



PCE CERTIFICATION EXAMINATION REGISTRATION FORM - (No photos or faxes of this registration will be accepted.)

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail* _____

Nurse License Number/State _____

Employer _____

Method of Payment Check (Payable to: Prepared Childbirth Educators) Visa Mastercard

Visa/Mastercard # _____

Security Code # _____ Expiration Date _____ Total Amount Enclosed _____

Name and Address of Credit Card Holder _____

1. Certification Exams are non-refundable and cannot be applied to another exam candidate once payment is processed.
2. I have read all the PCE Certification Examination guidelines including off-site proctor guidelines, exam schedule (if applicable) & cancellation and refund policy and agree to all terms. (Registration will not be processed without signature.)

Signature _____ Date _____

**Confirmation sent via email*

PAYMENT - CERTIFICATION EXAMINATION (MUST MEET ELIGIBILITY REQUIREMENTS) (please select)

Breastfeeding Childbirth Educator

Tuition for On-site Examination if you have taken PCE's prep course within past 3 years\$95.00

Date of Prep Course Completion _____

Date and Location of Desired Exam Site _____

Tuition for Examination using your own proctor if you have taken PCE's prep course within past 3 years \$125.00

Date of Prep Course Completion _____

I am registering for the PCE Off-Site Certification Exam to be shipped (month/year) _____

*Registrations for off-site exams are only accepted for the next two shipping cycles. Please refer to the off-site exam schedule.

*Tuition for Examination **ONLY** (If taking the exam without the prep course)\$450.00

*Must meet experience requirements prior to taking the examination. Please submit *Eligibility Verification* form, located on the PCE website. I am registering for On-site - Date and Location _____

Off-site - Shipping Cycle (month /year) _____

Email completed form to: PCEexam@childbirtheeducation.org

(Payment and completed registration form must be submitted together.)

(Photographs or faxes of this registration will **NOT** be accepted.)