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www.DONA.org

FORM D
APPLICATION/AFFIDAVIT FOR DOULA RECERTIFICATION
ACTIVE STATUS

NAME: _____ E-MAIL _____

ADDRESS: _____

CITY/STATE/PROVINCE/ZIP _____

PHONE: (day) (_____) _____ Original Date of Certification: _____

- I am changing from Inactive to Active Status and have enclosed the additional \$25 fee to do so.
- Please put me on the referral list. I do not want referrals at this time.

The following must accompany this application. Please check all that are enclosed.

- Recertification Active Status fee of \$60.00 (US funds only, check payable to DONA International)
- Signed Application/Affidavit (sign below)

Please read and sign the following statements:

I have completed 15 contact hours of continuing education approved by a recognized organization in a birth and/or parenting related field or the equivalent of 15 contact hours of alternative continuing education. (See “Alternatives to Continuing Education for Recertification.”) Please list the types of continuing education obtained and number of contact hours/alternative points for each.

Title of continuing education or brief description	Number of contact hours/alternative points
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

TOTAL = _____

- I have maintained continuous membership in DONA International for the three year certification period.
- I have attended a minimum of three births as a doula in my current recertification period.
- I agree to retain copies of all verification forms and provide the original forms to DONA International.
- I have read DONA International’s Standards of Practice and Code of Ethics and agree to continue to abide by the Code of Ethics and the Standards of Practice as set forth by DONA International

I verify that the above information is true.

Signature of doula: _____ Date: _____

Please mail this form and \$60 fee to the DONA Recertification Committee at the above address.

Please allow 8 weeks for processing.

Created:

Last Revised: 3/23/2006