



219 Central Avenue
Hatboro, PA 19040
888-344-9972
www.childbirtheeducation.org

Certified Childbirth Educator (CCE) Examination Eligibility Verification

To be eligible to take the Childbirth Educator Certification Examination, you must meet the following requirements: hold a currently active nurse license in the United States or its territories, and have at least 1 year teaching formal childbirth education classes in a group setting or have taken a course/training on teaching childbirth education.

When completing the form below please use a personal email address that you check frequently, as many facilities have email filters and could potentially block the confirmation email.

Email the completed form to PCEexam@childbirtheeducation.org

Or mail your completed form and any payment to: Prepared Childbirth Educators, 219 Central Avenue, Hatboro, PA 19040.

Once PCE accepts your eligibility form and processes your payment, you will receive an email confirmation with a proctor form.

Please Print Below

LICENSURE

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Phone # _____

E-mail _____

Nurse License # _____ License State _____

EXPERIENCE

Facility Where Classes Taught _____ Dates _____

Name of Childbirth Education Coordinator _____

Phone # of Childbirth Education Coordinator _____

OR

Course/Training Name _____

Date(s) _____ Location(s) _____

**Please attach course/training certificate*

PAYMENT

Please Select One of the Following Options

- ☐ Tuition for On-Site Location Exam\$350
- ☐ Tuition for Exam with a Proctor\$350
- ☐ Tuition for On-Site Location Exam if PCE Childbirth Educator Prep Course Taken in the Past 3 Years\$125
- ☐ Tuition for Exam with a Proctor if PCE Childbirth Educator Prep Course Taken in the Past 3 Years\$95

Method of Payment:

☐ Visa ☐ MasterCard ☐ Check (Please make checks payable to Prepared Childbirth Educators)

Visa/MasterCard # _____

Expiration Date _____ Security Code # _____

Name as it Appears on Card _____

Billing Address _____

City _____ State _____ Zip _____

1. I am registering for (Exam Type) _____
(On-Site Exam Date/Location - if applicable) _____

2. Registrations will not be processed without completed verification form and payment.

3. I have read and agree to PCE's refunds and cancellation policy. (Registration will not be processed without signature.)

Signature _____ Date _____

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