and IAT summary evaluations from each attendee sent to the ICEA Administrative Office\*
- \_\_\_\_\_ Adheres to those additional topics as outlined in the ICEA Approved Trainer Commitment Agreement
- \_\_\_\_\_ A letter stating the IAT's desire to continue as an ICEA Approved Trainer.
- \_\_\_\_\_ IAT has attended one ICEA conference every four years\*

\* VERIFIED BY MAIN OFFICE

Attachments:

- \_\_\_\_\_ Signed Commitment Agreement
- \_\_\_\_\_ Letter stating the your desire to continue as an ICEA Approved Trainer
- \_\_\_\_\_ Enclosed \$150.00 U.S. (Reapproval Fee)

Checks Accepted <OR> Charge My (Circle One): Visa MasterCard

Account number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Signature \_\_\_\_\_

+++All fees are nonrefundable and nontransferable

PHILOSOPHY STATEMENT:

"I support the natural process of childbirth and the right of the expectant parent to make decisions 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."

Mail or Fax Application To:

International Childbirth Education Association

110 Horizon Drive, Ste. 210, Raleigh, NC 27615 / 919-674-4183 / FAX: 919-459-2075 / [www.icea.org](http://www.icea.org) /

[info@icea.org](mailto:info@icea.org)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completion of the Following BIO Page is Required of Each IAT for Purpose of Providing Continuing Nursing Education Credits at the Finish of a Given Workshop**

Name:

Education:

Current position (title and description):

Professional qualifications specific to topic being presented:

Providers must request vested interest/conflict of interest disclosure from all faculty and document that information, or lack thereof, in the continuing education activity application. Faculty, having vested interest/conflict of interest in a particular topic or product shall be expected to present information objectively.

**Vested Interest:** Means having a significant financial interest in a product to be discussed or presented in some manner; being an employee of a company with financial interest; or having had considerable research support to study a product to be discussed.

**Vested Interest:** Does this individual have a vested financial interest in this program?       Yes       No

**Conflict of Interest:** Does this individual have a conflict of interest, other than financial in this program?       Yes       No

If yes to either, please describe: