



1582 South Parker Road • Suite 201 • Denver, CO 80231
 888-788-DONA (3662)
 Fax: 303-755-7363
 www.DONA.org
 Certification@DONA.org

BIRTH DOULA VERIFICATION
ACTIVE STATUS

This form must be completed by a birth doula client (mother), labor and delivery nurse, midwife or physician. Signatures from three (3) different births within your current three (3) year certification period must be submitted.

This verifies that _____ (recertifying doula) has supported a birthing woman at _____ (birthing location) on _____ (date of birth) in partial fulfillment of the DONA International recertification requirements.

Printed Name	Signature	Position/Relationship	Date
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This verifies that _____ (recertifying doula) has supported a birthing woman at _____ (birthing location) on _____ (date of birth) in partial fulfillment of the DONA International recertification requirements.

Printed Name	Signature	Position/Relationship	Date
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This verifies that _____ (recertifying doula) has supported a birthing woman at _____ (birthing location) on _____ (date of birth) in partial fulfillment of the DONA International recertification requirements.

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