



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), which is an approved certification on the American Nurses Credentialing Center (ANCC) Magnet recognition list.

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.
- 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, list of CE hours totaling 18, completed enclosed renewal form and \$60.00 recertification fee must be submitted at the same time altogether. (Submitting duplicate copies of your paperwork by mailing and emailing may result in duplicate charges and will delay your renewal process.)

The CE certificates, completed continuing education list, recertification form and \$60.00 renewal fee must be submitted together in order for your renewal to be processed. Recertification paperwork is due by **December 31st, 2021 – however you can submit your recert anytime 6 months before that deadline**. You can submit your paperwork via US mail*, or scan paperwork and email to PCE@childbirtheducation.org. **Faxed paperwork or photos of paperwork will not be accepted.** Submitting duplicate copies of your recertification forms may result in duplicate charges and will delay your renewal process. **Paperwork postmarked or emailed later than your due date will have a late fee applied.**

***Please Note:** Due to the volume of renewals, the PCE office is unable to confirm receipt of paperwork via email or telephone. 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.

****Submit only ONCE to avoid duplicate charges.



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

If you don't have the continuing education credits necessary for recertification, a 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

To purchase an Educational Packet for continuing education hours, please submit a \$75 processing fee and this completed order form by one of the below methods:

- 1) E-mail: scan & email to PCE@childbirtheeducation.org **OR**
- 2) Mail: 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.

(CPFI)12/21

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 the \$60.00 renewal fee, copies of your CE certificates, totaled list of CE hours (recertifications without CE hours listed below will not be accepted), and this completed form below. All materials must be submitted together in order to be processed. You may submit them by one of the below methods:

1) Scan and email to: PCE@childbirtheeducation.org (Photos of paperwork will not be accepted)

OR

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

****Submit only ONCE to avoid duplicate charges.

List your 18 "nursing approved" continuing education hours totaling at least 18 hours (at least 6 hours specific to fitness).

Submit copies of CE certificates for the courses that you listed on this form.

Enclose \$60.00 recertification fee.

6/21

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, six 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 _____

Total Number of CEs: _____