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FORM D
APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA RECERTIFICATION
FOR ACTIVE STATUS

NAME: _____ EMAIL: _____

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 made payable to DONA)
- _____ 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. _____
6. _____

TOTAL-_____

- I have maintained continuous membership in DONA 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 within 30 days of an audit request from the DONA Certification Committee.
- I have read DONA'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

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.