



INTERNATIONAL
Parenting & Health
INSTITUTE
Holistic Training, Education and Support

IPHI Application for Certification Renewal

Please submit the following to maternityinstitute@gmail.com

- Completed application
 - Part I – Personal Information
 - Part II – Renewal Form
 - Part III – Fees/Payment

PART I - PERSONAL INFORMATION:

Name (First/Last): _____ Nickname: _____

Address: _____

_____ Country: _____

Birth Date (MM/DD/YY) ___/___/___ Sex - Female: _____ Male: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Other Phone: _____

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PART II – Renewal Form:

To remain IPHI recognized, and to continue receiving the benefits of an IPHI trained professional, students are required to maintain a standard of professional development measured every two years. This consists of 3 easy steps:

Step 1: Earn 25 Professional Development Credits every two years (continuing education credits/CEUs)

Professional Development Credits can be acquired many different ways, such as, attending seminars or conferences related to professional development in the maternity industry, participation in webinars that offer educational classes, writing book reports, completing case histories, etc.... 1 hour = 1 professional development credit

Step 2: Be covered by current liability insurance if your country or state requires it.

Step 3: Complete and submit the IPHI certification renewal form which includes a processing fee of \$75.

A. Certification you are renewing

- Baby Planner
- Eco-Consultant/Greenbirth Educator
- Integrative Adult Sleep Consultant
- Maternity & Child Sleep Consultant
- Holistic Childbirth Educator
- Pre-Post Natal Nutrition Coach
- Integrative Breastfeeding Educator
- Maternity Stress Management Coach
- Maternity & Parenting Health Practitioner
- Holistic Health & Lifestyle

B. Date you obtained Certification

C. List the number of CEUs (1 CEU = 1hour) you have earned in each category.

Conference _____ CEUs
Local Community Classes..... _____ CEUs
Self-Directed Study/Thesis..... _____ CEUs
IPHI course or webinar..... _____ CEUs
Courses outside of IPHI. _____ CEUs
Non-accredited courses (petitions) _____ CEUs

TOTAL (Must be a minimum of 25 CEUs=25 hours) _____ CEUs

D. Print the title of the workshops, home study, online courses or Continuing Ed you have completed with dates and hours where applicable that much above CEUs.

E. List the name of your insurance company if required

F. Photocopy your completed course certificates, completed classes, conference attendance, thesis or self-directed work and submit it along with your application

PART III – Renewal Processing Fee

_____ Total \$75

Methods of Payment

Payments can be made through **Bank Transfer, Credit Card/Debit, Paypal or by mailing a check.**

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Mailing Address:

International Parenting & Health Institute
PO BOX 996
Ojai, CA 93024

Bank Transfer Instructions (will be provided through email)

Credit Card/Debit Instructions:

Please provide the following information:

Credit Card Type: Select one of the following: Visa, MC, AMEX, Discovery

Name on Credit Card _____

Credit Card # _____

Credit Card Expiration _____

3 digit Security Code on back of the card _____

Credit Card Billing Address _____

Phone Number _____

Paypal Instructions:

Paypal address is maternityinstitute@gmail.com

Mail Or Fax this **completed application**, copies of CEU validation forms and payment to:

International Parenting & Health Institute
PO BOX 996
Ojai, CA 93023
maternityinstitute@gmail.com
Phone: 415-754-5277
Fax: 415-704-3259

Signature of Applicant

Date

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