



POSTPARTUM DOULA

COMPASSION • COLLABORATION • CHOICE

RECERTIFICATION PACKET
2021

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RECERTIFICATION WELCOME

We are honored that you have chosen to continue your certification with ICEA. The recertification process is important because ICEA believes that postpartum doulas are continually educating themselves and learning from their clients. Recertification also validates commitment to the profession and ensures the continuation of receiving the benefits of ICEA affiliation.

As you are hopefully aware, ICEA recently changed its membership and certification structures so that continuous membership no longer has to be maintained and paid for separately from your ICEA certifications. Membership is now included in all ICEA certification programs - making it easier for you along with saving you time and money!

Since its inception, ICEA has always supported educators and health care professionals who believe in freedom to make decisions based on knowledge of alternatives in family-centered maternity and newborn care. We pride ourselves on the ability to offer the program that is most widely and easily available to postpartum doulas around the world. Most importantly, we believe success may be found in following our core values:

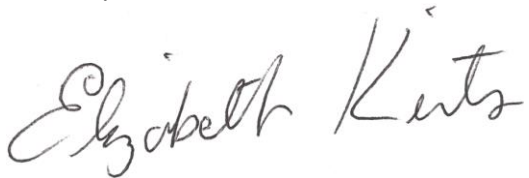
COMPASSION: We believe approaching maternity care with compassion and a nurturing spirit improves birth outcomes for all families

COLLABORATION: We practice a culture of collaboration based on the knowledge that mindful engagement with diverse groups advances positive family-centered maternity care.

CHOICE: We support freedom of choice by training professionals committed to empowering expectant families through informed decision making.

ICEA is here to support you throughout the recertification process. Our staff, board, and other volunteers are available to answer any questions or assist you with any needs during this time. If you should require anything, please, contact the office at info@icea.org or call 919.674.4183.

Sincerely,



Elizabeth Smith MPH, ICCE, IBCLC, RLC
ICEA President, 2021-2022



RECERTIFICATION OVERVIEW

ICEA is dedicated to maintaining a rigorous standard of excellence, and thus all ICEA certifications are only valid for three years. At the completion of the three years, all ICEA Certified Postpartum Doulas must apply for recertification to maintain their certification and continue using the credentials.

ICEA believes that postpartum doulas are continually educating themselves and learning from their clients. Recertification validates commitment to the profession and ensures the continuation of receiving the benefits of ICEA affiliation.

Recertification Requirements

During each three-year period of certification, the certified postpartum doula is expected to work towards completion of the recertification requirements. The requirements are as follows:

1. Obtain a minimum of 24 Continuing Education Credits
2. Confirm current Infant/Baby/Adult CPR Certification
3. Complete three client evaluations of at least 6 hours each
4. Pay the recertification fee

Recertification Procedure

The application and fee must be submitted by the recertification expiration date. Upon completion of the recertification requirements and payment of the recertification fee, the postpartum doula will be considered ICEA certified for another three years and will be provided with a three-year ICEA membership.

ICEA will send the newly recertified educator a formal certificate via email indicating status as an ICEA Certified Postpartum Doula, ICPD.

ICPDs who encounter serious difficulties during their certification period and cannot complete the recertification requirements on time may apply for an extension of the application deadline or inactive status.

Extension of the Recertification Application Deadline

An ICPD may apply for a single 6-month extension of the recertification deadline in order to complete the requirements. The request for an extension must be received before the recertification application deadline. The request must be in writing via email and state why the extension is needed. The request must also be received prior to the certification expiration date. The ICEA Certification Coordinator will respond in writing via email that the extension has been granted. The extension is only for submitting the application. The next certification period expiration date is based on the date of initial certification.

Inactive Status

ICPD who encounter a family emergency including serious illness, illness or death of a close family member, divorce, major relocation, birth of a baby, or who have temporarily left the field may request to be put on Inactive Status for a maximum of three years. The request for inactive status must be received by the expiration of the current certification period. The request must be in writing via email



and state why the inactive status is needed. The ICEA Certification Coordinator will respond via email that the inactive status has been granted. Only one inactive status will be granted per certification period. An inactive status fee will need to be paid when the individual decides to go inactive and a recertification fee will need to be paid to become active again.

