



PO Box 626 Jasper In 47547  
(888) 788-DONA  
www.DONA.org

---

**FORM L**  
**VERIFICATION OF ALTERNATIVE CONTINUING EDUCATION**  
**FOR RECERTIFICATION**

**FORM L: Attendance at a support group or meeting relating to the childbearing year or parenting.**

Points: 1 meeting = 1 alternative point  
Maximum 5 alternative points

Alternative continuing education may be obtained by attending a La Leche League, ICAN, bereaved parents, postpartum, parents of multiples, or related support group/meeting. The group or meeting should be selected to enhance the doula's effectiveness and education.

This form may be duplicated for use at additional meetings. Retain copy of form for your files. Supply original to DONA International.

**Complete the following information:**

Name or type of meeting/support group: \_\_\_\_\_

Date of meeting/support group: \_\_\_\_\_

Location of meeting/support group (full address): \_\_\_\_\_

Time and length of meeting/support group: \_\_\_\_\_

Topics discussed during this meeting/support group: \_\_\_\_\_

Please attach a typewritten (if possible) brief statement explaining how attending this meeting/support group will assist you in your work as a doula. (50 words or less)

Name of meeting/support group facilitator/leader (print or type): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Signature of meeting/ support group facilitator/leader: \_\_\_\_\_

Name of Doula: \_\_\_\_\_

Total number of alternative points this form: \_\_\_\_\_  
(1 per sheet/5 maximum)

Created: