

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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