



FORM I
VERIFICATION OF ALTERNATIVE CONTINUING EDUCATION FOR
POSTPARTUM DOULA RECERTIFICATION

Observation of Lactation Consultant or another DONA Certified Postpartum Doula Working with Clients

Points: 4 hours = 1 alternative point
Maximum of 4 alternative points
This form may be used for up to 4 observation experiences.

I verify that _____ (DONA Certified Postpartum Doula) has observed my work with clients for a total of ____ hours.
Care provider's signature verifying PCD's observation _____
Care provider's name and title _____
Care provider's address & telephone number _____

I verify that _____ (DONA Certified Postpartum Doula) has observed my work with clients for a total of ____ hours.
Care provider's signature verifying PCD's observation _____
Care provider's name and title _____
Care provider's address & telephone number _____

I verify that _____ (DONA Certified Postpartum Doula) has observed my work with clients for a total of ____ hours.
Care provider's signature verifying PCD's observation _____
Care provider's name and title _____
Care provider's address & telephone number _____

I verify that _____ (DONA Certified Postpartum Doula) has observed my work with clients for a total of ____ hours.
Care provider's Signature verifying PCD's observation _____
Care provider's name and title _____
Care provider's address & telephone number _____

Attention: Care provider(s) may be contacted for verification of Recertifying Doula's observation experiences.

Name of Postpartum Doula: _____
Total number of alternative points this form: _____
Maximum 4 points