

LAMAZE® INTERNATIONAL

2009 Childbirth Educator Recertification Application

I. CANDIDATE INFORMATION

Name		Credentials	
Address			
City	State/Province	ZIP Code	Country
Telephone (W)		Telephone (H)	
Fax		E-mail	

- Please check here if any of your contact information has changed.
 Please check here if you would NOT like to be included in the Lamaze Certified Childbirth Educator Locator Directory.
 Please check here if you are an FACCE.

Please indicate which languages you are currently using in your Lamaze classes:

- English Spanish Mandarin Korean Other: _____

Recertification Date: *Please select one.*

- June 30, 2009 December 31, 2009

Membership:

- I am a current Lamaze International member.
Member Number: _____ Expiration Date: _____
 YES! I'd like to renew my membership or become a member of Lamaze for one year. Please add \$95¹ to my total.
 I am not a Lamaze International member and do not wish to become one.

Recertification Fee through June 30, 2009:

- Member \$85 Non-Member \$190 Late Submission Fee³ \$25

Recertification Fee beginning July 1, 2009:

- Member \$110 Non-Member \$215 Late Submission Fee³ \$25

Payment Information:

Membership Dues:	\$ _____
Recertification Fee:	\$ _____
Late Submission Fee ⁴ :	\$ _____
TOTAL AMOUNT DUE³:	\$ _____

Payment Type: *Please select one.*

Please note: All payments are to be made in U.S. funds and payable to Lamaze International.

- Check (# _____) Money Order
 Credit Card
 VISA MasterCard American Express

Account Number	Expiration Date
Cardholder	Signature

¹ Please visit our Web site at www.lamaze.org for the international dues structure.
² For those joining Lamaze or renewing membership at the time of recertification, please be sure your total payment includes membership dues.
³ Applications postmarked following the recertification date will be assessed a \$25 fee.

II. RECERTIFICATION BY RE-EXAMINATION

Please refer to the Lamaze Childbirth Educator Recertification Booklet for details regarding recertification by re-examination. You must retake and successfully pass the certification examination prior to your recertification date.

- Yes. I have retaken and successfully passed the Lamaze Childbirth Educator Certification Examination. *Please attach a copy of the letter indicating the date on which you passed the exam. You may skip to Section V.*
- No. I am not recertifying by re-examination. *Please complete Section III.*

III. RECERTIFICATION BY CONTINUING EDUCATION

Please refer to the Lamaze Childbirth Educator Recertification Booklet for details regarding recertification requirements and acceptable continuing education programs.

EXAMPLE

Name of Program	<i>Lamaze International Annual Conference – Celebrating the Magic of Normal Birth</i>						
Sponsor	<i>Lamaze International</i>						
Location (City/State)	<i>Walt Disney World, FL</i>				Date(s)	<i>October 1–4, 2009</i>	
CE Provider	<i>Lamaze International: VA Board of Nursing</i>						
Approval Number	<i>04-09-09</i>				Contact Hours	<i>12</i>	

Name of Program _____

Sponsor _____

Location (City/State) _____ Date(s) _____

CE Provider _____

Approval Number _____ Contact Hours _____

Competency: 1 2 3 4 5 6 7 (circle all that apply)

Name of Program _____

Sponsor _____

Location (City/State) _____ Date(s) _____

CE Provider _____

Approval Number _____ Contact Hours _____

Competency: 1 2 3 4 5 6 7 (circle all that apply)

Name of Program _____

Sponsor _____

Location (City/State) _____ Date(s) _____

CE Provider _____

Approval Number _____ Contact Hours _____

Competency: 1 2 3 4 5 6 7 (circle all that apply)

Name of Program _____

Sponsor _____

Location (City/State) _____ Date(s) _____

CE Provider _____

Approval Number _____ Contact Hours _____

Competency: 1 2 3 4 5 6 7 (circle all that apply)

Last Name _____ *First Name* _____

IV. ALTERNATE CREDIT

Up to 10 of the 25 required contact hours of continuing education may be satisfied by the following alternatives: Birth Observation, Class Observation, Publication, Committee Service, Lecture/Presentation or Item Writing. An LCCE educator may earn 10 contact hours from any combination of alternate activities. Please refer to the Lamaze Childbirth Educator Recertification Booklet for details on alternate credit options.

