

Doula Verification of Credential

INSTRUCTIONS: Please use this form to obtain verification of your credential as a Certified Doula. If you are certified by more than one of the organizations listed below, use a separate form for each organization. We will accept a letter from the certifying organization instead of this form the letter contains all information requested on this form. This verification must be mailed directly to the Minnesota Department of Health (MDH) from one of the following certifying organizations.

Association of Labor Assistants and Childbirth Educators (ALACE)
Childbirth and Postpartum Professional Association (CAPPA)
Commonsense Childbirth, Inc.
International Center for Traditional Childbearing

Birthworks International
Childbirth International
Doulas of North America (DONA)
International Childbirth Education Association

Part I. To be completed by applicant

Name of Certifying Organization

Title of Certification/Credential

Last Name

First Name

Middle

Home Address

City

State

ZIP

I hereby authorize the above names certifying organization to release verification of my Doula Certification to the Commissioner of the Minnesota Department of Health or the Commissioner's designee.

Signature

Date

Part II. To be completed by Certifying Organization

The individual listed above has applied for listing on the Minnesota Department of Health Doula Registry. The applicant must have certification from your organization to be listed on the state Doula Registry. If you do not use this form for verification of certification, please be sure that the document you use contains all the information requested below. Please mail this verification directly to the Minnesota Department of Health.

Name of Certifying Organization

Is the individual identified on page one certified by your organization to provide doula services? Yes No

The Individual's Title of Certification/Credential

Date Certification Issued

Date Certification Expires

I certify that the information contained in this verification of doula certification is accurate. Mail this form to Health Occupations Program, P.O. Box 64882, St. Paul, Minnesota 55164-0882.

Signature

Date

Printed Name

Title

Phone Number