

**REQUIREMENTS FOR DONA INTERNATIONAL
POSTPARTUM DOULA RECERTIFICATION
ACTIVE OR INACTIVE STATUS**

Instructions for Recertification – Active Status

1. Maintain continuous membership in DONA International.

- DONA certified doulas must maintain continuous membership with DONA International. To verify that your membership is current, check the date printed on your *International Doula* mailing label.
- When applying for recertification, a recertifying doula whose membership has lapsed no more than one (1) year may purchase the lapsed membership time and must also pay any applicable late fees and certification reinstatement fees according to the [Lapsed Membership Policy](#).
 - Pay your DONA International membership fee on-line in the [DONA Boutique](#) or mail a check or money order in US funds to the DONA International Home Office.
 - Failure to maintain current membership may delay the recertification process or lead to certification revocation.

2. Support a minimum of three (3) new families as a postpartum doula during the current three (3) year certification period and complete the required documentation.

- Required documentation for postpartum support experiences:
 - Submit the **DONA Evaluation of Postpartum Support Services** forms for three (3) clients (= mothers). Submit the originals and keep copies for your own records.
 - Submit the **Postpartum Doula Verification** form for three (3) postpartum support experiences with both mother and partner signatures confirming a minimum of eight (8) hours working for each client. The age of the infant(s) at the end of the support period may not be more than twelve (12) weeks. (One single parent situation is allowed.) Submit the originals and keep copies for your own records.

Doulas are encouraged to regularly submit to the Home Office a **Postpartum Doula Data Collection Form** for each postpartum experience.

3. Obtain a minimum of eighteen (18) contact hours of continuing education approved by a recognized organization in areas relating to the perinatal or postpartum period (birth, breastfeeding, postpartum mood disorders, etc.) or early parenting. Contact hours must be earned during the current three (3) year certification period.

- Required documentation for continuing education:

- Copy of the Certificate of Attendance indicating the number of hours earned, the name of the approving organization, the topic, the date and your name. Please keep your Certificate of Attendance for your records. You will be asked to mail a copy of your Certificate of Attendance to DONA International if your application is randomly selected to be audited.
 - Completed DONA Application/Affidavit for Postpartum Doula Recertification verifying your attendance at the continuing education program(s)
 - Acceptable sources of continuing education:
 - Hours offered at a DONA International annual conference. Attendance at the full conference, even though the number of contact hours offered may total less than eighteen (18), satisfies the minimum number of contact hours required for recertification.
 - Contact hours earned through continuing education programs, workshops and seminars approved by DONA International.
 - Hours offered by recognized organizations that provide contact hours for maternal/child health professionals. Examples include, but are not limited to, state/provincial nursing organizations, Lamaze International, International Childbirth Education Association (ICEA) and International Board of Lactation Consultant Examiners (IBLCE). Details are available on the [web site](#).
 - **Alternatives to Continuing Education**
 - Acceptable alternative options and submission requirements are listed below.
4. You may purchase one (1) **six (6) month recertification extension** on-line through the [DONA Boutique](#), which will extend the deadline for submission by exactly six (6) months. This extension will not affect your certification period or your next certification expiration date, which will remain on the original schedule. See the Recertification Lapse Policy for further details.
 5. **Verify the accuracy of all information and documentation provided by completing, signing and returning the Application/Affidavit for Postpartum Doula Recertification – Active Status.**
 - DONA International recommends that recertification applications are mailed two (2) or three (3) months in advance of the deadline, but they must be postmarked no later than your certification expiration date. Please allow eight (8) weeks for processing.
 6. **Submit the Active Status Recertification Fee** in US funds or a copy of your DONA Boutique order confirmation receipt with your Application/Affidavit for Postpartum Doula Recertification – Active Status.
 7. *The DONA Certification Committee audits a percentage of recertification candidate applications. Please keep copies of all recertification documents for your records. The recertifying doula being audited is given thirty (30) days to provide the requested documentation in support of her/his recertification application. Unaudited recertifying doulas are required to retain records of all documentation.*

Instructions for Recertification – Inactive Status

Inactive status defined

Doulas unable to offer services to three (3) postpartum clients during the three (3) year recertification period, but who wish to maintain their DONA certification, may chose **Inactive Status**. Eighteen (18) continuing education contact hours are still required. Though certification will be kept current, the doula will not be referred for doula services by DONA International on the web site or otherwise.

