



PO Box 626, Jasper, IN 47547  
(888)788-DONA  
Fax: (812)634-1491  
www.DONA.org

**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 \_\_\_\_\_

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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