



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