Lapsed Certification

An ICPD with a lapsed certification of more than 6 months may reinstate to full certified status by completing the experienced pathway toward certification. The reinstated certification period begins when the individual has passed the certification examination.

ICEA reserves the right to change any part of the certification program or recertification process without notice. Notice of such changes will be sent in the newsletter, ICEA Connection.



CONTACT HOURS

Earning Contact Hours is a standard practice for most certifying organizations. These hours ensure that certified individuals keep up on changes in their field of education. An ICEA Contact hour is a specific amount of time spent participating in an educational program. Contact hours are computed as sixty (60) minutes of education equals one contact hour and resembles nursing continuing education credits (CEUs).

ICEA requires 24 hours of continuing education for recertification. These hours can be earned through the following ways:

ICEA Contact Hours

ICEA offers a variety of ways in which contact hours can be earned directly through the organization. These are earned by attending an ICEA event or completing an ICEA Continuing Education Opportunity. Examples are as follows:

- ICEA Conferences
- ICEA IAT Trainings
- ICEA Webinars

ICEA Reciprocal and Partner Organizations

ICEA will accept Continuing Education from the list below after a review of the agenda. Please email info@icea.org to obtain permission to use the contact hours. You are responsible to keep your certificate of completion and documentation of approval for the contact hours until your certification is due.

Up to 24 hours of continuing education will be accepted from the following organizations:

- Lamaze
- CAPP
- DONA
- Bradley

Up to 12 hours will be accepted from the following organizations:

- National Perinatal Task Force
- IBCLE- CERPs
- Healthy Children's Center for Breastfeeding
- USLCA/ILCA
- LER
- PSI International or a PSI local chapter

Approved Contact Hours should reflect ICEA's mission and vision. ICEA will accept up to 4 Contact Hours per renewal cycle for education activities that do not address pregnancy, birth, postpartum, newborn care, breastfeeding, or maternal mental health. There are many Continuing Education activities that could be beneficial to an ICEA Certified Professional's practice not directly related to these topics (for example: adult education, mindfulness, public health).



Individual Attendance

On occasion, an individual might attend an educational activity that they would like to be able to use for recertification. It is strongly encouraged that individual contact hours are approved before attending the event. Please submit a copy of the agenda and speaker bios to info@icea.org a minimum of 30 days prior to the event. Once approved you will be charged a \$25.00 administrative fee to transfer the contact hours to ICEA approved contact hours.

Requests for transfer of hours after completion of a training or workshop will be reviewed but acceptance cannot be guaranteed. These requests must be submitted within 6 weeks after completing the training.

ICEA Approved Workshops

Any perinatal or breastfeeding related organization sponsoring a workshop, conference, or other training may apply for Continuing Education from ICEA by completing the form found here – <https://icea.org/contact-hour-application/> Once approved, the organization will be provided a reference number to be used on the activity certificate. This certificate will be used to verify hours when recertification occurs.

FAQs

Cost

Find your appropriate [country category here](#).

Number of Hours	Country Category		
	A	B	C
1	\$25	\$15	\$10
2-4	\$55	\$35	\$20
5-8	\$90	\$55	\$55
9-16	\$140	\$90	\$75
17-24	\$200	\$110	\$95
>24	\$265	\$175	\$126

How long are they good for?

A program can be approved for either a single event or for multiple events. If the program is offering multiple events, it must be reviewed and reapproved annually by reapplying for contact hours.

If there is a change to a speaker for a long-term event then a COI form for that speaker must be submitted but no other action is needed.

If any content is changed during that year, then it will need to be reviewed for approval.

Alternate Contact Hours

Alternate contact hours may be approved for learning formats such as correspondence courses, video or audio tapes. Alternate contact hours must be applied for by the program sponsor, and approval must be awarded prior to use by the candidate or certified member. Candidates and certified members may use alternate contact hours for one-half (12.0) of the required hours for recertification.



Independent Study Contact Hours

If someone is unable to obtain enough contact hours required for recertification through any related opportunities listed above, alternate contact hours may be obtained through independent study.