- Yes. I am using alternate credit. *Please complete the charts below.*
 No. I am not using alternate credit. *You may skip to Section V.*

1. CONTINUOUS PRESENCE DURING LABOR AND BIRTH. One hour of credit is awarded for each hour of continuous presence during a labor and birth.

Date of Observation	Observation Location	Signature of Laboring Woman (or name & contact information)	Number of Hours Observed

Number of Hours Requested: _____

2. CLASS OBSERVATION. One hour of credit is awarded for each hour of observation of another childbirth educator's classes.

Date of Observation	Observation Location	Signature of Observed Childbirth Educator (or name & contact information)	Number of Hours Observed

Number of Hours Requested: _____

3. PUBLICATION. Up to 10 hours of credit may be awarded for first-time publication of a book, chapter in a book or article directly related to childbirth education. Five hours may be awarded for major editing or rewriting of a publication.

Name of Book/Chapter/Article	Publisher	Date of Publication

Number of Hours Requested: _____

4. EDUCATION OR CERTIFICATION COUNCIL COMMITTEE SERVICE. Up to 10 hours of credit may be awarded for service on a committee of Lamaze International's Education Council or Certification Council. The Administrative Office, in consultation with the committee chair, will verify service hours.

Name of Committee	Committee Chairperson	Dates of Service

Number of Hours Requested: _____

Last Name

First Name

5. LECTURE/PRESENTATION. One hour of credit is awarded for each hour of lecture at the undergraduate/graduate level or presentation at a conference. Lectures and presentations must be childbirth education related and credit only may be received for first-time presentations. An outline of the lecture or presentation must be attached to this form.

Date of Lecture/Presentation	Lecture/Presentation Location	Lecture/Presentation Topic

Number of Hours Requested: _____

6. ITEM WRITING: All item submissions must be approved by the Certification Council Chair in order to receive alternate credit. One hour of credit is awarded for each approved item. *(A copy of your approval letter must be attached to this application.)*

Date of Item Approval: _____

of Items Approved: _____

Total Hours Requested: _____

TOTAL ALTERNATE CREDIT HOURS REQUESTED *(maximum of 10 hours):* _____

V. VALIDATION OF APPLICATION

Recertification every three years is mandatory to maintain certification as an LCCE educator. By applying and successfully attaining recertification as an LCCE educator, you agree to abide by all Lamaze International policies pertaining to certification, including, without limitation, those concerning the use of the licensed marks of the organization: “Lamaze” and the “Lamaze Certification Seal.” As long as you are an LCCE educator, you are licensed to use these licensed marks, which are owned exclusively by Lamaze International, to: (1) indicate you are “certified by Lamaze,” or are a “Lamaze Certified Childbirth Educator,” or an “LCCE educator”; (2) state that you offer “Lamaze” classes, “Lamaze” instruction or “Lamaze childbirth education”; and (3) make additional use of the marks as may be allowed by Lamaze International written policies. All use of the licensed marks must comply with Lamaze International graphic standards (specifications regarding size, color, placement, etc.). Lamaze International reserves the right to control the quality of the goods or services used in conjunction with the licensed marks. For more information, visit the Lamaze Web site at www.lamaze.org or contact the Administrative Office at 800-368-4404.

I have read the information in the Lamaze Childbirth Educator Recertification Booklet and understand that I will be subject to it. To the best of my knowledge, I certify that all information contained in this application is complete and correct. I understand and agree that any knowingly false information provided by me in this application or in any supplemental materials may result in denial or revocation of certification.

Signature

Date

Send this application, necessary documentation and fees via regular postal mail only to:

**Lamaze International
Dept. 3197
Washington, DC 20042-3197**

Please allow six weeks for processing and receipt of your recertification card.

Please direct all questions to the Administrative Office at 800-368-4404,
or send an e-mail to certification@lamaze.org.