1. Maintain continuous membership in DONA International.

- DONA certified doulas must maintain continuous membership with DONA International. To verify that your membership is current, check the date printed on your *International Doula* mailing label.
- When applying for recertification, a recertifying doula whose membership has lapsed no more than one (1) year may purchase the lapsed membership time and must also pay any applicable late fees and certification reinstatement fees according to the [Lapsed Membership Policy](#).
 - Pay your DONA International membership fee on-line in the [DONA Boutique](#) or mail a check or money order in US funds to the DONA International Home Office.
 - Failure to maintain current membership may delay the recertification process or lead to certification revocation.

2. Obtain a minimum of eighteen (18) contact hours of continuing education approved by a recognized organization in areas relating to the perinatal period (birth, breastfeeding, postpartum mood disorders, etc.). Contact hours must be earned during the current three (3) year certification period.

- Required documentation for continuing education:
 - Copy of the Certificate of Attendance indicating the number of hours earned, the name of the approving organization, the topic, the date and your name. Please keep your Certificate of Attendance for your records. You will be asked to mail a copy of your Certificate of Attendance to DONA International if your application is randomly selected to be audited.
 - Completed DONA Application/Affidavit for Postpartum Doula Recertification verifying your attendance at the continuing education program(s)
- Acceptable sources of continuing education:
 - Hours offered at a DONA International annual conference. Attendance at the full conference, even though the number of contact hours offered may total less than eighteen (18), satisfies the minimum number of contact hours required for recertification.
 - Contact hours earned through continuing education programs, workshops and seminars approved by DONA International.
 - Hours offered by recognized organizations that provide contact hours for maternal/child health professionals. Examples include, but are not limited to, state/provincial nursing organizations, Lamaze International, International Childbirth Education Association (ICEA) and International Board of Lactation Consultant Examiners (IBLCE). Details are available on the [web site](#).

- **Alternatives to Continuing Education**
 - Acceptable alternative options and submission requirements are listed below.
3. You may purchase one (1) **six (6) month recertification extension** on-line through the [DONA Boutique](#), which will extend the deadline for submission by exactly six (6) months. This extension will not affect your certification period or your next certification expiration date, which will remain on the original schedule. See the Recertification Lapse Policy for further details.
 4. **Verify the accuracy of all information and documentation provided by completing, signing and returning the Application/Affidavit for Postpartum Doula Recertification – Inactive Status.**
 - DONA International recommends that recertification applications are mailed two (2) or three (3) months in advance of the deadline, but they must be postmarked no later than your certification expiration date. Please allow eight (8) weeks for processing.
 5. **Submit the Inactive Status Recertification Fee** in US funds or a copy of your DONA Boutique order confirmation receipt with your Application/Affidavit for Postpartum Doula Recertification – Inactive Status.
 6. **To change from Inactive Status to Active Status:**
 - Required documentation for postpartum support experiences
 - Submit the **DONA Evaluation of Postpartum Support Services** forms for three (3) clients (= mothers). Submit the originals and keep copies for your own records.
 - Submit the **Postpartum Doula Verification** form for three (3) postpartum support experiences with both mother and partner signatures confirming a minimum of eight (8) hours working for each client. The age of the infant(s) at the end of the support period may not be more than twelve (12) weeks. (One single parent situation is allowed.) Submit the originals and keep copies for your own records.
 - Indicate that you are changing from inactive to active status on the Application/Affidavit for Postpartum Doula Recertification.
 - **Verify the accuracy of all information and documentation provided** by completing, signing and returning the **DONA Application/Affidavit for Postpartum Doula Recertification – Active Status.**
 - Submit an additional recertification fee of \$25 in US funds or a copy of your DONA Boutique order confirmation receipt.
 7. *The DONA Certification Committee audits a percentage of recertification candidate applications. Please keep copies of all recertification documents for your records. The recertifying doula being audited is given thirty (30) days to provide the requested documentation in support of her/his recertification application. Unaudited recertifying doulas are required to retain records of all documentation.*

Alternatives to Continuing Education for Recertification

DONA International is committed to making recertification as available and affordable as possible. The following alternatives for all or part of the continuing education contact hour requirements are approved.

A total of **eighteen (18) contact hours** are required for recertification as a postpartum doula. It is acceptable to combine alternative contact hours with formal contact hours from recognized organizations that provide contact hours for maternal/child health professionals. Each alternative option has been assigned a maximum number of available contact hours, which means that there is a limit to the number of contact hours that may be earned for any given activity.

