



Academy of Certified Birth Educators

# **BABE**

(Birth and Beginnings Education)

## **2018 Childbirth Educator Recertification Guide**

Please note that even if your employer does not require it, ACBE requires recertification every three (3) years to maintain your CCE credential.

All documents should be submitted together by mail, email, or FAX.

Mailing Address: Academy of Certified Birth Educators  
15385 S. US 169 Hwy  
Suite 16  
Olathe, KS 66062

Email: [office@acbe.com](mailto:office@acbe.com)

FAX: (913) 397-0933

**Please include your name with all submissions and allow for a processing period of two weeks.**

**FOR OFFICE USE ONLY**

CCE#: \_\_\_\_\_ Requirements Met: \_\_\_\_\_ D/B: \_\_\_\_\_ Notified: \_\_\_\_\_ E/M: \_\_\_\_\_ NRD: \_\_\_\_\_

## Application Form

Name:		Today's Date:
Email Address:		
Primary Phone Number:	Secondary Phone Number:	
Mailing/Street Address:		
City:	State:	Zip Code:
Original Certification Date (mm/yy):	Last Recertification Date (mm/yy):	
I am: <input type="checkbox"/> an independent instructor <input type="checkbox"/> on staff at a hospital or birth center <input type="checkbox"/> other (please describe):		
Employer's Name:		
Employer's Street Address:		
City:	State:	Zip Code:

Please print your name as you wish it to appear on your certificate:

\_\_\_\_\_

An updated certificate will be emailed to you upon review and approval of this application.

The Academy of Certified Birth Educators (ACBE) requires recertification **every three (3) years** to maintain your CCE credential, even if your employer does not. You are individually responsible for maintaining your own certification.

If your certification has lapsed by less than 1 year, a \$30 restoration fee will be applied in addition to your recertification fee. If your certification has lapsed by 1-2 years, a \$45 restoration fee will be applied. If your certification has lapsed by 2 years or more, you will be required to retake the BABE Course.

By signing below, I acknowledge that:

- I have completed all recertification requirements.
- I have read and agree to ACBE's recertification policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name:	Today's Date:
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## Continuing Education

Complete **one** of the 3 options indicated below:

**Option A**

*Cost: \$90*

Complete **fifteen (15) contact hours** (CEUs) in a three-year period directly related to childbirth education.

Submit a list which includes

- The title of the presentation
- The instructor's full name
- The total number of contact hours

Note: We do not require submission of individual CEU certificates unless specified.

**Option B**

*Cost: \$90*

Submit **one (1) case study** of a challenging class situation (describe the problem/situation and how you dealt with it)

**AND three (3) book reviews** of current books relating to childbirth education.

Case study and book reviews must be 1-2 pages, typed (11 or 12 pt. font preferred), with good grammar and spelling.

**Option C**

*Cost: \$145*

**Attend 1 day of a BABE Course in person.**

For recertification, you will need to attend the first or second day of the full 3-Day BABE Course, OR attend the full day of the 1-Day Accelerated BABE Course.

By choosing this option, you will also receive a brand new BABE manual.

Name:

Today's Date:

## Class Outline

Submit your current childbirth class outline. Use the form below to list the topics that are taught in your one-day class or weekly series of classes. If your outline already follows this format—including the objectives and methods of presentation—you may copy and send it as is. Otherwise, use our provided form, making additional copies of this page as needed. If you have selected Option C under Continuing Education, please bring your outline with you to your workshop.

<b>ACBE Outline Format for BABE Recertification</b>		
<b>BEHAVIORAL OBJECTIVE</b>	<b>CONTENT (BRIEF OUTLINE)</b>	<b>METHOD OF PRESENTATION</b>
(Write at least 4 for a one day class, or at least 2 for each class in a weekly series)	(Include each topic that you teach)	(Discussion, demonstration, lecture, role-play, handouts, video, poster, speaker, models, etc.)

Name:	Today's Date:
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## Payment

Selected option from Continuing Education (page 2)

- |   |  |
|---|--|
| <input type="checkbox"/> Option A - \$90.00<br><input type="checkbox"/> Option B - \$90.00<br><input type="checkbox"/> Option C - \$145.00*<br>*I plan to attend the BABE Course in _____(location)<br>on _____(date) | Lapsed certification restoration fee<br>(if applicable)<br><br><input type="checkbox"/> Less than 1 year - \$30.00<br><input type="checkbox"/> 1-2 years - \$45.00 |
|---|--|

### Payment Options

- Debit or Credit Card

Account Number:		Your name as it appears on your card:	
Expiration Date:	Security Code (CVV):	Total amount to be charged: \$	
Billing Address:			
Signature:			

- Check or Money Order

<p>Make check/money order payable to <b>Academy of Certified Birth Educators</b> and mail to:</p> <p>Academy of Certified Birth Educators          15385 S. US 169 Hwy, Suite 16          Olathe, KS 66062</p> <p style="text-align: right;">Amount Enclosed: \$ _____</p>
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- Online

<ol style="list-style-type: none"> <li>1. Go to <a href="http://www.acbe.com/babe-recertification/payonline">www.acbe.com/babe-recertification/payonline</a></li> <li>2. Follow the instructions to pay your renewal fee(s) online</li> <li>3. Include your order number on this form</li> </ol>	Order #: _____
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You can also pay over the phone by calling our office during business hours: (913) 782-5116

Please allow for a processing period of two weeks. We appreciate your business!