LABOR OR BIRTH OBSERVATION VERIFICATION FORM

Observations may not be completed while administering nursing or medical care.

This verifies that ___________________________ has observed or supported a laboring woman or
observed a birth at ____________________________ in partial fulfillment of the labor
or birth observation requirement for the Childbirth Educator Certification Program of the International
Childbirth Education Association.

Signature: ____________________________ Date: ________________

Position/Title: ____________________________

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observed a birth at ____________________________ in partial fulfillment of the labor
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