Recertifying doulas accumulating alternative contact hours with any of the following options for Alternatives to Continuing Education must complete the appropriate verification form for each individual activity. Read the instructions thoroughly and complete each verification form accurately for each individual activity, attaching any supporting documentation required and acquiring any necessary signatures.

Use Form A, Verification of Alternative Contact Hours, for the following alternative options:

A-1: Give a thirty (30) minute (minimum) presentation about doulas/postpartum support to a hospital, birth center, parents' group, postpartum mood disorder group or doula group.

- One (1) alternative contact hour per presentation for a maximum of three (3) contact hours
- Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Title, length and detailed outline of the presentation
 - Typewritten document stating the number of attendees
 - All evaluations of the presentation turned in by the attendees. The recertifying doula is responsible for preparing the evaluation form for the presentation, which must state:
 - Date, time, length and location of the presentation
 - Name of the recertifying doula who is presenting
 - Title of the presentation
 - Objectives for the presentation

A-2: Conduct an independent study of a book or article packet (consisting of five (5) research-based articles concerning one topic) from medical and/or nursing journals pertaining to the childbearing year, parenting or parenting.

- One (1) alternative contact hour per book or article packet for a maximum of five (5) contact hours
- Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Title of book (including author, publisher, date of publication and number of pages) or title of the five (5) articles (including authors, journal names, dates of publication and number of pages)
 - Typewritten 300-500 word synopsis of information contained in the book or article packet describing how the information obtained will impact your practice as a postpartum doula

- A-3: Write, submit and have published a *feature story* in the *International Doula* or other recognized childbearing, postpartum or parenting publication.** The comparative or research article should include relevant references and a bibliography.
- Two (2) alternative contact hours per article for a maximum of eight (8) contact hours
 - Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Photocopy of the published article with the recertifying doula's by-line
- A-4: Listen to a DONA International annual conference recording of a general session purchased from DONA International or the recording contractor.** Only general sessions (not concurrent sessions) recorded during your current three (3) year certification period qualify. The order form code "GS" indicates a general session.
- One (1) alternative contact hour per recording for a maximum of six (6) contact hours
 - Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Typewritten 500-600 word synopsis of each general session recording describing how the information obtained will impact your practice as a postpartum doula
- A-5: Observe an educational film or documentary related to the childbearing year or one specifically designed for birth or postpartum doulas produced by an organization on DONA International's approved list or by another recognized organization in the field of birth or parenting.**
- One (1) alternative contact hour per one (1) hour film or documentary OR two (2) or more films or documentaries that total at least one (1) hour in length for a maximum of five (5) contact hours
 - Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Title of film or documentary, producer, length of feature, date watched
 - Typewritten 300-400 word summary of film or documentary describing how the information obtained is applicable to your practice as a postpartum doula
- A-6: Complete an independent comparative self-study of two (2) books having diverse approaches, philosophies or methods on one (1) topic related to the childbearing year or early parenting.**
- Two (2) alternative contact hours per comparative study for a maximum of six (6) contact hours
 - Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Typewritten 500-600 word comparative study describing the similarities and differences in approach of each book and how the information obtained is applicable to your practice as a postpartum doula
- A-7: Personal experience of adding an infant to your family by birth or adoption (six (6) months old or younger) during your current three (3) year certification period.** Describe the lessons learned during your experience of *one or more* of the following topics:
- a) Pregnancy and childbirth OR adoption of an infant six (6) months old or younger
 - b) Breastfeeding an infant born to you OR inducing lactation for an adopted infant

- c) The early postpartum period consisting of the three (3) months following birth or adoption (the *fourth trimester*).
 - Two (2) alternative contact hours for each chosen topic a), b) or c) listed above for a maximum of six (6) contact hours
 - Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - A separate typewritten 300-500 word account of each chosen topic a), b) or c) and how the lessons learned by adding an infant to your family are applicable to your practice as a postpartum doula
 - Include all of the following points:
 - An overview of your experience
 - Any challenges you faced
 - Resources utilized
 - Lessons learned that will impact your own work as a postpartum doula
 - Typewritten statement listing the following information:
 - Date of infant's birth or date of adoption placement, as applicable
 - Birth weight and length
 - APGAR scores at one and five minutes
 - Infant health concerns or time spent in the neonatal intensive care unit
 - Breastfeeding and/or pumping details, including frequency, patterns and supplementation, as well as whether you had previous breastfeeding experience
 - Whether you had a birth and/or postpartum doula and the length of time and number of hours of any postpartum doula support
 - Additional family details, such as the number of siblings, their ages and a list of other household family members

A-8: Research, develop, write and submit curriculum for an original continuing education program and have it approved for contact hours by DONA International. The intent of this continuing education alternative is for the recertifying postpartum doula to develop her knowledge of a topic relevant to her own postpartum doula practice, add to her knowledge base and develop a way to share that information with other doulas and perinatal health professionals.

- Three (3) alternative contact hours per one (1) approved contact hour of presentation time for a maximum of twelve (12) contact hours for this activity
- Documentation required
 - **Form A**, Verification of Alternative Contact Hours, signed by the recertifying doula
 - Copy of curriculum approval notification from DONA International
 - Title, objectives, program number, date of approval, number of approved contact hours and name(s) of instructor(s) approved to present this program
 - Typewritten statement signed by the recertifying doula confirming either
 - *“I researched and developed this original program by myself and plan to teach it by myself. No one else may claim this original program development for continuing education.” –OR–*
 - *“I researched and developed this original program jointly with _____ and we plan to teach this program together. We both may claim this program development independently for recertification.”*

Use Form B, Verification of Alternative Contact Hours, for the following alternative options:

B-1: Attend an organized educational event for perinatal professionals not offering formal contact hours or not sponsored by a recognized organization. Examples of programs that would qualify are hospital in-services, presentations for birth or postpartum professionals given at a local breastfeeding center, lactation group or doula group meeting or presentations at a DONA International state/provincial/area meeting, as well as other professionally sponsored events.

- One (1) alternative contact hour per one (1) hour of presentation time for a maximum of five (5) contact hours
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND the instructor or administrator of the educational event
 - Copy of the Certificate of Attendance, if available

B-2 Observe a lactation consultant or another DONA certified postpartum doula working with clients for a minimum of four (4) hours. This means that you should have no other responsibilities during the time of observation, but you are fully and exclusively focused on the professional you are observing. *The observed professional may be contacted to confirm this experience.*

- Four (4) hours of observation = one (1) alternative contact hour for a maximum of four (4) contact hours
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND by the observed midwife, physician, lactation consultant or doula
 - Typewritten statement including the following information:
 - Total number of hours observed during the specified time period and on which date(s)
 - Observed professional's name, title, mailing address, e-mail address and phone number
 - Typewritten account indicating at least three (3) items you learned from this observation and how the experience will impact your practice as a postpartum doula

B-3: Serve as a preceptor for a doula-in-training. A preceptor is a certified postpartum doula who arranges for an uncertified postpartum doula-in-training to shadow her at work with the preceptor's client. A doula-in-training is a doula who has attended a postpartum doula workshop and is actively working towards certification. *The postpartum doula-in-training may be contacted for verification of the experience.*

- Five (5) alternative contact hours per doula-in-training per support experience for a maximum of ten (10) contact hours
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND by the postpartum doula-in-training
 - Typewritten statement including the following information:
 - Doula-in-training's name, mailing address, e-mail address and phone number
 - Date and location of the workshop the doula-in-training attended and the name of the DONA approved postpartum doula trainer

- Date(s), location, age of newborn, arrival and departure times and total number of hours that the doula-in-training shadowed
- Typewritten account indicating at least three (3) items you demonstrated, taught or discussed at this support experience for the benefit of the postpartum doula-in-training

B-4: Attend a support group or meeting relating to the childbearing year or parenting.

Examples of support groups or meetings that would qualify include La Leche League, ICAN, bereaved parents, postpartum support groups or parents of multiples. The group or meeting should be selected to enhance the postpartum doula's education and effectiveness and must be led by someone other than the recertifying doula.

- One (1) alternative contact hour per support group or meeting for a maximum of five (5) contact hours
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND by the group leader/facilitator/moderator
 - Typewritten statement indicating the number of people in attendance, the topic covered and the date and length of the meeting
 - Typewritten statement (50-100 words) explaining how attending this meeting or support group will impact your practice as a postpartum doula

B-5: Attend another entire DONA approved postpartum doula workshop, *taught by a trainer other than your original trainer and other than a trainer whose workshop you may have previously attended for alternative continuing education*; OR attend an entire DONA approved birth doula workshop. *The trainer may be contacted for verification.*

- Eighteen (18) alternative contact hours per workshop attended in its entirety (partial credit will not be granted)
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND by the DONA approved birth or postpartum doula trainer
 - Copy of the Certificate of Attendance signed by the trainer(s), which must indicate the dates and location of the workshop, as well as the recertifying doula's name
 - Typewritten statement indicating
 - Name(s) of the trainers
 - Dates and location of the workshop
 - Whether it was a DONA approved birth or postpartum doula workshop
 - Include a signed statement by the trainer(s), as follows:
"I/We, [name(s) of trainer(s)], verify that [name of recertifying doula] attended the above-named doula workshop in its entirety and that this recertifying doula has not previously attended a postpartum doula workshop taught by me/us."
 - If attending another postpartum doula workshop, provide the name(s) of your original trainer(s) and the dates and location of the original workshop

B-6: Lead and facilitate a support group relating to the perinatal or postpartum period or a meeting for doulas and other perinatal or postpartum professionals. Examples of support groups or meetings that would qualify include La Leche League, ICAN, bereaved parents, postpartum mood disorder, parents of multiples or related support groups or meetings for parents; or meetings for doulas and/or other perinatal or postpartum professionals. The support

group or meeting should include the presentation of a prepared topic (minimum 20 minutes) followed by a group discussion, both facilitated by the recertifying doula.

- One (1) alternative contact hour per meeting (minimum of one hour) for a maximum of five (5) contact hours
- Documentation required
 - **Form B**, Verification of Alternative Contact Hours, signed by the recertifying doula AND by a participant of the support group or meeting. *The participant may be contacted to verify information.*
 - Typewritten statement indicating the following:
 - Name or type of support group or meeting
 - Date, time, length and location of the support group or meeting
 - Topic presented and objectives
 - Number of people in attendance
 - Typewritten statement (100-300 words) explaining how preparing and presenting this topic and facilitating the discussion that followed will enhance your postpartum doula practice



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**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA RECERTIFICATION
 ACTIVE STATUS**

Please print legibly and complete the form in its entirety

First and Middle Name:		Last Name:	
Full Name for Web site:			
Mailing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Referral Phone Number:		<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Referral E-mail Address:			
Orig. Cert. Date:	Cert. ID No.:	Cert. Expir. Date:	

- I am changing from *Inactive* to *Active* status (Fee: \$25.00US enclosed or Order Confirmation # _____)
- I purchased a six (6) month extension for this recertification period (copy of receipt enclosed; check # _____ or Order Confirmation # _____)
- I wish to receive referrals and remain on the DONA International web site referral listing OR
 - I now wish to receive referrals and be included on the DONA International web site referral listing
- I *do not* want referrals at this time

The following must accompany this Application. Please make note that all are enclosed

- Recertification Active Status fee (\$60.00US)
 - Check or Money Order # _____ made payable to DONA International enclosed
 - I paid the Recertification Active Status fee on-line, Order Confirmation # _____ (copy of receipt enclosed)
- This signed Application/Affidavit for Postpartum Doula Recertification—Active Status
- All Alternative Continuing Education forms and supporting documentation, as required
- Original evaluations of postpartum doula services from three (3) clients (=mothers) for whom I provided postpartum doula services during my current certification period
- The original Postpartum Verification Form confirming my postpartum doula support of three (3) or more clients during my current certification period

Please read and sign the following statements:

- I have completed at least eighteen (18) contact hours of continuing education approved by a recognized organization in a birth and/or parenting related field OR the equivalent of eighteen (18) contact hours of alternative continuing education OR a combination thereof during my current three (3) year certification period.
 - I have completed the chart on page 2 of this Application with detailed information
- I have maintained continuous membership in DONA International during my current three (3) year certification period. Membership expiration date: _____
- I supported a minimum of three (3) clients as a postpartum doula during my current three (3) year certification period.
- I am keeping for my records a copy of all the documents mailed to DONA International with this Application
- I agree to retain all associated documents not submitted with this Application and to provide these documents to DONA International within thirty (30) days of an audit request from the DONA Certification Committee.
- I have once again read and agree to abide by the current DONA International Standards of Practice and Code of Ethics for postpartum doulas.

With my signature I verify that the above information is true and complete.

