



PO Box 626, Jasper, IN 47547  
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[www.DONA.org](http://www.DONA.org)

**FORM E**  
**APPLICATION/AFFIDAVIT FOR POSTPARTUM DOULA RECERTIFICATION**  
**FOR INACTIVE STATUS**

NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

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

CITY/STATE/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 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 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 HOURS=\_\_\_\_\_

- I have maintained continuous membership in DONA for the three-year certification period.
- I agree to retain all verification forms and provide these forms to DONA within 30 days of an audit request from the DONA Recertification Committee.
- I have read the DONA 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 doula: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form and \$45 fee to DONA Postpartum Recertification at above address  
Please allow 8 weeks for processing.

