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FORM E
APPLICATION/AFFIDAVIT FOR DOULA RECERTIFICATION
INACTIVE STATUS

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/PROVINCE/ZIP _____

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

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

- Recertification Inactive Status fee of \$45.00 (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 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 \$45 fee to the DONA Recertification Committee at the above address
Please allow 8 weeks for processing.

Created:

Last Revised: 3/29/2006