Signature of recertifying postpartum doula, active status

Date

Office use only: Date rec'd: _____

File No.: _____

Membership Expiration: _____



**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA
RECERTIFICATION**

ACTIVE STATUS

Page 2 – Chart of Contact Hours Earned

Please print legibly and complete the form in its entirety. Permission is granted to copy this form, as necessary

Recertifying Doula's Name: _____

Date(s)	Title or brief description of continuing education approved by a recognized organization in a perinatal, postpartum and/or early parenting related field	Approving organization	Number of contact hours earned
Total number of contact hours earned			

DONA Form A or B	Date(s)	Alternative Continuing Education Option	Number of Alternative Contact Hours Earned
Total number of alternative contact hours earned			
TOTAL OF ALL CONTACT HOURS EARNED:			



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POSTPARTUM DOULA VERIFICATION
ACTIVE STATUS

This form must be completed by a postpartum doula client (mother) AND the mother’s partner or other adult in the household. Signatures from three (3) different support experiences within your current three (3) year certification period must be submitted.

This verifies that _____ (recertifying doula) has provided us postpartum doula support in partial fulfillment of the DONA International recertification requirements, for at least eight (8) hours, from _____ (mm/dd/yy) until _____ (mm/dd/yy), and on the last day of her support our infant(s) was/were under the age of 12 weeks.

Printed Name of Mother	Signature	Date
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Printed Name of Partner/Other Adult	Signature	Relationship	Date
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This verifies that _____ (recertifying doula) has provided us postpartum doula support in partial fulfillment of the DONA International recertification requirements, for at least eight (8) hours, from _____ (mm/dd/yy) until _____ (mm/dd/yy), and on the last day of her support our infant(s) was/were under the age of 12 weeks.

Printed Name of Mother	Signature	Date
------------------------	-----------	------

Printed Name of Partner/Other Adult	Signature	Relationship	Date
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This verifies that _____ (recertifying doula) has provided us postpartum doula support in partial fulfillment of the DONA International recertification requirements, for at least eight (8) hours, from _____ (mm/dd/yy) until _____ (mm/dd/yy), and on the last day of her support our infant(s) was/were under the age of 12 weeks.

Printed Name of Mother	Signature	Date
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Printed Name of Partner/Other Adult	Signature	Relationship	Date
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**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA RECERTIFICATION
 INACTIVE STATUS**

Please print legibly and complete the form in its entirety

First and Middle Name:		Last Name:	
Full Name for Web site:			
Mailing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Referral Phone Number:		<input type="checkbox"/> Cell	<input type="checkbox"/> Home
Referral E-mail Address:			
Orig. Cert. Date:	Cert. ID No.:	Cert. Expir. Date:	

- I purchased a six (6) month extension for this recertification period (copy of receipt enclosed; check # _____ or Order Confirmation # _____)

The following must accompany this Application. Please make note that all are enclosed

- Recertification Inactive Status fee (\$45.00US)
 - Check or Money Order # _____ made payable to DONA International enclosed
 - I paid the Recertification Inactive Status fee on-line, Order Confirmation # _____ (copy of receipt enclosed)
- This signed Application/Affidavit for Postpartum Doula Recertification—Inactive Status
- All Alternative Continuing Education forms and supporting documentation, as required

Please read and sign the following statements:

- I have completed at least eighteen (18) contact hours of continuing education approved by a recognized organization in a birth and/or parenting related field OR the equivalent of eighteen (18) contact hours of alternative continuing education OR a combination thereof during my current three (3) year certification period.
 - I have completed the chart on page 2 of this Application with detailed information
- I have maintained continuous membership in DONA International during my current three (3) year certification period. Membership expiration date: _____
- I am keeping a copy for my records of all the documents mailed to DONA International with this Application
- I understand that with inactive certification status I will not be listed on the web site or receive referrals. I understand that I must return my certification to active status in order to receive referrals and be listed on the web site.
- I agree to retain all associated documents not submitted with this Application and to provide these documents to DONA International within thirty (30) days of an audit request from the DONA Certification Committee.
- I have once again read and agree to abide by the current DONA International Standards of Practice and Code of Ethics for postpartum doulas.

With my signature I verify that the above information is true and complete.

