



VERIFICATION OF NUMBER OF MONTHS TEACHING EXPERIENCE
ICEA Childbirth Educator Certification Program

*You must verify a **minimum of twenty-five (25) months teaching** childbirth education classes. Verification of teaching experience must be sent with your ICEA certification examination application. You may photocopy this form as needed. **Forms submitted must include original signatures.***

Title of class series:

Date of class series (list dates classes were held—**beginning and ending dates of each series**):

I verify that _____ taught the classes as stated above.
Certification candidate's name

Signature

Date

Name of signer _____
(please print)

Address _____

City _____ State/province _____

Postal/zip code _____ Country _____

Telephone _____ / _____

Relationship to certification candidate _____
(employer, supervisor, class participant, colleague)