Independent Study opportunities include:

- Read and take posttest for positions papers – 1 contact hour for each completed position paper and exam.
- Read and write a book review on a childbirth or breastfeeding book, published within one year – 5 contact hours.
- Write an ICEA Blog – 8 contact hours if accepted by ICEA’s blog editor.
 - 300-500 words
 - Use 5 current, evidenced based references that are under five years old
- If the member is a CLC or IBCLC, they may use 8 contact hours obtained for maintaining their CLC or IBCLC, for ICEA certification renewal. Proof of these contact hours must be provided.

Submit the information above with your recertification applications or email info@icea.org for additional details.

Providing Documentation

You don’t need to provide supporting documentation unless you’re audited. ICEA randomly audits 10 percent of recertification applications submitted. If you’re audited, then you’ll be asked to submit supporting documentation for each continuing education program listed on your application. We recommend you save both a digital and hard copy of your documents for your own records and in the event that you are selected for a random audit. If there is not sufficient evidence to support the completion of the required continuing education, then the application will be denied and the credential revoked.



LIST OF CONTACT HOURS

Learning Opportunity Title	Date Credits Obtained	Provider	Number of Credits



SUPPLEMENTAL CERTIFICATION

Full Name: _____

Address: _____ City/Town: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

ICEA Member Number: _____

Providing Documentation

You don't need to provide supporting documentation unless you're audited. ICEA randomly audits 10 percent of recertification applications submitted. If you're audited, then you'll be asked to submit supporting documentation for each continuing education program listed on your application. We recommend you save both a digital and hard copy of your documents for your own records and in the event that you are selected for a random audit. If there is not sufficient evidence to support the completion of the required continuing education, then the application will be denied and the credential revoked.

_____ I have a current Infant/Child/Adult CPR Certification

Signature: _____ Date: _____



CLIENT EVALUATION FORM

Form One

Postpartum Doula's Full Name: _____

Mother's Full Name: _____ Total Job Hours: _____

Please rate the following statements using the following scale.

- 1 = Outstanding
- 2 = Above my expectations
- 3 = What I expected
- 4 = Below my expectations
- 5 = Unacceptable

- _____ Doula was knowledgeable about the postpartum period for me.
- _____ Doula was knowledgeable about the needs and care of my newborn/infant.
- _____ Doula was knowledgeable about the postpartum period for my family.
- _____ Doula was a good listener.
- _____ Doula answered my questions satisfactorily.
- _____ Doula was tuned into my needs.
- _____ Doula was tuned into my baby's needs.
- _____ Doula was tuned into my family's needs.
- _____ Doula provided practical help (light house work, organizing, etc.) to my satisfaction.
- _____ Doula provided reassurance and support about my choices (feeding, parenting style, etc...).
- _____ Doula was professional and courteous.
- _____ Doula was punctual and accommodating.

Would you use the services of the Postpartum Doula again and why/why not?

What forms of support did you find to be most helpful?

What most impressed you about your Postpartum Doula?

Additional comments or suggestions:

Mother's Signature: _____ Date: _____



CLIENT EVALUATION FORM Form Two

Postpartum Doula's Full Name: _____

Mother's Full Name: _____ Total Job Hours: _____

Please rate the following statements using the following scale.

- 1 = Outstanding
- 2 = Above my expectations
- 3 = What I expected
- 4 = Below my expectations
- 5 = Unacceptable

- _____ Doula was knowledgeable about the postpartum period for me.
- _____ Doula was knowledgeable about the needs and care of my newborn/infant.
- _____ Doula was knowledgeable about the postpartum period for my family.
- _____ Doula was a good listener.
- _____ Doula answered my questions satisfactorily.
- _____ Doula was tuned into my needs.
- _____ Doula was tuned into my baby's needs.
- _____ Doula was tuned into my family's needs.
- _____ Doula provided practical help (light house work, organizing, etc.) to my satisfaction.
- _____ Doula provided reassurance and support about my choices (feeding, parenting style, etc...).
- _____ Doula was professional and courteous.
- _____ Doula was punctual and accommodating.

Would you use the services of the Postpartum Doula again and why/why not?

What forms of support did you find to be most helpful?

What most impressed you about your Postpartum Doula?

Additional comments or suggestions:

Mother's Signature: _____ Date: _____



CLIENT EVALUATION FORM

Form Three

Postpartum Doula's Full Name: _____

Mother's Full Name: _____ Total Job Hours: _____

Please rate the following statements using the following scale.