Signature of recertifying postpartum doula, inactive status

Date

Office use only:

Date rec'd: _____

File No.: _____

Membership Exp: _____



**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA
 RECERTIFICATION
 INACTIVE STATUS
 Page 2 – Chart of Contact Hours Earned**

Please print legibly and complete the form in its entirety. Permission is granted to copy this form, as necessary

Recertifying Doula's Name: _____

Date(s)	Title or brief description of continuing education approved by a recognized organization in a perinatal, postpartum and/or early parenting related field	Approving organization	Number of contact hours earned
Total number of contact hours earned			

DONA Form A or B	Date(s)	Alternative Continuing Education Option	Number of Alternative Contact Hours Earned
Total number of alternative contact hours earned			
TOTAL OF ALL CONTACT HOURS EARNED:			



FORM A
VERIFICATION OF ALTERNATIVE CONTACT HOURS
FOR POSTPARTUM DOULA RECERTIFICATION

Please print legibly and complete the form in its entirety. Use a separate form for each option.

No more than the maximum number of earned alternative contact hours allowed per option. Permission is granted to copy this form as often as necessary.

Use this Form A to verify contact hours earned through the alternative contact hour options listed below and outlined in further detail under Alternatives to Continuing Education for Recertification on pages 5 through 7 of this informational packet:

- A-1 Give a presentation about doulas/postpartum support to a hospital, birth center, parents' group, postpartum mood disorder group or doula group
A-2 Conduct an independent study of a book or article packet (consisting of five (5) research-based articles) from medical and/or nursing journals pertaining to the childbearing year, postpartum or parenting.
A-3 Write, submit and have published a comparative or research article with references and a bibliography published as a feature story in the International Doula or other recognized childbearing, postpartum or parenting publications.
A-4 Listen to a DONA International annual conference recording purchased from DONA International or the recording contractor. Only general sessions (not concurrent sessions) recorded during your current three (3) year certification period qualify.
A-5 Observe an educational film or documentary related to the childbearing year or one specifically designed for birth or postpartum doulas produced by an organization on DONA International's approved list or by other recognized organizations in the field of birth or parenting.
A-6 Complete an independent comparative self-study of two (2) books having diverse approaches, philosophies or methods on a topic related to the childbearing year or early parenting.
A-7 Personal experience of adding an infant to your family by birth or adoption (six (6) months old or younger) during your current three (3) year certification period.
A-8 Research and develop curriculum for a continuing education program and have it approved for contact hours by DONA International.

Alternative contact hour option: _____ Date completed: _____

Number of alternative contact hours earned for this option _____ out of a maximum allowable of _____

- I confirm that I have attached any and all required documentation in addition to this Form A to support the alternative contact hour option and outlined under Alternatives to Continuing Education for Recertification on pages 5 through 7 of this instructional packet.

Name of recertifying doula

Signature

Date



FORM B
VERIFICATION OF ALTERNATIVE CONTACT HOURS
FOR POSTPARTUM DOULA RECERTIFICATION

Please print legibly and complete the form in its entirety. Use a separate form for each option.

No more than the maximum number of earned alternative contact hours allowed per option. Permission is granted to copy this form as often as necessary.

Use this Form B to verify contact hours earned through the alternative contact hour options listed below and outlined in further detail under Alternatives to Continuing Education for Recertification on pages 8 through 10 of this informational packet:

- B-1 Attend an organized educational event for perinatal professionals not offering formal contact hours or not sponsored by a recognized organization
B-2 Observe a lactation consultant or another DONA certified postpartum doula working with clients for a minimum of four (4) hours
B-3 Serve as a preceptor for a postpartum doula-in-training
B-4 Attend a support group or meeting relating to the childbearing year or parenting
B-5 Attend an entire DONA approved postpartum doula workshop, taught by a trainer other than your original trainer, OR a DONA approved birth doula workshop
B-6 Lead and facilitate a support group relating to the perinatal period, or a meeting for doulas and other perinatal professionals.

Alternative contact hour option: _____ Date completed: _____

Number of alternative contact hours earned for this option _____ out of a maximum allowable of _____

Verification to be signed by the instructor or administrator of an organized educational event; the lactation consultant or doula observed; the precepted doula-in-training; the support group meeting leader/facilitator/ moderator; the DONA approved birth or postpartum doula trainer; or a support group or meeting participant. The signators may be contacted for verification.

Name and position/title Signature Date

E-mail address Phone number

I confirm that I have attached any documentation in addition to this Form B required to support the alternative contact hour option and outlined under Alternatives to Continuing Education for Recertification on pages 8 through 10 of this instructional packet.

Name of recertifying doula Signature Date