

**FORM D**  
**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA**  
**RE-CERTIFICATION FOR ACTIVE STATUS**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE OR PROVINCE/ZIP \_\_\_\_\_

PHONE: (day) (\_\_\_\_) \_\_\_\_\_ Original Date of Certification: \_\_\_\_\_

**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 18 contact hours of continuing education approved by a recognized organization in the areas relating to the perinatal period or the equivalent of 18 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.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

- I have maintained continuous membership in DONA International for the three-year certification period.
- I have worked for a minimum of 3 postpartum clients as a PCD in my current recertification period.
- I agree to retain all verification forms and provide these forms to DONA International within 30 days of an audit request from the DONA Certification Committee.
- I have read DONA International's current 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 Postpartum Doula \_\_\_\_\_ Date: \_\_\_\_\_

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