- 1 = Outstanding
- 2 = Above my expectations
- 3 = What I expected
- 4 = Below my expectations
- 5 = Unacceptable

- _____ Doula was knowledgeable about the postpartum period for me.
- _____ Doula was knowledgeable about the needs and care of my newborn/infant.
- _____ Doula was knowledgeable about the postpartum period for my family.
- _____ Doula was a good listener.
- _____ Doula answered my questions satisfactorily.
- _____ Doula was tuned into my needs.
- _____ Doula was tuned into my baby's needs.
- _____ Doula was tuned into my family's needs.
- _____ Doula provided practical help (light house work, organizing, etc.) to my satisfaction.
- _____ Doula provided reassurance and support about my choices (feeding, parenting style, etc...).
- _____ Doula was professional and courteous.
- _____ Doula was punctual and accommodating.

Would you use the services of the Postpartum Doula again and why/why not?

What forms of support did you find to be most helpful?

What most impressed you about your Postpartum Doula?

Additional comments or suggestions:

Mother's Signature: _____ Date: _____



RECERTIFICATION APPLICATION

Full Name: _____

Address: _____ City/Town: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

ICEA Member Number: _____

The following documentation **MUST** accompany this application. Dates for contact hours and other forms must be within three years of the certification expiration. Please check each item that is enclosed.

- Verification of 24 hours of ICEA approved continuing education credits
 Verification of current Infant/Baby/Adult CPR Certification (verify by checking)
 Verification of three client evaluations of at least six hours each
 Recertification Fee

Philosophy Statement

"I support the natural process of childbirth and the right of the expectant parent to make informed decisions based on the knowledge of alternatives. As an ICEA certified educator, I will work with other healthcare 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: _____

Payment Details*

ICEA's exam pricing structure is a reflection of our goal to improve birth outcomes for all families in the international community. Find your country's category and corresponding fee below.

**Please keep in mind recertification fees may vary during our certification process transition period. Refer to your renewal notice from ICEA for your personal recertification fee.*

Country Category	ICEA Fee (USD) for initial ICEA Certification	Discounted Fee (USD) with 5% discount if you hold an additional ICEA certification
Category A	\$230	\$218
Category B	\$63	\$60
Category C	\$34	\$32
Category D	\$25	\$24



CATEGORY A:

Andorra, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Bermuda, British Virgin Islands, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Chile, Croatia, Curacao, Cyprus, Czech Republic, Denmark, Estonia, Faeroe Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Guam, Hong Kong (SAR), Hungary, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea, Rep., Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macao (SAR), Malta, Monaco, Nauru, Netherlands, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Poland, Portugal, Puerto Rico, Qatar, San Marino, Saudi Arabia, Seychelles, Singapore, Saint Maarten (Dutch part), Slovak Republic, Slovenia, Spain, St. Kitts and Nevis, St. Martin (French part), Sweden, Switzerland, Taiwan, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States, Uruguay, Virgin Islands (U.S.)

CATEGORY B:

Albania, Algeria, American Samoa, Angola, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Iran (Islamic Rep.), Guyana, Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia (FYR), Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Paraguay, Peru, Romania, Russian Federation, Serbia, South Africa, St. Lucia, St. Vincent and the Grenadines, Suriname, Thailand, Turkey, Turkmenistan, Tuvalu, Venezuela RB

CATEGORY C:

Armenia, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Congo (Rep.), Côte d'Ivoire, Djibouti, Egypt (Arab Rep.), El Salvador, Ghana, Guatemala, Honduras, India, Indonesia, Kenya, Kiribati, Kosovo, Kyrgyz Republic, Lao (PDR), Lesotho, Mauritania, Micronesia (Fed. Sts.), Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Samoa, São Tomé and Príncipe, Solomon Islands, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Timor-Leste, Tonga, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen (Rep.), Zambia

CATEGORY D:

Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo (Dem. Rep.), Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Haiti, Korea, Dem. People's Rep., Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Tanzania, Togo, Uganda, Zimbabwe

\$ _____ Certification Fee

_____ Check Enclosed

_____ Charge My _____ Visa _____ MasterCard

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____ Date: _____

Please submit this form to:
 ICEA, 110 Horizon Drive, Ste. 210, Raleigh, NC 27615, USA
 info@icea.org

