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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
RE-CERTIFICATION
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:			