LAMAZE INTERNATIONAL DENVER CHAPTER, CPAC, CHILDBIRTH EDUCATOR PROGRAM APPLICATION FORM

Not complete until official transcripts of previous academic work or professional license are received.

1. Legal Name:_____
2. Address:_____
City:_____ State:_____Zip:_____
3. Home Phone:_____
4. Business Phone:_____
5. Profession:_____
6. Professional License Number:_____
7. E-Mail Address:_____

8. Birth Date:_____
9. Sex: M / F Marital Status:_____
10. Are you a citizen of U.S.? Y / N
11. Please indicate your racial/ethnic background:
() Black, Non - Hispanic
() Asian or Pacific Islander
() Hispanic
() American Indian or Alaskan Native
() White, Non-Hispanic

Questions 8, 9, 10, and 11 are requested to comply with Federal Civil Rights laws and regulations. Completion of these questions is voluntary. All information is confidential and will have no bearing on your admission to the program.

12. Applicant's Statement: On a separate sheet, briefly state your reasons for seeking certification as an LCCE and why you would make a good educator. Limit one page.

Education College / University	**Dates of Attendance**	**Degree**	**Date Received**	**Major Field**
A.				
B.				
C.				
D.				

Childbirth Education Experience	**Dates**	**City**	**Teacher**	**Method**
A. Have you ever taken a childbirth education class as a parturient() or observer()?				Lamaze
B. Have you ever taught classes for expectant parents? () Yes () No				Bradley
Assisted with such classes? () Yes () No				Dick-Read
				Other

OB Experience (Clinical or Academic)

Dates	Position	Location

List Your Last 2 Employment Positions (Omit temporary positions unless relevant)

Employer Name and Address	Dates	Position
A.		
B.		

Signature:_____ **Date:**_____

Include with completed application:
►$50 non-refundable check or money order made payable to:
CPAC Childbirth Educator Program
►One page applicant's statement
►Copy of professional license or college transcript(s)

Mail to:
Julie Webber-Davlin, Ph.D., Program Director
7855 West 87th Drive
Arvada, CO 80005