

Academy Of Certified Birth Educators

For office use only:
Recertification

granted: _____ mailed: _____

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Olathe, KS 66062-5419
800-444-8223 / 913-782-5116
FAX: 913-397-0933
E-mail: office@acbe.com

Recertification Application

Name:

Address:

City/State:

Zip:

Home#:

Work#:

Place of Employment:

Email:

Original/Last Certification Date:

Are you an independent instructor or on staff at a hospital or birth center:

Recertification is required by ACBE every three years to maintain your certification with the Academy even if your employer does not require it. This application must be submitted with an your outline, the fee, and requirement A, B, or C

All members must submit a current class outline in the ACBE outline format. Forms can be copied from our website www.acbe.com

1. Choose one of the following:

a. Fifteen contact hours (CEUs) in a three-year period directly or indirectly related to childbirth (please send list).
Recertification fee \$80

b. Submit three book reviews of current books relating to childbirth education and a case study of a challenging class situation you have had. Please relate the problem or situation and how you dealt with it. Recertification fee \$80

c. Attend one day of a 3-day ACBE seminar and receive 6.5 contact hours. Total fee \$125. Attendees also receive a new course manual. Please register online or call the office for the one day update including location and dates.

Please attach a short note to tell us how you're doing and about your classes. We would value an article written by you which could be published in our newsletter. All educators benefit from sharing ideas, learning how you handled an unusual situation in class, or a motivating story to brighten. Having your article published will also benefit you. Please check the items you are giving ACBE permission to print online in our newsletter. Book report _____ Case Study _____ Article _____ or any comments _____.

Please print your name as you want it to appear on your certificate?

Payment Method

Include your check or money order, made payable to: **Academy of Certified Birth Educators** or credit card information as indicated below. You can also pay online with PayPal. Please see our website for details.

Check or Money Order: Amount enclosed \$ _____

Credit Card: MasterCard Visa (circle one) Print your name as it appears on the credit card: _____
Account# _____ Exp. _____ Code: _____

Signature _____ (Signature, expiration date, and security code are required to process).

