



CPFI RECERTIFICATION

It is time to renew your Prepared Childbirth Educators' certification as a Prenatal/Postnatal Fitness Instructor. Recertification through PCE maintains your status as a Certified Prenatal/Postnatal Fitness Instructor (CPFI).

Recertification requirements include:

- 18 total hours of continuing education (CE) related to obstetrics.
- **Of those total hours, 6 or more CE hours must be related to fitness.**
- Contact hours must be listed on each CE certificate by the certifying agency.
- Accepted forms include:
 - Certificates that state that they are from a Nursing Approved Provider i.e. "This continuing nursing education activity was approved by the PSNA Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation." Please note: Fitness specific contact hours are not held to this requirement.
 - College transcripts that include the name of the College, your name and the obstetric/fitness course title. (General nursing courses do not apply.)
 - PCE Educational Packet.
- Hospital transcripts will NOT be accepted. Please print individual certificates.
- CE bank transcripts will NOT be accepted. Please print individual certificates.
- CE certificates must be dated after you became certified, or if you have renewed before, after your last renewal date.
- **Copies of CE certificates, completed renewal form listing your CE lactation hours, and \$60.00 recertification fee must be submitted together in the same manner in order to be accepted.**
 - Please only submit your materials once using one submission method:
 - **Option 1: via email with credit card payment listed on the recertification form, with scanned copies of your CE certificates.**
 - **Option 2: via mail with either credit card information listed on your recertification form or with check payment & copies of your CE certificates (if you wish to pay by check, you must mail your completed recertification form, check & CE certificates – a check can not be accepted via email)**

The CE certificates, completed recertification form and \$60.00 renewal fee must be submitted together in order for your submission to be valid. Recertification paperwork is due by **June 30, 2026 – however you can submit for recertification beginning 6 months before that deadline.** Paperwork postmarked or emailed later than your due date will have a late fee applied. There are no extensions or a grace period for renewal deadlines as you have 6 months to renew.

***Please Note:** Due to the volume of renewals, the PCE office is unable to confirm receipt of mailed renewals. We suggest using delivery confirmation through US mail if you want a confirmation of delivery or sending your materials via email in which the PCE team will reply that it has been received. It may take up to 4 weeks to receive your renewal in the mail. Please plan accordingly.



PO Box 99
Fogelsville, PA 18051
www.childbirtheeducation.org

If you do not have the continuing education credits necessary for recertification, an optional PCE continuing education packet is available for \$75. This packet consists of 6 articles and a cumulative answer sheet. By returning the completed answer sheet and recertification fee to PCE, you will fulfill your educational requirements for recertification, as well as receive a certificate for 8 continuing education hours. The other 10 hours will be waived. **You can order the packet online at www.childbirtheeducation.org under the Recertification Section, or use this order form.**

CONTINUING EDUCATION PACKET This is an optional purchase and not required to complete your renewal

To purchase an Educational Packet for continuing education hours, please submit a the \$75.00 fee and this completed order form by one of the below methods:

- 1) Email to: PCE@childbirtheeducation.org (must be PDF format, photos & links to documents can not be accepted)
OR
- 2) Mail to: PCE Recertification, PO Box 99, Fogelsville, PA 18051

Please note: You cannot prepay the \$60 recertification fee. It must be submitted with the answer sheet & recertification form after completion of the packet.

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(Please print clearly)

Type of packet: ☐ Prenatal/Postnatal Fitness

Name _____ PCE Number _____

Check here if this is a ☐ **new name (Old Name** _____ **)**

Address _____ City _____ State _____ Zip _____

Check here if this is a ☐ **new address.**

Phone Number _____ Personal Email _____

Employer Name _____

Method of Payment

☐ Visa/MasterCard/Amex # _____

Security Code # _____ Expiration Date _____ Total Amount Enclosed _____

Name and Address of Credit Card Holder _____

Signature _____

OR

☐ Check # _____ Check Amount: _____ (Payable to Prepared Childbirth Educators)

Please note: Continuing Education Packets are not eligible for return. Order cannot be cancelled once order has been shipped. The PCE Continuing Education Packet can only be used for recertification by the individual purchasing the packet. A single packet purchase cannot be applied to more than one individual.

Rec. _____ Sent _____

CPFI RECERTIFICATION RENEWAL FORM

To recertify as a **Pre/Postnatal Fitness Instructor**, please submit a \$60.00 renewal fee, copies of your CE certificates & this completed form (this form will not be accepted if the "Continuing Education Conference Hours" section is left blank). For your submission to be valid, all materials & payments must be submitted together. Please submit by one of the methods below:

1) Scan and email to: PCE@childbirtheeducation.org (must send in PDF format, photos or links to documents can not be accepted)

OR

2) Mail to: **PCE Recertification, PO Box 99, Fogelsville, PA 18051**

*Please submit only ONCE to avoid duplicate charges.

- ☐ List your 18 "nursing approved" continuing education hours totaling 18 hours.
- ☐ Submit copies of CE certificates for the childbirth/obstetrics & Fitness courses that you listed on this form.
- ☐ Enclose \$60.00 recertification fee.

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Name _____ PCE Number _____

Check here if this is a ☐ new name (Old Name _____) Check here if this is a ☐ new address.

Address _____ City _____ State _____ Zip _____

Phone Number _____ Personal Email _____

Employer Name _____

Method of Payment

☐ Visa/MasterCard/Amex # _____

Security Code # _____ Expiration Date _____ Total Amount Enclosed _____

Name and Address of Credit Card Holder _____

Signature _____

OR

☐ Check # _____ Check Amount: _____ (Payable to Prepared Childbirth Educators)

CONTINUING EDUCATION CONFERENCE HOURS

Please complete the chart below. In addition to completing this chart, you will need to submit copies of your CE certificates for validation. Transcripts will **not** be accepted. You should have a grand total of 18 continuing education conference hours. **Of those, 6 or more hours should be related to fitness. Fitness reference must be clearly stated in the conference title.** The remaining hours should be related to obstetrics.

Conference Title	Related to Fitness	Number of CE Hours
	Yes / No	
	Yes / No	
	Yes / No	
	Yes / No	
	Yes / No	
	Yes / No	
	Yes / No	

Total Number of CEs Specific to FITNESS: _____

Total Number of CEs: _____

Rec. _____ Sent _____

Name _____